

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

RECEIVED-FPSC

11 SEP 2011 11:23

-M-E-M-O-R-A-N-D-U-M-

COMMISSION
CLERK

DATE: September 7, 2011
TO: Ann Cole, Commission Clerk, Office of Commission Clerk
FROM: Robert Simpson, Engineering Specialist II, Division of Economic Regulation *RS*
RE: Docket No. 110208-WS; Application for staff-assisted rate case in Highlands
County by L.P. Utilities Corporation.

Attached are responses from the Utility regarding the July 28, 2011 letter which requested engineering information from L.P. Utilities Corporation. Please place the attached documents in the docket file.

Should you have any questions, regarding this matter, please contact me.

Attachments

DOCUMENT NUMBER-DATE

06421 SEP-7 =

FPSC-COMMISSION CLERK

LP UTILITIES, INC.

P. O. Box 478
LAKE PLACID, FL 33862
(863) 382-1183
Fax (863) 699-1890

September 1, 2011

Mr. Robert Simpson
Bureau of Certification
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

11 SEP - 6 AM 10:05

RECEIVED CENTER

Re: Docket No. 110208-WS, RFI items 1 - 15

Dear Mr. Simpson:

Enclosed are items 1 through 15 in response to your RFI dated July 28, 2011.

Item 8. LP Utilities has not received any written complaints from our customers within the last three years.

Item 11. There is no planned or future expansion of our service area.

Item 13. All these invoices have been transmitted to the Orlando PSC office.

Item 14. We are not expecting to make any additions to any of the plants within the next year. I can not state that we will not have any repairs nor of what nature the repairs maybe.

Please contact Nicole Haake at 863-382-1163 (o) or 863-441-5376 (c) to coordinate your site visit on September 15, 2011. I will be out of town that week attending a seminar, but have made arrangements for someone to escort you.

Thank you for your cooperation in this matter.

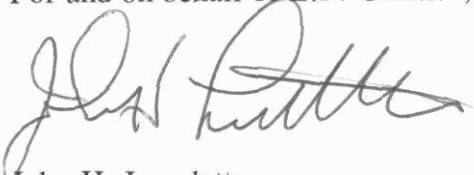
DOCUMENT NUMBER-DATE

06421 SEP-7 =

FPSC-COMMISSION CLERK

Page 2
September 1, 2011
PSC RFI

For and on behalf of L.P. Utilities, Inc.

A handwritten signature in dark ink, appearing to read "John H. Lovelette", written in a cursive style.

John H. Lovelette,
Director

File: PSC SARC RFI Simpson 1 Sept 11.docx

EXHIBIT A

LEGAL DESCRIPTION FOR THE WOODLANDS OF LAKE PLACID SEWER DISTRICT

Begin at a point on the North line of Section 17, Township 37 South, Range 30 East, Highlands County, Florida, 660 feet Easterly of the East right-of-way line of US Highway 27, as measured at right angles; thence run Easterly along the North line of Section 17 a distance of 2,975 feet more or less, to the shore line of Lake Grassy; thence run Southerly and Southwesterly along the shore line of Lake Grassy (a straight line to this point is a distance of 2,250 feet more or less) to a point that is 413.15 feet North of the South line of the Northeast $\frac{1}{4}$ and the Northwest $\frac{1}{4}$ of Section 17; thence run Westerly, along a line 413.15 North of the South line of said Northeast $\frac{1}{4}$ and 413.15 North of the South line of said Northwest $\frac{1}{4}$ a distance of 1,630 feet more or less, to a point that is 660 feet Easterly of the East right-of-way line of US Highway 27, as measured at right angles; thence run Northwesterly, 660 feet East of and parallel with the Easterly right-of-way line of US Highway 27, a distance of 2,500 feet more or less to the Point of Beginning.

AND

The North 300 feet of the South 750 feet of the West 410 feet of the East $\frac{1}{2}$, of the East $\frac{1}{2}$, of the Southwest $\frac{1}{4}$ of Section 8, Township 37 South, Range 30 East, Highlands County, Florida.

AND

The West 210 feet of the South 450 feet of the East $\frac{1}{2}$, of the East $\frac{1}{2}$ of the SW $\frac{1}{4}$ of Section 8, Township 37 South, Range 30 East, Highlands County, Florida.

AND

That portion of *Lake Placid Camp Florida Resort*, as recorded in Plat Book 15, Page 93, Highlands County, Florida, previously being a part of the territory described in Highlands Utilites Corporation service area, being more particularly described as follows: Commence on the North line of Section 17, Township 37 South, Range 30 East, 660 feet Easterly of, as measured at right angles to the East right of way line of US 27; thence Southeasterly along a line that is 660 feet East of and parallel with the said East right of way line, 300 feet more or less to the North line of said *Lake Placid Camp Florida Resort* and the **Point of Beginning**; thence continuing Southeasterly along the line 660 feet East of and parallel with said right of way line, 778.39 feet more or less to the South line of said *Lake Placid Camp Florida Resort*; the following 15 calls are along the boundary of said *Lake Placid Camp Florida Resort*, (1) thence N81°58'06"W, 29.61 feet; (2) thence N35°18'13"W, 256.10 feet; (3) thence S88°19'15"W, 135.89 feet; (4) thence N69°05'48"W, 8.86 feet; (5) thence S65°07'11"W, 291.84 feet; (6) thence N24°52'49"W, 174.00 feet; (7) thence S65°07'11"W, 165.76 feet to said right of way line; (8) thence N24°49'46"W, 157.95 feet; (9) thence N65°08'22"E, 25.57 feet; (10) thence N24°51'38"W, 219.42 feet; (11) thence N80°20'00"E, 107.91 feet; (12) thence N87°00'00"E, 218.15 feet; (13) thence N50°00'00"E, 166.49 feet; (14) thence N75°29'10"E, 115.12 feet; (15) thence along the arc of a curve to the right with a central angle of 08°24'16", whose radius is 377.51 feet, with a chord bearing of N79°41'18"E, and a chord distance of 55.33 feet, an arc distance of 55.38 feet to the **Point of Beginning**.

LEGAL DESCRIPTION

WATER PLANT No. 1

A parcel of land located in the Northeast $\frac{1}{4}$ of Section 17, Township 37 South, Range 30 East, Highlands County, Florida, being more particularly described as follows: **BEGINNING** at the Northeast corner of Lot 3, Block K, A Replat of a Portion of Lake Placid Camp Florida Resort as recorded in Plat Book 15, at Page 93, Highlands County, Florida; thence $S70^{\circ}46'35''E$ along the North line of said Lot 3, extended, a distance of 36.23 feet; thence $N68^{\circ}40'00''E$, a distance of 147.45 feet to the West line of Lot 21, Block K of said Replat; thence $S08^{\circ}10'00''W$, along said West line, a distance of 57.45 feet, to the Southwest corner of Lot 22, Block K of said Replat; thence $S68^{\circ}40'00''W$ along the Northwesterly line of Lots 23 through 27, Block K, a distance of 147.08 feet; thence $N71^{\circ}09'55''W$, along the North line of Lots 27 and 28, Block K, a distance of 41.05 feet to the Northwest corner of Lot 28, Block K; thence $S19^{\circ}45'00''W$, along the West line of Lot 28, Block K, a distance of 65.01 feet to the Southwest corner of Lot 28, Block K and the North line of Shoreline Drive; thence $N71^{\circ}09'55''W$, along the North line of Shoreline Drive a distance of 7.00 feet to the Southeast corner of Lot 1, Block K; thence $N19^{\circ}45'00''E$, along the East line of Lots 1 through 3, Block K, a distance of 121.48 feet to the **POINT OF BEGINNING**, containing 0.234 acres, more or less.

LEGAL DESCRIPTION

WATER PLANT No. 2

A parcel of land located in the Northwest $\frac{1}{4}$ of Section 17, Township 37 South, Range 30 East, Highlands County, Florida, being more particularly described as follows: Commencing at the Southerly most point of A Replat of a Portion of Lake Placid Camp Florida Resort as recorded in Plat Book 15, at Page 93, Highlands County, Florida and the Easterly right-of-way line of US Highway 27; thence N65°07'11"E along the Southerly line of said Replat extended a distance of 320.00 feet; thence N24°52'49"W, a distance of 282.81 feet to the **POINT OF BEGINNING**; thence continuing N24°52'49"W, a distance of 311.76 feet to a point on the Southerly boundary line of said Replat, (the following four (4) calls are along the boundary of said Replat); (1) thence N65°07'11"E, a distance of 138.06 feet; (2) thence S69°05'48"E, a distance of 8.86 feet; (3) thence N88°19'15"E, a distance of 135.89 feet; (4) thence S35°18'13"E, a distance of 256.10 feet; thence S65°07'11"W, a distance of 315.47 feet to the **POINT OF BEGINNING**, containing 1.9648 acres, more or less.

LP Utilities, Inc		Monthly Water			
		SOLD			
Jan-10		1,258,590			
Feb-10		1,222,940			
Mar-10		947,600			
Apr-10		1,416,070			
May-10		1,106,130			
Jun-10		1,179,240			
Jul-10		1,309,360			
Aug-10		1,093,380			
Sep-10		1,170,940			
Oct-10		942,610			
Nov-10		1,032,930			
Dec-10		1,279,030			
Jan-11		1,011,450			
Feb-11		1,598,440			
Mar-11		1,390,530			
Apr-11		1,479,140			
May-11		1,275,210			
Jun-11		998,360			

7

LP Utilities, Inc.

SARC RFI Item # 9 Description of all assets:

2 parcels of land, one each for the water plants in Section 17, one parcel of land for the WWTP, in Section 8.

One WWTP Marloff, permitted for 50,000 gallons per day.

One lift station, with two 3hp pumps.

Two water plants, both permitted for 100,000 gallons per day. One with a 50hp pump, stand by generator and a 15,000 gal. pressure tank. One with a 25hp pump, and 10,000 gal. pressure tank.

All the associated piping, manholes, valves, fire hydrants, lines, control devices for the collection of waste water, pumping and treatment of raw water and transmission and delivery of water to our customers.

LP Utilities, Inc.

SARC RFI item #15 List of all GS customers

- 1) Camp Florida Property Owners Association. 10 service locations, bathhouses, clubhouse, recreation hall/pool & rec. area.**
- 2) Apex-ME. 149 RV lot owner in Camp Florida. 1 service, Rental Office.**
- 3) Food Lion (SweetBay) 2 services, grocery & liquor store.**
- 4) Lake Grassy Motel. 1 Service location, 15 unit motel.**
- 5) Strommen. 1 service location for Retail & office building space.**



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 2, 2004

John H. Lovelette, Manager
The Woodlands of Lake Placid, L.P.
100 Shoreline Drive
Lake Placid, Florida 33852

Re: Highlands County - PW
Woodlands of Lake Placid WTPs
PWS I.D. Number: 6280304
Over Design Capacity Response


Dear Mr. Lovelette:

Thank you for your letter dated December 22, 2003. As requested please find enclosed a copy of the Department's permitting file for your facility. For your information the Department has a permitted design capacity for each of the individual plants at 100,000 gpd. Please ensure that each plant is operated below the permitted level of 100,000 gpd.

In order to obtain a permit for a water plant expansion or re-rating of the water plants, please obtain the services of a Florida registered professional engineer and complete the enclosed form as needed and submit the completed application and appropriate permitting fee to the Department. Please notify the Department in writing if you plan on submitting a permit for re-rating or expansion within 30 days of the date of this letter.

Please note that if either water plant exceeds the permitted design capacity of 100,000 gpd in the future the Department reserves the right to take enforcement action to achieve compliance. If you have any questions, please contact me at the letterhead address or call 239-332-6975, extension 135, or by e-mail at mark.charneski@dep.state.fl.us.

Sincerely,



Mark Charneski
Environmental Specialist III

MAC
Enclosures

"More Protection, Less Process"

Printed on recycled paper.



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

CERTIFIED MAIL NO.: 7005 0390 0005 8539 6240
RETURNED RECEIPT REQUESTED

In the Matter of an
Application for Permit by:

Mr. John H. Lovelette, Director
L.P. Utilities Corporation
100 Shoreline Drive
Lake Placid, FL 33852

Highlands County - DW
Lake Placid Utilities WWTP
Permit No.: FLA014340
PA File No.: FLA014340-004-DW3P
Lake Wales Ridge EMA

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA014340 to operate and construct modifications to an existing domestic wastewater treatment facility, issued under section(s) Rules, Florida Statutes.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request enlargement of the time for filing a petition for an administrative hearing. The request must be filed (received by the clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Under Section 120.60(3), Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for enlargement of time within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention



Department of Environmental Protection

Lawton Chiles
Governor

South District
2295 Victoria Avenue, Suite 364
Fort Myers, Florida 33901-3881

Virginia B. Wetherell
Secretary

NOTICE OF AGENCY ACTION

CERTIFIED MAIL NO. Z 391 361 824
RETURN RECEIPT REQUESTED

In the Matter of an Application
for Permit by:

Highlands County - PW
PWS ID No. 5280304
Application No.: WC28-279494

Mr. Jack Clark, Sr.
Post Office Box 1169
Lake Placid, Florida 33852

The Department received an Application for Transfer of Ownership and Notification of Sale or Legal Transfer from Mr. Jack Clark on October 24, 1995. The applicant's request is hereby granted.

The Department hereby recognizes Ronald Anthony Cozier, President of Camper Corral, Inc. doing business as The Woodlands of Lake Placid Limited Partnership as having acquired title to the water system now known as The Woodlands of Lake Placid, PWS I.D. No. 5280304. The Woodlands of Lake Placid, Limited Partnership shall hence forth assume all rights and liabilities associated with said water system, and shall comply with all applicable requirements of Chapters 62-4, 62-550, 62-551, 62-555, 62-560 and 62-699, F.A.C. This agency action is issued pursuant to Section 403, Florida Statutes.

A person whose substantial interests are affected by this agency action may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within 14 days of receipt of this agency action. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The Petition shall contain the following information;

(a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit File Number and the county in which the project is proposed;

(b) A statement of how and when each petitioner received notice of the Department's action or proposed action;

(c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;

(d) A statement of the material facts disputed by Petitioner, if any;

(e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action;

(f) A statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and

(g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

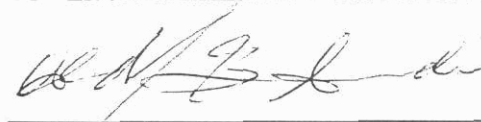
If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this agency action. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This agency action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 62-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this agency action will not be effective until further Order of the Department.

When the Order (Agency Action) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION




Abdul B. Ahmadi, Ph.D., P.E.
Water Facilities Administrator

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this **NOTICE OF AGENCY ACTION** was mailed by certified mail to the applicant and that the other copies were mailed by first class U.S. mail before the close of business on October 30, 1995 to the listed persons.

FILING AND ACKNOWLEDGMENT FILED, on this date, pursuant to §120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.


(Clerk)

10/31/95
(Date)

ABA/MAC/klm

Copy furnished to:

Mr. Ronald Anthony Cozier



Florida Department of Environmental Protection

South District Office
Post Office Box 2549
Fort Myers, Florida 33902-2549

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard, Jr.
Secretary

STATE OF FLORIDA NOTICE OF PERMIT REVISION

CERTIFIED MAIL NUMBER: 7010 1870 0001 8477 5712
RETURN RECEIPT REQUESTED

In the Matter of an
Application for Permit by:

LP Utilities, Inc.
John H Lovelette
100 Shoreline Drive
Lake Placid, Florida 33852

Highlands County-DW
Lake Placid Camp Florida Resort WWTP
File Number FLA014340-006-DW3P

Dear Mr. Lovelette:

This is notification of the Department's revision of wastewater permit No.: FLA014340 to incorporate changes, issued under section 403.087 of the Florida Statutes, as follows:

The monitoring frequency for the following parameters is changed from Bi-weekly to Monthly for the Reuse System R-001 at monitoring location EFA-01, as shown below.

Parameter	Previous Frequency	New Frequency	Monitoring Site Location
BOD, Carbonaceous 5 day, 20C	Bi-weekly; every 2 weeks	Monthly	EFA-01
Solids, Total Suspended			
Coliform, Fecal			
Nitrogen, Nitrate, Total (as N)			

All other conditions of the permit shall remain unchanged. This letter must be attached to the referenced permit and becomes a permanent part thereof.

The Department's agency action shall become final unless a timely petition for an administrative proceeding (hearing) is filed pursuant to Sections 120.569 and 120.57 of the Florida Statutes (F.S.), before the deadline for filing a petition. The procedures for petitioning for an administrative hearing are set forth below.

A person whose substantial interests are affected by the Department's permitting decision may petition for an administrative hearing in accordance with the provisions of Sections 120.569 and 120.57, F.S. The petition must contain the information set forth below and must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Petitions filed by the permit applicant ("permittee") or by any of the parties listed below must be filed within fourteen (14) days of receipt of this written notice. Petitions filed by any person other than those entitled to written notice under Section 120.60(3), F.S., must be filed within fourteen (14) days of publication of the public notice or within fourteen (14) days of receipt of the written notice, whichever occurs first. However, pursuant to Section 120.60(3), F.S., any person who has asked the Department for notice of agency action may file a petition within fourteen (14) days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the permittee at the address indicated above at the time of filing. The failure of any person to file a petition (or a request for mediation, as discussed below) within the appropriate time period shall constitute a waiver of that person's right to request an administrative hearing under Sections 120.569 and 120.57, F.S. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205 of the Florida Administrative Code (F.A.C.).

A petition that disputes the material facts upon which the Department's action is based must contain the following information:

- (a) the name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department's permit identification number, and the name of the county in which the subject matter or activity is located;
- (b) a statement of how and when each petitioner received notice of the Department's action;
- (c) a statement of how each petitioner's substantial interests are affected by the Department's action;
- (d) a statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) a statement of facts that the petitioner contends warrant reversal or modification of the Department's action;
- (f) a concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) a statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

A petition that does not dispute the material facts upon which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 28-106.301, F.A.C.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

In addition to requesting an administrative hearing, any petitioner may elect to pursue mediation. The election may be accomplished by filing with the Department a mediation agreement with all parties to the proceeding (which include the permittee, the Department, and any person who has filed a timely and sufficient petition for hearing). The agreement must contain all the information required by Rule 28-106.404, F.A.C., and must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within ten (10) days after the deadline for filing a petition, as set forth above. Choosing mediation will not adversely affect the right to an administrative hearing if mediation does not result in a settlement.

As provided in Section 120.573, F.S., the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, F.S., for holding an administrative hearing and issuing a final order. Unless otherwise agreed by the parties, the mediation must be concluded within sixty (60) days of the execution of the agreement.


Minor Permit Revision
Permit Revision Number: FLA014340-006-DW3P
Lake Placid Camp Florida Resort WWTP

If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons seeking to protect substantial interests that would be affected by such a modified final decision must file their petitions within the appropriate time period, as set forth above, or they shall be deemed to have waived their right to a proceeding under Sections 120.569 and 120.57, F.S. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, F.S., remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

This action is final and effective on the date filed with the clerk of the Department unless a petition (or request for mediation) is filed in accordance with the above provisions. Upon the timely filing of a petition (or request for mediation) this order will not be effective until further order of the Department. Any party to this order has the right to seek judicial review of the order under Section 120.68, F.S., by the filing of a notice of appeal under Rule 9.110 of the Florida Rules of Appellate Procedure with the clerk of the Department in the Office of General Counsel, at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within thirty (30) days from the date when this order is filed with the clerk of the Department.

Executed in Fort Myers, Florida

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


Jon M. Iglehart
Director of
District Management

Date: January 26, 2011

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT REVISION and all copies were mailed by certified mail before the close of business on January 26, 2011 to the listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to Section 120.52, F.S., with the designated Department clerk, receipt of which is hereby acknowledged.


Clerk

1-26-11
Date

JMI/BCI/jl

Copies furnished to:

Roger Dale Polston, P.E.
Albert McLaurin, P.E., FDEP, Sebring



Florida Department of Environmental Protection

South District Office
Post Office Box 2549
Fort Myers, Florida 33902-2549

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Mimi A. Drew
Secretary

CERTIFIED MAIL NO.: 7008 0150 0003 1456 7140
RETURN RECEIPT REQUESTED

In the Matter of an
Application for Permit by:

LP Utilities, Inc.
John H Lovelette
100 Shoreline Drive
Lake Placid, Florida 33852

Highlands County-DW
Lake Placid Camp Florida Resort WWTP
File Number FLA014340-006-DW3P

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA014340 to operate the Lake Placid Camp Florida Resort domestic wastewater facility, issued under Chapter 403, Florida Statutes.

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.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the Clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request an extension of the time for filing a petition for an administrative hearing. The request must be filed (received by the Clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to

written notice under Section 120.60(3), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Section 120.60(3), Florida Statutes, however, also allows that any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for an extension of time within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information, as indicated in Rule 28-106.201, Florida Administrative Code:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the determination;
- (c) A statement of when and how the petitioner received notice of the Department's decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the Department's proposed action;
- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the Department's proposed action; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the Department to take with respect to the Department's proposed action.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

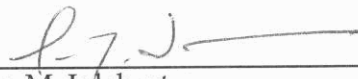
Mediation under Section 120.573, Florida Statutes, is not available for this proceeding.

This permit action is final and effective on the date filed with the Clerk of the Department unless a petition (or request for an extension of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for an extension of time), this permit will not be effective until further order of the Department.

Any party to the permit has the right to seek judicial review of the permit action under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000, and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit action is filed with the Clerk of the Department.

Executed in Ft. Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Jon M. Iglehart
Director of
District Management

FILING AND ACKNOWLEDGMENT

FILED, on this date, under Section 120.52, Florida Statutes, with the designated Deputy Clerk, receipt of which is hereby acknowledged.

 10-15-10
[Clerk] [Date]

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on October 15, 2010 to the listed persons.

JMI/BCI/jl

Copies sent to:

Roger Dale Polston, P.E.
Albert McLaurin P.E., FDEP, Sebring



Florida Department of Environmental Protection

South District Office
Post Office Box 2549
Fort Myers, Florida 33902-2549

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Mimi A. Drew
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:
LP Utilities, Inc.

RESPONSIBLE OFFICIAL:
John H Lovelette
100 Shoreline Drive
Lake Placid, Florida 33852
(941) 699-1936

PERMIT NUMBER: FLA014340-006
FILE NUMBER: FLA014340-006-DW3P
ISSUANCE DATE: October 15, 2010
EXPIRATION DATE: October 14, 2015

FACILITY:

Lake Placid Camp Florida Resort WWTP
1525 US Highway 27 S
Lake Placid, FL 33852
Highlands County
Latitude: 27°16' 5.83" N Longitude: 81°20' 36.24" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). This permit does not constitute authorization to discharge wastewater other than as expressly stated in this permit. The above named permittee is hereby authorized to operate the facilities in accordance with the documents attached hereto and specifically described as follows:

WASTEWATER TREATMENT:

Operate an existing 0.050 million gallons per day, Monthly Average Daily Flow (MGD, MADF) permitted capacity extended aeration domestic wastewater treatment facility consisting of a bar screen, two (2) 5,000 gallon surge tanks, ten 5,000 gallon aeration tanks (total capacity 50,000 gallons), two 4,400 gallon clarifiers, a 4,300 gallon digester, and two 918 gallon chlorine contact basins.

REUSE OR DISPOSAL:

Land Application R-001: An existing 0.050 MGD monthly average daily flow permitted capacity rapid infiltration basin system. R-001 is a reuse system which consists of two 0.1314 acre ponds having a capacity of 0.050 MGD located approximately at latitude 27°16' 4" N, longitude 81°20' 36" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements, and other conditions set forth in this cover sheet and Part I through Part IX on pages 1 through 14 of this permit.

PERMITTEE: LP Utilities, Inc.
 FACILITY: Lake Placid Camp Florida Resort WWTP

PERMIT NUMBER: FLA014340-006
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I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

- During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7.:

Parameter	Units	Max/Min	Reclaimed Water Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Monitoring	Sample Type	Monitoring Site Number	
Flow	MGD	Max	0.050	Monthly Average	5 Days/Week	Meter	FLW-1	See I.A.3
BOD, Carbonaceous 5 day, 20C	mg/L	Max	20.0	Annual Average	Bi-weekly; every 2 weeks	Grab	EFA-01	
		Max	30.0	Monthly Average				
		Max	45.0	Weekly Average				
		Max	60.0	Single Sample				
Solids, Total Suspended	mg/L	Max	20.0	Annual Average	Bi-weekly; every 2 weeks	Grab	EFA-01	
		Max	30.0	Monthly Average				
		Max	45.0	Weekly Average				
		Max	60.0	Single Sample				
Coliform, Fecal	#/100mL	Max	200	Annual Average	Bi-weekly; every 2 weeks	Grab	EFA-01	See I.A.4
		Max	200	Monthly Geometric Mean				
		Max	800	Single Sample				
pH	s.u.	Min	6.0	Single Sample	5 Days/Week	Grab	EFA-01	
		Max	8.5	Single Sample				
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	5 Days/Week	Grab	EFA-01	See I.A.5
Nitrogen, Nitrate, Total (as N)	mg/L	Max	12.0	Single Sample	Bi-weekly; every 2 weeks	Grab	EFA-01	

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

Monitoring Site Number	Description of Monitoring Site
FLW-1	Flow is measured by a flow meter located at the discharge end of the chlorine contact chamber.
EFA-01	The effluent sample is taken at the discharge end of the last chlorine contact chamber.

3. A meter shall be utilized to measure flow and calibrated at least once every 12 months. *[62-601.200(17) and .500(6)]*
4. The effluent limitation for the monthly geometric mean for fecal coliform is only applicable if 10 or more values are reported. If fewer than 10 values are reported, the monthly geometric mean shall be calculated and reported on the Discharge Monitoring Report. *[62-600.440(4)(c)]*
5. Total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.510, 62-600.440(4)(b) and (5)(b)]*

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B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7.:

			Limitations		Monitoring Requirements			
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	Notes
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Quarterly Average	Monthly	Calculated	CAL-01	
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	Bi-weekly; every 2 weeks	Grab	INF-1	See I.B.3
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	Bi-weekly; every 2 weeks	Grab	INF-1	See I.B.3

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

Monitoring Site Number	Description of Monitoring Site
CAL-01	Calculate the percentage treatment capacity achieved when compared to the running three month average daily divided by the treatment plant's design capacity
INF-1	Influent taken at the discharge outlet into the equalization basin

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
4. [62-601.200(17) and .500(6)]
5. The sample collection, analytical test methods and method detection limits (MDLs) applicable to this permit shall be conducted using a sufficiently sensitive method to ensure compliance with applicable water quality standards and effluent limitations and shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "FAC 62-4 MDL/PQL Table (April 26, 2006)" is available at <http://www.dep.state.fl.us/labs/library/index.htm>. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
- The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
 - The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide an MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
 - If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

When the analytical results are below method detection or practical quantitation limits, the permittee shall report the actual laboratory MDL and/or PQL values for the analyses that were performed following the instructions on the applicable discharge monitoring report.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is approved in accordance with 40 CFR 136 or deemed acceptable by the Department. [62-4.246, 62-160]

6. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
7. Monitoring requirements under this permit are effective on the first day of the second month following 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.

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REPORT Type on DMR	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 30	January 28
Annual	January 1 - December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's South District Office at the address specified in Permit Condition I.B.8. by the twenty-eighth (28th) of the month following the month of operation.

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

- Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's South District Office at the address specified below:

Florida Department of Environmental Protection South District Office
2295 Victoria Ave
Suite 364
Ft. Myers, Florida 33901-3881

Phone Number - (239)332-6975
FAX Number - (239)332-6969
(All FAX copies and e-mails shall be followed by original copies.)

[62-620.305]

- 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

- The method of residuals use or disposal by this facility is transport to Blue Septic Tank Service Inc. or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative residuals management facility does not require a permit modification. However, use of an alternative residuals management facility requires the submittal of a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the residuals. [62-620.320(6), 62-640.880(1)]
- The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(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)]
- Disposal of residuals, septage, and other solids in a solid waste disposal facility, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste

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pile, or dedicated site, shall be in accordance with the requirements of Chapter 62-701, F.A.C. [62-640.100(6)(k)3&4]

5. 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)]
6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

<u>Source Facility</u>	<u>Residuals Management Facility or Treatment Facility</u>
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)]

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

III. GROUND WATER REQUIREMENTS

1. Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

A. Part IV Rapid Infiltration Basins

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
2. The maximum annual average loading rate to the two 0.1314 acre ponds shall be limited to 3 inches per day (as applied to the entire bottom area). [62-610.523(3)]
3. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
4. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
5. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as abnormal events in accordance with Permit Condition IX.20. [62-610.800(9)]

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V. OPERATION AND MAINTENANCE REQUIREMENTS

A. Staffing Requirements

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

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

2. An operator meeting the lead/chief operator class for the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]

B. Capacity Analysis Report and Operation and Maintenance Performance Report Requirements

1. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
2. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]

C. Recordkeeping Requirements

1. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility.
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, including, if applicable, a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of any required record drawings;
 - h. Copies of the licenses of the current certified operators; 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 license number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities, including any preventive maintenance or repairs made or requested; results of tests performed and samples taken, unless documented on a laboratory sheet; and notation of any notification or reporting completed in accordance with Rule 62-602.650(3), F.A.C. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350, 62-602.650]

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VI. SCHEDULES

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

Improvement Action	Completion Date
1. Placeholder	May 7, 2010

[62-620.320(6)]

2. 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 no later than one-hundred and eighty days (180) prior to the expiration date of this permit. Application shall be made using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. *[62-620.335(1) and (2)]*

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

1. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*
2. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*
3. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
4. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
 - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

[62-604.130(5)]

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5. The treatment facility, storage ponds for Part II systems, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.518(1) and 62-600.400(2)(b)]*
6. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*
7. Where required by Chapter 471 or Chapter 492, F.S., applicable portions of reports that must be submitted under this permit shall be signed and sealed by a professional engineer or a professional geologist, as appropriate. *[62-620.310(4)]*
8. The permittee shall provide verbal notice to the Department's South District Office as soon as practical after discovery of a sinkhole or other karst feature within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's South District Office in a written report within 7 days of the sinkhole discovery. *[62-620.320(6)]*
9. The permittee shall provide 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(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor

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does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]

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

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14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility or activity and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, F.A.C., and the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2), F.A.C., for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.*[62-620.610(17)]*
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246 and Chapters 62-160, 62-601, and 62-610, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220, and 62-160.330, F.A.C.*[62-620.610(18)]*
19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*

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20. The permittee shall report to the Department's South District Office any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
- a. The following shall be included as information which must be reported within 24 hours under this condition:
 - (1) Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - (2) Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - (3) Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - (4) Any unauthorized discharge to surface or ground waters.
 - b. Oral reports as required by this subsection shall be provided as follows:
 - (1) For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph (a)4. that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - (a) Name, address, and telephone number of person reporting;
 - (b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - (c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - (d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - (e) Estimated amount of the discharge;
 - (f) Location or address of the discharge;
 - (g) Source and cause of the discharge;
 - (h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - (i) Description of area affected by the discharge, including name of water body affected, if any; and
 - (j) Other persons or agencies contacted.
 - (2) Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department's South District Office within 24 hours from the time the permittee becomes aware of the circumstances.
 - c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department's South District Office shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX.17., IX.18., or IX.19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX.20. of this permit. [62-620.610(21)]

22. Bypass Provisions.

- a. "Bypass" means the intentional diversion of waste streams from any portion of a treatment works.
- b. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - (1) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - (2) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of

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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.
- c. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX.20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- d. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX.22.a.1. through 3. of this permit.
- e. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX.22.a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions.

- a. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based effluent limitations because of factors beyond the reasonable control of the permittee.
- (1) An upset does not include noncompliance caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, careless or improper operation.
- (2) An upset constitutes an affirmative defense to an action brought for noncompliance with technology based permit effluent limitations if the requirements of upset provisions of Rule 62-620.610, F.A.C., are met.
- b. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
- (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
- (2) The permitted facility was at the time being properly operated;
- (3) The permittee submitted notice of the upset as required in Permit Condition IX.20. of this permit; and
- (4) The permittee complied with any remedial measures required under Permit Condition IX.5. of this permit.
- c. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- d. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Ft. Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Jon M. Iglehart
Director of District Management

DATE: 10/15/10

**STATEMENT OF BASIS
FOR
STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT**

PERMIT NUMBER: FLA014340-006
 FACILITY NAME: Lake Placid Camp Florida Resort WWTP
 FACILITY LOCATION: 1525 US Highway 27 S, Lake Placid, FL 33852
 Highlands County
 NAME OF PERMITTEE: LP Utilities, Inc.
 PERMIT WRITER: Brandon Ivey

1. BASIS FOR PERMIT LIMITATIONS AND MONITORING REQUIREMENTS

This facility is authorized to direct reclaimed water to Reuse System R-001, a rapid infiltration basin system, based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	0.050	Monthly Average	62-600.400(3)(b) & 62-610.810(5) FAC
BOD, Carbonaceous 5 day, 20C	mg/L	Max	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
		Max	30.0	Monthly Average	62-600.740(1)(b)1.b. FAC
		Max	45.0	Weekly Average	62-600.740(1)(b)1.c. FAC
		Max	60.0	Single Sample	62-600.740(1)(b)1.d. FAC
		Max	60.0	Single Sample	62-600.740(1)(b)1.d. FAC
Solids, Total Suspended	mg/L	Max	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
		Max	30.0	Monthly Average	62-600.740(1)(b)1.b. FAC
		Max	45.0	Weekly Average	62-600.740(1)(b)1.c. FAC
		Max	60.0	Single Sample	62-600.740(1)(b)1.d. FAC
Coliform, Fecal	#/100mL	Max	200	Annual Average	62-610.510 & 62-600.440(4)(c)1. FAC
		Max	200	Monthly Geometric Mean	62-600.440(4)(c)2. FAC
		Max	800	Single Sample	62-600.440(4)(c)4. FAC
pH	s.u.	Min	6.0	Single Sample	62-600.445 FAC
		Max	8.5	Single Sample	62-600.445 FAC
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	62-610.510 & 62-600.440(4)(b) FAC
Nitrogen, Nitrate, Total (as N)	mg/L	Max	12.0	Single Sample	62-610.510(1) FAC

Other Limitations and Monitoring Requirements:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Percent Capacity, (TMADF/Permitted Capacity) x 100	perce nt	Max	Report	Quarterly Average	62-600.405(4) FAC
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	62-601.300(1) FAC
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	62-601.300(1) FAC
Monitoring Frequencies and Sample Types	-	-	-	All Parameters	62-601 FAC & 62-699 FAC and/or BPJ of permit writer
Sampling Locations	-	-	-	All Parameters	62-601, 62-610.412, 62-610.463(1), 62-610.568, 62-610.613 FAC and/or BPJ of permit writer

2. RESIDUALS MANAGEMENT

The method of residuals use or disposal by this facility is transport to Blue Septic Tank Service and Inc. or disposal in a Class I or II solid waste landfill.

3. GROUND WATER MONITORING REQUIREMENTS

This section is not applicable to this facility.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: LP Utilities, Inc.
MAILING ADDRESS: 100 Shoreline Drive
Lake Placid, Florida 33852

PERMIT NUMBER: FLA014340-006-DW3P

FACILITY: Lake Placid Camp Florida Resort WWTP
LOCATION: 1525 US Highway 27 S
Lake Placid, FL 33852

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:

Final
N/A
R-001
Land application system consisting of two rapid infiltration basins., with Influent

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

COUNTY: Highlands
OFFICE: South District

RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement	0.050 (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			60.0 (Max.) 45.0 (Wk.Avg.) 30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			60.0 (Max.) 45.0 (Wk.Avg.) 30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (An.Avg.)	#/100mL		Bi-weekly; every 2 weeks	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Placid Camp Florida Resort WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014340-006-DW3P

NUMBER:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL			Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement										
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.			5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement										
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)		mg/L			5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement										
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L			Bi-weekly; every 2 weeks	Grab
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 P Mon. Site No. CAL-01	Permit Requirement					Report (Qt.Avg.)	percent			Monthly	Calculated
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement										
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L			Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended(Influent)	Sample Measurement										
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L			Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014340-006-DW3P
From: _____ To: _____

Facility: Lake Placid Camp Florida Resort WWTP

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-1	INF-1	INF-1		
1											
2											
3											
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26											
27											
28											
29											
30											
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: _____ Name: _____

ISSUANCE/REISSUANCE DATE:

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

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

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

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

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

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

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

PART A -DISCHARGE MONITORING REPORT (DMR)

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

Resubmitted DMR: Check this box if this DMR is being re-submitted because there was information missing from or information that needed correction on a previously submitted DMR. The information that is being revised should be clearly noted on the re-submitted DMR (e.g. highlight, circle, etc.)

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

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

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

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

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

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

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

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

PART B - DAILY SAMPLE RESULTS

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

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

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

To calculate the monthly average, add each reported value to get a total. For flow, divide this total by the number of days in the month. For all other parameters, divide the total by the number of observations.

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

PART D - GROUND WATER MONITORING REPORT

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

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

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

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

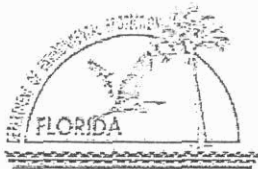
TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.



APPLICATION FOR
TRANSFER OF A WASTEWATER FACILITY OR ACTIVITY PERMIT

Facility ID: FLA014340

Date: 05/10/05

Facility Name: Woodlands of Lake Placid WWTP

Facility Address: 100 Shoreline Drive Lake Placid, FL 33852

Permit No.: FLA014340-003-DW3P Date Issued: 12/23/99

Date Expired: 12/22/04

NOTIFICATION OF SALE OR LEGAL TRANSFER

Permittee Name: R. Anthony Cozier

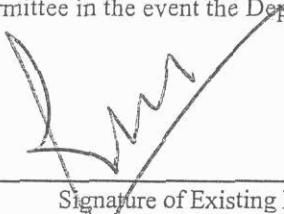
Title: General Manager

Mailing Address: 100 Shoreline Drive, Lake Placid, FL 33852

I hereby notify the Department of the sale or legal transfer of this wastewater facility or activity under Rule 62-620.340(2), F.A.C. Further, I agree to assign my rights as permittee to the proposed permittee in the event the Department agrees to the transfer of permit.

Date of proposed transfer: 05/10/05

Date Signed: 05/10/05


Signature of Existing Permittee

REQUEST FOR TRANSFER OF PERMIT

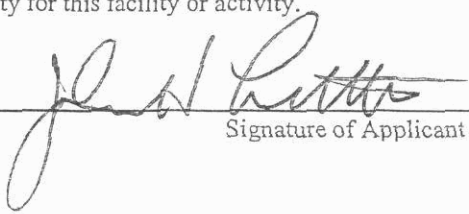
Applicant Name: LP Utilities, Inc.

Title: John H. Lovelette, Director

Mailing Address: 100 Shoreline Drive, Lake Placid, FL 33852

I hereby certify that I have examined the application and the documents submitted by the existing permittee which are the basis of this permit that was issued by the Department. I state that they accurately and completely describe the permitted facility or activity. Further, I state that I am familiar with the permit and I agree to comply with its terms and conditions. I agree to assume the rights and liabilities contained in the permit and the statutes and rules under which it was issued. I also agree to promptly notify the Department of any future change in ownership of or responsibility for this facility or activity.

Date Signed: 10 MAY 05


Signature of Applicant



June 18, 2008

Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

Ronald Anthony Cozier
Camper Corral, Inc.
100 Shoreline Dr
Lake Placid Florida 33852

Re: Highlands County - PW
PWS I.D. Number: 6280304
The Woodlands of Lake Placid
**Final Reminder Notice to Publish
Consumer Confidence Report**

Dear Mr. Cozier:

This is a final letter to remind you that in accordance with Rule 62-550.824, F.A.C. your water system must publish the Consumer Confidence Report (CCR) later than **July 1, 2008**. Please ensure that you use at least **two methods** of CCR delivery and then complete and submit the Certification of Delivery of Consumer Confidence Report form postmarked no later than **August 10, 2008**.

If you need a copy of this form you may contact me, or download it at:
<http://www.dep.state.fl.us/water/drinkingwater/forms/pdf/555fm19.pdf>

Please note that failure to meet either of these deadlines will result in enforcement action. If you have any questions, please contact me at the letterhead address or call 239-332-6975, extension 135, or by e-mail at mark.charneski@dep.state.fl.us.

Sincerely,

Mark Charneski
Environmental Supervisor II

MAC

cc: Mr. Wendell Faircloth



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 19, 2008

Ronald Anthony Cozier
Camper Corral, Inc.
100 Shoreline Dr
Lake Placid Florida 33852

Re: Highlands County - PW
The Woodlands of Lake Placid
PWS I.D. Number: 6280304
New Drinking Water System Annual Operating License Fee
and Construction Permit Fee Increases

Dear Mr. Cozier:

Please note that Senate Bill 1294 was enacted into law on June 11, 2008. Effective July 1, 2008 the minimum drinking water construction permit fee is set at \$500. This changes all drinking water general permits and other permit fees between \$100 to \$400 presently listed in Chapter 62-4, Florida Administrative Code. In addition, the law establishes a new annual operating license fee on each Safe Drinking Water Act public water system. Starting July 1, 2008 all water systems are required to pay an annual \$50 fee. The billing for this fee will be delayed until the Florida Department of Environmental Protection establishes a billing protocol and mails out invoices to water systems later this year. The law also requires the Department to increase the annual operating license fee and increase all other construction permit fees based upon system type and size through rulemaking scheduled for later this year.

If you have any questions on the new \$50 annual operating license or the minimum \$500 construction fees **contact me at 239-332-6975, ext. 135, or e-mail me at mark.charneski@dep.state.fl.us**

Sincerely,

Mark Charneski
Environmental Supervisor II



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

May 27, 2008

Ronald Anthony Cozier, President
Camper Corral, Inc.
dba The Woodlands of Lake Placid
100 Shoreline Drive
Lake Placid, Florida 33852

Re: Highlands County - PW
Woodlands of Lake Placid
PWS I.D. Number: 6280304
Compliance Inspection Report

Dear Mr. Cozier:

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

The deficiencies listed in the Report may in violation of Rule 62-555, F.A.C. Please correct the deficiencies as soon as possible and notify the Department in writing postmarked no later than July 15, 2008 indicating which deficiencies have been corrected. For those deficiencies that have not been corrected, indicate how and on what schedule the system will address the deficiencies noted in the report.

Comments are included in the Report.

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

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

State of Florida
Department of Environmental Protection
South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:	Woodlands of Lake Placid – Plant #1	County:	Highlands	PWS:	6280304
Address:	Lot 2 Hidden Cove Rd Lake Placid FL 33852	Contact:	Wendell Faircloth Sr		
Owner Name:	Woodlands of Lake Placid	Phone:	(863) 471-1400		
Owner Address:	100 Shoreline Dr Lake Placid FL 33852	Contact:	Ronald Anthony Cozier		
		Phone:	(863) 699-1936		

This Inspection Date:	May 21, 2008	Last C.I. Date:	Jun 18, 2007
Last Sanitary Survey Date:	Aug 14, 2006		
PWS Type:	Community		
Service Area Characteristics:	Mobile Home Park		
No. of Service Connections:	440 (Interconnected with Plant # 2)		
Served Population:	800		

OPERATION AND MAINTENANCE

Certified Operator: **Yes**
Required Coverage: **Staffing by Class D or higher operator: 3 visits/week on nonconsecutive days for a total of 0.3 hour/week**
Operator & Certification Class Number: **Wendell Faircloth C 8189**
O&M Log: **Yes** Condition of Plant? **Good**

WELLS

Number of Wells: **1 (AAI0056)**
Comment: **(Interconnected with Plant # 2)**
Check Valve: **Yes**
Fence/Housing: **Yes**
Sanitary Hazards: **No**
Auxiliary Power: **No – see comment for Plant #2**

DESIGN CAPACITY **0.1 MGD**
STORAGE CAPACITY **0.01 MG**

CHLORINATION

Chlorinator Type: **Gas**
Cl₂ Residual:
Plant: **1.8 mg/l**
Remote: **1.5 mg/l**
Location: **Clubhouse**
Gas Cylinder Scale: **Yes**
Gas Cylinder Chained: **Yes**
Adequate Air-pak: **At Plant # 2**
Adequate Ventilation: **Yes**
Dual Chlorination: **N/A (<10 ppd)**
Auto-switchover: **N/A (< 10 ppd)**
Alarm: **Yes**

State of Florida
Department of Environmental Protection
South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:	Woodlands of Lake Placid – Plant #2	County:	Highlands	PWS:	6280304
Address:	South of Sales Office on dirt road Lake Placid FL 33852	Contact:	Wendell Faircloth Sr		
Owner Name:	Woodlands of Lake Placid	Phone:	(863) 471-1400		
Owner Address:	100 Shoreline Dr Lake Placid FL 33852	Contact:	Ronald Anthony Cozier		
		Phone:	(863) 699-1936		

This Inspection Date:	May 21, 2008	Last C.I. Date:	Jun 18, 2007
Last Sanitary Survey Date:	Aug 14, 2006		
PWS Type:	Community		
Service Area Characteristics:	Mobile Home Park		
No. of Service Connections:	440 (Interconnected with Plant # 1)		
Served Population:	600		

OPERATION AND MAINTENANCE

Certified Operator: **Yes**
Required Coverage: **Staffing by Class D or higher operator: 3 visits/week on nonconsecutive days for a total of 0.3 hour/week**
Operator & Certification Class Number: **Wendell Faircloth C 8189**
O&M Log: **Yes** Condition of Plant? **Good**

WELLS

Number of Wells: **1 (AAI0057)**
Comment: **(Interconnected with Plant # 1)**
Check Valve: **Yes**
Fence/Housing: **Yes**
Sanitary Hazards: **No**
Auxiliary Power: **Yes**

DESIGN CAPACITY **0.01 MGD**
STORAGE CAPACITY **0.015 MG**

CHLORINATION

Chlorinator Type: **Gas**
Cl₂ Residual:
Plant: **3.5 mg/l**
Remote: **1.5 mg/l**
Location: **Clubhouse**
Gas Cylinder Scale: **Yes**
Gas Cylinder Chained: **Yes**
Adequate Air-pak: **Yes**
Adequate Ventilation: **Yes**
Dual Chlorination: **N/A (<10 ppd)**
Auto-switchover: **N/A (<10 ppd)**
Alarm: **Yes**

DEFICIENCIES:

1. The system needs to revise and update its written Cross Connection Control Plan. The plan is to be revised using the recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14. The plan must be implemented. In addition to performing a hazard analysis on commercial establishments to determine what appropriate backflow prevention device must be installed at the service connection, the system must also perform a hazard analysis on residential service connections to determine if there is auxiliary water on the premise. AWWA Manual M14 states that an approved backflow prevention device shall be installed at the service connection to any premise where there is an auxiliary water supply, even if there is no connection between the auxiliary water and the potable water system. Auxiliary water on a premise of any type (commercial or residential) can present a hazard to the community water system. If auxiliary water is present on a premise the appropriate backflow prevention device must be installed at the service connection. An auxiliary water system is a piping system supplied by water from a source other than the community water system serving the premises, such as a lake or private well. Surface water from lakes, rivers, ponds and streams that would constitute a health or high hazard requires an air gap separation or a reduced backflow preventer at the service connection. Ground water from wells or springs could constitute a health or high hazard or could constitute a non health or low hazard. A health or high hazard requires an air gap separation or a reduced backflow preventer at the service connection whereas a non health or low hazard requires a double check valve assembly. The Department generally lets the PWS make the determination regarding whether auxiliary well or spring water is a high or low hazard. Depending on the determination the appropriate backflow device is to be installed. Reclaim water on the premise requires a proper backflow prevention device. The Department recognizes a dual check as an acceptable service-connection backflow protection only at service connections to residential premises where there is a reclaimed water system and no other hazards requiring a greater level of backflow protection. General information on Cross Connection requirements was left with the system at the time of the inspection. This information provides basic information as well as other resources to assist in the preparation of the written plan. Rule 62-555.360(2) F.A.C.

2. Existing backflow devices must be tested by August 15, 2008.

COMMENTS:

1. "Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall 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." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 25, 2008

John Lovelette, Owner
Lake Placid Utilities, Inc.
PO Box 478
Lake Placid, FL 33862

RE: Highlands - DW
Lake Placid Camp Florida Resort WWTP - FLA014340
Residual Annual Summary

Dear Mr. Lovelette:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. A review of Department files for the above referenced facility has revealed that a Residuals Annual Summary for the year 2007 was not received as of April 25, 2008 indicating that a violation of Florida Statutes and Rules may exist at the above described facility.

As specified in Rule 62-640.650(3)(b), Florida Administrative Code (F.A.C.), domestic wastewater permittees using land application sites are required to submit to the Department a Residuals Annual Summary by February 19 of each year. In particular, this report is required to summarize a permittee's land application activities for the prior calendar year.

The Department requests that the permittee provide information indicating that the report has already been submitted, or provide the missing report by **May 15, 2008**. If the report has already been submitted, the Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred.

Failure to submit the Residuals Annual Summary is a statutory and regulatory violation for which a minimum penalty of \$500 may be imposed in accordance with s. 403.121(4)(f), Florida Statutes (F.S.). In addition, if the failure to report was the result of a failure to conduct tests, then a minimum civil penalty of \$2,000, as specified in s. 403.121(4)(d), F.S., may also be imposed.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), F.S. We look forward to your cooperation in completing the investigation and resolution of this matter.

If you have any questions, please contact James Leavor of this office at (239) 332-6975, ext. 121 or by email at James.Leavor@dep.state.fl.us. Your cooperation is appreciated.

Sincerely,

Keith Kleinmann
Environmental Manager

KK/CVR/JAL/

called 5/6/08
has RECEIVED Report
JLB
FDEP

760 Henscratch Road
Lake Placid, Florida
Phone: 863-465-6911
Fax: 863-465-5159

**Pugh Utilities Service,
Inc.**

Fax

To: John From: Carol
Fax: 699-1890 Date: _____
Phone: _____ Pages: 21 including cover
Re: Camp Florida CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments: _____



Florida Department of Environmental Protection

Twin Towers Office Bldg, 2800 Blair Stone Road, Tallahassee, Florida 32389-2400

Residuals Annual Summary

Part I - Facility Information

FACILITY NAME: Camp Florida

FACILITY ID:

MAILING ADDRESS: 100 Shoreline Drive
Lake Placid, FL 33852

MONITORING PERIOD - From: JAN 1, 2007 To: DEC 31, 2007

Total Quantity of Residuals Applied During Reporting Period: .051552 dry tons

Total Number of Residuals Land Application Sites Used During Reporting Period: 1 (Parts II and III should address all residuals land application sites used)

Update of Residuals Characteristics (arithmetic average of all samples taken pursuant to Rule 62-640.650(1), F.A.C., during the reporting period):

Parameter	Units*	Ceiling Limits for Class A and B	Concentration	Parameter (continued)	Units*	Ceiling Limits for Class A and B	Concentration
Total Nitrogen	%	N/A	14.2	Copper	mg/kg	4300	360
Total Phosphorus	%	N/A	1.42	Lead	mg/kg	840	18
Total Potassium	%	N/A	.54	Mercury	mg/kg	57	.8
Total Solids	%	N/A	.62	Molybdenum	mg/kg	75	5.5
pH	std. units	N/A	7.42	Nickel	mg/kg	420	12
Arsenic	mg/kg	75	8.1u	Selenium	mg/kg	100	9.8u
Cadmium	mg/kg	85	1.5u	Zinc	mg/kg	7500	1082

*All units are in a dry weight basis except for total solids and pH. All sampling and analysis shall be conducted pursuant to Title 40 Code of Federal Regulations, Section 503.8, and the POTW Sludge Sampling and Analysis Guidance Document.
N/A = not applicable

Pathogen Reduction Class (Rule 62-640.600(1), F.A.C.): ☐ A ☒ B

EPA Vector Attraction Reduction Option (Rule 62-640.600(2), F.A.C.):

☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Certification

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 (Type or Print)	TELEPHONE NO.
Wendell Faircloth	863-465-6911
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE (YYMMDD)

Part II. Total Application of Residuals or Septage, Nutrients, and Trace Elements for Application Zones Used Only By This Facility (attach a separate sheet for "other solids," if applicable):

Site Name (as identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): _____

Application Zone ID(s)	Crop(s)	Dry Tons Applied per Acre	Basis	N	P	K	As	Cd	Cu	Pb	Hg	Mn	Se	Zn
M30 18-19	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M30 18-20	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M30 18-21	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M30 18-22	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M30 40-1	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M30 35-1	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M30 40-2	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056

(Enter all nutrient and trace element quantities in lbs/acre.)

Part II. Total Application of Residuals or Septage, Nutrients, and Trace Elements for Application Zones Used Only By This Facility (attach a separate sheet for "other solids," if applicable):

Site Name (as identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): _____

Application Zone ID(s)	Crop(s)	Dry Tons Applied per Acre	Basis	N	P	K	As	Cd	Cu	Pb	Hg	Mn	Se	Zn
M30 35-2	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 27-6	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 35-6	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 27-7	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 35-7	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 25-13	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 22-13	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056

(Enter all nutrient and trace element quantities in lbs/acre.)

Part II. Total Application of Residuals or Septage, Nutrients, and Trace Elements for Application Zones Used Only By This Facility (attach a separate sheet for "other solids," if applicable):

Site Name (as Identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): _____

Application Zone ID(s)	Crop(s)	Dry Tons Applied per Acre	Basis	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M29 25-14	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 22-14	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 6-20	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 10-20	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 6-21	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 10-21	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 11-24	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056

(Enter all nutrient and trace element quantities in lbs/acre.)

Part II. Total Application of Residuals or Septage, Nutrients, and Trace Elements for Application Zones Used Only By This Facility (attach a separate sheet for "other solids," if applicable):

Site Name (as identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan):

Application Zone ID(s)	Crop(s)	Dry Tons Applied per Acre	Basis	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M29 5-24	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 11-25	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 5-25	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 19-7	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M29 14-7	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M30 19-8	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M30 14-8	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056

(Enter all nutrient and trace element quantities in lbs/acre.)

Part II. Total Application of Residuals or Septage, Nutrients, and Trace Elements for Application Zones Used Only By This Facility (attach a separate sheet for "other solids," if applicable):

Site Name (as Identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): _____

Application Zone ID(s)	Crop(s)	Dry Tons Applied per Acre	Basis	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M30 25-15	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M30 28-15	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M30 25-16	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
M30 28-16	Bahia	.025854	annual	.734	.073425	.027922	.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			cumulative				.000042	.000008	.00186	.000093	.000004	.000062	.000051	.0056
			annual											
			cumulative											
			annual											
			cumulative											
			annual											
			cumulative											
			annual											
			cumulative											

(Enter all nutrient and trace element quantities in lbs/acre.)

Part III. Total Residuals or Septage, Nutrients, and Trace Elements Applied to Application Zones Used by Multiple Facilities (attach separate page for "other solids," if applicable):

Site Name (as identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): 100 Shoreline Drive Lake Placid, FL 33852

Application Zone ID(s)	Crop(s)	Facility	Dry Tons Applied per Acre	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M30 18-19,20	Bahia	Town of Lake Placid	.025854											
		1000												
Annual Total				9.461	1.98317	.54174	.000164	.000339	.0297	.00503	.000271	.001644	.000832	.09916
Cumulative Total							.000585	.001392	.15675	.011292	.000414	.005809	.002254	.32235
M30 18-19,20	Bahia	Tomoka Heights	.025854											
		1000												
Annual Total				8.979	3.0226	.55414	.000164	.00073	.1947	.00403	.000038	.00264	.00083	.10529
Cumulative Total							.000585	.001392	.15675	.011292	.000414	.005809	.002254	.32235
M30 18-19,20	Bahia	Damon Utilities	.025854											
		1000												
Annual Total				8.613	3.839	.4165	.000215	.000315	.10572	.002139	.000101	.001463	.00054	.1123
Cumulative Total							.000585	.001392	.15675	.011292	.000414	.005809	.002254	.32235

(Enter nutrients and trace elements in lbs/acre.)

Part III. Total Residuals or Septage, Nutrients, and Trace Elements Applied to Application Zones Used by Multiple Facilities (attach separate page for "other solids," if applicable):

Site Name (as identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): 100 Shoreline Drive Lake Placid, FL 33852

Application Zone ID(s)	Crop(s)	Facility	Dry Tons Applied per Acre	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M30 18-21,22	Bahia	Peace River Heights	.025854											
		1000												
Annual Total				7.027	2.08421	.37431	.00017	.000332	.05972	.003318	.000034	.002042	.000833	.03641
Cumulative Total							.000584	.001128	.26258	.007812	.000109	.005115	.001965	.16789
M30 18-21,22	Bahia	Tomoka Heights	.025854											
		1000												
Annual Total				8.979	3.0226	.55414	.000164	.00073	.1947	.00403	.000038	.00264	.000831	.10529
Cumulative Total							.000584	.001128	.26258	.007812	.000109	.005115	.001965	.16789
M30 18-21,22	Bahia	Silver Oaks MHP	.025854											
		1000												
Annual Total				5.421	.86319	.40449	.000208	.000058	.0063	.000371	.000033	.000371	.00025	.02059
Cumulative Total							.000584	.001128	.26258	.007812	.000109	.005115	.001965	.16789

(Enter nutrients and trace elements in lbs/acre.)

Part III. Total Residuals or Septage, Nutrients, and Trace Elements Applied to Application Zones Used by Multiple Facilities (attach separate page for "other solids," if applicable):

Site Name (as identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): 100 Shoreline Drive Lake Placid, FL 33852

Application Zone ID(s)	Crop(s)	Facility	Dry Tons Applied per Acre	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M30 40-1	Bahia	Lake Bonnet Camp	.045245											
		1750												
Annual Total				5.864	105.784	.455	.000289	.000583	.00924	.00581	.000056	.00287	.0147	.072275
Cumulative Total							.001727	.002809	.14078	.027641	.000268	.01446	.019955	.254972
M30 40-1	Bahia	Sudan Interior Mission	.025854											
		1000												
Annual Total				3.283	1.205	.4203	.00017	.00034	.03292	.003402	.000035	.001701	.000851	.021027
Cumulative Total							.001727	.002809	.14078	.027641	.000268	.01446	.019955	.254972
M30 40-1	Bahia	Desoto MHP	.0323175											
		1250												
Annual Total				5.358	1.340975	.547463	.000209	.000419	.01175	.004188	.000043	.002091	.001045	.03272
Cumulative Total							.001727	.002809	.14078	.027641	.000268	.01446	.019955	.254972

(Enter nutrients and trace elements in lbs/acre.)

Part III. Total Residuals or Septage, Nutrients, and Trace Elements Applied to Application Zones Used by Multiple Facilities (attach separate page for "other solids," if applicable):

Site Name (as Identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): 100 Shoreline Drive Lake Placid, FL 33852

Application Zone ID(s)	Crop(s)	Facility	Dry Tons Applied per Acre	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M30 40-1	Bahia	Royal Care of Avon Park	.025854											
		1000												
Annual Total				3.993	1.2703	.68054	.000391	.000964	.00879	.00975	.000079	.004877	.002438	.04582
Cumulative Total							.001727	.002809	.14078	.027641	.000268	.01446	.019955	.254972
M30 40-1	Bahia	Country Club of Sebring	.025854											
		1000												
Annual Total				4.882	1.25831	.40846	.000211	.000415	.05323	.00415	.000033	.002108	.000375	.03413
Cumulative Total							.001727	.002809	.14078	.027641	.000268	.01446	.019955	.254972
M30 40-1	Bahia	Crystal Lake Club	.025854											
		1000												
Annual Total				6.798	1.98025	.609987	.000415	.00008	.02299	.000248	.000018	.000751	.000495	.07612
Cumulative Total							.001727	.002809	.14078	.027641	.000268	.01446	.019955	.254972

(Enter nutrients and trace elements in lbs/acre.)

Part III. Total Residuals or Septage, Nutrients, and Trace Elements Applied to Application Zones Used by Multiple Facilities (attach separate page for "other solids," if applicable):

Site Name (as identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): 100 Shoreline Drive Lake Placid, FL 33852

Application Zone ID(s)	Crop(s)	Facility	Dry Tons Applied per Acre	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn	
M30 40-2 35-2	Bahia	Town of Lake Placid	.051708												
		2000													
Annual Total				20.24	4.928	1.246	.000472	.000666	.0892	.008	.000776	.067	.001662	.0664	
Cumulative Total							.001923	.002856	.229441	.029714	.000954	.017876	.00672	.332885	
M30 40-2 35-2	Bahia	Whispering Pines - Seb	.043952												
		1700													
Annual Total				4.007	1.25813	.61812	.000284	.00057	.01541	.005695	.000055	.002839	.001389	.055352	
Cumulative Total							.001923	.002856	.229441	.029714	.000954	.017876	.00672	.332885	
M30 40-2 35-2	Bahia	Royal Care of Avon Park	.025854												
		1000													
Annual Total				3.208	1.0839	.3898	.000166	.000332	.02804	.003993	.000033	.001663	.000858	.019063	
Cumulative Total							.001923	.002856	.229441	.029714	.000954	.017876	.00672	.332885	

(Enter nutrients and trace elements in lbs/acre.)

Part III. Total Residuals or Septage, Nutrients, and Trace Elements Applied to Application Zones Used by Multiple Facilities (attach separate page for "other solids," if applicable):

Site Name (as Identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): 100 Shoreline Drive Lake Placid, FL 33852

Application Zone ID(s)	Crop(s)	Facility	Dry Tons Applied per Acre	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M30 40-2 35-2	Bahia	Silver Oaks	.025854											
		1000												
Annual Total				2.594	.831554	.31521	.000165	.00033	.00399	.003332	.000033	.001651	.000841	.02095
Cumulative Total							.001923	.002856	.229441	.029714	.000954	.017876	.00672	.332885
M30 40-2 35-2	Bahia	Paradise Village	.025854											
		1000												
Annual Total				2.823	.65852	.2732	.000165	.000455	.014712	.004203	.000035	.002102	.001051	.03527
Cumulative Total							.001923	.002856	.229441	.029714	.000954	.017876	.00672	.332885
M30 40-2 35-2	Bahia	Country Club of Sebring	.025854											
		1000												
Annual Total				4.882	1.25831	.40846	.000211	.000415	.05323	.00415	.000033	.002106	.000375	.03413
Cumulative Total							.001923	.002856	.229441	.029714	.000954	.017876	.00672	.332885

(Enter nutrients and trace elements in lbs/acre.)

Part III. Total Residuals or Septage, Nutrients, and Trace Elements Applied to Application Zones Used by Multiple Facilities (attach separate page for "other solids," if applicable):

Site Name (as Identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): 100 Shoreline Drive Lake Placid, FL 33852

Application Zone ID(s)	Crop(s)	Facility	Dry Tons Applied per Acre	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M30	Bahia	Crystal Lake Club	.025854											
		1000												
40-2														
35-2														
Annual Total				6.798	1.98025	.609987	.000415	.00008	.02299	.000248	.000018	.000751	.000495	.07612
Cumulative Total							.001923	.002856	.229441	.029714	.000954	.017876	.00672	.332885
M30	Bahia	Lake Bonnet	.045245											
		1750												
35-1														
Annual Total				5.864	105.784	.455	.000289	.000583	.00924	.00581	.000056	.00287	.0147	.072275
Cumulative Total							.001973	.003309	.15377	.032636	.000315	.01692	.020143	.338092
M30	Bahia	Sudan Interior Mission	.038781											
		1500												
35-1														
Annual Total				4.431	1.3335	.5400	.000246	.0005	.01299	.004995	.000047	.00246	.001233	.0504
Cumulative Total							.001973	.003309	.15377	.032636	.000315	.01692	.020143	.338092

(Enter nutrients and trace elements in lbs/acre.)

Part III. Total Residuals or Septage, Nutrients, and Trace Elements Applied to Application Zones Used by Multiple Facilities (attach separate page for "other solids," if applicable):

Site Name (as Identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): 100 Shoreline Drive Lake Placid, FL 33852

Application Zone ID(s)	Crop(s)	Facility	Dry Tons Applied per Acre	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M30 35-1	Bahia	Sudan Interior Mission	.025854											
		1000												
Annual Total				3.283	1.205	.4203	.00017	.00034	.03292	.003402	.000035	.001701	.000851	.021027
Cumulative Total							.001973	.003309	.15377	.032636	.000315	.01692	.020143	.338092
M30 35-1	Bahia	Desoto MHP	.032317											
		1250												
Annual Total				5.358	1.340975	.547463	.000209	.000419	.01175	.004188	.000043	.002091	.001045	.03272
Cumulative Total							.001973	.003309	.15377	.032636	.000315	.01692	.020143	.338092
M30 35-1	Bahia	Royal Care of Avon Park	.025854											
		1000												
Annual Total				3.993	1.2703	.68054	.000391	.000964	.00879	.00975	.000079	.004877	.002438	.04582
Cumulative Total							.001973	.003309	.15377	.032636	.000315	.01692	.020143	.338092

(Enter nutrients and trace elements in lbs/acre.)

Part III. Total Residuals or Septage, Nutrients, and Trace Elements Applied to Application Zones Used by Multiple Facilities (attach separate page for "other solids," if applicable):

Site Name (as identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): 100 Shoreline Drive Lake Placid, FL 33852

Application Zone ID(s)	Crop(s)	Facility	Dry Tons Applied per Acre	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M30 35-1	Bahia	Country Club of Sebring	.025854											
		1000												
Annual Total				4.882	1.25831	.40846	.000211	.000415	.05323	.00415	.000033	.002108	.000375	.03413
Cumulative Total						.001973	.003309	.15377	.032636	.000315	.01692	.020143	.338092	
M30 35-1	Bahia	Crystal Lake Club	.025854											
		1000												
Annual Total				6.798	1.98025	.609987	.000415	.00008	.02299	.000248	.000018	.000751	.000495	.07612
Cumulative Total						.001973	.003309	.15377	.032636	.000315	.01692	.020143	.338092	
M29 35-6,7 27-6,7	Bahia	Kissimmee River Fish Resort	.022623											
		875												
Annual Total				4.826	1.4007	.54443	.000164	.000419	.02671	.004196	.000034	.002098	.001021	.0338
Cumulative Total						.000206	.000427	.02857	.004289	.000038	.00216	.001072	.0394	

(Enter nutrients and trace elements in lbs/acre.)

Part III. Total Residuals or Septage, Nutrients, and Trace Elements Applied to Application Zones Used by Multiple Facilities (attach separate page for "other solids," if applicable):

Site Name (as identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): 100 Shoreline Drive Lake Placid, FL 33852

Application Zone ID(s)	Crop(s)	Facility	Dry Tons Applied per Acre	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M29	Bahia	Sudan Interior Mission	.025854											
		1000												
19-7														
14-7														
Annual Total				3.283	1.205	.4203	.00017	.00034	.03292	.003402	.000035	.001701	.000851	.021027
Cumulative Total							.000629	.001182	.05128	.004394	.000071	.002733	.001403	.078577
M29	Bahia	Hammock MHP	.025854											
		1000												
19-7														
14-7														
Annual Total				4.727	1.73394	.430274	.000417	.000834	.0165	.000899	.000032	.000899	.000501	.05195
Cumulative Total							.000629	.001182	.05128	.004394	.000071	.002733	.001403	.078577
M29	Bahia	Town N Country	.025854											
		1000												
19-8														
14-8														
Annual Total				4.398	1.635	.4943	.000266	.000335	.01273	.003359	.000032	.001647	.000829	.41608
Cumulative Total							.000724	.000508	.10445	.004666	.000062	.00275	.001383	.50868

(Enter nutrients and trace elements in lbs/acre.)

Part III. Total Residuals or Septage, Nutrients, and Trace Elements Applied to Application Zones Used by Multiple Facilities (attach separate page for "other solids," if applicable):

Site Name (as identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): 100 Shoreline Drive Lake Placid, FL 33852

Application Zone ID(s)	Crop(s)	Facility	Dry Tons Applied per Acre	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M29 19-8 14-8	Bahia	Leisure Lakes Covered Bridge	.025854											
		1000												
Annual Total				6.80	2.34187	.66786	.000416	.000165	.08986	.001214	.000026	.001041	.000503	.087
Cumulative Total							.000724	.000508	.10445	.004666	.000062	.00275	.001383	.50868
M30 25-15 28-15	Bahia	Country Club of Sebring	.025854											
		1000												
Annual Total				13.101	3.639	.674	.000236	.000337	.32602	.00438	.000101	.00202	.000842	.0854
Cumulative Total							.000899	.000573	.36605	.007313	.000645	.003277	.002261	.19504
M30 25-15 28-15	Bahia	Mallards MHP	.025854											
		1000												
Annual Total				4.876	1.18416	.553297	.000207	.000067	.0226	.000672	.000031	.000367	.000367	.02658
Cumulative Total							.000899	.000573	.36605	.007313	.000645	.003277	.002261	.19504

(Enter nutrients and trace elements in lbs/acre.)

Part III. Total Residuals or Septage, Nutrients, and Trace Elements Applied to Application Zones Used by Multiple Facilities (attach separate page for "other solids," if applicable):

Site Name (as Identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): 100 Shoreline Drive Lake Placid, FL 33852

Application Zone ID(s)	Crop(s)	Facility	Dry Tons Applied per Acre	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M30 25-15 28-15	Bahia	Camp Florida	.025854											
		1000												
Annual Total				10.474	3.06166	1.32365	.000414	.000161	.03591	.001496	.000023	.000828	.001001	.07746
Cumulative Total							.000899	.000573	.36605	.007313	.000645	.003277	.002261	.19504
M30 25-16 28-16	Bahia	Country Club of Sebring	.025854											
		1000												
Annual Total				13.101	3.639	.674	.000236	.000337	.32602	.00438	.000101	.00202	.000842	.0854
Cumulative Total							.000904	.000521	.52644	.006879	.000179	.004594	.001638	.25147
M30 25-16 28-16	Bahia	Kissimmee River	.025854											
		1000												
Annual Total				5.411	1.28803	.572458	.000209	.000094	.02537	.000771	.000033	.00055	.000247	.03616
Cumulative Total							.000904	.000521	.52644	.006879	.000179	.004594	.001638	.25147

(Enter nutrients and trace elements in lbs/acre.)

Part III. Total Residuals or Septage, Nutrients, and Trace Elements Applied to Application Zones Used by Multiple Facilities (attach separate page for "other solids," if applicable):

Site Name (as identified in Agricultural Use Plan): Camp Florida

Site Address (as shown in Agricultural Use Plan): 100 Shoreline Drive Lake Placid, FL 33852

Application Zone ID(s)	Crop(s)	Facility	Dry Tons Applied per Acre	N	P	K	As	Cd	Cu	Pb	Hg	Ni	Se	Zn
M30 25-16 28-16	Bahia	Tomoka Heights	.025854											
		1000												
Annual Total				5.051	1.879836	.359621	.000417	.000082	.17319	.001635	.000041	.001962	.000498	.12431
Cumulative Total							.000904	.000521	.52644	.006879	.000179	.004594	.001638	.25147
Annual Total														
Cumulative Total														
Annual Total														
Cumulative Total														

(Enter nutrients and trace elements in lbs/acre.)

DEP Form 62-640.210(2xb), effective 12/01/97



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

February 19, 2008

Ronald Anthony Cozier
Camper Corral, Inc.
100 Shoreline Dr
Lake Placid Florida 33852

Re: Highlands County - PW
The Woodlands of Lake Placid
PWS I. D. Number: 6280304
Year 2008 Monitoring Requirements

Dear Mr. Cozier:

The purpose of this correspondence is to assist you in determining the drinking water monitoring requirements for the above-referenced public drinking water system for the 2008 calendar year. The enclosed monitoring schedule has been provided to you by the Department as a courtesy, and reflects the Department's current assessment of the chemical and bacteriological monitoring which the above-referenced water system is required to perform during the 2008 calendar year.

Please note that the enclosed monitoring schedule does not include any monitoring that your water system may be required to perform for Stage 2 of the Disinfectants & Disinfection Byproducts Rule, or the Unregulated Contaminants Monitoring Rule (UCMR), or the Long Term 2 Surface Water Treatment Rule (LT2 SWTR). Stage 2 of the D & DBPs Rule and the UCMR are being directly implemented and administered by the USEPA and not the Department of Environmental Protection. Questions regarding Stage 2 should be directed to Region4_Stage2@epa.gov. In addition, you should call 1-888-890-1995 for SDWARS/UCMR registration and reporting questions. Finally, if your system is a subpart H system, you should contact Greg Parker at (850) 245-8635 for any questions related to the LT2 SWTR.

If you have any questions regarding this correspondence, please contact Patty Baron at the letterhead address above, or call (239) 332-6975, Extension 128.

Sincerely,

Mark Charneski
Environmental Supervisor II

MAC/PB/cw
Enclosures

cc: Mr. Wendell Faircloth

**PUBLIC WATER SYSTEM CONTAMINANT
MONITORING GUIDANCE FOR CALENDAR YEAR 2008**

SYSTEM NAME: The Woodlands of Lake Placid-Plant #1

PWS ID #: 6280304

CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2008	Monthly In 2008	Quarterly In 2008	SemiAnnual (2 in 2008)	One Time in 2008
ASBESTOS (62-550.511)	X				
NITRATE AND NITRITE (62-550.512)					X
INORGANIC CONTAMINANTS (62-550.513)	X				
TOTAL TRIHALOMETHANES (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)	X				
HALOACETIC ACIDS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)	X				
VOLATILE ORGANIC CONTAMINANTS (62-550.515)	X				
SYNTHETIC ORGANIC CONTAMINANTS (PEST & PCBS) (62-550.516)	X				
MICROBIOLOGICAL (62-550.518)		X			
DISINFECTANT RESIDUALS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)		X			
RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519)	X				
SECONDARY CONTAMINANTS (62-550.520)	X				
LEAD AND COPPER 40 CFR 141 Subpart I Note: IF on Reduced Monitoring collect samples Jun - Sep 2008	X				

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2008(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.

PUBLIC WATER SYSTEM CONTAMINANT MONITORING GUIDANCE FOR CALENDAR YEAR 2008

SYSTEM NAME: The Woodlands of Lake Placid-Plant #2

PWS ID #: 6280304

CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2008	Monthly In 2008	Quarterly In 2008	SemiAnnual (2 in 2008)	One Time in 2008
ASBESTOS (62-550.511)	X				
NITRATE AND NITRITE (62-550.512)					X
INORGANIC CONTAMINANTS (62-550.513)	X				
TOTAL TRIHALOMETHANES (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)	X				
HALOACETIC ACIDS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)	X				
VOLATILE ORGANIC CONTAMINANTS (62-550.515)	X				
SYNTHETIC ORGANIC CONTAMINANTS (PEST & PCBS) (62-550.516)	X				
MICROBIOLOGICAL (62-550.518)		X			
DISINFECTANT RESIDUALS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)		X			
RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519)	X				
SECONDARY CONTAMINANTS (62-550.520)	X				
LEAD AND COPPER 40 CFR 141 Subpart I Note: IF on Reduced Monitoring collect samples Jun - Sep 2008	X				

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2008(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

May 8, 2008

John Lovelette, Owner - jlovelette@hotmail.com
LP Utilities, Inc.
PO Box 478
Lake Placid, FL 33862

RE: Hurricane Letter - RESPOND BY MAY 15, 2008

Lake Placid Camp Florida Resort AKA Woodlands WWTP
FLA014340 - Highlands - DW

Dear Mr. Lovelette:

The time to prepare for Hurricane season has arrived once more. This will serve as a friendly reminder to all of the permittees and operators that there are certain responsibilities that need to be addressed before and during the hurricane season. Enclosed you will find recommended procedures for preparing wastewater treatment facilities for the possibility of a hurricane. As part of your hurricane preparedness please refer to the website for a brochure titled "*Hurricane Preparedness for Domestic Wastewater Treatment Facilities.*"

(http://www.dep.state.fl.us/water/wastewater/docs/hurricane_preparedness.pdf)

Each hurricane season the Department prepares an emergency contact list for all wastewater facilities in Charlotte, Collier, Glades, Hendry, Highlands, Lee, and Monroe Counties. This year we have enclosed a form titled "*2008 Hurricane Contacts List.*" Please take the time to make any corrections for your facilities, so that if an emergency situation does occur we will have the most up to date information, and return the form to the department before MAY 15th, 2008.

- **The Facility Information Section:** The data in this section represents the *physical location* of your wastewater treatment facility (WWTF). Please verify the physical address of the WWTF with what our records indicate.
- **The Permittee Information Section:** This should include the details about whom the permit was *legally issued* too. If ownership, management, or presidency has changed since your permit issue please notify us of this change.
- **The Secondary Onsite Section:** This should include details about who we can reach *onsite* during normal times of plant operation. An example would be a park manager.
- **The Operation Information Section:** This should include the details about who the current *licensed operator* is. If an emergency does occur they will be a first point of contact.

Please provide the Department with the form of contact names and numbers by May 15, 2008. Please feel free to fax a copy of the completed form at (239) 332-6969 or scan and email it to James.Leavor@dep.state.fl.us

In the event there is a storm that affects the wastewater treatment plants in our area, the Department is obligated to provide a status report as soon as possible to the Tallahassee Emergency Operations Center (EOC) on the condition of all treatment plants in our district. Within 24 hours of a major storm event please contact the South District DEP office Wastewater or Drinking Water sections at (239) 332-6975 to report the status of the water or wastewater facility and lift stations and needs such as number and type of generators, pumper trucks, port-a-potties, chlorine, hypochlorite solution, and other chemicals, etc.

Thank you for your assistance in this important matter.

Sincerely,

Keith Kleinmann
Sent VIA Electronic Mail
Environmental Manager

Agency	Phone	Website
DEP South District	1-239-332-6975	<i>Call within 24 hours to report status of the water or wastewater facility and lift stations</i>
DEP South District Highlands/Glades Branch	1-863-314-5975	
State of Florida Emergency Information	1-850-413-9969	http://www.floridadisaster.org/
FEMA	1-800-621-FEMA	http://www.fema.gov
American Red Cross	1-866-GET-INFO	http://www.redcross.org
Salvation Army Donation Helpline	1-800-SAL-ARMY	http://www.salvationarmyusa.org
Charlotte County EOC	(941) 505-4620	http://www.charlottecountyfl.com/Emergency
Collier County EOC	(239) 252-8000	http://collierem.org
Glades EOC	(863) 946-6020	
Hendry County EOC	(863) 612-4700	http://www.hendryfla.net
Highlands County EOC	(863) 385-1112	http://www.hceoc.org/
Lee County EOC	(239) 477-3600	http://www.leeecoc.com
Monroe County EOC	(305) 289-6018	http://www.co.monroe.fl.us/pages/psd/MCEM
Florida Power and Light	1-800-4-OUTAGE	http://www.fpl.com
LCEC	(239) 656-2300	http://www.lcec.net/
State Warning Point	1-800-320-0519	Only for spills over 1,000 Gallons

Online Brochure: "Hurricane Preparedness for Domestic Wastewater Treatment Facilities" - http://www.dep.state.fl.us/water/wastewater/docs/hurricane_preparedness.pdf

KK/JAL

Please print this page as it provides instructions and contact information if help is needed.

DIRECTIONS: VERIFY THE INFORMATION AND UPDATE ANY CORRECTIONS (FILL IN BLANKS)
☐ IF NO UPDATES CHECK HERE AND RETURN THIS FORM TO THE DEP BY MAY 15, 2008

Waste Water Facility Information:	<i>Please Verify the Correct Information:</i>	<i>Please update any corrections: (Fill in Blanks)</i>
Company Name of Facility:	LP Utilities, Inc.	
Correct Facility Name:	Lake Placid Camp Florida Resort AKA Woodlands WWTP	
Facility Physical Address Location:	100 Shoreline Drive	
Facility City, State, Zip Code:	Lake Placid, Florida, 33852	
Main Phone Number for Facility Location:	863-699-1991	

Permittee/Owner Information:	<i>Please Verify Current Permittee:</i>	<i>Please update any corrections: (Fill in Blanks)</i>
Permittee/Owner Name:	John Lovelette	
Permittee/Owner Job Title:	Owner	
Permittee/Owner Company:	LP Utilities, Inc.	
Permittee/Owner Mailing Address:	PO Box 478	
Permittee/Owner City, State, Zip Code:	Lake Placid, FL 33862	
Permittee/Owner Main Phone Number:	863-699-1991	
Permittee/Owner Cell Phone:	863-441-5644	
Permittee/Owner Fax Number:	863-699-1995	
Permittee/Owner Email Address:	jlovelette@hotmail.com	

Secondary Onsite Contact Info:	<i>Please Verify the Correct Information:</i>	<i>Please update any corrections: (Fill in Blanks)</i>
Secondary Contact:		
Secondary Job Title:		
Secondary Company:		
Secondary Phone Number:		
Secondary Cell Phone:		

Operator Contact Info:	<i>Please Verify Operator Contact:</i>	<i>Please update any corrections: (Fill in Blanks)</i>
Operator Contact:	Wendell L. Faircloth	
Operator Job Title:	Owner	
Operator Company:	Short Utility Service Inc.	
Operator Contact Phone Number:	863-471-1400	
Operator Cell Phone:	863-381-3488	
Operator Email Address:	shoutilsvc@aol.com	
Residual Hauling Company:	Short	

Mail:	Fax:	Email or Questions:
Department of Environmental Protection P.O. Box 2549 Fort Myers, FL, 33902	239-332-6969 or 239-338-2605	If you have any questions please call James Leavor at 239-332-6975 ext 121 James.Leavor@dep.state.fl.us

Please respond to this form by May 15th, 2008



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

May 27, 2008

Ronald Anthony Cozier, President
Camper Corral, Inc.
dba The Woodlands of Lake Placid
100 Shoreline Drive
Lake Placid, Florida 33852

Re: Highlands County - PW
Woodlands of Lake Placid
PWS I.D. Number: 6280304
Compliance Inspection Report

Dear Mr. Cozier:

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

The deficiencies listed in the Report may in violation of Rule 62-555, F.A.C. Please correct the deficiencies as soon as possible and notify the Department in writing postmarked no later than July 15, 2008 indicating which deficiencies have been corrected. For those deficiencies that have not been corrected, indicate how and on what schedule the system will address the deficiencies noted in the report.

Comments are included in the Report.

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

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

Ronald Anthony Cozier
Page 2
May 27, 2008

Sincerely,



Raymond W. Kenney
Engineering Specialist II

RWK

Enclosure

cc: Mr. Wendell Faircloth (w/enc)
Mr. John H. Lovelette (w/enc)

State of Florida
Department of Environmental Protection
South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:	Woodlands of Lake Placid – Plant #1	County:	Highlands	PWS:	6280304
Address:	Lot 2 Hidden Cove Rd Lake Placid FL 33852	Contact:	Wendell Faircloth Sr	Phone:	(863) 471-1400
Owner Name:	Woodlands of Lake Placid	Contact:	Ronald Anthony Cozier	Phone:	(863) 699-1936
Owner Address:	100 Shoreline Dr Lake Placid FL 33852				

This Inspection Date:	May 21, 2008	Last C.I. Date:	Jun 18, 2007
Last Sanitary Survey Date:	Aug 14, 2006		
PWS Type:	Community		
Service Area Characteristics:	Mobile Home Park		
No. of Service Connections:	440 (Interconnected with Plant # 2)		
Served Population:	800		

OPERATION AND MAINTENANCE

Certified Operator: **Yes**
Required Coverage: **Staffing by Class D or higher operator: 3 visits/week on nonconsecutive days for a total of 0.3 hour/week**
Operator & Certification Class Number: **Wendell Faircloth C 8189**
O&M Log: **Yes** Condition of Plant? **Good**

WELLS

Number of Wells: **1 (AAI0056)**
Comment: **(Interconnected with Plant # 2)**
Check Valve: **Yes**
Fence/Housing: **Yes**
Sanitary Hazards: **No**
Auxiliary Power: **No – see comment for Plant #2**

DESIGN CAPACITY **0.1 MGD**
STORAGE CAPACITY **0.01 MG**

CHLORINATION

Chlorinator Type: **Gas**
Cl₂ Residual:
 Plant: **1.8 mg/l**
 Remote: **1.5 mg/l**
 Location: **Clubhouse**
Gas Cylinder Scale: **Yes**
Gas Cylinder Chained: **Yes**
Adequate Air-pak: **At Plant # 2**
Adequate Ventilation: **Yes**
Dual Chlorination: **N/A (<10 ppd)**
Auto-switchover: **N/A (< 10 ppd)**
Alarm: **Yes**

PRESSURE

Plant: 53 psi
Remote: 42 psi

PWS: 6280304

Date: 05/21/08

AERATION No**OTHER TREATMENT PROCESSES:** None**OTHER**

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

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

Tank type	H			
Capacity (gals)	10,000			
Gravity drain	Y			
By-pass piping	Y			
Pressure gauge	Y			
On/Off pressure	Y			
Sight glass	Y			
Fittings for sight glass	Y			
Air release valve	Y			
Pressure relief valve	N			
Access padlocked	Y			

State of Florida
Department of Environmental Protection
South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:	Woodlands of Lake Placid – Plant #2	County:	Highlands	PWS:	6280304
Address:	South of Sales Office on dirt road Lake Placid FL 33852	Contact:	Wendell Faircloth Sr	Phone:	(863) 471-1400
Owner Name:	Woodlands of Lake Placid	Contact:	Ronald Anthony Cozier	Phone:	(863) 699-1936
Owner Address:	100 Shoreline Dr Lake Placid FL 33852				

This Inspection Date:	May 21, 2008	Last C.I. Date:	Jun 18, 2007
Last Sanitary Survey Date:	Aug 14, 2006		
PWS Type:	Community		
Service Area Characteristics:	Mobile Home Park		
No. of Service Connections:	440 (Interconnected with Plant # 1)		
Served Population:	600		

OPERATION AND MAINTENANCE

Certified Operator: **Yes**
Required Coverage: **Staffing by Class D or higher operator: 3 visits/week on nonconsecutive days for a total of 0.3 hour/week**
Operator & Certification Class Number: **Wendell Faircloth C 8189**
O&M Log: **Yes** Condition of Plant? **Good**

WELLS

Number of Wells: **1 (AAI0057)**
Comment: **(Interconnected with Plant # 1)**
Check Valve: **Yes**
Fence/Housing: **Yes**
Sanitary Hazards: **No**
Auxiliary Power: **Yes**

DESIGN CAPACITY **0.01 MGD**
STORAGE CAPACITY **0.015 MG**

CHLORINATION

Chlorinator Type: **Gas**
Cl₂ Residual:
Plant: **3.5 mg/l**
Remote: **1.5 mg/l**
Location: **Clubhouse**
Gas Cylinder Scale: **Yes**
Gas Cylinder Chained: **Yes**
Adequate Air-pak: **Yes**
Adequate Ventilation: **Yes**
Dual Chlorination: **N/A (<10 ppd)**
Auto-switchover: **N/A (<10 ppd)**
Alarm: **Yes**

PRESSURE

Plant: 55 psi
Remote: 42 psi

PWS: 6280304

Date: 05/21/08

AERATION No**OTHER TREATMENT PROCESSES:** None**OTHER**

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

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

Tank type	H			
Capacity (gals)	15,000			
Gravity drain	Y			
By-pass piping	Y			
Pressure gauge	Y			
On/Off pressure	Y			
Sight glass	Y			
Fittings for sight glass	Y			
Air release valve	Y			
Pressure relief valve	Y			
Access padlocked	Y			

Recordkeeping Requirements

Rule	Years
------	-------

Bacteriologicals	62-550.720(1)	5
Physical analyses	62-550.720(1)	10
Chemical analyses	62-550.720(1)	10
Radiological analyses	62-550.720(1)	10
Action to correct violations of primary regulations	62-550.720(2)	3
Cross connection control information	62-550.720(3)	10
Sanitary survey information	62-550.720(3)	10
Variance or exemption	62-550.720(4)	5
Monthly Operating Reports	62-550.720(5)	10
Lead and Copper	62-550.720(6)	12
Finished water tanks cleaned during last 5 years	62-555.350(12)(c)	
Finished water tanks inspected during last 5 years	62-555.350(12)(c)	
Dead end mains flushed	62-555.350(12)(c)	
Isolation valves exercised	62-555.350(12)(c)	
Auxiliary power exercised monthly	62-555.350(12)(c)	
Operation and maintenance logs at WTP	62-602.650(4)	

DEFICIENCIES:

1. The system needs to revise and update its written Cross Connection Control Plan. The plan is to be revised using the recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14. The plan must be implemented. In addition to performing a hazard analysis on commercial establishments to determine what appropriate backflow prevention device must be installed at the service connection, the system must also perform a hazard analysis on residential service connections to determine if there is auxiliary water on the premise. AWWA Manual M14 states that an approved backflow prevention device shall be installed at the service connection to any premise where there is an auxiliary water supply, even if there is no connection between the auxiliary water and the potable water system. Auxiliary water on a premise of any type (commercial or residential) can present a hazard to the community water system. If auxiliary water is present on a premise the appropriate backflow prevention device must be installed at the service connection. An auxiliary water system is a piping system supplied by water from a source other than the community water system serving the premises, such as a lake or private well. Surface water from lakes, rivers, ponds and streams that would constitute a health or high hazard requires an air gap separation or a reduced backflow preventer at the service connection. Ground water from wells or springs could constitute a health or high hazard or could constitute a non health or low hazard. A health or high hazard requires an air gap separation or a reduced backflow preventer at the service connection whereas a non health or low hazard requires a double check valve assembly. The Department generally lets the PWS make the determination regarding whether auxiliary well or spring water is a high or low hazard. Depending on the determination the appropriate backflow device is to be installed. Reclaim water on the premise requires a proper backflow prevention device. The Department recognizes a dual check as an acceptable service-connection backflow protection only at service connections to residential premises where there is a reclaimed water system and no other hazards requiring a greater level of backflow protection. General information on Cross Connection requirements was left with the system at the time of the inspection. This information provides basic information as well as other resources to assist in the preparation of the written plan. Rule 62-555.360(2) F.A.C.

2. Existing backflow devices must be tested by August 15, 2008.

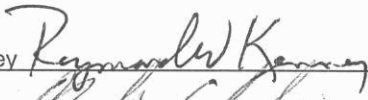

COMMENTS:

1. "Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall 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." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the

inspection report should be signed and sealed by the PE in responsible charge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record should be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pit-depth gauges and ultrasonic thickness gauges should be made in addition to visual inspections when inspecting a finished-water storage tank for structural and coating integrity. However, it is up to the PE in responsible charge, who presumably has expertise in the design/construction/evaluation of structures and the application/evaluation of coatings, to decide exactly what must be done in order for him/her to make a professional determination regarding the structural and coating integrity of a finished-water storage tank. This rule was effective August 28, 2003.

2. Retain records according to the above table.

RECOMMENDATIONS: None

Inspector: Raymond W. Kenney		Engineering Specialist II	Date	5 / 27 / 2008
Approved By: Mark Charneski		Env Supervisor II	Date	5 / 27 / 2008

LP UTILITIES, INC.

P. O. Box 478
LAKE PLACID, FL 33862
(863) 699-1173
Fax (863) 699-1890

July 2, 2008

Raymond W. Kenney
Florida Department of Environmental Protection
South District
P. O. Box 2549
Fort Myers, FL 33902-2549

Re: Woodlands of Lake Placid PWS ID Number: 6280304

Dear Mr. Kenney:

To address the 2 deficiencies listed in the Compliance Inspection Report from the field inspection on May 18, 2008.

- 1) Enclosed is a revised Cross Connection Control Plan for your review and comments.
- 2) Enclosed is a copy of the test results for the back flow device located at the lift station on Freedom Way. In the future, we will have all the devices inspected and tested on a yearly basis.

To address the comment regarding inspection of the pressure tanks, we had both tanks inspected just prior to the previous Compliance Inspection and had transmitted the report to the South District office. We have the tanks inspected every five years.

Thank you for your comments and suggests regarding our operations of the water plants during recent inspection. I has been a pleasure working with you over the years.

If you have any questions, please contact me at the above address.

Sincerely,



John H. Lovelette,
Director

The Woodlands Water System

POLICY ON CONTROL OF BACKFLOW AND CROSS-CONNECTIONS

Section 1. CROSS-CONNECTION CONTROL: GENERAL POLICY

- 1.1 **Purpose.** The purpose of this policy (the term herein used, shall mean The Woodlands Water System policy on Control of Backflow and Cross- Connections) is:
- 1.1.1 To protect the public potable water supply of The Woodlands from the possibility of contamination or pollution by isolating within the consumer's internal distribution system(s) or the consumer's private water system(s) such contaminants or pollutants which could backflow into the public water system; and
 - 1.1.2 To promote the elimination or control of existing cross-connections, actual or potential, between its consumers' water system(s) and non-potable water system(s), plumbing fixtures and piping systems; and,
 - 1.1.3 To provide for the maintenance of a continuing Program of Cross-Connection Control which will systematically and effectively prevent the contamination or pollution of all potable water systems.
- 1.2 **Responsibility.** The term "water purveyor," as herein used, shall mean the Woodlands water system. The water purveyor is responsible for the protection of the public potable water distribution system from contamination or pollution due to the backflow of contaminants or pollutants through the water service connection. If, in the judgment of said water purveyor, an approved backflow prevention assembly is required (at the consumer's water service connection; or, within the consumer's private water system) for the safety of the water system, the water purveyor shall give notice in writing to said consumer to install such an approved backflow prevention assembly(s) at a specific location(s) on his premises. The consumer shall immediately install such an approved backflow prevention assembly(s) at the consumer's own expense; and, failure, refusal or inability on the part of the consumer to install, have tested and maintained said assembly(s), shall constitute grounds for discontinuing water service to the premises until such requirements have been satisfactorily met.

Section 2. DEFINITIONS

- 2.1 **Department of Environmental Protection.** The term "*Department of Environmental Protection*" is invested with the authority and responsibility for to see that all public water systems implement and maintain an effective cross-connection control program, and take the necessary enforcement actions to see that this is done. It is the responsibility of the water purveyor to implement and maintain an effective cross-connection control program.
- 2.2 **Approved.**
- a. The term "approved" as herein used in reference to a water supply shall mean a water supply that has been approved by the Department of Environmental Protection.
 - b. The term "approved" as herein used in reference to an air gap, a double check valve assembly, a reduced pressure principle backflow prevention assembly or other backflow prevention assemblies or methods shall mean an approval by the Department of Environmental Protection.
- 2.3 **Auxiliary Water Supply.** Any water supply on or available to the premises other than the water purveyor's approved public water supply will be considered as an auxiliary water supply. These auxiliary waters may include water from another purveyor's public potable water supply or any natural source(s) such as a well, spring, river, stream, harbor, etc., or used waters or industrial fluids. These waters may be contaminated, polluted or they may be objectionable and constitute an unacceptable water source over which the water purveyor does not have sanitary control.
- 2.4 **Backflow.** The term "backflow" shall mean the undesirable reversal of flow of water or mixtures of water and other liquids, gases or other substances into the distribution pipes of the potable supply of water from any source or sources. See terms Backsiphonage (2.6) and Back pressure (2.5).

- 2.5 **Backpressure.** The term “backpressure” shall mean any elevation of pressure in the downstream piping system (by pump, elevation of piping, or stream and/or air pressure) above the supply pressure at the point of consideration which would cause, or tend to cause, a reversal of the normal direction of flow.
- 2.6 **Backsiphonage.** The term “backsiphonage” shall mean a form of backflow due to a reduction in system pressure which causes a subatmospheric pressure to exist at a site in the water system.
- 2.7 **Backflow Preventer.** An assembly or means designed to prevent backflow.
- 2.7.1 **Air gap.** The term “air gap” shall mean a physical separation between the free flowing discharge end of a potable water supply pipeline and an open or non-pressure receiving vessel. An “approved air gap” shall be at least double the diameter of the supply pipe measured vertically above the overflow rim of the vessel -- in no case less than 1 inch (2.54 cm).
- 2.7.2 **Reduced Pressure Principle Backflow Prevention Assembly.** The term “reduced pressure principle backflow prevention assembly” shall mean an assembly containing two independently acting approved check valves together with a hydraulically operating, mechanically independent pressure differential relief valve located between the check valves and at the same time below the first check valve. The unit shall include properly located resilient seated test cocks and tightly closing resilient seated shutoff valves at each end of the assembly. This assembly is designed to protect against a non-health (i.e., pollutant) or a health hazard (i.e., contaminant). This assembly shall not be used for backflow protection of sewage or reclaimed water.
- 2.7.3 **Double Check Valve Backflow Prevention Assembly.** The term “double check valve backflow prevention assembly” shall mean an assembly composed of two independently acting, approved check valves, including tightly closing resilient seated shutoff valves attached at each end of the assembly and fitted with properly located resilient seated test cocks. (See Specifications, Section 10 of additional details.) This assembly shall only be used to protect against a non-health hazard (i.e., pollutant.)
- 2.8 **Contamination.** The term “contamination” shall mean an impairment of the quality of the water which creates an actual hazard to the public health through poisoning or through the spread of disease by sewage, industrial fluids, waste, etc.
- 2.9 **Cross-Connection.** The term “cross-connection” shall mean any unprotected actual or potential connection or structural arrangement between a public or a consumer’s potable water system and any other source or system through which it is possible to introduce into any part of the potable system any used water, industrial fluid, gas, or substance other than the intended potable water with which the system is supplied. by pass arrangements, jumper connections, removable sections, swivel or change-over devices and other temporary or permanent devices through which or because of which backflow can or may occur are considered to be cross-connections.
- a. The term “**direct cross-connection**” shall mean a cross-connection which is subject to both backsiphonage and backpressure.
- b. The term “**indirect cross-connection**” shall mean a cross-connection which is subject to backsiphonage only.
- 2.10 **Cross-Connections – Controlled.** A connection between a potable water system and a non-potable water system with an approved backflow prevention assembly properly installed and maintained so that it will continuously afford the protection commensurate with the degree of hazard.
- 2.11 **Cross-Connection Control by Containment.** The term “service protection” shall mean the appropriate type of method of backflow protection at the service connection, commensurate with the degree of hazard of the consumer’s potable water system.
- 2.12 **Hazard, Degree of.** The term “degree of hazard” shall mean either a pollution (non-health) or contamination (health) hazard and is derived from the evaluation of conditions within a system.

- 2.12.1 **Hazard – Health.** The term “health hazard” shall mean an actual or potential threat of contamination of a physical or toxic nature to the public potable water system or the consumer’s potable water system that would be a danger to health.
- 2.12.2 **Hazard – Plumbing.** The term “plumbing hazard” shall mean an internal or plumbing type cross connection in a consumer’s potable water system that may be either a pollution or a contamination type hazard. This includes but is not limited to cross-connections to toilets, sinks, lavatories, wash trays and lawn sprinkling systems. Plumbing type cross-connections can be located in many types of structures including homes, apartment houses, hotels and commercial or industrial establishments. Such a connection, if permitted to exist, must be properly protected by an appropriate type of backflow prevention assembly.
- 2.12.3 **Hazard – Pollution.** The term “pollution hazard” shall mean an actual or potential threat to the physical properties of the water system or the potability of the public or consumer’s potable water system but which would not constitute a health or system hazard, as defined. The maximum degree or intensity of pollution to which the potable water system could be degraded under this definition would cause a nuisance or be aesthetically objectionable or could cause minor damage to the system or its appurtenances.
- 2.12.4 **Hazard – System.** The term “system hazard” shall mean an actual or potential threat of severe danger to the physical properties of the public or the consumer’s potable water system or of a pollution or contamination which would have a protracted effect on the quality of the potable water in the system.
- 2.13 **Industrial Fluids.** The term “industrial fluids” shall mean any fluid or solution which may be chemically, biologically or other wise contaminated or polluted in a form or concentration which would constitute a health, system, pollution or plumbing hazard if introduced into an approved water supply. This may include, but not be limited to: polluted or contaminated used waters; all types of process waters and “used waters” originating from the public potable water system which may deteriorate in sanitary quality; chemicals in fluid form; plating acids and alkalis; circulated cooling waters connected to an open cooling tower and/or cooling waters that are chemically or biologically treated or stabilized with toxic substances; contaminated natural waters such as from wells, springs, streams, rivers, bays, harbors, seas, irrigation canals or systems, etc.; oils, gases, glycerin, paraffin’s, caustic and acid solutions and other liquid and gaseous fluids used industrially, for other processes, or for fire fighting purposes.
- 2.14 **Pollution.** The term “pollution” shall mean an impairment of the quality of the water to a degree which does not create a hazard to the public health but which does adversely and unreasonably affect the aesthetic qualities of such waters for domestic use.
- 2.15 **Water – Potable.** The term “potable water” shall mean any public potable water supply which has been investigated and approved by the health agency. The system must be operating under a valid health permit. In determining which constitutes an approved water supply, the health agency has final judgment as to is safety and potability.
- 2.16 **Water – Non-potable.** The term “non-potable water” shall mean a water supply which has not been approved for human consumption by the health agency having jurisdiction.
- 2.17 **Water – Service Connection.** The term “service connection” shall mean the terminal end of a service connection from the public potable water system, i.e., where the water purveyor may lose jurisdiction and sanitary control of the water at its point of delivery to the consumer’s water system). If a water meter is installed at the end of the service connection, then the service connection shall mean the downstream end of the water meter.
- 2.18 **Water – Used.** The term “used water” shall mean any water supplied by a water purveyor from a public potable water system to a consumer’s water system after it has passed through the service connection and is no longer under the control of the water purvey. See Section 7.2.3.33.

Section 3. REQUIREMENTS

3.1 Water System

3.2 Policy

- 3.1.1 The water system shall be considered as made up of two parts: The water purveyor's system and the consumer's system.
- 3.1.2 Water purveyor's system shall consist of the source facilities and the distribution system; and shall include all those facilities of the water system under the complete control of the purveyor up to the point where the consumer's system begins.
- 3.1.3 The source shall include all components of the facilities utilized in the production, treatment, storage, and delivery of water to the distribution system.
- 3.1.4 The distribution system shall include the network of conduits used for the delivery of water from the source to the consumer's system.
- 3.1.5 The consumer's system shall include those parts of the facilities beyond the termination of the water purveyor's distribution system which are utilized in conveying potable water to points of use.
- 3.2.1 No water service connection to any premise shall be installed or maintained by the water purveyor unless the water supply is protected as required by the Department of Environmental Protection and the Florida Department of Environmental Regulation's, laws and regulations and this Policy. Service of water to any premise shall be discontinued by the water purveyor if a backflow prevention assembly required by this Policy, is not installed, tested and maintained, or if it is found that a backflow prevention assembly has been removed, bypassed, or if an unprotected cross-connection exists on the premises. Service will not be restored until such conditions or defects are corrected.
- 3.2.2. The consumer's system should be open for inspection at all reasonable times to authorized representatives of the Policy to determine whether unprotected cross-connections or other structural or sanitary hazards, including violations of these regulations, exist. When such a condition becomes known, the water purveyor shall deny or immediately discontinue service to the premises by providing for a physical break in the service line until the consumer has corrected the condition(s) in conformance with the State of Florida statutes relating to plumbing and water supplies and the regulations adopted pursuant thereto.
- 3.2.3 An approved backflow prevention assembly shall also be installed on each service line to a consumer's after system at or near the property line and before the first branch line leading off the service line wherever the following conditions exist:
 - a. In the case of premises having an auxiliary water supply which is not or may not be of safe bacteriological or chemical quality and which is not acceptable as an additional source by the Health Department, the public water system shall be protected against backflow from the premises by installing, the service line, an approved backflow prevention assembly commensurate with the degree of hazard.
 - b. In the case of premises on which any industrial fluids or any other objectionable substance is handled in such a fashion as to create an actual or potential hazard to the public water system, the public system shall be protected against backflow from the premises by installing an approved backflow prevention assembly in the service line commensurate with the degree of hazard. This shall include the handling of process waters and waters originating from the water purveyor's system which have been subject to deterioration in quality.

- c. In the case of premises having (1) internal cross-connections that cannot be permanently corrected or protected against, or (2) intricate plumbing, and piping arrangements or where entry to all portions of the premises are not readily accessible for inspection purposes, making it impracticable or impossible to ascertain whether or not dangerous cross-connections exist, the public water system shall be protected against backflow from the premises by installing an approved backflow prevention assembly in the service line.

3.2.4 The type of protective assembly required under subsections 3.2.3a, b, and c shall depend upon the degree of hazard which exists as follows:

- a. In the case of any premise where there is an auxiliary water supply as stated in subsection 3.2.3a of this section and it is not subject to any of the following rules, the public water system shall be protected by an approved air gap or an approved reduced pressure principle backflow prevention assembly.
- b. In the case of any premise where there is water or substance that would be objectionable but not hazardous to health, if introduced into the public water system, the public water system shall be protected by an approved double check valve backflow prevention assembly.
- c. In the case of any premise where there is any material dangerous to health which is handled in such a fashion as to create an actual or potential hazard to the public water system, the public water system shall be protected by an approved air gap or an approved reduced pressure principal backflow prevention assembly. Examples of premises where these conditions ill exist include sewage treatment plants, sewage pumping stations, chemical manufacturing plants, hospitals, mortuaries and plating plants.
- d. In the case if any premise where there are unprotected cross-connections, either actual or potential, the Public water system shall be protected by an approved air gap or an approved reduced pressure principal backflow prevention assembly at the service connection.
- e. In the case of any premise where, because of security requirements or other prohibitions or restrictions, it is impossible or impractical to make a complete in-plant cross-connection survey, the public water system shall be protected against backflow from the premises by either an approved air gap or an approved reduce pressure principle backflow prevention assembly on each service to the premise.

3.2.5 Any backflow prevention assembly required herein shall be a make, model and size approved by the *Department of Environmental Protection*. The term "approved backflow prevention assembly" shall mean an assembly that has been manufactured in full conformance with the standards established by the American Water Works Association entitled:

AWWA/ANSI C510-921 Standard for Double check Valve Backflow Prevention Assemblies;

AWWA/ANSI C511-921 Standard for Reduced Pressure Principal Backflow Prevention Assemblies;

and, have met complete the laboratory and field performance specifications of the Foundation for Cross-Connection control and Hydraulic Research of the University of Southern California (USC FCCCHR) established in:

Specifications of Backflow Prevention Assemblies – Section 10 of the most current edition of the *manual of Cross-Connection Control*.

Said AWWA and USC FCCCHR standards and specifications have been adopted by the Department of Environmental Protection. Final approval shall be evidenced by a "Certificate of Compliance" for the said AWWA standards; or "Certificate of Approval" for the said USC FCCCHR Specifications; issued by an approved testing laboratory.

The following testing laboratory has been qualified by the (*Water Commissioner or Health Officer*) to test and approve backflow prevention assemblies:

Foundation for Cross-Connection Control and Hydraulic Research
University of Southern California
KAP-200 University Park MC-2531
Los Angeles, California 90089-2531

Testing laboratories other than the laboratory listed above will be added to an approved list as they are qualified by the Department of Environmental Protection.

Backflow preventers, which may be subject to backpressure or backsiphonage, that have been fully tested and have been granted a Certificate of Approval by said qualified laboratory and are listed on the laboratory's current list of approved backflow prevention assemblies may be used without further test or qualification.

- 3.2.6 It shall be the duty of the consumer at any premise where backflow prevention assemblies are installed to have a field test performed by a certified backflow prevention assembly tester upon installation and at least once per year. In those instances where the Department of Environmental Protection deems the hazard to be great enough, field tests at more frequent intervals may be required. These tests shall be at the expense of the water user and shall be performed by a certified tester approved by the Department of Environmental Protection. It shall be the duty of the water purveyor to see that these tests are made in a timely manner. The consumer shall notify the water purveyor in advance when the tests are to be undertaken so that an official representative may witness the field tests if so desired. These assemblies shall be repaired, overhauled or replaced at the expense of the consumer whenever said assemblies are found to be defective. Records of such tests, repairs and overhaul shall be kept and made available to the Department of Environmental Protection.
- 3.2.7 All presently installed backflow prevention assemblies which do not meet the requirements of this section but were approved devices for the purposes described herein at the time of installation and which have been properly maintained, shall, except for the testing and maintenance requirements under subsection 3.2.6, be excluded from the requirements of these rules so long as the Department of Environmental Protection is assured that they will satisfactorily protect the water purveyor's system. Whenever the existing device is moved from the present location or requires more than minimum maintenance or when the Department of Environmental protections finds that the maintenance constitutes a hazard to health, the unit shall be replaced by an approved backflow prevention assembly meeting the requirements of this section.
- 3.2.8 The Department of Environmental Protection is authorized to make all necessary and reasonable rules and policies with respect to the enforcement of this policy. All such rules and policies shall be consistent with the provisions of this policy and shall be effective upon approval.

The foregoing policy was approved by Woodlands of Lake Placid Water System on the _____ day of _____, 200____

Vice-President – LP Utilities, Inc.
Owner of the water system known as The Woodlands



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

May 5, 2009

John H Lovelette
PO Box 478
Lake Placid, FL 33862

RE: Highlands County-DWF
Lake Placid Camp Florida Resort WWTP AKA Woodlands
FLA014340

Dear Mr. Lovelette:

On April 29, 2009, Department staff conducted a compliance evaluation inspection of the above-referenced facility. Please note the items listed below which need to be addressed:

1. Debris was observed in the clarifier.
2. An excess of vegetation is hindering access to the facility via a ladder (see photograph).



3. The Discharge Monitoring Reports (DMRs) for May, August, November and December were received several days late.

The Department requests a written response addressing the items listed above within 15 days of your receipt of this letter. Your response should include an explanation of any corrective actions that have either been taken or that you plan to take. Please note that this letter, being part of the Department's investigation, is preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. Please direct your response and any questions to Philip Reed at (863) 314-5975, extension 103 or via e-mail: philip.reed@dep.state.fl.us

Sincerely,

A handwritten signature in black ink that reads "Keith Kleinmann". The signature is written in a cursive style with a horizontal line underneath.

Keith Kleinmann
Environmental Manager

DWF/PJR/jl

cc: Allen Slater, FRWA

LP UTILITIES, INC.

P. O. Box 478
LAKE PLACID, FL 33862
(863) 699-1173
Fax (863) 699-1890

May 19, 2009

Philip Reed
FDEP
South District Office
P.O. Box 2549
Ft. Myers, FL 33902-2549

via email: philip.reed@dep.state.fl.us

Re: Lake Placid Camp Florida Resort WWTP AKA Woodlands FLA014340

Dear Mr. Reed:

To address the three items that were mentioned in the letter dated May 5, 2009, all items have been corrected. Specifically, the debris has been cleared, the vegetation at the ladder and other areas around the plant have been cleared and the operator of the plant was notified of the reports that had been received late by your office.

This should take care of all the items mentioned in your letter.

If you have any questions or require further information, please let me know.

Sincerely,



John H. Lovelette,
Director



February 18, 2009

Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

Ronald Anthony Cozier
Camper Corral, Inc.
100 Shoreline Dr
Lake Placid Florida 33852

Re: Highlands County - PW
The Woodlands of Lake Placid
PWS I. D. Number: 6280304
Year 2009 Monitoring Requirements

Dear Mr. Cozier:

The purpose of this correspondence is to assist you in determining the drinking water monitoring requirements for the above-referenced public drinking water system for the 2009 calendar year. Please note that the enclosed monitoring schedule does not include any monitoring that your water system may be required to perform for Stage 2 of the Disinfectants & Disinfection Byproducts Rule, or the Unregulated Contaminants Monitoring Rule.

If your water system is classified as a small *Community* system, you will be required to collect a set of samples for the Secondary contaminants group sometime in 2009. Please be advised, that several of the Secondary contaminants have short holding times: ie Color (48 hours), Odor (24 hours), Foaming Agents (48 hours). This means that Odor samples must be analyzed within 24 hours from the time they are collected, and samples for Foaming Agents, and Color must be analyzed within 48 hours from the time they are collected. The results of samples which are analyzed outside of their acceptable holding times will be rejected by the Department. Please perform a field analysis for pH any time Secondary contaminants are collected, and report the field measurement on the first page of the drinking water analyses reporting form, along with a field measurement of the chlorine/chloramine residual when Total Trihalomethane (TTHM) and Haloacetic Acid (HAA5s) samples are collected.

Please also note, that if your water system is currently on Triennial monitoring for TTHMs and HAA5s, you may only collect the minimum number of required samples. This means that (for compliance purposes) you are only allowed to collect a single set of TTHM and HAA5 samples during the third calendar quarter of the year, at a location of

Continued...

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February 18 , 2009
The Woodlands of Lake Placid
Page 2

Maximum Residence Time in the distribution system. Please check the appropriate asterisked note at the bottom of your enclosed monitoring schedule if you are unsure if your water system is currently on Triennial monitoring for TTHMs and HAA5s.

Please be advised that the laboratory analyses reports for any chemical or bacteriological monitoring that this water system is required to perform, must be submitted to the Department in approved drinking water format, within 10 days of the month following the month in which they are received, or by no later than 10 days following the end of the compliance period, whichever time is shortest. Please do not Fax drinking water reports to the Department, unless requested to do so by the Department. The Department requests that only original copies of reports be submitted, and that page 1 of the drinking water format for each report be signed in ink by the sample collector before being submitted to the Department.

If you have any questions regarding this correspondence, please contact me at the letterhead address above, or call (239) 332-6975, Extension 128.

Sincerely,

A handwritten signature in black ink that reads "Patty Baron". The signature is written in a cursive, flowing style.

Patty Baron
Environmental Specialist III

Enclosures

cc: Mr. Wendell Faircloth (w/enclosures)

PUBLIC WATER SYSTEM CONTAMINANT MONITORING GUIDANCE FOR CALENDAR YEAR 2009

SYSTEM NAME: The Woodlands of Lake Placid-Plant #1

PWS ID #: 6280304

CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2009	Monthly In 2009	Quarterly In 2009	SemiAnnual (2 in 2009)	One Time in 2009
ASBESTOS (62-550.511)	X				
NITRATE AND NITRITE (62-550.512)					X
INORGANIC CONTAMINANTS (62-550.513)					X
TOTAL TRIHALOMETHANES (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)					*X
HALOACETIC ACIDS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)					*X
VOLATILE ORGANIC CONTAMINANTS (62-550.515)					X
SYNTHETIC ORGANIC CONTAMINANTS (PEST & PCBS) (62-550.516)					X
MICROBIOLOGICAL (62-550.518)		X			
DISINFECTANT RESIDUALS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)		X			
RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519)					X
SECONDARY CONTAMINANTS (62-550.520)					X
LEAD AND COPPER 40 CFR 141 Subpart I Note: IF on Reduced Monitoring collect samples Jun - Sep 2009					X

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2009(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.

* Collect your Triennial set of samples for TTHMs and HAA5s during the third calendar quarter (July/August/September) of 2009.

 Collect your Triennial samples for Lead and Copper (in accordance with your approved sampling plan) sometime between June 1 and September 30, 2009.

PUBLIC WATER SYSTEM CONTAMINANT MONITORING GUIDANCE FOR CALENDAR YEAR 2009

SYSTEM NAME: The Woodlands of Lake Placid-Plant #2

PWS ID #: 6280304

CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2009	Monthly In 2009	Quarterly In 2009	SemiAnnual (2 in 2009)	One Time in 2009
ASBESTOS (62-550.511)	X				
NITRATE AND NITRITE (62-550.512)					X
INORGANIC CONTAMINANTS (62-550.513)					X
TOTAL TRIHALOMETHANES (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)					*X
HALOACETIC ACIDS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)					*X
VOLATILE ORGANIC CONTAMINANTS (62-550.515)					X
SYNTHETIC ORGANIC CONTAMINANTS (PEST & PCBS) (62-550.516)					X
MICROBIOLOGICAL (62-550.518)		X			
DISINFECTANT RESIDUALS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)		X			
RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519)					X
SECONDARY CONTAMINANTS (62-550.520)					X
LEAD AND COPPER 40 CFR 141 Subpart I Note: IF on Reduced Monitoring collect samples Jun - Sep 2009					X

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2009(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.

* Collect your Triennial set of samples for TTHMs and HAA5s during the third calendar quarter (July/August/September) of 2009.



Collect your Triennial samples for Lead and Copper (in accordance with your approved sampling plan) sometime between June 1 and September 30, 2009.



Florida Department of Environmental Protection

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

September 22, 2009

Ronald Anthony Cozier, President
Camper Corral, Inc.
100 Shoreline Drive
Lake Placid, Florida 33852

Re: Highlands County - PW
Woodlands of Lake Placid
PWS I.D. Number: 6280304
Sanitary Survey Inspection Report

Dear Mr. Cozier:

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

No deficiencies were observed during the most recent visit. Thank you for your cooperation in maintaining Sanitary Survey with the Florida Safe Drinking Water Act.

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

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

Sincerely,

Mark Charneski
Environmental Supervisor II

MAC/rjs

Enclosures

cc: Mr. Wendell Faircloth
Mr. John H. Lovelette



SANITARY SURVEY REPORT

Page 1

SURVEY	Water system: <u>WOODLANDS OF LAKE PLACID</u>	System PWS #: <u>6280304</u>	Date of survey: <u>9-17-09</u>		
	Inspector name: <u>Ryan Schwarz</u>	Person(s) contacted: <u>Wendell Faircloth</u>			
	System type: <u>C</u>	Population: <u>800</u>	Connections: <u>440</u>	Design capacity: <u>200,000</u>	Storage capacity: <u>25,000</u>
SYSTEM	System address: <u>Lot 2 Hidden Cove Rd.</u>	City: <u>Lake Placid</u>	State: <u>FL</u>	Zip: <u>338520</u>	
	System phone: <u>863-699-1936</u>	Cell: _____			
	Fax number: _____	Email: _____			
OWNER	Owner name: <u>Woodlands of lake Placid</u>	Owner title: _____			
	Owner address: <u>100 Shoreline Dr</u>	City: <u>Lake Placid</u>	State: <u>FL</u>	Zip: <u>33852</u>	
	Owner phone: <u>863-699-1936</u>	Cell: _____			
	Fax number: _____	Email: _____			
OPERATOR	Operator required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No", Operator sections not applicable)		Operator class & cert. number: <u>C-8189</u>		
	Operator name: <u>Wendell Faircloth</u>		Phone: <u>863-471-1400</u>		
	Fax number: _____		Email: _____		

SOURCE - WELL INFORMATION	Well Name and/or FL Unique Well ID	<u>AAI0057</u>	<u>AAI0057</u>		
	Well head sealed? (Pad/conduit/openings)	<u>Y</u>	<u>Y</u>		
	Well casing 12" above grade?	<u>Y</u>	<u>Y</u>		
	Casing vent compliant? (installed, screened)	<u>Y</u>	<u>Y</u>		
	Check valve compliant (installed/no leak)?	<u>Y</u>	<u>Y</u>		
	Tap Compliant? (Smooth/12" high/precheck)	<u>Y</u>	<u>Y</u>		
	Flow measurable? (if applicable, GPM@ps)	<u>Y</u>	<u>Y</u>		
	Flow meter accuracy checked?	<u>Y</u>	<u>Y</u>		
	Well capacity > maximum day?	<u>Y</u>	<u>Y</u>		
	Setbacks compliant? (hazard type and distance)	<u>Y</u>	<u>Y</u>		
TREATMENT	Name of plant & type of chlorination	<u>Gas1</u>	<u>Gas2</u>	<u>/</u>	
	O & M log compliant?	<u>Y</u>	<u>Y</u>		
	O & M manual compliant?	<u>Y</u>	<u>Y</u>		
	Cl storage compliant? (no organics/acid/sun)	<u>Y</u>	<u>Y</u>		
	Chlorinator flow proportionate?	<u>Y</u>	<u>Y</u>		
	Treated sample tap provided?	<u>Y</u>	<u>Y</u>		
	HYPO CL	Cl solution strength?			
		Solution tank compliant? (covered/etc)			
Antisiphon protection compliant?					
Safety: (Gloves/Apron/Eyewash/etc)					
GAS CL	Cl room compliant? (separate/ventilation)	<u>Y</u>	<u>Y</u>		
	Scales compliant? (installed/functional)	<u>Y</u>	<u>Y</u>		
	Safety: (SCBA/Gloves/Ammonia)	<u>Y</u>	<u>Y</u>		
AERATE	Choose type: "X" box below if not compliant <input type="checkbox"/> Screen <input type="checkbox"/> Tray <input type="checkbox"/> Lid <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input type="checkbox"/> Algae Free <input type="checkbox"/> Compliant				
	Flushing of dead ends compliant?		<u>Y</u>		
DISTRIBUTION	Valve maintenance compliant?		<u>Y</u>		
	Distribution PSI compliant? (> 20 PSI)		<u>Y</u>		
	Chlorine residual above minimum?		<u>Y</u>		
STORAGE FACILITIES	Storage type used: <input checked="" type="checkbox"/> Hydro <input type="checkbox"/> Ground <input type="checkbox"/> Elevated <input type="checkbox"/> Bladder <input type="checkbox"/> NA				
	Inspections compliant? (annual/5yr)		<u>Y</u>		
	Washouts compliant? (every 5 yrs)		<u>Y</u>		
	Storage capacity compliant? (1/4 max)		<u>Y</u>		
	HYDRO	APPURTENANCES: "X" box below if not compliant, <input type="checkbox"/> PRV <input type="checkbox"/> Gauge <input type="checkbox"/> Sight glass <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input checked="" type="checkbox"/> Compliant			
		GROUND ELEVATED	APPURTENANCES: "X" box below if not compliant. <input type="checkbox"/> Hatch <input type="checkbox"/> Vent <input type="checkbox"/> Overflow <input type="checkbox"/> Drain <input type="checkbox"/> Bypass <input type="checkbox"/> Compliant		
	PUMPS/CONTROLS		Manual or automatic controls?		<u>Auto</u>
		On/Off pressure of pumps?		<u>Unknown</u>	
	HSP	High Service Pumps functional?			
		HSP capacity compliant?			
MONITORING	Chlorine test kit compliant?		<u>Y</u>		
	Chlorine grab sampling compliant?		<u>Y</u>		
	Bacti sampling compliant?		<u>Y</u>		
	Chemical sampling compliant?		<u>Y</u>		
	Lead/copper sampling compliant? (C,P)		<u>Y</u>		
	DBP monitoring compliant? (C,P)		<u>Y</u>		
MANAGEMENT	MONITORING PLANS: "X" box below if not compliant <input type="checkbox"/> Bacteriological <input type="checkbox"/> Disinfection By-Products (C,P) <input type="checkbox"/> Lead & Copper (C,P)				
	NSF: "X" box below if not compliant <input type="checkbox"/> Treatment Chemicals/Components <input type="checkbox"/> Storage <input type="checkbox"/> Pipe <input type="checkbox"/> New Meters				
	CCC / Plan(C) implemented?		<u>Y</u>		
	Record keeping compliant?		<u>Y</u>		
	Security measures compliant?		<u>Y</u>		
OPERATOR	Plant category and type?		<u>5/D</u>		
	Operator visits compliant?		<u>Y</u>		
	Plant checked 5 days/week? (owner/rep)		<u>Y</u>		
	MORs submittal compliant?		<u>Y</u>		

FIELD SAMPLING RESULTS Plant Cl (mg/L) / pH / Distribution Cl (mg/L) / pH 0.4

TECHNICAL ASSISTANCE PROVIDERS (TAP) RECOMMENDED? ☐ Yes (see enclosed TAP information) ☐ No TAP recommended at this time

COMMENTS:



DEFICIENCIES

None

REMARKS AND RECOMMENDATIONS

None

SYSTEM SCHEMATIC

W1-WV-CV-WM-HCL-HT(10,000)-POEST->

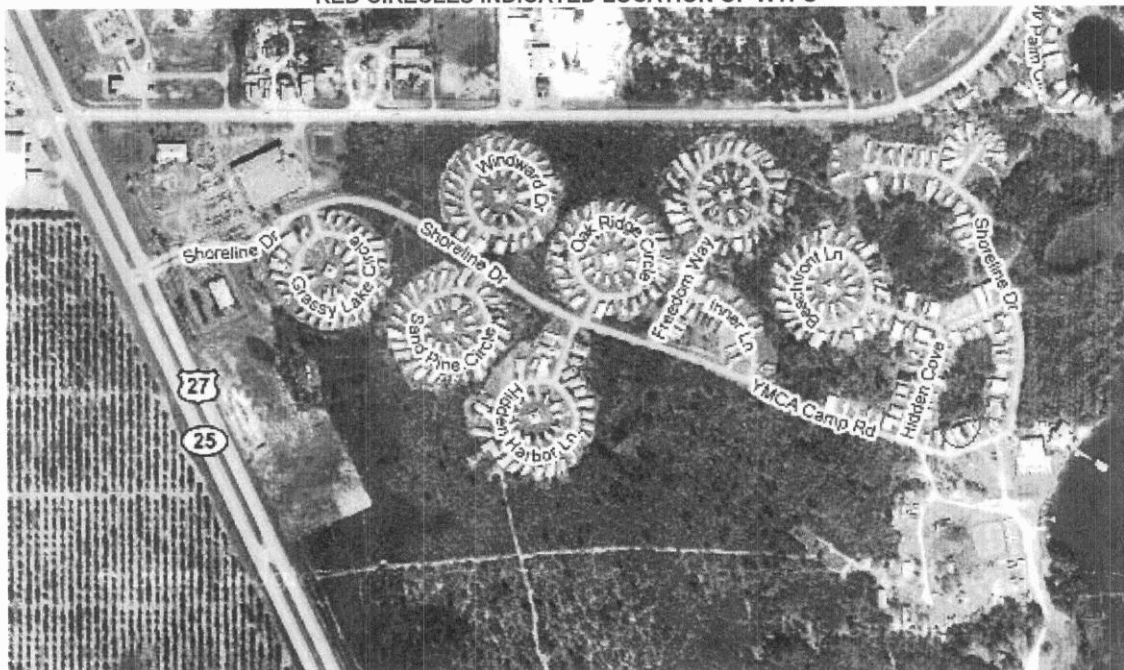
W2-WV-CV-WM-HCL-HT(10,000)-POEST->

TECHNICAL ASSISTANCE PROVIDERS

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

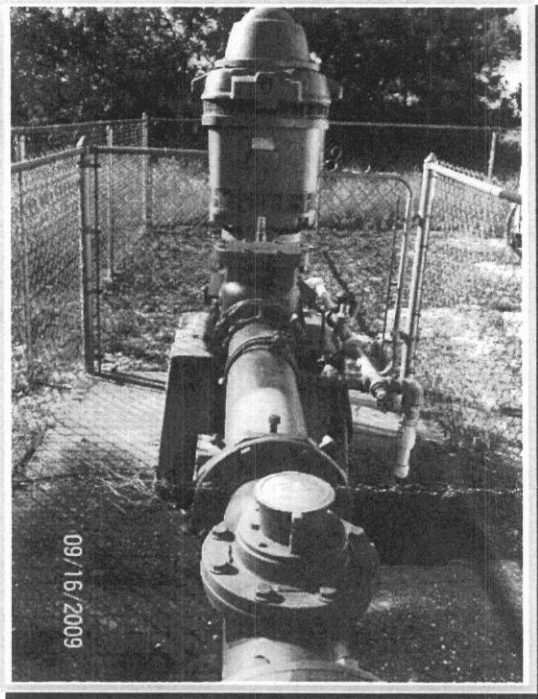
MAPS OR DIRECTIONS TO SYSTEM (text and/or graphics)

RED CIRCLES INDICATED LOCATION OF WTPS

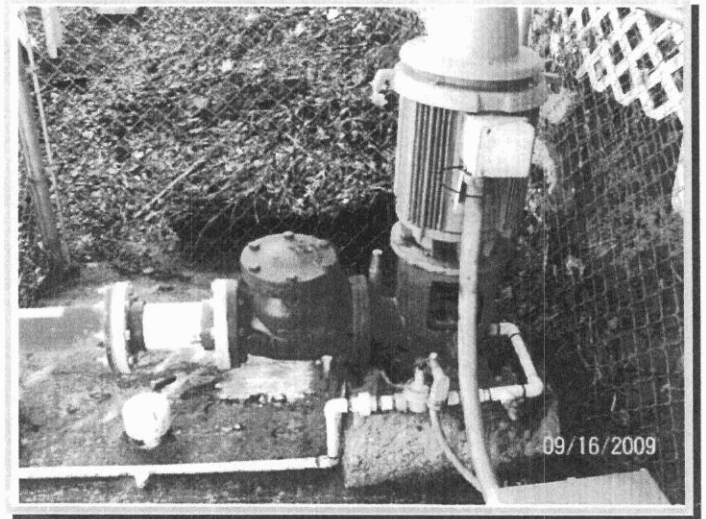




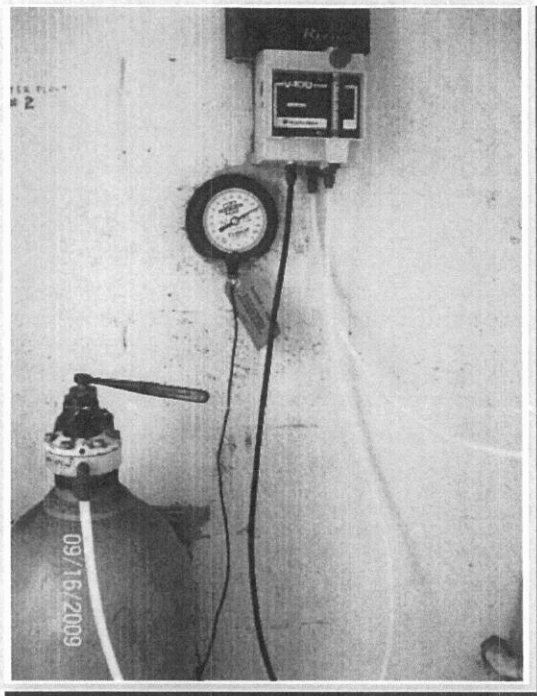
DIGITAL PHOTOS



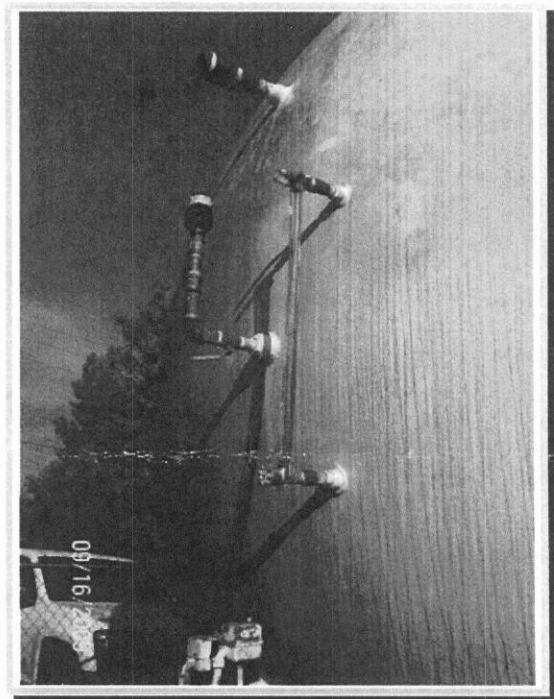
Well 1



Well 2



Gas Chlorine



Hydro Tank

Inspector Signature

Don Steniff

Date: September 22, 2009

Reviewer's Signature

Mark Charnicki

Date: September 22, 2009



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

Florida Department of Environmental Protection

Bureau of Finance & Accounting

P.O.Box 3070

Tallahassee, FL 32315-3070

Annual Drinking Water

License Operating Fee

for the period from

July 1, 2008 through June 30, 2009

Invoice

INVOICE NO: 001846

DATE: 10/21/2008

PWS # 6280304

RONALD ANTHONY COZIER

CAMPER CORRAL, INC.

100 SHORELINE DRIVE

LAKE PLACID, FL 33852

OK to Pay
JPC

LPU

Accounting Information

Object Code : 002216

Org code: 37 35 40 60 000

Expansion Option: M7

FLAIR Code: 37202526001373502000000020000

PWS # 6280304

PWS #

SYSTEM NAME

INVOICE AMOUNT

6280304

THE WOODLANDS OF LAKE PLACID

\$50.00

Invoice amount represents only current year fee assessment.

This fee is assessed pursuant to the Laws of Florida 2008-150, and is due **December 31, 2009**. If you have questions concerning this invoice, please call the Drinking Water Program in the **South District** at **239-332-6975** ext 135.

PLEASE DETACH THIS PORTION OF THE INVOICE AND RETURN WITH YOUR PAYMENT. IF YOU ARE RESPONSIBLE FOR MULTIPLE SYSTEMS, INCLUDE THE BOTTOM PORTION OF EACH INVOICE WITH YOUR PAYMENT.

INVOICE NO: 001846

DATE: 10/21/2008

MAKE PAYMENTS PAYABLE TO : FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

REMIT ADDRESS : BUREAU OF FINANCE AND ACCOUNTING

P.O. BOX 3070, TALLAHASSEE, FL 32315-3070

PWS #

SYSTEM NAME

INVOICE AMOUNT

REMIT AMOUNT

6280304

THE WOODLANDS OF LAKE PLACID

\$50.00

\$ _____

Accounting Information

Object Code : 002216

Org code: 37 35 40 60 000

Expansion Option: M7

FLAIR Code: 37202526001373502000000020000

PWS # 6280304



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

November 1, 2008

Dear Drinking Water System Owner:

On June 11, 2008, a new Florida law was enacted that directed the Florida Department of Environmental Protection to assess an annual operating license fee and increase existing construction permit fees for the state's Drinking Water Program. This new law is contained under *Laws of Florida 2008-150* and requires the Florida Department of Environmental Protection to collect the annual operating license fees for the July 1, 2008 to June 30, 2009 year. Additionally, the Law requires we initiate rulemaking to further increase both the annual operating license fee and construction permit fees for future years beyond this initial year to account for system size and type (e.g., community, non-community).

Effective July 1, 2008, new minimum annual operating license fees were established pursuant to *Laws of Florida 2008-150* for all public water systems, as defined by Chapter 62-550, Florida Administrative Code and set at \$50.00. Enclosed please find an invoice for this initial year. Payment is due by December 31, 2008, and covers the year from July 1, 2008 to June 30, 2009. Additional contact and payment information can be found on the enclosed invoice, and information on the Drinking Water Program is on the Department's website at <http://www.dep.state.fl.us/water/drinkingwater>.

We appreciate and thank you for your prompt attention to this new requirement.

Sincerely,

Van R. Hoofnagle, Administrator
Florida Drinking Water Program

Enclosure

Drinking Water Annual Operating License Fee Account Statement

Statement of Account as of 12/10/2009

30 DAY NOTICE

Page 1 of 1



To: 6280304
RONALD ANTHONY COZIER
100 SHORELINE DRIVE
LAKE PLACID, FL 33852

This is a current statement of your Drinking Water Annual Operating License Fee account. All fees on this statement were assessed pursuant to Rule 62-4.053, Florida Administrative Code. A copy of the rule may be found at <http://www.dep.state.fl.us/legal/Rules/shared/62-4/62-4.pdf>. The purpose of this statement is to provide an accounting of fees assessed and record of payments credited for your system. If your statement has a balance greater than 0 it is considered past due and should be remitted immediately. If you have questions concerning this statement, please call Satish Shetty in the Drinking Water Program at (850) 245-8470. If your payment is in the mail, thank you, and please disregard this notice.

PWS Number

System Name

6280304

WOODLANDS OF LAKE PLACID, THE

09/01/2009	Prior Account Balance	0.00
09/17/2009	2010 INVOICE	500.00
10/30/2009	PAYMENT	-500.00
12/10/2009	Ending Account Balance	\$0.00

Please detach this portion of the Statement and return to:

Florida Department of Environmental Protection
Bureau of Finance & Accounting
P.O.Box 3070
Tallahassee, FL 32315-3070

PWS Number(s): 6280304

Amount Due: \$0

Remitted Amount: \$ _____

Accounting Information

Object Code : 002216
Org code: 37 35 40 60 000
Expansion Option: M7
FLAIR Code: 37202526001373502000000020000

Please circle the PWS Number(s) for which the payment applies and include the **PWS Number(s)** on your check.



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

January 4, 2010

Subject: 2009-2010 Drinking Water Annual Operating License Fee Balance Statement

Dear PWS Owner / Utility Manager:

In October 2009, the Florida Department of Environmental Protection mailed an invoice for the 2009-2010 Annual Operating License Fee for your public drinking water system. Payment of this annual fee was due to the Department by November 30, 2009.

Enclosed is an account statement for your drinking water facility. The annual fee is assessed pursuant to Rule 62-4.053, Florida Administrative Code and is associated with the State's administration of Florida's Public Water System Program.

If your statement has a balance greater than 0 it is considered past due and should be remitted immediately. Formal enforcement action may be taken and a fine of up to \$500 per day may be assessed as per Section 403.121(5), Florida Statutes. Additionally, if there is a balance on an account that is past due, then any pending permit applications may be denied until the account is rectified.

If you have any questions about the annual fee statement, please contact Satish Shetty at (850) 245-8470.

Sincerely,

Van Hoofnagle, Administrator
Florida Drinking Water Program

VH
Enclosure



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

March 1, 2010

Mr. Ronald Anthony Cozier
Camper Corral, Inc.
100 Shoreline Dr
Lake Placid, FL 33852

Re: Highlands County - PW
The Woodlands of Lake Placid WTP
PWS I.D. Number: 6280304
Year 2010 Monitoring Requirements

Dear Mr. Cozier:

The purpose of this correspondence is to assist you in determining the drinking water monitoring requirements for the above-referenced public drinking water system for the 2010 calendar year. Please note that the enclosed monitoring schedule does not include any monitoring that your water system may be required to perform for Stage 2 of the Disinfectants & Disinfection Byproducts Rule, or the Unregulated Contaminant Monitoring Rule.

Please also note, that if your water system is currently on Triennial monitoring for Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s), you may only collect the minimum number of required samples. This means that (for compliance purposes) you are only allowed to collect a single set of TTHM and HAA5 samples during the third calendar quarter of the year, at a location of Maximum Residence Time in the distribution system. Please check the appropriate asterisked note at the bottom of your enclosed monitoring schedule if you are unsure if your water system is currently on Triennial monitoring for TTHMs and HAA5s.

Also, if you are required to sample for Lead and Copper in 2010, 40 CFR 141.85(d), now requires that within 30 days of receiving each individual Lead and Copper tap sample result, the water system must notify the customer in writing of the sample results. Also, within 70 days after receiving all Lead and Copper tap sample results for a monitoring period, the water system must submit (to the Department) form 62-555,900(16), Florida

Continued

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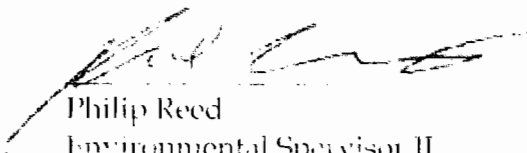
Administrative Code, titled *PWS Certification of Notification of Lead and Copper Tap sample Results*.

In addition, if your monitoring schedule indicates that you must monitor for Water Quality Parameters during the 2010 calendar year, you must contact the Michele Stewart in the South District Office at (239) 332-6975 extension 189. Ms. Stewart will identify which Water Quality Parameters must be monitored, the locations the samples must be collected from, and the frequency that they must be collected.

Finally, please be advised that new Federal Ground Water Rule became effective December 1, 2009. Among many other things, this Rule now requires Community and Non-transient Non-community water systems to bacteriologically monitor each of their wells on a monthly basis (regardless of whether or not a particular well was used during that month), unless the water system has a recently approved 4-log virus demonstration, or a recently approved representative raw water sampling plan. This means, that if you do not have a letter from the Department dated after December 1, 2009, approving a 4-log virus demonstration, or approving a representative raw water sampling plan, you must perform routine monitoring for microbiological contaminants on each of your wells on a monthly basis.

If you have any questions regarding this correspondence, please contact Patty Baron at the letterhead address above, or call (239) 332-6975, extension 128. If you have questions regarding Lead and Copper or Water Quality Parameters, please contact Michele Stewart at extension 189.

Sincerely,



Philip Reed
Environmental Supervisor II
Water Resource Management

PR/PB/MMS
Enclosures

cc Mr. Wendell Faircloth (w/enclosure)

PUBLIC WATER SYSTEM CONTAMINANT MONITORING GUIDANCE FOR CALENDAR YEAR 2010

SYSTEM NAME: The Woodlands of Lake Placid-Plant #1

PWS ID #: 6280304

CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2010	Monthly In 2010	Quarterly In 2010	SemiAnnual (2 in 2010)	One Time in 2010
ASBESTOS (62-550.511)	X				
NITRATE AND NITRITE (62-550.512)					X
INORGANIC CONTAMINANTS (62-550.513)	X				
TOTAL TRIHALOMETHANES (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)	X				
HALOACETIC ACIDS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)	X				
VOLATILE ORGANIC CONTAMINANTS (62-550.515)	X				
SYNTHETIC ORGANIC CONTAMINANTS (PEST & PCBS) (62-550.516)	X				
MICROBIOLOGICAL (62-550.518)		X			
DISINFECTANT RESIDUALS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)		X			
RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519)	X				
SECONDARY CONTAMINANTS (62-550.520)	X				
LEAD AND COPPER 40 CFR 141 Subpart I Note: IF on Reduced Monitoring collect samples Jun - Sep 2010	X				

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2010(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.

PUBLIC WATER SYSTEM CONTAMINANT MONITORING GUIDANCE FOR CALENDAR YEAR 2010

SYSTEM NAME: The Woodlands of Lake Placid-Plant #2

PWS ID #: 6280304

CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2010	Monthly In 2010	Quarterly In 2010	SemiAnnual (2 in 2010)	One Time in 2010
ASBESTOS (62-550.511)	X				
NITRATE AND NITRITE (62-550.512)					X
INORGANIC CONTAMINANTS (62-550.513)	X				
TOTAL TRIHALOMETHANES (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)	X				
HALOACETIC ACIDS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)	X				
VOLATILE ORGANIC CONTAMINANTS (62-550.515)	X				
SYNTHETIC ORGANIC CONTAMINANTS (PEST & PCBS) (62-550.516)	X				
MICROBIOLOGICAL (62-550.518)		X			
DISINFECTANT RESIDUALS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)		X			
RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519)	X				
SECONDARY CONTAMINANTS (62-550.520)	X				
LEAD AND COPPER 40 CFR 141 Subpart I Note: IF on Reduced Monitoring collect samples Jun - Sep 2010	X				

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2010(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

July 27, 2010

John H. Lovelette
7200 US 27 North
Sebring, FL 33870

RE: Highlands County-PWS
The Woodlands of Lake Placid
PWS ID: 6280304
RE: Updating System Contact Information

Dear Mr. Lovelette:

The Potable Water section of the South District Office of the Department of Environmental Protection is currently overhauling its entire database of Potable Water Systems and their related contact information in order to better assist you and the customers that you serve.

Unfortunately, during this process, it has come to our attention that a great deal of the contact information we have on file is outdated, incomplete, or otherwise inaccurate. In order to correct these deficiencies, we will need your help.

Please review the contact information on the enclosed document, and return it to me at the letterhead address by August 31, 2010. You may also fax or email it to me, per the instructions on the form. Providing us with accurate contact information will enable us to serve you more efficiently, and will ensure that Department correspondence is addressed to the correct individuals within your organization.

We appreciate your cooperation on this matter, and look forward to receiving your updated contact information by **August 31, 2010**. Please contact me at 239-332-6975, ext. 135, if you have any questions or concerns.

Sincerely,

Philip J Reed
Environmental Supervisor II

PWS/PJR
enclosure



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Mimi A. Drew
Secretary

December 14, 2010

John H. Lovelette, Vice President
Highvest Corp.
7406 US 27 North
Sebring, FL 33870

RE: Highlands County - PWS
The Woodlands of Lake Placid
PWS #6280304

Important: Updated Contact Information for South District Potable Water Staff

Dear Mr. Lovelette:

In order to better serve the residents of the State of Florida, we are in the process of upgrading our District's telephone system. As a result, each staff member will be reachable at his or her own direct telephone number, cutting out the necessity of being transferred from a single incoming office line. This will also require those that we serve and regulate to update the contact information that they have for the South District Office.

The updated telephone numbers for the Fort Myers Potable Water staff are as follows:

Dr. Abdul Ahmadi:	(239) 344-5614	Patty Baron:	(239) 344-5615
Irene Collins:	(239) 344-5625	Elin "E.J." Jackson:	(239) 344-5654
Jeffrey Marsh:	(239) 344-5665	James Oni:	(239) 344-5679
Philip J Reed:	(239) 344-5685	Bennie Shoemaker:	(239) 344-5693
Ryan Snyder:	(239) 344-5695		
New main office line:			(239) 344-5600

These new telephone numbers are now in effect. Please begin using them in order to become familiar with the new contact information for our office and our staff, so that we may continue to serve you swiftly and effectively. Our old telephone numbers will remain in service until February 1, 2010, but please begin using the new numbers as quickly as possible.

Please post a copy of this letter in a conspicuous and convenient location at your drinking water system, and distribute it to anybody else within your organization that may have the need to contact us. We look forward to another great year of working with each of you. If you have any questions or concerns, please contact me at (239) 344-5685, or via email at philip.reed@dep.state.fl.us.

Sincerely,

Philip J Reed
Environmental Supervisor II



Florida Department of Environmental Protection

South District Office
Post Office Box 2549
Fort Myers, Florida 33902-2549

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

March 9, 2011

John Lovelette, Owner
LP Utilities, Inc.
PO Box 478
Lake Placid, FL 33862

RE: Highlands County-DW
Lake Placid Camp Florida Resort AKA Woodlands WWTP
FLA014340
Residuals Annual Summary

Dear Mr. Lovelette:

A review of Department files for the above referenced facility has revealed that a Residuals Annual Summary for the year 2010 was not received as of February 19, 2011.

As specified in Rule 62-640.650(3)(b), Florida Administrative Code, certain domestic wastewater facilities are required to submit to the Department a Residuals Annual Summary by February 19 of each year. In particular, this report is required to summarize a permittee's land application activities when a domestic wastewater facility permit authorizes the use of land application site(s).

The Department requests that the permittee provide information indicating that the report has already been submitted, or provide the missing report within 30 days. Failure to submit the Residuals Annual Summary is a regulatory violation for which a minimum penalty of \$500 may be imposed.

Please be aware that this letter does not supersede other Department correspondence, notification of deficiencies in other areas, or any other ongoing actions.

Your cooperation in resolving this matter is appreciated. If you have any questions, please contact Diane Loughlin at (863) 314-5975 or via e-mail: Diane.Loughlin@dep.state.fl.us.

Sincerely,

A handwritten signature in black ink that reads "Keith Kleinmann". The signature is written in a cursive style with a horizontal line underneath.

Keith Kleinmann
Environmental Manager

DWF/del/jl

cc: Allen Slater, FRWA
Wendell L. Faircloth, Short Utility Service Inc.



Florida Department of Environmental Protection

Sebring Satellite Office
2812 Kenilworth Boulevard
Sebring, Florida 33870

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Mimi A. Drew
Secretary

October 4, 2010

John Lovelette
7406 US 27 North
Sebring, FL 33870

Re: Highlands County - PW
Woodlands of Lake Placid
PWS I.D. Number: 6280304
Compliance Inspection Report

Dear Mr. Lovelette:

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

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

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

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

Sincerely,


Albert McLaurin
PE Administrator

AM/rjs

Enclosures

cc: Ronald Anthony Cozier
David Faircloth

State of Florida
Department of Environmental Protection
South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name: Woodlands of Lake Placid
Plant Location: P1=27.264434, -81.345145 P2=27.263967, -81.338149
Owner name: John Lovelette
Owner address: 7406 US 27 North, Sebring, FL 33870
Inspection Date: 9-16-10
Last Sanitary Survey: 9-16-09

County: Highlands
PWS: 6280304
Phone : 863-382-1183
Contact: John Lovelette
Phone: 863-382-1183

COMMUNITY WATER SYSTEM

Service area characteristics: Residential
No. of service connections : 440
Served population: 800
Design Capacity: 200,000
Storage Capacity: 20,000

OPERATOR COVERAGE

Operator & certification class-number:
David Faircloth C-8189
Required Coverage: 3 days/wk, 0.3 hrs/wk
Condition of Plant: good

RECORDKEEPING

CROSS CONNECTION PLAN: ☒ Yes ☐ No
LEAD & COPPER PLAN: ☒ Yes ☐ No
TESTBACKFLOW PREVENTERS: ☒ Yes ☐ No
EXERCISE ISOLATION VALVES: ☒ Yes ☐ No
WATER MAIN FLUSHING: ☒ Yes ☐ No
O&M LOG: ☒ Yes ☐ No
AUXILLARY POWER: ☒ Yes ☐ No

WELLS

Well #:2

Standby well: ☒ Yes ☐ No
Auxiliary power: ☒ Yes ☐ No
6' x 6' x 4" pad: ☒ Yes ☐ No
Sanitary seal OK: ☒ Yes ☐ No
Raw water tap: ☒ Yes ☐ No
Check valve: ☒ Yes ☐ No
Fence/housing: ☒ Yes ☐ No
Sanitary Hazards: ☐ Yes ☒ No

CHLORINATION

Chlorinator type: ☐ Gas ☒ Hypo
Meter #: 136754
Cl₂ residual:
Plant: _____ mg/L
Remote: 0.5 mg/L
Location: Office
DPD-type test kit ☒ Yes ☐ No

STORAGE TANKS

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

Tank type	H	H	
Capacity (gallons)	10,000	15,000	
Material	Steel	Steel	
Last Tank Inspection	06/2008	06/2008	
Gravity drain	Y	Y	
By-pass piping	Y	Y	
Pressure gauge	Y	Y	
On/Off pressure	?	?	
Sight glass or LI	Y	Y	
Sight glass fittings	Y	Y	
Protected openings	N/A	N/A	
PRV/ARV	Y	Y	
Access padlocked	Y	Y	

OTHER TREATMENT PROCESSES: None

Aeration Type: ☐ Spray ☐ Tray ☐ Other: _____
Condition: _____

OTHER

Flow measuring device:
☒ meter ☐ elapsed time clock ☐ none
Distribution pressure: _____ psig
Backflow prevention devices ☒ Yes ☐ No
Cross-connections observed ☐ Yes ☒ No
Safety Gear: ☒ Yes ☐ No

* DÉFICIENCIES: None.

NOTES & RECOMMENDATIONS: None.

Inspected by: _____



Date: _____

10/7/10

Approved By: _____



Date: _____

10/4/10



Florida Department of Environmental Protection

South District Office
Post Office Box 2549
Fort Myers, Florida 33902-2549

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

April 11, 2011

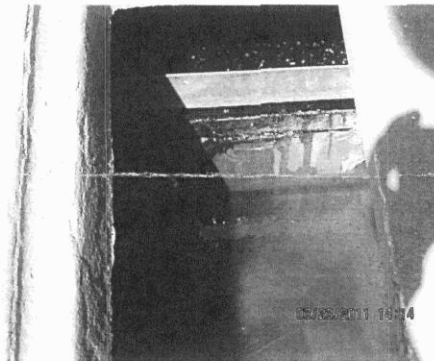
John Lovelette, Owner
LP Utilities, Inc.
PO Box 478
Lake Placid, FL 33862

RE: Highlands County - DW
Lake Placid Camp Florida Resort WWTP
FLA014340

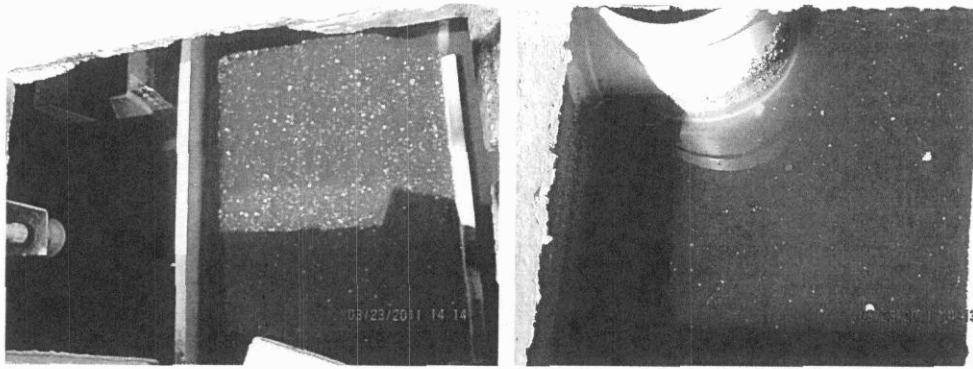
Dear Mr. Lovelette:

On March 23, 2011, Department staff conducted a compliance evaluation inspection of the above-referenced facility. Please note the items listed below which need to be addressed:

1. The aeration basins were not providing adequate mixing. Several dead spots were observed in the basins and heavy foaming was occurring.
2. The clarifier weirs appear to be in disrepair allowing effluent to short-circuit the weir.



3. The scum baffle is full of solids.
4. There was an accumulation of solids in the chlorine contact chamber (see photographs on the following page).



The Department requests a written response addressing the items listed above within 15 days of your receipt of this letter. Your response should include an explanation of any corrective actions that have either been taken or that you plan to take. Please note that this letter, being part of the Department's investigation, is preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. Please direct your response and any questions to Diane Loughlin at (863) 314-5975 or via e-mail: Diane.Loughlin@dep.state.fl.us.

Sincerely,

Keith Kleinmann

Keith Kleinmann
Environmental Manager

DWF/del/jl

cc: Short Utility Service, Inc., via email
Allen Slater, FRWA

SHORT UTILITY SERVICE, INC.

P.O. Box 1088
Sebring, Florida 33871-1088
(863) 471-1400

April 22, 2011

Diane Loughlin, Wastewater Environmental Specialist I
Department of Environmental Protection
Post Office Box 2549
Fort Myers, Florida 33902-2549

Re: Lake Placid Camp Florida Resort WWTP
FLA014340

Dear Ms. Loughlin:

Listed below are the corrective actions or responses to the items observed in the compliance evaluation inspection on March 23, 2011 of the above referenced facility.

1. The aeration basins contain coarse bubble diffusers that properly mix the complete tank.
2. The clarifier weirs are cleaned with chlorine solution several times during the week. No short-circuiting was observed.
3. The scum baffle is skimmed and the solids are removed during each visit by the plant operator.
4. Trash or solids accumulated in the chlorine contact chamber are skimmed and removed from the plant during each visit by the plant operator.

If you have any questions or need more information regarding this matter, please call my office at any time.

Sincerely,



Wendell L. Faircloth
Operator

WLF/mjf
cc: John Lovelette



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : January 2010										
Community Water System (CWS) Name: The Woodlands of Lake Placid										
Public Water System (PWS) Identification Number: 6280304										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:
	Plant #1	Plant #2								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day									Total
Day of Month	100,000	100,000								200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons									Total
1	16,500	46,500								63,000
2	16,500	46,500								63,000
3	18,000	39,000								57,000
4	16,000	38,000								54,000
5	19,000	50,000								69,000
6	22,000	39,000								61,000
7	25,000	47,000								72,000
8	17,000	40,000								57,000
9	19,000	35,000								54,000
10	19,000	35,000								54,000
11	18,000	36,000								54,000
12	22,000	40,000								62,000
13	23,000	40,000								63,000
14	20,000	44,000								64,000
15	21,000	38,000								59,000
16	18,000	41,000								59,000
17	19,000	44,000								63,000
18	22,000	36,000								58,000
19	30,000	42,000								72,000
20	32,000	47,000								79,000
21	32,000	47,000								79,000
22	33,000	41,000								74,000
23	18,000	37,000								55,000
24	18,000	37,000								55,000
25	17,000	38,000								55,000
26	33,000	39,000								72,000
27	14,000	38,000								52,000
28	38,000	52,000								90,000
29	42,000	41,000								83,000
30	17,000	37,000								54,000
31	15,000	45,000								60,000
Total										1,966,000
Avg.										63,419
Max.										90,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : February 2010											
Community Water System (CWS) Name: The Woodlands of Lake Placid											
Public Water System (PWS) Identification Number: 6280304											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant #1	Plant #2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	100,000	100,000									200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	14,000	33,000									47,000
2	18,000	34,000									52,000
3	19,000	44,000									63,000
4	18,000	37,000									55,000
5	21,000	46,000									67,000
6	15,000	35,000									50,000
7	15,000	35,000									50,000
8	14,000	34,000									48,000
9	20,000	39,000									59,000
10	17,000	37,000									54,000
11	15,000	37,000									52,000
12	14,000	41,000									55,000
13	12,000	34,000									46,000
14	13,000	38,000									51,000
15	14,000	33,000									47,000
16	16,000	44,000									60,000
17	15,000	36,000									51,000
18	17,000	43,000									60,000
19	18,000	39,000									57,000
20	27,000	41,000									68,000
21	27,000	41,000									68,000
22	26,000	40,000									66,000
23	19,000	40,000									59,000
24	21,000	48,000									69,000
25	20,000	39,000									59,000
26	22,000	42,000									64,000
27	21,000	37,000									58,000
28	23,000	42,000									65,000
Total											1,600,000
Avg.											57,143
Max.											69,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : March 2010										
Community Water System (CWS) Name: The Woodlands of Lake Placid										
Public Water System (PWS) Identification Number: 6280304										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:
	Plant #1	Plant #2								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day									Total
Day of Month	100,000	100,000								200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons									Total
1	28,000	33,000								61,000
2	28,000	40,000								68,000
3	25,000	40,000								65,000
4	26,000	38,000								64,000
5	28,000	40,000								68,000
6	30,000	41,000								71,000
7	30,000	41,000								71,000
8	31,000	41,000								72,000
9	34,000	41,000								75,000
10	38,000	44,000								82,000
11	32,000	43,000								75,000
12	29,000	32,000								61,000
13	25,000	39,000								64,000
14	32,000	31,000								63,000
15	35,000	43,000								78,000
16	27,000	41,000								68,000
17	29,000	48,000								77,000
18	31,000	53,000								84,000
19	34,000	48,000								82,000
20	32,000	46,000								78,000
21	32,000	46,000								78,000
22	33,000	45,000								78,000
23	21,000	32,000								53,000
24	22,000	41,000								63,000
25	21,000	40,000								61,000
26	19,000	39,000								58,000
27	15,000	39,000								54,000
28	17,000	42,000								59,000
29	18,000	34,000								52,000
30	17,000	45,000								62,000
31	18,000	35,000								53,000
Total										2,098,000
Avg.										67,677
Max.										84,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : April 2010											
Community Water System (CWS) Name: The Woodlands of Lake Placid											
Public Water System (PWS) Identification Number: 6280304											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant #1	Plant #2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	100,000	100,000									200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	20,000	44,000									64,000
2	23,000	45,000									68,000
3	24,000	41,000									65,000
4	24,000	41,000									65,000
5	23,000	42,000									65,000
6	21,000	47,000									68,000
7	23,000	69,000									92,000
8	26,000	49,000									75,000
9	26,000	39,000									65,000
10	23,000	37,000									60,000
11	20,000	33,000									53,000
12	22,000	31,000									53,000
13	19,000	34,000									53,000
14	21,000	40,000									61,000
15	23,000	43,000									66,000
16	18,000	42,000									60,000
17	16,000	30,000									46,000
18	16,000	30,000									46,000
19	16,000	31,000									47,000
20	14,000	31,000									45,000
21	16,000	34,000									50,000
22	20,000	40,000									60,000
23	23,000	36,000									59,000
24	18,000	38,000									56,000
25	20,000	40,000									60,000
26	21,000	42,000									63,000
27	12,000	33,000									45,000
28	14,000	43,000									57,000
29	16,000	39,000									55,000
30	14,000	31,000									45,000
Total											1,767,000
Avg.											58,900
Max.											92,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : May 2010										
Community Water System (CWS) Name: The Woodlands of Lake Placid										
Public Water System (PWS) Identification Number: 6280304										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:
	Plant #1	Plant #2								
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day									Total
	100,000	100,000								200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons									Total
1	17,000	36,000								53,000
2	17,000	36,000								53,000
3	16,000	36,000								52,000
4	15,000	39,000								54,000
5	17,000	48,000								65,000
6	20,000	43,000								63,000
7	22,000	41,000								63,000
8	22,000	40,000								62,000
9	16,000	36,000								52,000
10	19,000	38,000								57,000
11	11,000	55,000								66,000
12	13,000	52,000								65,000
13	17,000	41,000								58,000
14	17,000	42,000								59,000
15	16,000	38,000								54,000
16	16,000	38,000								54,000
17	15,000	37,000								52,000
18	9,000	33,000								42,000
19	7,000	45,000								52,000
20	16,000	44,000								60,000
21	18,000	37,000								55,000
22	13,000	39,000								52,000
23	14,000	51,000								65,000
24	15,000	45,000								60,000
25	13,000	48,000								61,000
26	15,000	40,000								55,000
27	13,000	54,000								67,000
28	15,000	43,000								58,000
29	12,000	39,000								51,000
30	12,000	39,000								51,000
31	13,000	40,000								53,000
Total										1,764,000
Avg.										56,903
Max.										67,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :											June 2010
Community Water System (CWS) Name: The Woodlands of Lake Placid											
Public Water System (PWS) Identification Number: 6280304											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant #1	Plant #2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	100,000	100,000									200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	8,000	49,000									57,000
2	22,000	35,000									57,000
3	19,000	38,000									57,000
4	6,000	44,000									50,000
5	13,000	43,000									56,000
6	11,000	38,000									49,000
7	14,000	38,000									52,000
8	15,000	43,000									58,000
9	14,000	36,000									50,000
10	15,000	50,000									65,000
11	14,000	42,000									56,000
12	16,000	45,000									61,000
13	16,000	45,000									61,000
14	16,000	45,000									61,000
15	11,000	66,000									77,000
16	1,000	70,000									71,000
17	0	46,000									46,000
18	0	55,000									55,000
19	0	48,000									48,000
20	0	45,000									45,000
21	0	53,000									53,000
22	11,000	38,000									49,000
23	17,000	39,000									56,000
24	13,000	46,000									59,000
25	0	54,000									54,000
26	0	55,000									55,000
27	0	55,000									55,000
28	0	54,000									54,000
29	0	66,000									66,000
30	9,000	43,000									52,000
Total											1,685,000
Avg.											56,167
Max.											77,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : July 2010										
Community Water System (CWS) Name: The Woodlands of Lake Placid										
Public Water System (PWS) Identification Number: 6280304										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:
	Plant #1	Plant #2								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day									Total
Day of Month	100,000	100,000								200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons									Total
1	15,000	45,000								60,000
2	12,000	34,000								46,000
3	11,000	33,000								44,000
4	12,000	37,000								49,000
5	12,000	32,000								44,000
6	9,000	39,000								48,000
7	10,000	38,000								48,000
8	13,000	41,000								54,000
9	12,000	36,000								48,000
10		64,000								64,000
11		64,000								64,000
12		37,000								37,000
13		68,000								68,000
14		68,000								68,000
15	18,000	46,000								64,000
16	13,000	35,000								48,000
17	14,000	36,000								50,000
18	16,000	38,000								54,000
19	17,000	37,000								54,000
20	18,000	44,000								62,000
21	22,000	46,000								68,000
22	21,000	46,000								67,000
23	19,000	37,000								56,000
24	10,000	34,000								44,000
25	10,000	34,000								44,000
26	11,000	34,000								45,000
27	15,000	39,000								54,000
28	19,000	43,000								62,000
29	14,000	43,000								57,000
30	13,000	39,000								52,000
31	17,000	42,000								59,000
Total										1,682,000
Avg.										54,258
Max.										68,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : August 2010										
Community Water System (CWS) Name: The Woodlands of Lake Placid										
Public Water System (PWS) Identification Number: 6280304										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:
	Plant #1	Plant #2								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day									Total
Day of Month	100,000	100,000								200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons									Total
1	18,000	44,000								62,000
2	19,000	45,000								64,000
3	14,000	46,000								60,000
4	15,000	48,000								63,000
5	18,000	43,000								61,000
6	14,000	43,000								57,000
7	13,000	34,000								47,000
8	13,000	34,000								47,000
9	14,000	35,000								49,000
10	16,000	37,000								53,000
11	18,000	32,000								50,000
12	21,000	34,000								55,000
13	21,000	33,000								54,000
14	18,000	35,000								53,000
15	22,000	37,000								59,000
16	20,000	34,000								54,000
17	11,000	34,000								45,000
18	17,000	37,000								54,000
19	11,000	36,000								47,000
20	10,500	30,500								41,000
21	10,500	30,500								41,000
22	11,500	34,000								45,500
23	11,500	34,000								45,500
24	11,000	35,000								46,000
25	11,000	30,000								41,000
26	13,000	33,000								46,000
27	13,000	30,000								43,000
28	11,000	32,000								43,000
29	10,000	33,000								43,000
30	11,000	29,000								40,000
31	8,000	30,000								38,000
Total										1,547,000
Avg.										49,903
Max.										64,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :											September 2010	
Community Water System (CWS) Name: The Woodlands of Lake Placid												
Public Water System (PWS) Identification Number: 6280304												
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:		
	Plant #1	Plant #2									Total	
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day											
Day of Month	100,000	100,000									200,000	
	Net Quantity of Finished Water Produced by Each Plant, gallons											
1	13,000	31,000									44,000	
2	0	44,000									44,000	
3	0	56,000									56,000	
4	0	40,000									40,000	
5	0	40,000									40,000	
6	0	40,000									40,000	
7	0	40,000									40,000	
8	0	45,000									45,000	
9	0	55,000									55,000	
10	0	36,000									36,000	
11	0	38,000									38,000	
12	0	52,000									52,000	
13	0	40,000									40,000	
14	10,000	30,000									40,000	
15	14,000	32,000									46,000	
16	12,000	31,000									43,000	
17	15,000	36,000									51,000	
18	11,000	30,000									41,000	
19	11,000	30,000									41,000	
20	12,000	30,000									42,000	
21	12,000	36,000									48,000	
22	14,000	36,000									50,000	
23	15,000	36,000									51,000	
24	13,000	33,000									46,000	
25	12,000	43,000									55,000	
26	14,000	51,000									65,000	
27	13,000	31,000									44,000	
28	12,000	33,000									45,000	
29	11,000	31,000									42,000	
30	16,000	37,000									53,000	
Total											1,373,000	
Avg.											45,767	
Max.											65,000	



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : October 2010										
Community Water System (CWS) Name: The Woodlands of Lake Placid										
Public Water System (PWS) Identification Number: 6280304										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:
	Plant #1	Plant #2								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day									Total
	100,000	100,000								200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons									Total
Day of Month										
1	12,000	49,000								61,000
2	15,000	34,000								49,000
3	15,000	34,000								49,000
4	14,000	34,000								48,000
5	10,000	36,000								46,000
6	12,000	39,000								51,000
7	13,000	38,000								51,000
8	14,000	32,000								46,000
9	10,000	31,000								41,000
10	13,000	42,000								55,000
11	10,000	39,000								49,000
12	12,000	42,000								54,000
13	13,000	39,000								52,000
14	14,000	42,000								56,000
15	12,000	40,000								52,000
16	16,000	53,000								69,000
17	16,000	53,000								69,000
18	15,000	54,000								69,000
19	15,000	50,000								65,000
20	19,000	45,000								64,000
21	12,000	39,000								51,000
22	20,000	38,000								58,000
23	15,000	43,000								58,000
24	16,000	42,000								58,000
25	20,000	48,000								68,000
26	21,000	34,000								55,000
27	20,000	39,000								59,000
28	17,000	42,000								59,000
29	15,000	45,000								60,000
30	20,000	40,000								60,000
31	15,000	38,000								53,000
Total										1,735,000
										55,968
										69,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : November 2010											
Community Water System (CWS) Name: The Woodlands of Lake Placid											
Public Water System (PWS) Identification Number: 6280304											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant #1	Plant #2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	100,000	100,000									200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	22,000	31,000									53,000
2	18,000	55,000									73,000
3	20,000	40,000									60,000
4	15,000	33,000									48,000
5	13,000	35,000									48,000
6	14,000	34,000									48,000
7	15,000	36,000									51,000
8	16,000	54,000									70,000
9	25,000	43,000									68,000
10	27,000	45,000									72,000
11	24,000	40,000									64,000
12	26,000	53,000									79,000
13	23,000	53,000									76,000
14	23,000	53,000									76,000
15	24,000	52,000									76,000
16	20,000	15,000									35,000
17	22,000	43,000									65,000
18	21,000	43,000									64,000
19	22,000	42,000									64,000
20	20,000	43,000									63,000
21	22,000	49,000									71,000
22	26,000	44,000									70,000
23	22,000	42,000									64,000
24	23,000	44,000									67,000
25	18,000	42,000									60,000
26	18,000	42,000									60,000
27	19,000	41,000									60,000
28	21,000	38,500									59,500
29	21,000	38,500									59,500
30	16,000	45,000									61,000
Total											1,885,000
Avg.											62,833
Max.											79,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : December 2010										
Community Water System (CWS) Name: The Woodlands of Lake Placid										
Public Water System (PWS) Identification Number: 6280304										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:
	Plant #1	Plant #2								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day									Total
Day of Month	100,000	100,000								200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons									Total
1	19,000	41,000								60,000
2	16,000	41,000								57,000
3	20,000	40,000								60,000
4	17,000	48,000								65,000
5	16,000	40,000								56,000
6	18,000	39,000								57,000
7	14,000	45,000								59,000
8	16,000	44,000								60,000
9	15,000	39,000								54,000
10	13,000	42,000								55,000
11	18,000	34,000								52,000
12	18,000	34,000								52,000
13	18,000	33,000								51,000
14	15,000	39,000								54,000
15	16,000	45,000								61,000
16	22,000	33,000								55,000
17	23,000	43,000								66,000
18	14,000	34,000								48,000
19	15,000	36,000								51,000
20	17,000	39,000								56,000
21	15,000	33,000								48,000
22	18,000	40,000								58,000
23	18,000	34,000								52,000
24	19,000	43,000								62,000
25	16,000	33,000								49,000
26	16,000	33,000								49,000
27	15,000	33,000								48,000
28	15,000	45,000								60,000
29	16,000	39,000								55,000
30	18,000	35,000								53,000
31	25,000	49,000								74,000
Total										1,737,000
Avg.										56,032
Max.										74,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : January 2011											
Community Water System (CWS) Name: The Woodlands of Lake Placid											
Public Water System (PWS) Identification Number: 6280304											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant #1	Plant #2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	100,000	100,000									200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	19,000	38,000									57,000
2	19,000	38,000									57,000
3	20,000	39,000									59,000
4	21,000	47,000									68,000
5	22,000	35,000									57,000
6	18,000	36,000									54,000
7	14,000	43,000									57,000
8	17,000	33,000									50,000
9	18,000	42,000									60,000
10	20,000	38,000									58,000
11	17,000	44,000									61,000
12	21,000	36,000									57,000
13	20,000	38,000									58,000
14	22,000	39,000									61,000
15	24,000	38,000									62,000
16	24,000	38,000									62,000
17	23,000	39,000									62,000
18	21,000	36,000									57,000
19	20,000	46,000									66,000
20	22,000	40,000									62,000
21	20,000	66,000									86,000
22	21,000	39,000									60,000
23	23,000	33,000									56,000
24	24,000	38,000									62,000
25	23,000	41,000									64,000
26	21,000	39,000									60,000
27	17,000	45,000									62,000
28	19,000	55,000									74,000
29	21,000	56,000									77,000
30	21,000	56,000									77,000
31	21,000	56,000									77,000
Total											1,940,000
Avg.											62,581
											86,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :											February 2011	
Community Water System (CWS) Name: The Woodlands of Lake Placid												
Public Water System (PWS) Identification Number: 6280304												
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:		
	Plant #1	Plant #2										
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total	
	100,000	100,000									200,000	
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total	
1	21,500	68,000									89,500	
2	21,500	68,000									89,500	
3	21,000	61,000									82,000	
4	24,000	69,000									93,000	
5	20,000	66,000									86,000	
6	19,000	71,000									90,000	
7	23,000	72,000									95,000	
8	22,000	92,000									114,000	
9	21,000	40,000									61,000	
10	22,000	35,000									57,000	
11	20,000	38,000									58,000	
12	20,000	36,000									56,000	
13	20,000	36,000									56,000	
14	20,000	35,000									55,000	
15	19,000	39,000									58,000	
16	20,000	41,000									61,000	
17	21,000	38,000									59,000	
18	23,000	43,000									66,000	
19	20,000	39,000									59,000	
20	22,000	40,000									62,000	
21	24,000	42,000									66,000	
22	25,000	43,000									68,000	
23	26,000	41,000									67,000	
24	21,000	36,000									57,000	
25	24,000	38,000									62,000	
26	22,000	41,000									63,000	
27	22,000	41,000									63,000	
28	23,000	42,000									65,000	
Total											1,958,000	
Avg.											69,929	
Max.											114,000	



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : March 2011										
Community Water System (CWS) Name: The Woodlands of Lake Placid										
Public Water System (PWS) Identification Number: 6280304										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:
	Plant #1	Plant #2								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day									Total
	100,000	100,000								200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons									Total
Day of Month										
1	22,000	39,000								61,000
2	23,000	36,000								59,000
3	21,000	34,000								55,000
4	23,000	39,000								62,000
5	20,000	34,000								54,000
6	21,000	32,000								53,000
7	25,000	36,000								61,000
8	20,000	40,000								60,000
9	22,000	44,000								66,000
10	16,000	37,000								53,000
11	18,000	32,000								50,000
12	19,000	37,000								56,000
13	19,000	37,000								56,000
14	18,000	38,000								56,000
15	23,000	36,000								59,000
16	26,000	45,000								71,000
17	23,000	41,000								64,000
18	22,000	47,000								69,000
19	23,000	39,000								62,000
20	24,000	42,000								66,000
21	23,000	37,000								60,000
22	20,000	39,000								59,000
23	21,000	48,000								69,000
24	23,000	41,000								64,000
25	27,000	47,000								74,000
26	19,000	41,000								60,000
27	19,000	41,000								60,000
28	20,000	41,000								61,000
29	9,000	41,000								50,000
30	11,000	38,000								49,000
31	7,000	32,000								39,000
Total										1,838,000
										59,290
										74,000



Daily Finished-Water Production for the Month/Year of : April 2011											
Community Water System (CWS) Name: The Woodlands of Lake Placid											
Public Water System (PWS) Identification Number: 6280304											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Plant #1	Plant #2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	100,000	100,000									
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	9,000	44,000									53,000
2	0	49,000									49,000
3	0	51,000									51,000
4	0	54,000									54,000
5	0	50,000									50,000
6	3,000	43,000									46,000
7	16,000	30,000									46,000
8	20,000	40,000									60,000
9	18,000	33,000									51,000
10	18,000	33,000									51,000
11	17,000	34,000									51,000
12	23,000	35,000									58,000
13	27,000	37,000									64,000
14	20,000	37,000									57,000
15	19,000	30,000									49,000
16	16,000	30,000									46,000
17	15,000	32,000									47,000
18	19,000	34,000									53,000
19	15,000	32,000									47,000
20	18,000	37,000									55,000
21	19,000	32,000									51,000
22	17,000	33,000									50,000
23	16,000	32,000									48,000
24	16,000	32,000									48,000
25	15,000	32,000									47,000
26	13,000	29,000									42,000
27	14,000	33,000									47,000
28	16,000	30,000									46,000
29	14,000	29,000									43,000
30	12,000	28,000									40,000
Total											1,500,000
Avg.											50,000
Max.											64,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : May 2011										
Community Water System (CWS) Name: The Woodlands of Lake Placid										
Public Water System (PWS) Identification Number: 6280304										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:
	Plant #1	Plant #2								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day									Total
	100,000	100,000								200,000
Day of Month	Net Quantity of Finished Water Produced by Each Plant, gallons									Total
1	13,000	30,000								43,000
2	14,000	35,000								49,000
3	13,000	32,000								45,000
4	15,000	35,000								50,000
5	16,000	29,000								45,000
6	17,000	29,000								46,000
7	14,000	29,000								43,000
8	14,000	29,000								43,000
9	13,000	29,000								42,000
10	14,000	31,000								45,000
11	16,000	31,000								47,000
12	18,000	30,000								48,000
13	19,000	32,000								51,000
14	18,000	30,000								48,000
15	19,000	0								19,000
16	20,000	0								20,000
17	40,000	12,000								52,000
18	0	32,000								32,000
19	0	37,000								37,000
20	0	51,000								51,000
21	0	41,000								41,000
22	0	41,000								41,000
23	0	40,000								40,000
24	11,000	32,000								43,000
25	13,000	31,000								44,000
26	14,000	40,000								54,000
27	12,000	28,000								40,000
28	13,000	30,000								43,000
29	15,000	25,000								40,000
30	12,000	25,000								37,000
31	13,000	29,000								42,000
Total										1,321,000
Avg.										42,613
Max.										54,000



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : June 2011											
Community Water System (CWS) Name: The Woodlands of Lake Placid											
Public Water System (PWS) Identification Number: 6280304											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant #1	Plant #2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	100,000	100,000									200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	16,000	28,000									44,000
2	12,000	23,000									35,000
3	19,000	26,000									45,000
4	11,000	28,000									39,000
5	11,000	28,000									39,000
6	11,000	28,000									39,000
7	19,000	29,000									48,000
8	22,000	28,000									50,000
9	26,000	26,000									52,000
10	19,000	38,000									57,000
11	11,000	34,000									45,000
12	12,000	31,000									43,000
13	11,000	34,000									45,000
14	17,000	27,000									44,000
15	16,000	29,000									45,000
16	19,000	25,000									44,000
17	54,000	0									54,000
18	34,000	0									34,000
19	34,000	0									34,000
20	35,000	0									35,000
21	35,000	0									35,000
22	38,000	0									38,000
23	35,000	0									35,000
24	74,000	0									74,000
25	33,000	0									33,000
26	34,000	0									34,000
27	36,000	0									36,000
28	36,000	0									36,000
29	27,000	0									27,000
30	32,000	0									32,000
Total											1,251,000
											41,700
											74,000

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
 MAILING ADDRESS: 100 Shoreline Drive
 Lake Placid, FL 33852

PERMIT NUMBER: FLA014340

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

FACILITY: The Woodlands of Lake Placid WWTP
 LOCATION: 100 Shoreline Drive
 Lake Placid, FL 33852
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: R-001, including Influent
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 01/01/10 To: 01/31/10

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
					Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	0.027	0.014	MGD						5 Days/Week	Flow Meter
50050 1 FLW-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report (Mo. Avg.)	0.050 Ann_Avg.	MGD						5 Days/Week	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					6.0	6.0	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30.0 (Mo. Avg.)	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					5.7		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					4.4	4.4	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30.0 (Mo. Avg.)	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					3.9		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH	Sample Measurement				7.4		7.7	s.u.		5 Days/Week	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	10/02/17

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

Express Mail: EB768431904US

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 01/01/10 To: 01/31/10

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
Storet code	Mon. Site No.			Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL		Sample Measurement			1u	NA	1u	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement			Report (Average)	400 (90 Percentile)	800 (Max)	#/100		Monthly	Grab
COLIFORM, FECAL		Sample Measurement				1u		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE		Permit Requirement				200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)		Sample Measurement			1.6			mg/L		5 Days/Week	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement			0.5 (min)			mg/L		5 Days/Week	Grab
NITROGEN, TOTAL (as N)		Sample Measurement					0.30	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement					12, (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)		Sample Measurement				405		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE		Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab
TSS, INFLUENT		Sample Measurement				186		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE		Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
 MAILING ADDRESS: 100 Shoreline Drive
 Lake Placid, FL 33852

PERMIT NUMBER: FLA014340

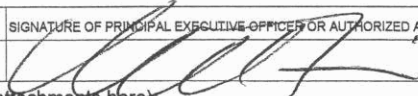
LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic

FACILITY: The Woodlands of Lake Placid WWTP
 LOCATION: 100 Shoreline Drive
 Lake Placid, FL 33852
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: R-001, including Influent
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 02/01/10 To: 02/28/10

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
					Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	0.028	0.015	MGD						5 Days/Week	Flow Meter
50050 1 FLW-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report (Mo. Avg.)	0.050 Ann_Avg.	MGD						5 Days/Week	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.3	2.3	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30.0 (Mo. Avg.)	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					3.4		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1u	1U	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30.0 (Mo.Avg.)	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.8		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH	Sample Measurement				7.5		7.7	s.u.		5 Days/Week	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, (Min.)		8.5, (Max.)	s.u.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	10/03/11
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here).		Express Mail: EH970201922US	

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 02/01/10 To: 02/28/10

Parameter		Quantity or Loading		Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
Storet code Mon. Site No.			Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement			1u	NA	1u	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement			Report (Average)	400 (90 Percentile)	800 (Max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement				1u		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement				200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement			1.2			mg/L		5 Days/Week	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement			0.5 (min)			mg/L		5 Days/Week	Grab
NITROGEN, TOTAL (as N)	Sample Measurement					0.24	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					12, (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement				248		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement				376		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY		mg/L		Monthly	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 03/01/10 To: 03/31/10

Parameter Storet code Mon. Site No.		Quantity or Loading		Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
			Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement			1u	NA	1u	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement			Report (Average)	400 (90 Percentile)	800 (Max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement				1u		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement				200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement			1.6			mg/L		5 Days/Week	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement			0.5 (min)			mg/L		5 Days/Week	Grab
NITROGEN, TOTAL (as N)	Sample Measurement					0.78	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					12, (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement				545		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement				1440		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
MAILING ADDRESS: 100 Shoreline Drive
Lake Placid, FL 33852

PERMIT NUMBER: FLA014340

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

FACILITY: The Woodlands of Lake Placid WWTP
LOCATION: 100 Shoreline Drive
Lake Placid, FL 33852
COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001, including Influent
NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 03/01/10 To: 03/31/10

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
					Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	0.026	0.016	MGD						5 Days/Week	Flow Meter
50050 1 FLW-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report (Mo. Avg.)	0.050 Ann_Avg.	MGD						5 Days/Week	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					4.2	4.2	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30.0 (Mo. Avg.)	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					3.3		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					4.0	4.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30.0 (Mo.Avg.)	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.6		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH	Sample Measurement				7.5		7.7	s.u.		5 Days/Week	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, (Min.)		8.5, (Max.)	s.u.		5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	10/04/20

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

Express Mail: EB768431895US

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
MAILING ADDRESS: 100 Shoreline Drive
Lake Placid, FL 33852

PERMIT NUMBER: FLA014340

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

FACILITY: The Woodlands of Lake Placid WWTP
LOCATION: 100 Shoreline Drive
Lake Placid, FL 33852
COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001, including Influent
NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 04/01/10 To: 04/30/10

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW		Sample Measurement	0.021	0.016	MGD					5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No. FLW-01	Y	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous	5 day 20C	Sample Measurement				3.4		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous	5 day 20C	Sample Measurement				5.9	5.9	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				2.5		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 Ann Avg.		mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				6.0	6.0	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH		Sample Measurement				7.5	7.6	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-01	A	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	10/05/21

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

Express Mail: EH970201882US

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 04/01/10 To: 04/30/10

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal		Sample Measurement		1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)		#/100	Monthly	Grab
Coliform, Fecal		Sample Measurement		1u	1u	#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	A	Permit Requirement		Report (Mo.Geo.Mean)	800 (Max)	#/100	Monthly	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement		1.4		mg/L	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-01	A	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)		Sample Measurement		0.22		mg/L	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-01	A	Permit Requirement		12.0 (Max.)			Monthly	Grab
BOD, Carbonaceous 5 day 20C		Sample Measurement		358		mg/L	Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab
Solids, Total Suspended		Sample Measurement		273		mg/L	Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
 MAILING ADDRESS: 100 Shoreline Drive
 Lake Placid, FL 33852

PERMIT NUMBER: FLA014340


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

FACILITY: The Woodlands of Lake Placid WWTP
 LOCATION: 100 Shoreline Drive
 Lake Placid, FL 33852
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: R-001, including Influent
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 05/01/10 To: 05/30/10

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW		Sample Measurement	0.018	0.017	MGD					5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No. FLW-01	Y	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous	5 day 20C	Sample Measurement				3.4		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous	5 day 20C	Sample Measurement				4.6	4.6	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				2.5		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 Ann_Avg.		mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				2.2	2.2	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH		Sample Measurement				7.5	7.7	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-01	A	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	10/06/22

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

Express Mail: EB247618499US

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 05/01/10 To: 05/30/10

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal		Sample Measurement		1u			#/100		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)			#/100		Monthly	Grab
Coliform, Fecal		Sample Measurement		1u	1u		#/100		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	A	Permit Requirement		Report (Mo.Geo.Mean)	800 (Max)		#/100		Monthly	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement		1.0			mg/L		5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-01	A	Permit Requirement		0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)		Sample Measurement		1.62			mg/L		Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-01	A	Permit Requirement		12.0 (Max.)					Monthly	Grab
BOD, Carbonaceous 5 day 20C		Sample Measurement		335			mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement		200			mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)			mg/L		Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
MAILING ADDRESS: 100 Shoreline Drive
Lake Placid, FL 33852

PERMIT NUMBER: FLA014340


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

FACILITY: The Woodlands of Lake Placid WWTP
LOCATION: 100 Shoreline Drive
Lake Placid, FL 33852
COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001, including Influent
NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 06/01/10 To: 06/30/10

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
FLOW		0.021	0.019	MGD					5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No. FLW-01	Y	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day 20C					3.7		mg/L		Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-01	Y				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day 20C					6.0 6.0		mg/L		Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-01	A				30.0 (Mo. Avg.) 60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended					2.6		mg/L		Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-01	Y				20.0 Ann_Avg.		mg/L		Monthly	Grab
Solids, Total Suspended					2.8 2.8		mg/L		Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-01	A				30.0 (Mo. Avg.) 60.0 (Max.)		mg/L		Monthly	Grab
pH					7.5 7.7		s.u.		5 Days/Week	Grab
PARM Code 00400 Mon. Site No. EFA-01	A				6.0 (Min.) 8.5 (Max.)		s.u.		5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	10/07/22

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

Express Mail: EB247618445US

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 06/01/10 To: 06/30/10

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal		Sample Measurement		1u	#/100		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)	#/100		Monthly	Grab
Coliform, Fecal		Sample Measurement		1u 1u	#/100		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	A	Permit Requirement		Report (Mo. Geo. Mean) 800 (Max)	#/100		Monthly	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement		1.5	mg/L		5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-01	A	Permit Requirement		0.5 (Min.)	mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)		Sample Measurement		0.17	mg/L		Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-01	A	Permit Requirement		12.0 (Max.)			Monthly	Grab
BOD, Carbonaceous 5 day 20C		Sample Measurement		350	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement		400	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)	mg/L		Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
 MAILING ADDRESS: 100 Shoreline Drive
 Lake Placid, FL 33852

PERMIT NUMBER: FLA014340


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

FACILITY: The Woodlands of Lake Placid WWTP
 LOCATION: 100 Shoreline Drive
 Lake Placid, FL 33852
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: R-001, including Influent
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 07/01/10 To: 07/31/10

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
FLOW		Sample Measurement	0.020	0.020	MGD				5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No. FLW-01	Y	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day 20C		Sample Measurement				4.1	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day 20C		Sample Measurement				7.8 7.8	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo. Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				3.1	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 Ann_Avg.	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				8.2 8.2	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo. Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
pH		Sample Measurement				7.4 7.6	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-01	A	Permit Requirement				6.0 (Min.) 8.5 (Max.)	s.u.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	10/08/23

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

Express Mail: EB247618454US

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 07/01/10 To: 07/31/10

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal		Sample Measurement		1u	#/100		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)	#/100		Monthly	Grab
Coliform, Fecal		Sample Measurement		1u 1u	#/100		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	A	Permit Requirement		Report (Mo. Geo. Mean) 800 (Max)	#/100		Monthly	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement		1.8	mg/L		5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-01	A	Permit Requirement		0.5 (Min.)	mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)		Sample Measurement		0.12	mg/L		Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-01	A	Permit Requirement		12.0 (Max.)			Monthly	Grab
BOD, Carbonaceous 5 day 20C		Sample Measurement		400	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement		140	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)	mg/L		Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
MAILING ADDRESS: 100 Shoreline Drive
Lake Placid, FL 33852

PERMIT NUMBER: FLA014340

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


FACILITY: The Woodlands of Lake Placid WWTP
LOCATION: 100 Shoreline Drive
Lake Placid, FL 33852
COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001, including Influent
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 08/01/10 To: 08/31/10

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
FLOW		Sample Measurement	0.017	0.020	MGD				5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No. FLW-01	Y	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day 20C		Sample Measurement			4.1		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	Y	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day 20C		Sample Measurement			3.3 3.3		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	A	Permit Requirement			30.0 (Mo. Avg.) 60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement			3.1		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	Y	Permit Requirement			20.0 Ann_Avg.		mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement			1.8 1.8		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	A	Permit Requirement			30.0 (Mo.Avg.) 60.0 (Max.)		mg/L		Monthly	Grab
pH		Sample Measurement			7.4 7.6		s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-01	A	Permit Requirement			6.0 (Min.) 8.5 (Max.)		s.u.		5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	10/09/22

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

Express Mail: EB247618471US

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 08/01/10 To: 08/31/10

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal		Sample Measurement		1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)		#/100	Monthly	Grab
Coliform, Fecal		Sample Measurement		1u 1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	A	Permit Requirement		Report (Mo. Geo. Mean) 800 (Max)		#/100	Monthly	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement		2.0		mg/L	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-01	A	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)		Sample Measurement		2.36		mg/L	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-01	A	Permit Requirement		12.0 (Max.)			Monthly	Grab
BOD, Carbonaceous 5 day 20C		Sample Measurement		410		mg/L	Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab
Solids, Total Suspended		Sample Measurement		38		mg/L	Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
 MAILING ADDRESS: 100 Shoreline Drive
 Lake Placid, FL 33852

PERMIT NUMBER: FLA014340


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

FACILITY: The Woodlands of Lake Placid WWTP
 LOCATION: 100 Shoreline Drive
 Lake Placid, FL 33852
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: R-001, including Influent
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 09/01/10 To: 09/30/10

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
FLOW		Sample Measurement	0.013	0.020	MGD				5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No. FLW-01	Y	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous	5 day 20C	Sample Measurement				4.3		mg/L	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 (An. Avg.)		mg/L	Monthly	Grab
BOD, Carbonaceous	5 day 20C	Sample Measurement				3.5	3.5	mg/L	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended		Sample Measurement				3.1		mg/L	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 Ann_Avg.		mg/L	Monthly	Grab
Solids, Total Suspended		Sample Measurement				1u	1U	mg/L	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
pH		Sample Measurement				7.4	7.6	s.u.	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-01	A	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.	5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	10/10/20

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

Express Mail: EB247618485US

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 09/01/10 To: 09/30/10

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)		#/100	Monthly	Grab
Coliform, Fecal	Sample Measurement			1u 1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	A	Permit Requirement		Report (Mo. Geo. Mean) 800 (Max)		#/100	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0		mg/L	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-01	A	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			3.64		mg/L	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-01	A	Permit Requirement		12.0 (Max.)			Monthly	Grab
BOD, Carbonaceous 5 day 20C	Sample Measurement			458		mg/L	Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			78		mg/L	Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
MAILING ADDRESS: 100 Shoreline Drive
Lake Placid, FL 33852

PERMIT NUMBER: FLA014340


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

FACILITY: The Woodlands of Lake Placid WWTP
LOCATION: 100 Shoreline Drive
Lake Placid, FL 33852
COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001, including Influent
NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 10/01/10 To: 10/31/10

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
FLOW		Sample Measurement	0.014	0.020	MGD				5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No. FLW-01	Y	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous	5 day 20C	Sample Measurement				4.5	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous	5 day 20C	Sample Measurement				6.6 6.6	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo. Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				3.1	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 Ann_Avg.	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				1.2 1.2	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo.Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
pH		Sample Measurement				7.4 7.5	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-01	A	Permit Requirement				6.0 (Min.) 8.5 (Max.)	s.u.		5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	10/11/15

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

Express Mail: EG567683132US

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 10/01/10 To: 10/31/10

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)		#/100	Monthly	Grab
Coliform, Fecal	Sample Measurement			1u 1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	A	Permit Requirement		Report (Mo. Geo. Mean) 800 (Max)		#/100	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.9		mg/L	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-01	A	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			2.06		mg/L	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-01	A	Permit Requirement		12.0 (Max.)			Monthly	Grab
BOD, Carbonaceous 5 day 20C	Sample Measurement			232		mg/L	Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			60		mg/L	Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
MAILING ADDRESS: 100 Shoreline Drive
Lake Placid, FL 33852

PERMIT NUMBER: **FLA014340**


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

FACILITY: **The Woodlands of Lake Placid WWTP**
LOCATION: 100 Shoreline Drive
Lake Placid, FL 33852
COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001, including Influent
NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 11/01/10 To: 11/30/10

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
FLOW		Sample Measurement	0.021	0.021	MGD				5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No. FLW-01	Y	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous	5 day 20C	Sample Measurement				4.8	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous	5 day 20C	Sample Measurement				4.9	4.9	mg/L	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended		Sample Measurement				2.9	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 Ann_Avg.	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				1.6	1.6	mg/L	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
pH		Sample Measurement				7.4	7.6	s.u.	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-01	A	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.	5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	10/12/22

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

Express Mail: EG567675547US

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 11/01/10 To: 11/30/10

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal		Sample Measurement		1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)		#/100	Monthly	Grab
Coliform, Fecal		Sample Measurement		1u 1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	A	Permit Requirement		Report (Mo.Geo.Mean) 800 (Max)		#/100	Monthly	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement		1.8		mg/L	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-01	A	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)		Sample Measurement		1.62		mg/L	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-01	A	Permit Requirement		12.0 (Max.)			Monthly	Grab
BOD, Carbonaceous 5 day 20C		Sample Measurement		151		mg/L	Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab
Solids, Total Suspended		Sample Measurement		90		mg/L	Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
 MAILING ADDRESS: 100 Shoreline Drive
 Lake Placid, FL 33852

PERMIT NUMBER: FLA014340


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

FACILITY: The Woodlands of Lake Placid WWTP
 LOCATION: 100 Shoreline Drive
 Lake Placid, FL 33852
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: R-001, including Influent
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 12/01/10 To: 12/31/10

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
FLOW		Sample Measurement	0.023	0.021	MGD				5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No. FLW-01	Y	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day 20C		Sample Measurement			4.9		mg/L		Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-01	Y	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day 20C		Sample Measurement			3.9	3.9	mg/L		Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-01	A	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement			3.1		mg/L		Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-01	Y	Permit Requirement			20.0 Ann_Avg.		mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement			2.6	2.6	mg/L		Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-01	A	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH		Sample Measurement			7.4	7.6	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon. Site No. EFA-01	A	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	11/01/07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 12/01/10 To: 12/31/10

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal		Sample Measurement		1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)		#/100	Monthly	Grab
Coliform, Fecal		Sample Measurement		1u 1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	A	Permit Requirement		Report (Mo. Geo. Mean) 800 (Max)		#/100	Monthly	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement		1.9		mg/L	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-01	A	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)		Sample Measurement		2.38		mg/L	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-01	A	Permit Requirement		12.0 (Max.)			Monthly	Grab
BOD, Carbonaceous 5 day 20C		Sample Measurement		490		mg/L	Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab
Solids, Total Suspended		Sample Measurement		372		mg/L	Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
 MAILING ADDRESS: 100 Shoreline Drive
 Lake Placid, FL 33852

PERMIT NUMBER: FLA014340

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


FACILITY: The Woodlands of Lake Placid WWTP
 LOCATION: 100 Shoreline Drive
 Lake Placid, FL 33852
 COUNTY: Highlands

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

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 01/01/11 To: 01/31/11

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
FLOW		Sample Measurement	0.027	0.021	MGD				5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No. FLW-01	Y	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day 20C		Sample Measurement				5.3	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day 20C		Sample Measurement				11.0 11.0	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo. Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				3.0	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 Ann_Avg.	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				3.6 3.6	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo.Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
pH		Sample Measurement				7.4 7.6	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-01	A	Permit Requirement				6.0 (Min.) 8.5 (Max.)	s.u.		5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	11/02/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 01/01/11 To: 01/31/11

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal		Sample Measurement		1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)		#/100	Monthly	Grab
Coliform, Fecal		Sample Measurement		1u 1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	A	Permit Requirement		Report (Mo. Geo. Mean) 800 (Max)		#/100	Monthly	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement		1.3		mg/L	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-01	A	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)		Sample Measurement		0.16		mg/L	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-01	A	Permit Requirement		12.0 (Max.)			Monthly	Grab
BOD, Carbonaceous 5 day 20C		Sample Measurement		290		mg/L	Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab
Solids, Total Suspended		Sample Measurement		375		mg/L	Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
 MAILING ADDRESS: 100 Shoreline Drive
 Lake Placid, FL 33852

PERMIT NUMBER: FLA014340


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

FACILITY: The Woodlands of Lake Placid WWTP
 LOCATION: 100 Shoreline Drive
 Lake Placid, FL 33852
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: R-001, including Influent
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 02/01/11 To: 02/28/11

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	0.033	0.021	MGD					5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No. FLW-01	Y Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day 20C	Sample Measurement				5.7		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	Y Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day 20C	Sample Measurement				6.8 6.8		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	A Permit Requirement				30.0 (Mo. Avg.) 60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.0		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	Y Permit Requirement				20.0 Ann_Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.4 1.4		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	A Permit Requirement				30.0 (Mo.Avg.) 60.0 (Max.)		mg/L		Monthly	Grab
pH	Sample Measurement				7.4 7.6		s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-01	A Permit Requirement				6.0 (Min.) 8.5 (Max.)		s.u.		5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	11/03/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 02/01/11 To: 02/28/11

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)		#/100	Monthly	Grab
Coliform, Fecal	Sample Measurement			1u 1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	A	Permit Requirement		Report (Mo. Geo. Mean) 800 (Max)		#/100	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2		mg/L	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-01	A	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.13		mg/L	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-01	A	Permit Requirement		12.0 (Max.)			Monthly	Grab
BOD, Carbonaceous 5 day 20C	Sample Measurement			545		mg/L	Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			270		mg/L	Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
MAILING ADDRESS: 100 Shoreline Drive
Lake Placid, FL 33852

PERMIT NUMBER: FLA014340


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

FACILITY: The Woodlands of Lake Placid WWTP
LOCATION: 100 Shoreline Drive
Lake Placid, FL 33852
COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001, including Influent
NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 03/01/11 To: 03/31/11

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
FLOW		Sample Measurement	0.026	0.021	MGD				5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No. FLW-01	Y	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous	5 day 20C	Sample Measurement			6.5		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	Y	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous	5 day 20C	Sample Measurement			14.0	14.0	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	A	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement			3.5		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	Y	Permit Requirement			20.0 Ann_Avg.		mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement			9.6	9.6	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	A	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH		Sample Measurement			7.3	7.6	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-01	A	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	11/04/06

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 03/01/11 To: 03/31/11

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-01	Y	Sample Measurement			1u		#/100		Monthly	Grab
		Permit Requirement			200 (An. Avg.)		#/100		Monthly	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-01	A	Sample Measurement			1u	1u	#/100		Monthly	Grab
		Permit Requirement			Report (Mo. Geo. Mean)	800 (Max)	#/100		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 Mon. Site No. EFA-01	A	Sample Measurement			1.9		mg/L		5 Days/Week	Grab
		Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon. Site No. EFA-01	A	Sample Measurement			0.16		mg/L		Monthly	Grab
		Permit Requirement			12.0 (Max.)				Monthly	Grab
BOD, Carbonaceous 5 day 20C PARM Code 80082 Mon. Site No. INF-01	G	Sample Measurement			698		mg/L		Monthly	Grab
		Permit Requirement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No. INF-01	G	Sample Measurement			406		mg/L		Monthly	Grab
		Permit Requirement			Report (Mo. Avg.)		mg/L		Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
 MAILING ADDRESS: 100 Shoreline Drive
 Lake Placid, FL 33852

PERMIT NUMBER: FLA014340

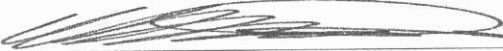
LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic

FACILITY: The Woodlands of Lake Placid WWTP
 LOCATION: 100 Shoreline Drive
 Lake Placid, FL 33852
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: R-001, including Influent
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 04/01/11 To: 04/30/11

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
FLOW PARM Code 50050 Mon. Site No. FLW-01	Y	Sample Measurement	0.016	0.021	MGD				5 Days/Week	Flow Meter
		Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day 20C PARM Code 80082 Mon. Site No. EFA-01	Y	Sample Measurement				6.5	mg/L		Monthly	Grab
		Permit Requirement				20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day 20C PARM Code 80082 Mon. Site No. EFA-01	A	Sample Measurement				5.8 5.8	mg/L		Monthly	Grab
		Permit Requirement				30.0 (Mo. Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No. EFA-01	Y	Sample Measurement				3.5	mg/L		Monthly	Grab
		Permit Requirement				20.0 Ann_Avg.	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No. EFA-01	A	Sample Measurement				5.6 5.6	mg/L		Monthly	Grab
		Permit Requirement				30.0 (Mo. Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
pH PARM Code 00400 Mon. Site No. EFA-01	A	Sample Measurement				7.4 7.6	s.u.		5 Days/Week	Grab
		Permit Requirement				6.0 (Min.) 8.5 (Max.)	s.u.		5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	11/05/06

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 04/01/11 To: 04/30/11

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal		Sample Measurement		1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)		#/100	Monthly	Grab
Coliform, Fecal		Sample Measurement		1u 1u		#/100	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-01	A	Permit Requirement		Report (Mo. Geo. Mean) 800 (Max)		#/100	Monthly	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement		2.0		mg/L	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-01	A	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)		Sample Measurement		0.27		mg/L	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-01	A	Permit Requirement		12.0 (Max.)			Monthly	Grab
BOD, Carbonaceous 5 day 20C		Sample Measurement		420		mg/L	Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab
Solids, Total Suspended		Sample Measurement		316		mg/L	Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)		mg/L	Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Woodlands of Lake Placid, L.P.
 MAILING ADDRESS: 100 Shoreline Drive
 Lake Placid, FL 33852

PERMIT NUMBER: FLA014340

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


FACILITY: The Woodlands of Lake Placid WWTP
 LOCATION: 100 Shoreline Drive
 Lake Placid, FL 33852
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: R-001, including Influent
 NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 05/01/11 To: 05/31/11

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
FLOW		Sample Measurement	0.009	0.020	MGD				5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No. FLW-01	Y	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous	5 day 20C	Sample Measurement				6.4	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous	5 day 20C	Sample Measurement				3.1 3.1	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo. Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				3.4	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	Y	Permit Requirement				20.0 Ann_Avg.	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				1u 1U	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	A	Permit Requirement				30.0 (Mo.Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
pH		Sample Measurement				7.4 7.5	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-01	A	Permit Requirement				6.0 (Min.) 8.5 (Max.)	s.u.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	11/06/01

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woodlands of Lake Placid WWTP

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA014340

MONITORING PERIOD

From: 05/01/11 To: 05/31/11

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			1u	#/100		Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)	#/100		Monthly	Grab
Coliform, Fecal	Sample Measurement			1u 1u	#/100		Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-01	A	Permit Requirement		Report (Mo. Geo. Mean) 800 (Max)	#/100		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.8	mg/L		5 Days/Week	Grab
PARM Code 50060 Mon. Site No. EFA-01	A	Permit Requirement		0.5 (Min.)	mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.35	mg/L		Monthly	Grab
PARM Code 00620 Mon. Site No. EFA-01	A	Permit Requirement		12.0 (Max.)			Monthly	Grab
BOD, Carbonaceous 5 day 20C	Sample Measurement			226	mg/L		Monthly	Grab
PARM Code 80082 Mon. Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			149	mg/L		Monthly	Grab
PARM Code 00530 Mon. Site No. INF-01	G	Permit Requirement		Report (Mo. Avg.)	mg/L		Monthly	Grab

FLOW METER ACCURACY RECORD
FLORIDA RURAL WATER ASSOCIATION
2970 WELLINGTON CR. W. STE. 101
TALLAHASSEE, FLORIDA 32308

SYSTEM NAME: Camp Florida Resort (LP Utilities)
SYSTEM ADDRESS: P.O. Box 478 County: Highlands
Lake Placid, FL 33852

SITE CONTACT/PHONE John Lovelette Phone: 863-441-5644

PWS. ID # 6280304 LOCATION: Well 1 (10")

Test performed @ 482 GPM PUMP INFO: _____

METER MODEL: Water Specialties 6" SERIAL NUMBER ON METER: 900218

Pipe info@ test site: material 6" Ductile Iron

DISCHARGE PIPE DIAMETER: od / wt 6.900 / 0.280

Transducer Spacing 4.915

Transducer distance from meter upstream/downstream 3 Ft Upstream

METHOD OR EQUIPMENT USED FOR TEST: Fuji

DATE OF THIS METER TEST: 6/14/2011

INITIAL METER READING AT START OF TEST: 432082600

FINAL METER READING AT END OF TEST: 432083600 Total Gals. 1000

INITIAL READING ON CALIBRATED TEST METER: 1256

FINAL READING ON CALIBRATED TEST METER: 2235 Total Gals. 979

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: 2.1 %

COMMENTS: _____

NAME OF PERSON COMPLETING TEST/ FORM: Jason Southerland

COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION

DAYTIME TELEPHONE: (850)668-2746

SIGNATURE: 

DATE: 6/14/2011

FLOW METER ACCURACY RECORD
FLORIDA RURAL WATER ASSOCIATION
2970 WELLINGTON CR. W. STE. 101
TALLAHASSEE, FLORIDA 32308

SYSTEM NAME: Camp Florida Resort (LP Utilities)
SYSTEM ADDRESS: P.O. Box 478 County: Highlands
Lake Placid, FL 33852

SITE CONTACT/PHONE John Lovelette Phone: 863-441-5644

PWS. ID # 6280304 LOCATION: Well 2 (6")

Test performed @ 114 GPM PUMP INFO: _____

METER MODEL: McCrometer 4" SERIAL NUMBER ON METER: 9726054

Pipe info@ test site: material 4" PVC Sch 40

DISCHARGE PIPE DIAMETER: od / wt 4.500 / 0.237

Transducer Spacing 2.424

Transducer distance from meter upstream/downstream 10 Ft Downstream

METHOD OR EQUIPMENT USED FOR TEST: Fuji

DATE OF THIS METER TEST: 6/14/2011

INITIAL METER READING AT START OF TEST: 86165000

FINAL METER READING AT END OF TEST: 86165300 Total Gals. 300

INITIAL READING ON CALIBRATED TEST METER: 34

FINAL READING ON CALIBRATED TEST METER: 341 Total Gals. 307

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: -2.3 %

COMMENTS: _____

NAME OF PERSON COMPLETING TEST/ FORM: Jason Southerland

COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION

DAYTIME TELEPHONE: (850)668-2746

SIGNATURE: 

DATE: 6/14/2011

FLOW METER ACCURACY RECORD
FLORIDA RURAL WATER ASSOCIATION
2970 WELLINGTON CR. W. STE. 101
TALLAHASSEE, FLORIDA 32308

SYSTEM NAME: LP UTILITIES, INC
Woodlands of Lake Placid
SYSTEM ADDRESS: 1525 US 27 South 100 Shoreline Dr County Highlands
Lake Placid, FL 33852
SITE CONTACT/PHONE John Lovelett 863-699-1991

6" well

CONSUMPTIVE USE PERMIT NUMBER: 20 089490.002 OWNER ID 2
S.F.W.M.D. ID # #1 DIST ID 1
DATE OF PERMIT ISSUANCE: 6/29/1999 LOCATION Niter Plant #2
Test performed @ 212 GPM PUMP INFC Well #1
METER MODEL: McCrometer SERIAL NUMBER ON METER: 972605-4
DISCHARGE PIPE DIAMETER: od/wt 4.50-.237 Pipe info @ test site: material PVC
Transducer Spacing 1'-1'
Transducer distance from meter upstream/downstream 3.931 in.-99.847 mm
METHOD OR EQUIPMENT USED FOR TEST: Panametrics Ultrasonic Flow Meter Transport Model PT878
DATE OF THIS METER TEST: 11/8/2007

INITIAL METER READING AT START OF TEST:	<u>65020600</u>	
FINAL METER READING AT END OF TEST:	<u>65022100</u>	Total Gals. <u>1500</u>
INITIAL READING ON CALIBRATED TEST METER:	<u>0</u>	
FINAL READING ON CALIBRATED TEST METER:	<u>1501</u>	Total Gals. <u>1501</u>

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: -0.1 %

COMMENTS: Secondary meter allow for 2% correction factor
Meter test OK

NAME OF PERSON COMPLETING TEST/ FORM: Clay Shrum
COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION
DAYTIME TELEPHONE: (850)668-2746

SIGNATURE: Clay Shrum

DATE: 11/8/2007

FLOW METER ACCURACY RECORD
FLORIDA RURAL WATER ASSOCIATION
2970 WELLINGTON CR. W. STE. 101
TALLAHASSEE, FLORIDA 32308

LP UTILITIES, INC
SYSTEM NAME: CAMP FLA RV RESORT
SYSTEM ADDRESS: 100 SHORELINE DR
LAKE PLACID, FL 33852

10" well
DIST 10 2
OWNER 10 1

CONSUMPTIVE USE PERMIT NUMBER: 20009490

PERMITTEE NAME: John Lovellette

DATE OF PERMIT ISSUANCE: 6/29/99

PUMP CAPACITY: 750 GPM

METER MODEL: 6" WATER SPECIALTIES

DISCHARGE PIPE DIAMETER: 6"

DATE OF LAST METER TEST:

NAME OF PERSON PERFORMING TEST: DAVID HUTCHINSON

METHOD OR EQUIPMENT USED FOR TEST: FUJI PORTAFLOW

DATE OF THIS METER TEST: 11-14-07

LOCATION: WTP #21

PUMP NUMBER: #2

SERIAL NUMBER ON METER: 900218

INITIAL METER READING AT START OF TEST: 382134700

FINAL METER READING AT END OF TEST: 382136980

Total Gals. 2280

INITIAL READING ON CALIBRATED TEST METER: 0

FINAL READING ON CALIBRATED TEST METER: 2221

Total Gals. 2221

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: 2.6 %

COMMENTS: METER READS 2.6% HIGH

NAME OF PERSON COMPLETING THIS FORM: David Hutchinson

COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION

DAYTIME TELEPHONE: (850)688-2746

SIGNATURE: David Hutchinson

DATE: 11-14-07

11:03+ 1.961E 26PM 00R
+002.90% H12
00R

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FLORIDA RURAL WATER ASSOCIATION

1361 TIMBERLAKE ROAD • SUITE 104 • TALLAHASSEE, FL 32312-1710
(904) 668-2746

Date: 4/23/99

System: CAMP FLORIDA RESORT

Well: #1

Make of meter: MCCROMETER

Size of meter: 4"

Meter finish read: 10732150 Gallons

Meter begin read: 10730400 Gallons

Total flow: 1750 Gallons

FRWA Test Meter: POLYSONICS Tyme Flyte

Gallons Per Minute: 180

Total gallons through test meter: 1680

% SLOW: 4%

% HIGH: 4%

Correction factor: 96 X Meter Reading = Total Flow

FLORIDA RURAL WATER ASSOCIATION

David Hutchinson
State Water Circuit Rider

2970 WELLINGTON CIRCLE W.
TALLAHASSEE, FL 32308
(850) 668-2746



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FLORIDA RURAL WATER ASSOCIATION

1381 TIMBERLANE ROAD • SUITE 104 • TALLAHASSEE, FL 32312-1710
(850) 668-2746

Date: 4/23/99

System: CAMP FLORIDA RESORT

Well: #2

Make of meter: WATER SPECIALTIES

Size of meter: 1 1/2"

Meter finish read: 206493980 Gallons

Meter begin read: 206490970 Gallons

Total flow: 3010 Gallons

FRWA Test Meter: POLYSONICS TYPE FLYTE

Gallons Per Minute: 600

Total gallons through test meter: 2960

% SLOW: _____

% HIGH: _____

Correction factor: _____ X Meter Reading = Total Flow

100% ACCURATE

**FLORIDA RURAL
WATER ASSOCIATION**

David Hutchinson
State Water Circuit Rider

2970 WELLINGTON CIRCLE W.
TALLAHASSEE, FL 32308
(850) 668-2746

