FILED JUL 19, 2013
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FPSC - COMMISSION CLERK

LP WATERWORKS, INC.

July 16, 2013

RECEIVED-FPSC
13 JUL 19 AM 9:16
COMMISSION
CLERK

Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

RE: Docket No. 130153-WS – LP Utilities Corporation
Application SARC/Highlands County

Dear Commission Clerk:

We are in receipt of your correspondence dated June 20, 2013 from Mr. Paul Vickery – FPSC Division of Engineering. Please see the items below and attachments related to same. Also, please note that the system was purchased by LP Waterworks, Inc. on 12/27/12 as an asset purchase; therefore most records previous to that date were not transferred at that time.

1. Included
2. DMR's Included 01/2010 – 5/2013.
3. MOR's Included 01/2010 – 05/2013.
4. All known included. LP Waterworks has requested WW System calibrations from FRW which is scheduled for this month to be completed although we do not have exact date.
5. All known included.
6. Included.
7. Please see Unaccounted for Water Report since Purchase by LP Waterworks 12/27/12.
8. No customer complaints since the LP Waterworks Asset Purchase 12/27/12 – do not have records prior.
9. Please see both asset/facility description and legal description included.
10. None.
11. Since 12/27/12 Asset Purchase, Replaced items that were failing – copies attached:

    WTP: (1)Installed new pump stands at pressure pumps 1 & 2. (2) Installed new ARV on #1 and #2 Hydro Tanks. (3) Installed pressure gauge on Hydro Tank #1. (4) Installed hardware cloth around fans in CL2 rooms. $1,137.70

    WWTP: (1) Replaced 1.25" Brass Check Valve and Pressure Tank. (2) Replaced guide van/diffuser and impeller for pump. $558.97

    (3) Installed new control floats for surge pump (4) Installed new knife valve and alternator in blower control panel. $981.16

Requested additions and deletions from previous periods from previous owner who reports none over past three years.

5320 Captains Court, New Port Richey, Florida 34652
Mailing: C/O 4939 Cross Bayou Boulevard, New Port Richey, Florida 34652

12. Please see included CIP schedule and related quotes.
13. No Businesses are provided service within the system.
14. Based on data provided by previous owner, the 0.384 mg treated in the most recent 12 months is correct.

Respectfully Submitted,

Gary A. Deremer, President
Tel: 727-848-8292

C: Victoria Penick
Carl Smith
Amy Williams

Enc.

COMMISSIONERS:
RONALD A. BRISÉ, CHAIRMAN
LISA POLAK EDGAR
ART GRAHAM
EDUARDO E. BALBIS
JULIE I. BROWN

STATE OF FLORIDA

DIVISION OF ENGINEERING
TOM BALLINGER
DIRECTOR
(850) 413-6910

Public Service Commission

June 20, 2013

Mr. Gary Deremer
LP Waterworks, Inc.
5320 Captains Court
New Port Richey, Florida 34652

Re: Docket No. 130153-WS - Application for staff-assisted rate case in Highlands County, by L.P. Utilities Corporation c/o LP Waterworks, Inc.

Dear Mr. Deremer:

The above-referenced application has been received and reviewed by my staff. In order to ensure fast, expedient treatment of your rate case, please have the following information submitted to the Commission on or before July 5, 2013.

1. A copy of all Department of Environmental Protection (DEP) Permits.

2. A copy of all Discharge Monitoring Reports filed with the DEP for the period beginning in January 2012 through June 2013.

3. A copy of Monthly Operating Reports filed with the DEP for the period beginning in January 2012 through June 2013.

4. A copy of all wastewater treatment plant flow measuring device calibration reports for the past three years.

5. A copy of all water treatment plant flow measuring device calibration reports for the past three years.

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

7. A schedule showing the amount of water sold each month from January 2012 through June 2013.

8. Pursuant to Rule 25-30.130, F.A.C., each utility shall maintain a record of written complaints received by the utility from any of the utility's customers. Please provide a list of complaints received by the utility from any of the utility's customers during the past three years and an explanation of how each was resolved.

9. A description of all assets (land, treatment facilities, pumps, storage tanks, water distribution system, collection systems, and lift stations) owned by the utility.

10. A description of any planned or future expansion of your service area.

11. A description of any plant additions or repairs that have been made in the past year along with the cost and reason for the addition or repair. If the additions or repairs are in response to a DEP or health department compliance requirement, provide a copy of the supporting documentation.

12. A description of any plant additions or repairs that are expected to be made in the next year, along with the estimated cost and reason for the addition or repair. The cost should include at least two bids to support the addition or repair. If the additions or repairs are in response to a DEP or health department compliance requirement, provide a copy of the supporting documentation.

13. A list of all general service customers and their type of businesses.

14. Please verify that the engineering data provided in III, G.12 of the SARC application is correctly stated as 0.384 MG treated in the most recent 12 months.

Again, please submit the above information on or before July 5, 2013. When filing the response, please be sure to refer to the docket number and to direct the response to:

Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Should you have any questions concerning the information in this letter, please contact Charles Murphy at (850) 413-6191 for legal questions, or staff members, Daniel Lee (850) 413-6836, James McRoy at (850) 413-6934, Michael Barrett at (850) 413-6544 or Kelly Thompson at (850) 413-6986 for technical questions.

Sincerely,

Paul Vickery

Paul Vickery
Chief of Reliability & Resource Planning
Division of Engineering

PV:pz

cc: Division of Accounting & Finance (Barrett)
Division of Economics (Thompson, Hudson)
Division of Engineering (Lee, McRoy)
Office of the General Counsel (Murphy)
Office of Commission Clerk (Cole)

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

#2554

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 AKA WOODLANDS
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.

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

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

			Reclaimed Water Limitations		Monitoring Requirements			
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Monitoring	Sample Type	Monitoring Site Number	Notes
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 Max Max Max	20.0 30.0 45.0 60.0	Annual Average Monthly Average Weekly Average Single Sample	Bi-weekly; every 2 weeks	Grab	EFA-01	
Solids, Total Suspended	mg/L	Max Max Max Max	20.0 30.0 45.0 60.0	Annual Average Monthly Average Weekly Average Single Sample	Bi-weekly; every 2 weeks	Grab	EFA-01	
Coliform, Fecal	#/100mL	Max Max Max	200 200 800	Annual Average Monthly Geometric Mean Single Sample	Bi-weekly; every 2 weeks	Grab	EFA-01	See I.A.4
pH	s.u.	Min Max	6.0 8.5	Single Sample Single Sample	5 Days/Week	Grab	EFA-01	
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	

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)]*

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

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:

   a. 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;

   b. 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

   c. 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.

REPORT Type on DMR	Monitoring Period	Due Date
Monthly or Toxicity	First day of month - last day of month	28th 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)]

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

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

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]

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

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. 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)]*

2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*

3. The permittee 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)]*

4. 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

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:

Source Facility	Residuals Management Facility or Treatment Facility
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)]*

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]

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)]

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

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)]*

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)]*

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

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
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	percent	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.

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
South District Office
Post Office Box 2549
Fort Myers, Florida 33902-2549

RICK SCOTT
GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

STATE OF FLORIDA
NOTICE OF PERMIT REVISION

In the Matter of an Application
for Transfer of Permit by:

Gary Deremer, President
LP Waterworks, Inc.
4939 Cross Bayou Blvd.
New Port Richey, Florida 34652

Highlands County - DW
Lake Placid Camp Florida Resort WWTP
Permit No. FLA014340
Transfer Number: FLA014340-007-DWF/MT

Dear Mr. Deremer:

In response to your application for transfer of a permit, this is notification of the Department of Environmental Protection ("Department") revision of wastewater permit number FLA014340 to incorporate changes, issued under Section(s) 403.087 of the Florida Statutes to change the name of the permittee as follows:

From:
John H. Lovelette, Owner
Lake Placid Camp Florida Resort
100 Shoreline Dr.
Lake Placid, Florida 33852

To:
Gary Deremer, President
LP Waterworks, Inc.
4939 Cross Bayou Blvd.
New Port Richey, Florida 34652

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 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 14 days of publication of the public notice or within 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 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 is 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 warrants 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 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 60 days of the execution of the agreement. 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 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: May 28, 2013

Gary Deremer
President
Lake Placid Camp Florida Resort
Permit No.: FLA014340

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT REVISION and all copies were mailed before the close of business on May 28, 2013 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.

Julie D. La Mear

5/28/13

Clerk

Date

JMI/MAC/jl

Copy furnished to:
John H. Lovelette

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
South District Office
Post Office Box 2549
Fort Myers, Florida 33902-2549

RICK SCOTT
GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

STATE OF FLORIDA
NOTICE OF PERMIT REVISION

In the Matter of an Application
for Transfer of Permit by:

Gary Deremer, President
LP Waterworks, Inc.
4939 Cross Bayou Blvd.
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Highlands County - DW
Lake Placid Camp Florida Resort WWTP
Permit No. FLA014340
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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 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 14 days of publication of the public notice or within 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 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 is 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 warrants 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 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 60 days of the execution of the agreement. 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 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: May 28, 2013

Gary Deremer
President
Lake Placid Camp Florida Resort
Permit No.: FLA014340

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT REVISION and all copies were mailed before the close of business on May 28, 2013 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.

julie D. La Mear

5/28/13

Clerk

Date

JMI/MAC/jl

Copy furnished to:
John H. Lovelette

LP Waterworks, Inc

FILE

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-13					
Community Water System (CWS) Name: Woodlands of Lake Placid											
Public Water System (PWS) Identification Number: 628-0304											
	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	
	Woodlands Well # 1	Woodlands Well # 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	100,000	100,000									200,000
Day of Month	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	14,000	41,000									55,000
2	8,000	33,000									41,000
3	7,000	48,000									55,000
4	8,000	28,000									36,000
5	10,000	39,000									49,000
6	9,000	39,000									48,000
7	10,000	27,000									37,000
8	11,000	45,000									56,000
9	10,000	41,000									51,000
10	13,000	41,000									54,000
11	15,000	51,000									66,000
12	9,000	40,000									49,000
13	9,000	40,000									49,000
14	12,000	24,000									36,000
15	8,000	51,000									59,000
16	12,000	44,000									56,000
17	19,000	36,000									55,000
18	16,000	51,000									67,000
19	11,000	42,000									53,000
20	11,000	43,000									54,000
21	16,000	38,000									54,000
22	9,000	38,000									47,000
23	9,000	38,000									47,000
24	15,000	38,000									53,000
25	12,000	46,000									58,000
26	11,000	45,000									56,000
27	11,000	46,000									57,000
28	20,000	41,000									61,000
29	11,000	48,000									59,000
30	11,000	38,000									49,000
31	11,000	25,000									36,000
Total											1,603,000
Avg											51,710
Max											67,000

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Woodlands of Lake Placid/LP Water Works			PWS Identification Number: 628-0304
PWS Type: [X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 440	Total Population Served at End of Month: 800		
PWS Owner: LP Waterworks			
Contact Person: Melisa Rotteveel	Contact Person's Title:		
Contact Person's Mailing Address: 4939 Cross Bayou Blvd	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 727-848-8292	Contact Person's Fax Number: 727-849-4219		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Woodlands of Lake Placid/LP Water Works WTP			Plant Telephone Number: 866-753-8292
Plant Address: 1525 US Highway 27 S	City: Lake Placid	State: FL	Zip Code: 33862
Type of Water Treated by Plant: [X] Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Richard Bass	C	02516	days per week
Other Operators:				

II. Certification by Lead Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
6-3-13	Richard Bass	C 02516

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.	PERMIT NUMBER:	FLA014340-006-DW3P		
MAILING ADDRESS:	100 Shoreline Drive Lake Placid, Florida 33852	LIMIT: CLASS SIZE:	Final N/A	REPORT FREQUENCY: PROGRAM:	Monthly Domestic
FACILITY: LOCATION:	**Lake Placid** Camp Florida Resort WWTP(**WOODLANDS**) 1525 US Highway 27 S Lake Placid, FL 33852	MONITORING GROUP NUMBER: MONITORING GROUP DESCRIPTION: RE-SUBMITTED DMR: ☐ NO DISCHARGE FROM SITE: ☐	R-001 Land application system consisting of two rapid infiltration basins., with Influent		
COUNTY: OFFICE:	Highlands South District	MONITORING PERIOD	From: **01/01/2013 To:**	**01/31/2013**	

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.007	MGD					0	5 Days/Week	Meter
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					4.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.4		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<1	<1	<1	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement					200 (An.Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
U S WATER SERVICES, CORPORATION GARY DEREMER, PRESIDENT		727-848-8292	02/08/2013

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): FIRST MONTH OF OPERATION FOR USWS.

ISSUANCE/REISSUANCE DATE:

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Placid Camp Florida Resort WWTP MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA014340-006-DW3P

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
pH	Sample Measurement				7.3		7.7	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.127	mg/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement						12.0 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						14%	percent	0	Monthly	Calculated
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						246	mg/L	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended(Influent)	Sample Measurement						176	mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Monthly	Grab

ISSUANCE/REISSUANCE DATE:

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P
Monitoring Period From: **01/01/2013** **To: 01/31/2013**

Facility: Lake Placid Camp Florida Resort WWTP (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-1	INF-1	INF-1		
1		2.9				7.3	0.004				
2		2.1				7.5	0.007				
3	<2	2.3	<1	0.127	<1	7.4	0.005	246	176		
4		2.1				7.4	0.006				
5		2.4				7.4	0.003				
6							0.003				
7		4.0				7.3	0.009				
8		1.4				7.5	0.005				
9		1.6				7.6	0.006				
10		1.7				7.5	0.003				
11		2.3				7.6	0.006				
12		1.7				7.5	0.005				
13							0.005				
14		0.9				7.6	0.005				
15		1.2				7.5	0.004				
16		0.7				7.5	0.003				
17		1.0				7.5	0.006				
18		1.4				7.5	0.006				
19		0.9				7.5	0.005				
20							0.005				
21		2.6				7.6	0.017				
22		2.0				7.6	0.009				
23		3.6				7.7	0.008				
24		1.9				7.6	0.008				
25		2.6				7.7	0.009				
26		2.0				7.6	0.006				
27							0.01				
28		1.2				7.5	0.01				
29		1.7				7.5	0.007				
30		2.2				7.5	0.009				
31		0.5				7.7	0.009				
Total							0.203				
Mo. Avg.	<2		<1	0.127	<1		0.007	246	176		

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	9088	Name:	WENDELL FAIRCLOTH
Evening Shift Operator	Class:	C	Certificate No:	0587	Name:	RICHARD BASS
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.
$CBOD_5$: Enter the average $CBOD_5$ 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.

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.	PERMIT NUMBER:	FLA014340-006-DW3P		
MAILING ADDRESS:	100 Shoreline Drive Lake Placid, Florida 33852	LIMIT:	Final	REPORT FREQUENCY:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	**Lake Placid** Camp Florida Resort WWTP(**WOODLANDS**)	MONITORING GROUP NUMBER:	R-001		
LOCATION:	1525 US Highway 27 S Lake Placid, FL 33852	MONITORING GROUP DESCRIPTION:	Land application system consisting of two rapid infiltration basins., with Influent		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Highlands	MONITORING PERIOD From:	**02/01/2013 To:**	**02/28/2013**	
OFFICE:	South District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.008	MGD					0	5 Days/Week	Meter
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					4.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.65	MNR	2.65	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.3		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.4	MNR	1.4	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement					200 (An.Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
U S WATER SERVICES, CORPORATION GARY DEREMER, PRESIDENT		727-848-8292	04/15/2013

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 NUMBER: R-001

PERMIT NUMBER: FLA014340-006-DW3P

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
pH	Sample Measurement				7.5		7.7	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				1.4			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.0710	mg/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement						12.0 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						16%	percent	0	Monthly	Calculated
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						744	mg/L	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended(Influent)	Sample Measurement						496	mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Monthly	Grab

ISSUANCE/REISSUANCE DATE:

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P
Monitoring Period From: **02/01/2013** **To: 02/28/2013**

Facility: Lake Placid Camp Florida Resort WWTP (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-1	INF-1	INF-1		
1		3.5				7.7	0.01				
2		2.1				7.7	0.009				
3							0.01				
4		1.4				7.6	0.01				
5		2.2				7.6	0.009				
6	10.9	4.0	<1	0.0710	38.8	7.6	0.009	744	496		
7		3.2				7.6	0.007				
8		4.0				7.7	0.012				
9		3.8				7.6	0.008				
10							0.011				
11		3.0				7.6	0.011				
12		3.8				7.7	0.008				
13		2.1			<1	7.7	0.009				
14		1.7				7.7	0.007				
15		3.9				7.7	0.012				
16		2.4				7.6	0.008				
17							0.01				
18		2.7				7.6	0.01				
19		2.1				7.6	0.005				
20		3.6				7.6	0.012				
21		2.2				7.5	0.008				
22		1.5				7.6	0.009				
23		2.8				7.6	0.011				
24							0.01				
25		2.2				7.5	0.005				
26		2.8				7.6	0.012				
27		4.0				7.7	0.007				
28		3.2				7.6	0.01				
29											
30											
31											
Total							0.2590				
Mo. Avg.	10.9		<1	0.0710	19.65		0.0093	744	496		

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	9088	Name:	WENDELL FAIRCLOTH
Evening Shift Operator	Class:	C	Certificate No:	0587	Name:	RICHARD BASS
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.
$CBOD_5$: Enter the average $CBOD_5$ 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.

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.	PERMIT NUMBER:	FLA014340-006-DW3P		
MAILING ADDRESS:	100 Shoreline Drive Lake Placid, Florida 33852	LIMIT:	Final	REPORT FREQUENCY:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	**Lake Placid** Camp Florida Resort WWTP(**WOODLANDS**)	MONITORING GROUP NUMBER:	R-001		
LOCATION:	1525 US Highway 27 S Lake Placid, FL 33852	MONITORING GROUP DESCRIPTION:	Land application system consisting of two rapid infiltration basins., with Influent		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Highlands	MONITORING PERIOD From:	**03/01/2013 To:**	**03/31/2013**	
OFFICE:	South District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.008	MGD					0	5 Days/Week	Meter
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					4.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.65	MNR	2.65	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.3		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.40	MNR	1.40	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement					200 (An.Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
U S WATER SERVICES, CORPORATION GARY DEREMER, PRESIDENT		727-848-8292	04/16/2013

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 NUMBER: R-001 PERMIT NUMBER: FLA014340-006-DW3P

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
pH	Sample Measurement				7.5		7.7	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				0.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.0219	mg/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement						12.0 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						16%	percent	0	Monthly	Calculated
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						543	mg/L	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended(Influent)	Sample Measurement						380	mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Monthly	Grab

ISSUANCE/REISSUANCE DATE:

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P
Monitoring Period From: **03/01/2013** **To: 03/31/2013**

Facility: Lake Placid Camp Florida Resort WWTP (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-1	INF-1	INF-1		
1		3.6				7.6	0.012				
2		3.2				7.6	0.008				
3							0.008				
4		2.6				7.5	0.008				
5		3.0				7.6	0.007				
6		0.6				7.6	0.008				
7	2.65	3.4	<1	0.0219	1.4	7.5	0.008	543	380		
8		2.0				7.5	0.012				
9		3.4				7.6	0.006				
10							0.009				
11		3.0				7.5	0.009				
12		2.5				7.6	0.007				
13		3.3				7.5	0.011				
14		3.9				7.5	0.007				
15		3.0				7.6	0.01				
16		2.2				7.5	0.007				
17							0.007				
18		0.7				7.7	0.008				
19		3.9				7.6	0.007				
20		4.0				7.6	0.007				
21		3.8				7.6	0.009				
22		3.2				7.6	0.012				
23		3.0				7.5	0.005				
24							0.009				
25		1.6				7.6	0.01				
26		2.1				7.5	0.008				
27		3.9				7.6	0.007				
28		2.4				7.6	0.007				
29		4.0				7.7	0.01				
30		3.1				7.6	0.004				
31							0.003				
Total							0.250				
Mo. Avg.	2.65		<1	0.0219	1.4		0.008	543	380		

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	9088	Name:	WENDELL FAIRCLOTH
Evening Shift Operator	Class:	C	Certificate No:	0587	Name:	RICHARD BASS
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.
$CBOD_5$: Enter the average $CBOD_5$ 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.

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.	PERMIT NUMBER:	FLA014340-006-DW3P		
MAILING ADDRESS:	100 Shoreline Drive				
	Lake Placid, Florida 33852	LIMIT:	Final	REPORT FREQUENCY:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	**Lake Placid** Camp Florida Resort **WWTP(WOODLANDS)**	MONITORING GROUP NUMBER:	R-001		
LOCATION:	1525 US Highway 27 S	MONITORING GROUP DESCRIPTION:	Land application system consisting of two rapid infiltration basins., with Influent		
	Lake Placid, FL 33852	RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Highlands	MONITORING PERIOD From:	**03/01/2013 To:**	**03/31/2013**	
OFFICE:	South District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.008	MGD					0	5 Days/Week	Meter
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					4.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.65	MNR	2.65	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.3		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.40	MNR	1.40	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement					200 (An.Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
U S WATER SERVICES, CORPORATION GARY DEREMER, PRESIDENT		727-848-8292	04/16/2013

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 NUMBER: R-001 PERMIT NUMBER: FLA014340-006-DW3P

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
pH	Sample Measurement				7.5		7.7	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				0.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.0219	mg/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement						12.0 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						16%	percent	0	Monthly	Calculated
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						543	mg/L	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended(Influent)	Sample Measurement						380	mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Monthly	Grab

ISSUANCE/REISSUANCE DATE:

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P
Monitoring Period From: **03/01/2013** **To: 03/31/2013**

Facility: Lake Placid Camp Florida Resort WWTP (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-1	INF-1	INF-1		
1		3.6				7.6	0.012				
2		3.2				7.6	0.008				
3							0.008				
4		2.6				7.5	0.008				
5		3.0				7.6	0.007				
6		0.6				7.6	0.008				
7	2.65	3.4	<1	0.0219	1.4	7.5	0.008	543	380		
8		2.0				7.5	0.012				
9		3.4				7.6	0.006				
10							0.009				
11		3.0				7.5	0.009				
12		2.5				7.6	0.007				
13		3.3				7.5	0.011				
14		3.9				7.5	0.007				
15		3.0				7.6	0.01				
16		2.2				7.5	0.007				
17							0.007				
18		0.7				7.7	0.008				
19		3.9				7.6	0.007				
20		4.0				7.6	0.007				
21		3.8				7.6	0.009				
22		3.2				7.6	0.012				
23		3.0				7.5	0.005				
24							0.009				
25		1.6				7.6	0.01				
26		2.1				7.5	0.008				
27		3.9				7.6	0.007				
28		2.4				7.6	0.007				
29		4.0				7.7	0.01				
30		3.1				7.6	0.004				
31							0.003				
Total							0.250				
Mo. Avg.	2.65		<1	0.0219	1.4		0.008	543	380		

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	9088	Name:	WENDELL FAIRCLOTH
Evening Shift Operator	Class:	C	Certificate No:	0587	Name:	RICHARD BASS
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.
$CBOD_5$: Enter the average $CBOD_5$ 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.

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.	PERMIT NUMBER:	FLA014340-006-DW3P		
MAILING ADDRESS:	100 Shoreline Drive Lake Placid, Florida 33852	LIMIT:	Final	REPORT FREQUENCY:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	**Lake Placid** Camp Florida Resort WWTP(**WOODLANDS**)	MONITORING GROUP NUMBER:	R-001		
LOCATION:	1525 US Highway 27 S Lake Placid, FL 33852	MONITORING GROUP DESCRIPTION:	Land application system consisting of two rapid infiltration basins., with Influent		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Highlands	MONITORING PERIOD From:	**05/01/2013To:**	**05/31/2013**	
OFFICE:	South District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.003	MGD					0	5 Days/Week	Meter
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement		0.050 (Mo.Avg.)	MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1	MNR	3.1	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.5		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.2	MNR	5.2	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement					200 (An.Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
US WATER SERVICES CORP. MELISA ROTTEVEEL, COMPLIANCE MGR		727-848-8292	06/05/2013

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 NUMBER: R-001

PERMIT NUMBER: FLA014340-006-DW3P

MONITORING PERIOD From: **05/01/2013** **To:** **05/31/2013**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					I	I	#/100mL	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
pH	Sample Measurement				6.8		7.7	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				0.8			mg/L	0	5 Days/Week	Grab
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						13.6*	mg/L	1	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement						12.0 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						11%	percent	0	Monthly	Calculated
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						308	mg/L	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended(Influent)	Sample Measurement						250	mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Monthly	Grab

* resample = 0.27

ISSUANCE/REISSUANCE DATE:

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P
Monitoring Period From: **05/01/2013** **To: 05/31/2013**

Facility: Lake Placid Camp Florida Resort WWTP (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-1	INF-1	INF-1		
1		1.80				7.2	0.003				
2		3.30				7.3	0.004				
3		0.80				7.3	0.002				
4		1.40				7.3	0.003				
5							0.003				
6		4.00				7.2	0.003				
7		2.00				7.2	0.003				
8	3.1	1.00	1	13.6	5.2	7.1	0.002	308	250		
9		5.00				7.1	0.004				
10		1.70				7.0	0.002				
11		2.10				7.1	0.005				
12							0.004				
13		1.00				6.8	0.003				
14		1.30				6.8	0.002				
15		2.30				6.9	0.002				
16		7.50				7.2	0.002				
17		7.20		0.27		7.4	0.002				
18		0.90				7.5	0.003				
19							0.003				
20		1.40				7.5	0.004				
21		3.30				7.6	0.002				
22		1.70				7.7	0.002				
23		2.10				7.6	0.004				
24		3.80				7.5	0.001				
25		2.40				7.5	0.001				
26							0.001				
27		1.00				7.6	0.001				
28		1.40				7.5	0.002				
29		4.00				7.4	0.004				
30		1.80				7.4	0.004				
31		6.00				7.1	0.002				
Total							0.083				
Mo. Avg.	3.1		1		5.2		0.003	308	250		

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 9088	Name:	WENDELL FAIRCLOTH	
Evening Shift Operator	Class: C	Certificate No: 0587	Name:	RICHARD BASS	
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.
$CBOD_5$: Enter the average $CBOD_5$ 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.

FILE

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-13						
Community Water System (CWS) Name: Woodlands of Lake Placid											
Public Water System (PWS) Idenitication Number: 628-0304											
	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	
	Woodlands Well # 1	Woodlands Well # 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	100,000	100,000									200,000
Month	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	14,000	41,000									55,000
2	8,000	33,000									41,000
3	7,000	48,000									55,000
4	8,000	28,000									36,000
5	10,000	39,000									49,000
6	9,000	39,000									48,000
7	10,000	27,000									37,000
8	11,000	45,000									56,000
9	10,000	41,000									51,000
10	13,000	41,000									54,000
11	15,000	51,000									66,000
12	9,000	40,000									49,000
13	9,000	40,000									49,000
14	12,000	24,000									36,000
15	8,000	51,000									59,000
16	12,000	44,000									56,000
17	19,000	36,000									55,000
18	16,000	51,000									67,000
19	11,000	42,000									53,000
20	11,000	43,000									54,000
21	16,000	38,000									54,000
22	9,000	38,000									47,000
23	9,000	38,000									47,000
24	15,000	38,000									53,000
25	12,000	46,000									58,000
26	11,000	45,000									56,000
27	11,000	46,000									57,000
28	20,000	41,000									61,000
29	11,000	48,000									59,000
30	11,000	38,000									49,000
31	11,000	25,000									36,000
Total											1,603,000
Avg.											51,710
Max.											67,000

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

See page 4 for instructions.

I. General Information for the Month Year of: MAY 2013

A. Public Water System (PWS) Information

PWS Name: Woodlands of Lake Placid/LP Water Works			PWS Identification Number: 628-0304
PWS Type: [X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 440	Total Population Served at End of Month: 800		
PWS Owner: LP Waterworks			
Contact Person: Melisa Rotteveel	Contact Person's Title:		
Contact Person's Mailing Address: 4939 Cross Bayou Blvd	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 727-848-8292	Contact Person's Fax Number: 727-849-4219		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Woodlands of Lake Placid/LP Water Works WTP			Plant Telephone Number: 866-753-8292
Plant Address: 1525 US Highway 27 S	City: Lake Placid	State: FL	Zip Code: 33862
Type of Water Treated by Plant: [X] Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Richard Bass	C	02516	days per week
Other Operators:				

II. Certification by Lead Chief Operator

I, he undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of he water treatment plant identified in Part I of his report. I certify that he information provided in this report is true and accurate to the best of my knowledge and belief. I certify hat all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify hat he following additional operations records for his plant were prepared each day that a licensed operator staffed or visited his plant during he mon h indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide hese additional operations records to he PWS owner so he PWS owner can retain hem, together with copies of this report, at a convenient location for at least ten years.

Signa ure and Date	Printed or Typed Name	License Number
for Melissa Patterson 6-3-13	Richard Bass	C 02516

PWS Identification Number: 628-0304
Plant Name: WOODLANDS OF LAKE PLACID - Well # 1

III. Daily Data for the Month Year of: May-13

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

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

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24	14,000		2.5								1.1	
2	x	24	8,000		1.8								1.3	
3	x	24	7,000		2.0								1.1	
4	x	24	8,000		2.2								1.0	
5		24	10,000											
6	x	24	9,000		1.8								0.8	
7	x	24	10,000		1.8								1.1	
8	x	24	11,000		2.0								1.2	
9	x	24	10,000		2.2								1.7	
10	x	24	13,000		2.5								1.8	
11	x	24	15,000		2.1								1.3	
12		24	9,000											
13	x	24	9,000		2.2								1.3	
14	x	24	12,000		1.8								1.2	
15	x	24	8,000		2.8								1.2	
16	x	24	12,000		2.5								1.3	
17	x	24	19,000		1.9								0.9	
18	x	24	16,000		1.3								1.0	
19		24	11,000											
20	x	24	11,000		2.1								1.1	
21	x	24	16,000		2.0								1.0	
22	x	24	9,000		1.8								1.0	
23	x	24	9,000		1.5								0.8	
24	x	24	15,000		1.2								0.7	
25		24	12,000		0.8									
26		24	11,000											
27	x	24	11,000		2.2								0.9	
28	x	24	20,000		1.3								1.5	
29	x	24	11,000		2.1								1.5	
30	x	24	11,000		1.6								1.1	
31	x	24	11,000		1.5								1.2	
Total			358,000											
Average			11,548											
Maximum			20,000											

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Woodlands of Lake Placid/LP Water Works			PWS Identification Number: 628-0304
PWS Type: [X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 440	Total Population Served at End of Month: 800		
PWS Owner: LP Waterworks			
Contact Person: Melisa Rotteveel	Contact Person's Title:		
Contact Person's Mailing Address: 4939 Cross Bayou Blvd	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 727-848-8292	Contact Person's Fax Number: 727-849-4219		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Woodlands of Lake Placid/LP Water Works WTP			Plant Telephone Number: 866-753-8292
Plant Address: 1525 US Highway 27 S	City: Lake Placid	State: FL	Zip Code: 33862
Type of Water Treated by Plant: [X] Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Richard Bass	C	02516	days per week
Other Operators:				

II. Certification by Lead Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
6-3-13	Richard Bass	C 02516

PWS Identification Number: 628-0304
Plant Name: WOODLANDS OF LAKE PLACID - Well # 2

III. Daily Data for the Month Year of:	May-13														
Means of Achieving Four-Log Virus Inactivation/Removal: *					x Free Chlorine			Chlorine Dioxide			Ozone			Combined Chlorine	
Ultraviolet Radiation				Other (Describe):											
Type of Disinfectant Residual Maintained in Distribution System:					X Free Chlorine			Combined Chlorine (Chloramines)							Chlorine Dioxide
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24	41,000		2.5								1.1	
2	x	24	33,000		1.2								1.3	
3	x	24	48,000		1.4								1.2	
4	x	24	28,000		2.7								1.0	
5		24	39,000											
6	x	24	39,000		1.4								0.8	
7	x	24	27,000		1.4								1.1	
8	x	24	45,000		2.8								1.2	
9	x	24	41,000		1.7								1.7	
10	x	24	41,000		1.2								1.8	
11	x	24	51,000		1.4								1.5	
12		24	40,000											
13	x	24	40,000		1.2								1.3	
14	x	24	24,000		1.2								1.2	
15	x	24	51,000		1.9								1.2	
16	x	24	44,000		1.4								1.3	
17	x	24	36,000		1.5								0.9	
18	x	24	51,000		1.4								1.0	
19		24	42,000											
20	x	24	43,000		1.5								0.9	
21	x	24	38,000		1.4								0.8	
22	x	24	38,000		1.2								0.8	
23	x	24	38,000		1.1								0.7	
24	x	24	38,000		1.2								0.7	
25	x	24	46,000		1.1								0.7	
26		24	45,000											
27	x	24	46,000		1.2								0.8	
28	x	24	41,000		1.1								1.5	
29	x	24	48,000		1.2								1.5	
30	x	24	38,000		1.2								1.5	
31	x	24	25,000		1.3								1.2	
Total			1,245,000											
Average			40,161											
Maximum			51,000											

INKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: Howard Short
Lab Receipt Date & Time: 5/6/13 1515
Analysis Date & Time: 5/6/13 @ 1540
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☒ 3.6 °C
Disinfectant Check: ☒ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

ort Number: 105205 Sub-Contract Lab ID: _____

alysis Requested: (check all that apply)
otal Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ E terococci ☐ Coliphage ☐ HPC ☐ Other: _____

blic Water System (PWS) Name: LP Water Works #578 **PWS I.D.** 6 2 8 0 3 0 4
S Address: 100 Shoreline Dr **City:** Lake Placid FL
S or PWS Owner's Phone #: 727-848-8292 **Fax #:** 727-848-1701
llector: Howard Short **Collector's Phone #:** 863-414-3851

pe of Supply: (check only one)
Community Wa r System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

ason for Sampling: (check all that apply)
Distribution Rou ine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

mple Collection Date: 5-6-13

mple #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal, *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
11	Well #1	1345		-	8.1		A	A		409327
12	Well #2	1410			8.1		A	A		409328
13	228 Shoreline DR	1335		0.8	8.0		A	A		409329
14	125 Lake Ridge Dr	1315		1.0	8.1		A	A		409330

verage of disinfectant residuals for distribution routine & repeat samples.[5]
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

isinfectant Residual Analysis Method:
☐ DPD Colorimetric ☐ Other: _____

erson performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# D-3304)
☐ Supervised by certified operator (# _____)
☐ Employed y a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate o ly to the samples.

Date and time PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 5/7/2013
Lab Signature: Mary Shirley
Title: Project Manager

NSERT NAME AND MAILING ADDRESS F PERSON TO RECEIVE REPORT]
US Water
4939 Cross Bayou Blvd
New Port Richey FL 34652

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required _____

Reviewed By

Sample Types see instructions Item I 1c.
Analysis Methods see Instructions Item II 6.
se circle appropriate selection.
ned in Florida Administrative Code Rule 62-160, Table I.
mplete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include repeat samples in the average.

FILE

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

See page 2 for instructions.

[redacted]

Community Water System (CWS) Name: Woodlands of Lake Placid

Public Wa er System (PWS) Idenitication Number: 628-0304

Day of Month	Plant 1 Name: Woodlands Well # 1	Plant 2 Name: Woodlands Well # 2	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
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	100,000	100,000									200,000
	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	17,000	45,000									62,000
2	14,700	24,000									38,700
3	14,900	57,000									71,900
4	11,300	34,000									45,300
5	16,200	49,000									65,200
6	11,200	31,000									42,200
7	12,750	45,000									57,750
8	12,750	45,000									57,750
9	11,300	27,000									38,300
10	17,500	47,000									64,500
11	12,500	40,000									52,500
12	19,000	52,000									71,000
13	12,900	45,000									57,900
14	13,800	33,000									46,800
15	13,800	32,000									45,800
16	12,200	29,000									41,200
17	7,100	39,000									46,100
18	18,400	48,000									66,400
19	8,800	30,000									38,800
20	15,000	46,000									61,000
21	16,000	36,000									52,000
22	15,000	36,000									51,000
23	17,000	34,000									51,000
24	10,000	42,000									52,000
25	15,000	40,000									55,000
26	19,000	47,000									66,000
27	16,000	40,000									56,000
28	12,000	36,000									48,000
29	11,000	36,000									
30	18,000	33,000									
31											
Total											1,502,100
Avg.											53,646
Max.											71,900

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

See page 4 for instructions.

I. General Information for the Month Year of: APRIL 2013

A. Public Water System (PWS) Information

PWS Name: Woodlands of Lake Placid/LP Water Works			PWS Identification Number: 628-0304
PWS Type: [X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive			
Number of Service Connections at End of Month: 440	Total Population Served at End of Month: 800		
PWS Owner: LP Waterworks			
Contact Person: Melisa Rotteveel	Contact Person's Title:		
Contact Person's Mailing Address: 4939 Cross Bayou Blvd	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 727-848-8292	Contact Person's Fax Number: 727-849-4219		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Woodlands of Lake Placid/LP Water Works WTP			Plant Telephone Number: 866-753-8292
Plant Address: 1525 US Highway 27 S	City: Lake Placid	State: FL	Zip Code: 33862
Type of Water Treated by Plant: [X] Raw Ground [ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	Class	License Number	Days/Week
Lead/Chief Operator	Richard Bass	C	02516	days per week
Other Operators				

II. Certification by Lead Chief Operator

PWS Identification Number: 628-0304
Plant Name: WOODLANDS OF LAKE PLACID - Well # 1

III. Daily Data for the Month Year of:	April-13																
Means of Achieving Four-Log Virus Inactivation/Removal: *						x Free Chlorine			Chlorine Dioxide			Ozone			Combined Chlorine (Chloramines)		
Ultraviolet Radiation				Other (Describe):													
Type of Disinfectant Residual Maintained in Distribution System:						X Free Chlorine						Combined Chlorine (Chloramines)					Chlorine Dioxide
				CT Calculation or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable (See Note 2)													
				CT Calculations								UV Dose					
Day of the Month	Peak Flow Rate Entering System or Maximum Hourly Flow Rate Treated (gpm) Place On "x"	Hours Plant Was in Operation	No. Gallons of Finished Water Produced (gal.) *	Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or At First Customer During Peak Flow (mg/L)	Temperature of Water (°C)	Lowest CT Value Calculated at or Prior to First Customer During Peak Flow (mg-min/L)	Temperature of Water (°C)	pH of Water, if Applicable	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm²)	Minimum UV Dose Required (mW-sec/cm²)	Lowest Residual Disinfectant Concentration in Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, or Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24	17,000		1.3								0.8	
2	x	24	14,700		1.2								0.9	
3	x	24	14,900		1.4								1.0	
4	x	24	11,300		1.2								0.8	
5	x	24	16,200		1.4								0.6	
6	x	24	11,200		1.3								0.7	
7		24	12,750											
8	x	24	12,750		1.4								0.5	
9	x	24	11,300		1.3								0.6	
10	x	24	17,500		1.4								0.6	
11	x	24	12,500		1.2								0.5	
12	x	24	19,000		1.4								0.6	
13	x	24	12,900		1.3								0.4	
14		24	13,800											
15	x	24	13,800		1.8								1.1	
16	x	24	12,200		1.6								0.7	
17	x	24	7,100		1.7								0.7	
18	x	24	18,400		2.4								1.6	
19	x	24	8,800		2.2								1.7	
20	x	24	15,000		1.7								1.2	
21		24	16,000											
22	x	24	15,000		1.8								1.2	
23	x	24	17,000		1.8								0.7	
24	x	24	10,000		1.9								0.6	
25	x	24	15,000		1.9								0.7	
26	x	24	19,000		1.8								1.5	
27	x	24	16,000		2.0								1.0	
28		24	12,000											
29	x	24	11,000		2.3								0.9	
30	x	24	18,000		2.2								1.1	
31														
Total			422,100											
Average			14,070											
Maximum			19,000											

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Woodlands of Lake Placid/LP Water Works			PWS Identification Number: 628-0304
PWS Type: [X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive			
Number of Service Connections at End of Month: 440	Total Population Served at End of Month: 800		
PWS Owner: LP Waterworks			
Contact Person: Melisa Rotteveel	Contact Person's Title:		
Contact Person's Mailing Address: 4939 Cross Bayou Blvd	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 727-848-8292	Contact Person's Fax Number: 727-849-4219		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Woodlands of Lake Placid/LP Water Works WTP			Plant Telephone Number: 866-753-8292
Plant Address: 1525 US Highway 27 S	City: Lake Placid	State: FL	Zip Code: 33862
Type of Water Treated by Plant: [X] Raw Ground [ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

	Richard Bass	C	02516	days per week

II. Certification by Lead Chief Operator

PWS Identification Number: 628-0304
Plant Name: WOODLANDS OF LAKE PLACID - Well # 2

III. Daily Data for the Month Year of:	April-13														
Means of Achieving Four-Log Virus Inactivation/Removal: *					x Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine				
Ultraviolet Radiation				Other (Describe):											
Type of Disinfectant Residual Maintained in Distribution System:					X Free Chlorine				Combined Chlorine (Chloramines)						Chlorine Dioxide
				GT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Water Produced by Operator	Hours Plant in Operation	Total Quantity of Finished Water Produced, gpd	* Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Distribution System Temp (°C) of C Measurement During Peak Flow, rounded	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration in Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24	45,000		1.1								1.0	
2	x	24	24,000		1.0								0.9	
3	x	24	57,000		1.2								1.0	
4	x	24	34,000		1.0								0.8	
5	x	24	49,000		1.1								1.1	
6	x	24	31,000		1.2								1.1	
7		24	45,000											
8	x	24	45,000		1.0								1.1	
9	x	24	27,000		1.2								1.0	
10	x	24	47,000		1.0								0.9	
11	x	24	40,000		1.1								0.8	
12	x	24	52,000		1.2								1.0	
13	x	24	45,000		1.1								0.8	
14		24	33,000											
15	x	24	32,000		1.2								1.1	
16	x	24	29,000		1.2								0.6	
17	x	24	39,000		1.3								0.3	
18	x	24	48,000		1.5								1.6	
19	x	24	30,000		1.8								1.7	
20	x	24	46,000		1.3								1.2	
21		24	36,000											
22	x	24	36,000		1.3								1.2	
23	x	24	34,000		1.2								0.8	
24	x	24	42,000		1.2								0.6	
25	x	24	40,000		1.3								0.7	
26	x	24	47,000		1.1								1.3	
27	x	24	40,000		3.3								1.0	
28		24	36,000											
29	x	24	36,000		2.5								0.9	
30	x	24	33,000		1.4								1.1	
31														
Total			1,178,000											
Average			39,267											
Maximum			57,000											

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT

FLOWERS CHEMICAL LABORATORIES, INCORPORATED
571 NW Mercantile Place, Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089
FLDOH Lab Certification #E86562

Report Number: 201885 Subcontract Lab ID: _____

Analysis Requested: (check all that apply then circle appropriate selection below)
☑ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci
☐ Coliphage ☐ HPC ☐ Other: _____

Lab Receipt Date & Time: Km 4/3/13 10
Analysis Date & Time: 4-3-13 1:55P
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice 4.6 °C
Disinfectant Check: ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:
_____

Public Water System (PWS) Name: WOOD LANDS of LAKE PLACID PWS I.D. 6280304
PWS Address: 100 SHORE LINE DRIVE City: LAKE PLACID
PWS or PWS Owner's Phone #: 863-699-1991 Fax #: _____
Collector: RICHARD BASS Collector's Phone #: 772-215-9054

Type of Supply (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check all that apply)
☑ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 4/3/13 A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Method: ☑ SM 9223B-IDEXX ☐ COLITAG ☐ EPA1600 Non Coliform	Total Coliform	Fecal, E. coli Enterococci	QT	Lab Sample#
	WELL 1	0930	R	0.0	7.3		A			DW1
	WELL 2	0935	R	0.0	7.3		A			DW2
	MENS RESTROOM (POOL)	0940	D	0.90	7.3		A			DW3
	108 Holly Hill Dr.	0945	D	0.85	7.3		A			DW4

Average of disinfectant residuals for distribution routine and repeat samples: 0.87
Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw samples in the average.
Free chlorine or Total chlorine (circle one).
Disinfectant Res dual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____
Person performing disinfectant analysis is: ☐ Employed by DEP or DOH
☑ A certified operator # C-2516 ☐ Employed by a certified lab
☐ Supervised by cert operator # _____ ☐ Authorized representative of water supplier

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
Date & time PWS notified by lab of positive results: _____
Date & time DEP/DOH notified by lab of positive results: _____
Date Report Issued: _____
Lab Signature: _____
Title: Technical Director or Lab Designee

Name and Mailing Address of Person to Receive Report

US WATER

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance etc.)
Pursuant to Florida Administrative Code Rule 62-160, F.A.C.
DropBox\FCL Forms\TCollFormRevJun2010.doc

Reviewed By MR

FILE

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-13										
Community Water System (CWS) Name: Woodlands of Lake Placid											
Public Water System (PWS) Idenitication Number: 628-0304											
	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	
	Woodlands Well # 1	Woodlands Well # 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	100,000	100,000									200,000
	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	29,100	49,000									78,100
2	17,500	40,000									57,500
3	13,900	32,000									45,900
4	22,000	59,000									81,000
5	19,200	30,000									49,200
6	15,800	55,000									70,800
7	20,750	49,500									70,250
8	20,750	49,500									70,250
9	9,150	23,500									32,650
10	9,150	23,500									32,650
11	25,200	60,000									85,200
12	17,100	26,000									43,100
13	17,800	49,500									67,300
14	17,800	49,500									67,300
15	26,300	56,000									82,300
16	20,500	44,000									64,500
17	9,000	28,000									37,000
18	23,300	51,000									74,300
19	12,500	23,000									35,500
20	17,000	47,500									64,500
21	17,000	47,500									64,500
22	35,900	51,000									86,900
23	14,300	40,000									54,300
24	17,350	50,000									67,350
25	17,350	50,000									67,350
26	12,400	25,000									37,400
27	13,600	47,000									60,600
28	15,800	52,000									67,800
29	22,100	55,000									77,100
30	14,400	43,000									57,400
31	17,000	45,000									62,000
Total											1,912,000
Avg.											61,677
Max.											86,900

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

See page 4 for instructions.

I. General Information for the Month Year of: MARCH 2013

A. Public Water System (PWS) Information

PWS Name: Woodlands of Lake Placid/LP Water Works			PWS Identification Number: 628-0304
PWS Type: [X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive			
Number of Service Connections at End of Month: 440	Total Population Served at End of Month: 800		
PWS Owner: LP Waterworks			
Contact Person: Melisa Rotteveel	Contact Person's Title:		
Contact Person's Mailing Address: 4939 Cross Bayou Blvd	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 727-848-8292	Contact Person's Fax Number: 727-849-4219		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Woodlands of Lake Placid/LP Water Works WTP			Plant Telephone Number: 866-753-8292
Plant Address: 1525 US Highway 27 S	City: Lake Placid	State: FL	Zip Code: 33862
Type of Water Treated by Plant: [X] Raw Ground [ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

License/Operator	Name	Grade of Class	Permit Number	Days/Shifts Worked/Week
Lead Chief Operator	Richard Bass	C	02516	days per week
Other Operators				

II. Certification by Lead Chief Operator

PWS Identification Number: 628-0304
Plant Name: WOODLANDS OF LAKE PLACID - Well # 1

III. Daily Data for the Month Year of:	March-13													
Means of Achieving Four-Log Virus Inactivation/Removal: *				x Free Chlorine			Chlorine Dioxide			Ozone			Combined Chlorine (Chloramines)	
Ultraviolet Radiation	Other (Describe):													
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine			Combined Chlorine (Chloramines)							Chlorine Dioxide
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24	29,100		1.5								1.0	
2	x	24	17,500		1.4								1.0	
3	x	24	13,900		1.3								0.9	
4	x	24	22,000		1.8								1.5	
5	x	24	19,200		1.6								1.2	
6	x	24	15,800		1.4								1.1	
7		24	20,750											
8	x	24	20,750		1.7								1.2	
9	x	24	9,150		1.6								1.0	
10	x	24	9,150		1.5								1.0	
11	x	24	25,200		1.9								1.2	
12	x	24	17,100		1.7								1.0	
13		24	17,800											
14	x	24	17,800		2.6								1.2	
15	x	24	26,300		2.3								1.2	
16	x	24	20,500		2.4								1.0	
17	x	24	9,000		2.1								0.9	
18	x	24	23,300		2.3								1.1	
19	x	24	12,500		2.1								1.0	
20		24	17,000											
21	x	24	17,000		2.2								1.0	
22	x	24	35,900		2.5								1.2	
23	x	24	14,300		2.0								1.1	
24		24	17,350											
25	x	24	17,350		2.1								1.2	
26	x	24	12,400		2.0								1.1	
27	x	24	13,600		2.2								1.2	
28	x	24	15,800		1.9								1.1	
29	x	24	22,100		1.6								1.4	
30	x	24	14,400		1.8								1.3	
31		24	17,000											
Total			561,000											
Average			18,097											
Maximum			35,900											

PWS Identification Number: 628-0304
Plant Name: WOODLANDS OF LAKE PLACID - Well # 2

III. Daily Data for the Month Year of:	March-13													
Means of Achieving Four-Log Virus Inactivation/Removal: *				x Free Chlorine			Chlorine Dioxide			Ozone			Combined Chlorine (Chloramines)	
Ultraviolet Radiation	Other (Describe):													
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine			Combined Chlorine (Chloramines)							Chlorine Dioxide
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24	49,000		1.5								0.9	
2	x	24	40,000		1.5								1.0	
3	x	24	32,000		1.2								1.0	
4	x	24	59,000		1.2								1.1	
5	x	24	30,000		1.1								1.0	
6	x	24	55,000		1.2								1.0	
7		24	49,500											
8	x	24	49,500		1.1								1.0	
9	x	24	23,500		1.3								1.0	
10	x	24	23,500		1.2								0.8	
11	x	24	60,000		1.0								0.8	
12	x	24	26,000		1.0								0.7	
13		24	49,500											
14	x	24	49,500		1.1								0.8	
15	x	24	56,000		1.2								1.0	
16	x	24	44,000		1.2								1.0	
17	x	24	28,000		1.0								0.9	
18	x	24	51,000		1.0								1.1	
19	x	24	23,000		1.2								1.0	
20		24	47,500											
21	x	24	47,500		1.3								1.1	
22	x	24	51,000		1.0								1.0	
23	x	24	40,000		1.4								1.0	
24		24	50,000											
25	x	24	50,000		1.5								1.0	
26	x	24	25,000		1.4								1.2	
27	x	24	47,000		1.2								1.0	
28	x	24	52,000		1.3								1.0	
29	x	24	55,000		1.2								1.2	
30	x	24	43,000		1.3								1.2	
31		24	45,000											
Total			1,351,000											
Average			43,581											
Maximum			60,000											

DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORT FORMAT

FLOWERS CHEMICAL LABORATORIES

5711 Mercantile Place, Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089

FL DOH Lab Certification #E86562

Report Number 199661 Subcontract Lab ID. _____

Analysis Requested: (check all that apply then circle appropriate selection below)
✓ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci
☐ Coliphage ☐ HPC ☐ Other _____

Lab Receipt Date & Time: Km 3/7 1250

Analysis Date & Time: 3-7-13 4:40

Sample Acceptance Criteria:
Sample Preservation: ✓ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check: ✓ Not Detected ☐ _____ mg/L
The sample does not meet the following NELAC requirements:

Public Water System (PWS) Name WOOD LANDS of Lake PLACID PWS I.D. 6280304

PWS Address 100 SHORELINE DRIVE City LAKE PLACID

PWS or PWS Owner's Phone # 863-699-1991 Fax # _____

Collector RICHARD BASS Collector's Phone # 772-215-9054

Type of Supply: (check only one)
✓ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check all that apply)
✓ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 3-7-13 A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count

To be completed by collector of sample						To be completed by lab				
						Method: ✓ SM 9222B-MF ☐ COLITAG ☐ EPA1604				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type*	Disinfect. Resid. (mg/L)	pH	Non Coliform	Total Coliform	Fecal, E. coli Enterococci	CI*	Lab Sample#
1	WELL 1	0630	R	0.0	7.4		A			DW1
2	WELL 2	0636	R	0.0	7.4		A			DW2
3	228 SHORELINE DR	0645	D	0.90	7.4		A			DW3
4	125 LAKE RIDGE DR	0700	D	0.76	7.4		A			DW4

Average of all reported res duals for distribution routine and repeat samples*: 0.83

Free chlorine or Total chlorine (circle one).

Disinfectant Res dual analysis Method: ✓ DPD Colorimetric ☐ Other _____
Person performing disinfectant analysis: ☐ Employed by DEP or DOH
✓ Certified operator # C-2516 ☐ Employed by a certified lab
☐ Supervised by a certified operator # _____ ☐ Employed by representative of water supplier

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date & time PWS notified by lab of positive results: _____

Date & time DEP/DOH notified by lab of positive results: _____

Date Report Issued: _____

Lab Signature: _____

Title: Technical Director or Lab Designee

Name and Mailing Address of Person to Receive Report

US WATER

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH _____
DEP/DOH Reviewing Official: _____

*DEP Sample Type Codes: D = Distribution (Routine Compliance) C = Repeat or Check R = Raw N = Entry to Distribution P = Plant Tap S = Special (Clearance etc.)

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

FILE

See page 2 for instructions.

Daily Finished-Water Production for the Month Year of: **February-13**

Community Water System (CWS) Name: Woodlands of Lake Placid

Public Water System (PWS) Idenitication Number: 628-0304

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
	Woodlands Well # 1	Woodlands Well # 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	100,000	100,000									200,000
	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	14,000	46,000									60,000
2	15,000	42,000									57,000
3	17,300	31,000									48,300
4	25,900	109,000									134,900
5	14,800	27,000									41,800
6	21,900	53,500									75,400
7	21,900	53,500									75,400
8	34,000	67,000									101,000
9	12,800	33,000									45,800
10	30,850	57,500									88,350
11	30,850	57,500									88,350
12	20,100	29,000									49,100
13	20,600	59,000									79,600
14	18,000	49,000									67,000
15	16,300	24,000									40,300
16	15,100	23,000									38,100
17	10,100	28,000									38,100
18	16,100	51,000									67,100
19	13,000	23,000									36,000
20	17,500	48,000									65,500
21	17,600	49,000									66,600
22	5,700	52,000									57,700
23	14,100	60,000									74,100
24	14,100	18,000									32,100
25	14,000	17,000									31,000
26	20,000	18,000									38,000
27	21,000	50,000									71,000
28	18,200	49,000									67,200
29											
30											
31											
Total											1,734,800
Avg.											61,957
Max.											134,900

PWS Identification Number: 628-0304
Plant Name: WOODLANDS OF LAKE PLACID - Well # 1

III. Daily Data for the Month Year of: February-13

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

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

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24	14,000		0.9								0.8	
2	x	24	15,000		1.0								0.9	
3	x	24	17,300		1.0								0.8	
4	x	24	25,900		1.1								0.4	
5	x	24	14,800		1.0								0.5	
6		24	21,900											
7	x	24	21,900		1.1								0.6	
8	x	24	34,000		2.4								1.3	
9	x	24	12,800		1.5								1.1	
10		24	30,850											
11	x	24	30,850		2.1								1.3	
12	x	24	20,100		1.9								1.2	
13	x	24	20,600		1.8								1.2	
14	x	24	18,000		2.0								1.0	
15	x	24	16,300		2.1								1.1	
16	x	24	15,100		1.9								1.2	
17	x	24	10,100		1.8								1.1	
18	x	24	16,100		2.4								1.2	
19	x	24	13,000		2.2								1.0	
20		24	17,500											
21	x	24	17,600		2.2								1.1	
22	x	24	5,700		2.0								1.0	
23	x	24	14,100		1.9								1.0	
24		24	14,100											
25	x	24	14,000		1.7								1.1	
26	x	24	20,000		1.8								1.2	
27	x	24	21,000		1.9								1.2	
28	x	24	18,200		1.7								1.1	
29														
30														
31														
Total			510,800											
Average			18,243											
Maximum			34,000											

PWS Identification Number: 628-0304
Plant Name: WOODLANDS OF LAKE PLACID - Well # 2

III. Daily Data for the Month Year of: February-13

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

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

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations*							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	x	24	46,000		1.0								1.0	
2	x	24	42,000		1.2								1.0	
3	x	24	31,000		1.0								0.9	
4	x	24	109,000		1.2								1.2	
5	x	24	27,000		1.1								0.8	
6		24	53,500											
7	x	24	53,500		1.2								0.9	
8	x	24	67,000		1.3								1.2	
9	x	24	33,000		1.4								1.2	
10		24	57,500											
11	x	24	57,500		1.2								1.0	
12	x	24	29,000		1.3								1.0	
13	x	24	59,000		1.2								0.9	
14	x	24	49,000		1.1								0.8	
15	x	24	24,000		1.0								0.9	
16	x	24	23,000		1.5								1.1	
17	x	24	28,000		1.3								1.0	
18	x	24	51,000		1.2								1.1	
19	x	24	23,000		1.0								0.8	
20		24	48,000											
21	x	24	49,000		1.2								0.9	
22	x	24	52,000		1.4								0.9	
23	x	24	60,000		1.5								1.0	
24		24	18,000											
25	x	24	17,000		1.4								1.0	
26	x	24	18,000		1.5								0.9	
27	x	24	50,000		1.4								0.8	
28	x	24	49,000		1.3								0.8	
29														
30														
31														
Total			1,224,000											
Average			43,714											
Maximum			109,000											

DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORT FORMAT

FLOWERS CHEMICAL LABORATORIES

5/1 Five Mercantile Place, Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089

FL/DOH Lab Certification #E86562

Report Number 197315 Subcontract Lab ID: _____

Analysis Requested: (check all that apply then circle appropriate selection below)
✓ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci

☐ Coliphage ☐ HPC ☐ Other: _____

Lab Receipt Date & Time: Fri 2/6 1400

Analysis Date & Time: 2-6-13 3:50P

Sample Acceptance Criteria:

Sample Preservation: ✓ On Ice ☐ Not On Ice ✓ 4.6 °C

Disinfectant Check: ✓ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

_____

Public Water System (PWS) Name WOODLANDS of LAKE PLACID PWS I.D. 6280304

PWS Address 100 SHORELINE DRIVE City LAKE PLACID

PWS or PWS Owner's Phone # 863-699-1991 Fax # _____

Collector: RICHARD BASS Collector's Phone # 772-215-9054

Type of Supply: (check only one)

✓ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check all that apply)

✓ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 2/6/13 A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count

To be completed by collector of sample						To be completed by lab				
						Method: ✓ SM 9222B-MF ☐ COLITAG ☐ EPA1603				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Resid (mg/L)	pH	Non Coliform	Total Coliform	Fecal, E. coli Enterococci	QC	Lab Sample#
	WELL 1	0700	R	0.0	7.3		A			DW1
	WELL 2	0710	R	0.0	7.3		A			DW2
	125 LAKE RIDGE DR.	0716	D	0.52	7.3		A			DW3
	103 HOLLY HILL DR.	0725	D	0.61	7.3		A			DW4

Average of disinfectant residuals for distribution routine and repeat samples: 0.57

(Required for community and nontransient non-community systems serving populations up to and including 4,900. Optional for all others.)

Free chlorine or Total chlorine (circle one).

D.S. Residual Analysis Method: ✓ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is: ☐ Employed by DEP or DOH
✓ DEP Certification # C-2516 ☐ Employed by a certified lab
☐ Supervised by lab chemist # _____ ☐ Authorized representative of water supplier

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date & time PWS notified by lab of positive results: _____

Date & time DEP/DOH notified by lab of positive results: _____

Date Report Issued: _____

Lab Signature: _____

Title: Technical Director or Lab Designee

Name and Mailing Address of Person to Receive Report

US WATER

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Officer: _____

DEP Sample Type Codes: D = Distribution (Routine Compliance), C = Repeat or Check, R = Raw, E = Entry to Distribution, P = Plant Tap, S = Special (clearance etc.)

FILE

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-13				
Community Water System (CWS) Name: Woodlands of Lake Placid										
Public Water System (PWS) Idenitication Number: 628-0304										
	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	
	Woodlands Well # 1	Woodlands Well # 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	100,000	100,000									200,000
Month	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	17,700	17,000									34,700
2	28,000	54,000									82,000
3	13,000	34,000									47,000
4	37,900	43,000									80,900
5	13,700	35,000									48,700
6	13,950	35,000									48,950
7	13,950	35,000									48,950
8	16,200	23,000									39,200
9	14,800	40,000									54,800
10	17,800	38,000									55,800
11	25,400	44,000									69,400
12	15,900	41,000									56,900
13	16,150	38,000									54,150
14	16,150	38,000									54,150
15	14,500	24,000									38,500
16	18,000	44,000									62,000
17	14,700	44,000									58,700
18	26,500	46,000									72,500
19	22,600	34,000									56,600
20	16,250	35,500									51,750
21	16,250	35,500									51,750
22	16,300	21,000									37,300
23	16,000	43,000									59,000
24	18,200	41,000									59,200
25	28,100	57,000									85,100
26	17,500	25,000									42,500
27	22,800	51,000									73,800
28	27,400	53,000									80,400
29	15,400	27,000									42,400
30	19,800	55,000									74,800
31	19,000	38,000									57,000
Total											1,778,900
Avg.											57,384
Max.											85,100

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

See page 4 for instructions.

I. General Information for the Month Year of: JANUARY 2013

A. Public Water System (PWS) Information

PWS Name: Woodlands of Lake Placid/LP Water Works - well			PWS Identification Number: 628-0304
PWS Type: [X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 440	Total Population Served at End of Month: 800		
PWS Owner: LP Waterworks			
Contact Person: Melisa Rotteveel	Contact Person's Title:		
Contact Person's Mailing Address: 4939 Cross Bayou Blvd	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 727-848-8292	Contact Person's Fax Number: 727-849-4219		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Woodlands of Lake Placid/LP Water Works WTP		Plant Telephone Number: 866-753-8292	
Plant Address: 1525 US Highway 27 S	City: Lake Placid	State: FL	Zip Code: 33862
Type of Water Treated by Plant: [X] Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Richard Bass	C	02516	days per week
Other Operators:				

II. Certification by Lead Chief Operator

PWS Identification Number: 628-0304
Plant Name: WOODLANDS OF LAKE PLACID - Well # 1

III. Daily Data for the Month Year of: January-13

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

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

Day of the Month	Days Plant Staffed or visited by operator. Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24	17,700		4.0								2.9	
2	x	24	28,000		1.3								1.2	
3	x	24	13,000		1.5								1.1	
4	x	24	37,900		1.4								1.2	
5	x	24	13,700		1.5								1.2	
6		24	13,950											
7	x	24	13,950		1.2								1.0	
8	x	24	16,200		1.4								1.0	
9	x	24	14,800		1.3								0.9	
10	x	24	17,800		1.7								1.0	
11	x	24	25,400		1.4								1.0	
12	x	24	15,900		1.2								1.0	
13		24	16,150											
14	x	24	16,150		1.3								01.9	
15	x	24	14,500		1.3								0.8	
16	x	24	18,000		1.4								0.9	
17	x	24	14,700		1.2								0.8	
18	x	24	26,500		1.3								0.9	
19	x	24	22,600		1.4								1.0	
20		24	16,250											
21	x	24	16,250		1.3								0.6	
22	x	24	16,300		1.2								0.8	
23	x	24	16,000		1.3								0.8	
24	x	24	18,200		1.2								0.7	
25	x	24	28,100		1.4								1.0	
26	x	24	17,500		1.5								1.0	
27	x	24	22,800		1.3								0.8	
28	x	24	27,400		1.4								0.9	
29	x	24	15,400		1.2								0.8	
30	x	24	19,800		1.2								0.9	
31		24	19,000											
Total			589,900											
Average			19,029											
Maximum			37,900											

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Woodlands of Lake Placid/LP Water Works - Well 2			PWS Identification Number: 628-0304
PWS Type: [X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 440	Total Population Served at End of Month: 800		
PWS Owner: LP Waterworks			
Contact Person: Melisa Rotteveel	Contact Person's Title:		
Contact Person's Mailing Address: 4939 Cross Bayou Blvd	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 727-848-8292	Contact Person's Fax Number: 727-849-4219		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Woodlands of Lake Placid/LP Water Works WTP			Plant Telephone Number: 866-753-8292
Plant Address: 1525 US Highway 27 S	City: Lake Placid	State: FL	Zip Code: 33862
Type of Water Treated by Plant: [X] Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Name of Lead Chief Operator and Other Chief Operators	Richard Bass	C	02516	days per week

II. Certification by Lead Chief Operator

PWS Identification Number: 628-0304
Plant Name: WOODLANDS OF LAKE PLACID - Well # 2

III. Daily Data for the Month Year of: January-13

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

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

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24	17,000		3.3								2.5	
2	x	24	54,000		1.3								1.2	
3	x	24	34,000		1.2								1.0	
4	x	24	43,000		1.3								1.2	
5	x	24	35,000		1.4								1.3	
6		24	35,000											
7	x	24	35,000		1.2								1.2	
8	x	24	23,000		1.4								1.2	
9	x	24	40,000		1.4								1.1	
10	x	24	38,000		1.2								1.0	
11	x	24	44,000		1.4								1.0	
12	x	24	41,000		1.3								1.1	
13		24	38,000											
14	x	24	38,000		1.3								1.3	
15	x	24	24,000		1.2								1.1	
16	x	24	44,000		1.3								1.2	
17	x	24	44,000		1.4								1.0	
18	x	24	46,000		1.1								1.1	
19	x	24	34,000		1.3								1.2	
20		24	35,500											
21	x	24	35,500		1.0								0.9	
22	x	24	21,000		1.1								0.8	
23	x	24	43,000		1.2								0.9	
24	x	24	41,000		1.0								0.8	
25	x	24	57,000		1.6								1.2	
26	x	24	25,000		1.5								1.3	
27	x	24	51,000		1.2								1.1	
28	x	24	53,000		1.2								1.0	
29	x	24	27,000		1.4								1.0	
30	x	24	55,000		1.2								0.9	
31		24	38,000											
Total			1,189,000											
Average			38,355											
Maximum			57,000											

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT

FLOWERS CHEMICAL LABORATORIES, INC.

571 NW Mercantile Place, Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089

FLDOH Lab Certification #E86562

Lab Receipt Date & Time: Km 1/14 1140

Analysis Date & Time: 1-14-13 3:05P

Sample Acceptance Criteria:

Sample Preservation: ✓ On Ice ☐ Not On Ice ✓ 4°C

Disinfectant Check: ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

_____

Report Number: 195290 Subcontract Lab ID: _____

Analysis Requested: (check all that apply then circle appropriate selection below)

✓ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci

☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: WOOD LANDS of LAKE PLACID PWS I.D.: 6280304

PWS Address: 100 SHORELINE DRIVE City: LAKE PLACID

PWS or PWS Owner's Phone #: 863-699-1991 Fax #: _____

Collector: RICHARD BASS Collector's Phone #: 772-215-9054

Type of Supply (check only one)

✓ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System

☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check all that apply)

✓ Distribution/Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey

☐ Clearance ✓ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 1/14/13

A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count

To be completed by collector of sample						To be completed by lab				
						Method: ✓ SM 9222B-MF ☐ COLITAG ☐ EPA1680				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type*	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal, E. coli Enterococci	Q*	Lab Sample#
	WELL 1	0700	R	0.0	7.4		A			DW1
	WELL 2	0705	R	0.0	7.4		A			DW2
	229 SHORELINE DR	0710	D	1.05	7.3		A			DW3
	MENS RESTROOM POOL	0715	D	0.65	7.3		A			DW4

Average of disinfectant residuals for distribution routine and repeat samples*: 0.85

*Samples for community, and non-transient non-community systems serving populations up to and including 4,900. Do not use raw samples in the average.

Free chlorine or Total chlorine (circle one)

Disinfectant Residual Analysis Method: ✓ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is: ☐ Employed by DEP or DOH

Name of lab operator: C. Ellis ☐ Employed by a certified lab

Signature of lab operator: _____ ☐ Authorized representative of water supplier

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date & time PWS notified by lab of positive results: _____

Date & time DEP/DOH notified by lab of positive results: _____

Date Report Issued: _____

Lab Signature: _____

Title: Technical Director or Lab Designee

Name and Mailing Address of Person to Receive Report

US WATER

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

*DEP Sample Type Codes: D = Distribution (Routine Compliance), C = Repeat or Check, R = Raw, N = Entry to Distribution, P = Plant Tap, S = Special (clearance etc.)

Chapter 62-550, Florida Administrative Code Rule 62-550.518, Table I

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT
(62-550.730 Reporting Format Effective 01.95, Revised 02/2010)

FLOWERS CHEMICAL LABORATORIES INCORPORATED
571 NW Mercantile Place, Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089
FLDOH Lab Certification #E86562

Report Number: 195033 Subcontract Lab ID: _____

Lab Receipt Date & Time: Kn 1/10 1220

Analysis Date & Time: 1-10-13 1:50P

Sample Acceptance Criteria:

Sample Preservation: ☑ On Ice ☐ Not On Ice ☑ 4 °C
Disinfectant Check: ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

_____

Analysis Requested: (check all that apply then circle appropriate selection below)
☑ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci
☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: WDDD/RWDS **PWS I.D.#** 6280304

PWS Address 100 Shoreline DR City Lake Placid
PWS or PWS Owner's Phone # _____ Fax # _____

Collector: Richard Bass Collector's Phone # 772-215-9035

Type of Supply (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check all that apply)
☑ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other _____

Sample Collection Date: 1/9/13 **A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count**

To be completed by collector of sample						To be completed by lab				
						Method: ☑ SM 9222B-MF ☐ COLITAG ☐ EPA1600				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal, E. coli Enterococci	Q*	Lab Sample#
	WELL 1	1500	R	0.9	7.4	TNTC				DW1
	WELL 2	1505	R	0.8	7.4	TNTC				DW2
	228 Shore Line DR	1511	D	1.0	7.3	TNTC				DW3
	MENS RESTROOM P. Pool	1515	D	0.8	7.3	TNTC				DW4

Average of disinfectant residuals for distribution routine and repeat samples[5]: 0.9

[5]Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____
Person performing disinfectant analysis is: ☐ Employed by DEP or DOH
☑ A certified operator # 6-2516 ☐ Employed by a certified lab
☐ Supervised by cert operator # _____ ☐ Authorized representative of water supplier

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
Date & time PWS notified by lab of positive results: _____
Date & time DEP/DOH notified by lab of positive results: _____
Date Report Issued: _____

Name and Mailing Address of Person to Receive Report

US WATER

Lab Signature: _____
Title: Technical Director or Lab Designee

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
*Defined in Florida Administrative Code Rule 62-160, Table I

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 2012										
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	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	29,000	33,000									62,000
2	24,500	38,000									62,500
3	24,500	38,000									62,500
4	26,000	22,000									48,000
5	25,000	42,000									67,000
6	16,000	35,000									51,000
7	22,000	44,000									66,000
8	3,000	57,000									60,000
9	12,500	48,000									60,500
10	12,500	48,000									60,500
11	13,000	21,000									34,000
12	13,000	31,000									44,000
13	14,000	28,000									42,000
14	18,000	34,000									52,000
15	32,000	30,000									62,000
16	4,500	32,500									37,000
17	4,500	32,500									37,000
18	16,000	22,000									38,000
19	14,000	40,000									54,000
20	14,000	32,000									46,000
21	20,000	36,000									56,000
22	13,000	25,000									38,000
23	9,000	23,000									32,000
24	16,000	35,000									51,000
25	17,000	30,500									47,500
26	17,000	30,500									47,500
27	12,000	34,000									46,000
28	21,000	41,000									62,000
29	11,000	30,000									41,000
30	8,000	16,000									24,000
31	17,000	45,000									62,000
Total											1,553,000
Avg.											50,097
Max.											67,000

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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	3 Days per week
Other Operators:	Wendell L. Faircloth	C	8196	
	Mary Jane Faircloth	C	20605	3 Days per week

II Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
01/09/13	David W. Faircloth	8189

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	29,000		1.4								0.9	
2		24.0	24,500											
3	X	24.0	24,500		1.6								1.3	
4	X	24.0	26,000		1.5								1.2	
5	X	24.0	25,000		1.4								1.1	
6	X	24.0	16,000		1.6								1.2	
7	X	24.0	22,000		1.5								1.1	
8	X	24.0	3,000		1.3								1.0	
9		24.0	12,500											
10	X	24.0	12,500		1.5								1.0	
11	X	24.0	13,000		1.4								0.9	
12	X	24.0	13,000		1.5								0.9	
13	X	24.0	14,000		1.7								1.0	
14	X	24.0	18,000		1.4								1.1	
15	X	24.0	32,000		1.6								1.2	
16		24.0	4,500											
17	X	24.0	4,500		1.3								0.9	
18	X	24.0	16,000		1.2								0.8	
19	X	24.0	14,000		1.4								0.9	
20	X	24.0	14,000		1.3								0.8	
21	X	24.0	20,000		1.3								1.0	
22	X	24.0	13,000		1.5								1.2	
23	X	24.0	9,000		1.2								1.0	
24	X	24.0	16,000		1.4								1.0	
25		24.0	17,000											
26	X	24.0	17,000		1.3								0.9	
27	X	24.0	12,000		1.2								0.8	
28	X	24.0	21,000		1.4								1.0	
29	X	24.0	11,000		1.7								1.1	
30	X	24.0	8,000		1.5								1.0	
31	X	24.0	17,000		1.4								1.5	
Total			499,000											
Avgerage			16,097											
Maximum			32,000											

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

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

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2012

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =		Acrylamide Level, %[t] =	

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, %[t] =	

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[t] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2			PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	440			Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier				
Contact Person:	Mr. John Lovelette			Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2			Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	3 Days per week
Other Operators:	Wendell L. Faircloth	C	8196	
	Mary Jane Faircloth	C	20605	3 Days per week

II Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
01/09/13	David W. Faircloth	8189

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	33,000		1.5								1.0	
2		24.0	38,000											
3	X	24.0	38,000		1.2								1.0	
4	X	24.0	22,000		1.3								0.9	
5	X	24.0	42,000		1.2								0.8	
6	X	24.0	35,000		1.4								1.0	
7	X	24.0	44,000		1.2								1.0	
8	X	24.0	57,000		1.3								1.1	
9		24.0	48,000											
10	X	24.0	48,000		1.5								1.0	
11	X	24.0	21,000		1.4								0.8	
12	X	24.0	31,000		1.3								0.8	
13	X	24.0	28,000		1.4								0.7	
14	X	24.0	34,000		1.2								1.0	
15	X	24.0	30,000		1.4								1.0	
16		24.0	32,500											
17	X	24.0	32,500		1.2								1.0	
18	X	24.0	22,000		1.0								0.6	
19	X	24.0	40,000		1.1								0.8	
20	X	24.0	32,000		1.0								0.7	
21	X	24.0	36,000		1.3								1.0	
22	X	24.0	25,000		1.5								1.1	
23	X	24.0	23,000		1.2								1.0	
24	X	24.0	35,000		1.3								1.0	
25		24.0	30,500											
26	X	24.0	30,500		1.2								1.0	
27	X	24.0	34,000		1.3								0.9	
28	X	24.0	41,000		1.3								1.0	
29	X	24.0	30,000		1.3								0.9	
30	X	24.0	16,000		1.2								0.8	
31	X	24.0	45,000		1.4								1.4	
Total			1,054,000											
Avgerage			34,000											
Maximum			57,000											

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

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

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2012

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =		Acrylamide Level, %[t] =	

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, %[t] =	

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[t] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0	39,000											
2	X	24.0	39,000		2.0								1.0	
3	X	24.0	32,000		2.1								1.0	
4	X	24.0	43,000		2.2								1.1	
5	X	24.0	43,000		2.2								1.2	
6	X	24.0	40,000		2.1								1.2	
7	X	24.0	41,000		2.0								1.1	
8	X	24.0	36,000		2.0								1.0	
9	X	24.0	41,000		2.1								1.0	
10	X	24.0	33,000		2.0								0.9	
11	X	24.0	41,000		2.1								1.2	
12		24.0	40,000											
13	X	24.0	40,000		2.0								1.1	
14	X	24.0	32,000		2.0								1.0	
15		24.0	37,000											
16	X	24.0	37,000		2.1								1.0	
17	X	24.0	40,000		2.2								1.1	
18	X	24.0	46,000		2.1								1.0	
19	X	24.0	39,000		2.0								1.0	
20		24.0	41,500											
21	X	24.0	41,500		2.1								1.2	
22	X	24.0	34,000		2.2								1.2	
23	X	24.0	42,000		2.1								1.1	
24	X	24.0	43,000		2.0								1.0	
25	X	24.0	45,000		2.1								1.0	
26	X	24.0	44,000		2.0								0.9	
27	X	24.0	34,000		2.1								1.0	
28	X	24.0	41,000		2.0								1.0	
29		24.0	44,500											
30	X	24.0	44,500		2.2								1.2	
31	X	24.0	40,000		2.1								1.2	
Total			1,234,000											
Avgerage			39,806											
Maximum			46,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid / State: Florida / Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid / State: Florida / Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

02/02/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{o}C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0	14,500											
2	X	24.0	14,500		2.1								1.2	
3	X	24.0	15,000		2.0								1.2	
4	X	24.0	17,000		2.0								1.0	
5	X	24.0	13,000		2.1								1.1	
6	X	24.0	30,000		2.2								1.2	
7	X	24.0	19,000		2.1								1.1	
8	X	24.0	14,000		2.0								1.0	
9	X	24.0	21,000		2.0								0.9	
10	X	24.0	20,000		2.1								0.9	
11	X	24.0	19,000		2.2								1.0	
12		24.0	23,500											
13	X	24.0	23,500		2.1								1.0	
14	X	24.0	18,000		2.2								1.2	
15		24.0	17,000											
16	X	24.0	17,000		2.1								1.2	
17	X	24.0	18,000		2.0								1.2	
18	X	24.0	21,000		2.0								1.0	
19	X	24.0	18,000		2.1								1.0	
20		24.0	24,000											
21	X	24.0	24,000		2.0								0.9	
22	X	24.0	17,000		2.2								1.1	
23	X	24.0	19,000		2.1								1.0	
24	X	24.0	25,000		2.2								1.2	
25	X	24.0	18,000		2.1								1.2	
26	X	24.0	28,000		2.0								1.1	
27		24.0	22,500											
28		24.0	22,500											
29		24.0	22,500											
30	X	24.0	22,500		2.0								1.0	
31	X	24.0	24,000		2.1								1.0	
Total			622,000											
Avgerage			20,065											
Maximum			30,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

02/02/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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 2012

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	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	14,500	39,000									53,500
2	14,500	39,000									53,500
3	15,000	32,000									47,000
4	17,000	43,000									60,000
5	13,000	43,000									56,000
6	30,000	40,000									70,000
7	19,000	41,000									60,000
8	14,000	36,000									50,000
9	21,000	41,000									62,000
10	20,000	33,000									53,000
11	19,000	41,000									60,000
12	23,500	40,000									63,500
13	23,500	40,000									63,500
14	18,000	32,000									50,000
15	17,000	37,000									54,000
16	17,000	37,000									54,000
17	18,000	40,000									58,000
18	21,000	46,000									67,000
19	18,000	39,000									57,000
20	24,000	41,500									65,500
21	24,000	41,500									65,500
22	17,000	34,000									51,000
23	19,000	42,000									61,000
24	25,000	43,000									68,000
25	18,000	45,000									63,000
26	28,000	44,000									72,000
27	22,500	34,000									56,500
28	22,500	41,000									63,500
29	22,500	44,500									67,000
30	22,500	44,500									67,000
31	24,000	40,000									64,000
Total											1,856,000
Avg.											59,871
Max.											72,000

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlnds Sludge*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *1/19/2012 @ 1630*

Laboratory Sample: 386565 Sample Date: 1/19/2012 Sample Time: 1345
Sample ID: Digestor Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Total Solids	0.59		%	SM 2540 B	W. Smith	01/24/2012	0925	N/A	10
pH	7.48		S.U.	SM4500H+ B	W. Smith	01/19/2012	1659		
Total Nitrogen	12.1		%	Calc.	B. Watkins	01/26/2012	1125		1.2
Total Kjeldahl Nitrogen (N)	12.1		%	EPA 351.2	J. Cosgrave	01/26/2012	1125		1.2
Nitrate Nitrogen (NOx-N)	0.03	U	%	EPA 353.2	J. Cosgrave	01/30/2012	1415		
Potassium	0.73		%	EPA 6010	O. Martinez	02/23/2012	0952		
Total Phosphorus	1.62		%	EPA 6010	O. Martinez	03/02/2012	0950		
Arsenic	9.4		mg/kg	EPA 6010	O. Martinez	02/23/2012	0952		
Cadmium	1.7	U	mg/kg	EPA 6010	O. Martinez	02/23/2012	0952		
Copper	429.		mg/kg	EPA 6010	O. Martinez	02/23/2012	0952		
Lead	16.		mg/kg	EPA 6010	O. Martinez	02/23/2012	0952		
Molybdenum	3.4	U	mg/kg	EPA 6010	O. Martinez	02/23/2012	0952		
Nickel	11.		mg/kg	EPA 6010	O. Martinez	02/23/2012	0952		
Selenium	11.		mg/kg	EPA 6010	O. Martinez	02/23/2012	0952		
Zinc	1317.		mg/kg	EPA 6010	O. Martinez	02/23/2012	0952		
Mercury	0.63		mg/kg	EPA 7471	O. Martinez	02/02/2012	0930		

U = Parameter was analyzed for but not detected
Results on a dry basis

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33870
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME (PLEASE PRINT): Wendy L Fancelette

PROJECT NAME: SWS/WORKLANDS #8 #480

SAMPLER'S SIGNATURE:

PROJECT: Sludge

LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: 1 LITER SLUDGE
	Digestor	1/19	1345	LSS	X	386565	1	X

COMMENTS:

SAMPLES ICED TO 4°C 7.2

YES	NO
✓	

97669

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
1			1/19/12	1630

SLUDGE 03-23-2000

CHAIN OF CUSTODY AND TRANSMITTAL FORM

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: [illegible]
Lab Receipt Date & Time: 1/17/12 @ 1330
Analysis Date & Time: 01-17-12 @ 1715 01-17-12
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☑ 5.4 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.

10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

Report Number: 97593 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 1-17-12

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B				
						Non-Coliform	Total Coliform	Fecal (*E. coli*), Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	228 Shoreline Drive	1005	D / F	1.2	8.0		A	A		386270
2	Men's restroom at pool	1015	D / F	1.0	8.0		A	A		386271
3	Well #1	1000	R / F	0	8.2		A	A		386272
4	Well #2	1025	R / F	0	8.1		A	A		386273
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.1

Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report Issued: 1/19/12

Lab Signature: [signature]

Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Replacement Samples Required _____

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

1. Analysis Requested — Check the box next to the type of test being requested.
2. Public Water System (PWS) — Provide the full name of the public water system.
3. PWS I.D. — Provide the 7-digit DEP PWS ID number.
4. PWS Address — Indicate the PWS's mailing address.
5. City — Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone # — Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax # — Provide the PWS or PWS owner's fax number.
8. Collector — Provide the sample collector's first and last name.
9. Collector's Phone # — Provide the sample collector's phone number.
10. Type of Supply — Check the box next to the type of PWS or source being tested.
11. Reason for Sampling — Check the box next to the reason the samples are being collected.
12. Sample Collection Date — Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample # — Provide a unique number for each sample.
14. Sample Point — Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time — Provide the time of collection for each sample collected.
16. Sample Type & Chlorine Type — Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
    Indicate chlorine type for each sample collected. Chlorine type codes are: T=Total, F= Free & C=Combined.
17. Disinfectant Residual — Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH — Not required for drinking water samples.
19. Average of Disinfectant Residuals — Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method — Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis — Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report — Provide the name and mailing address of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number — This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time — Indicate the date and time samples were received in the lab.
3. Analysis Date & Time — Indicate the date and time of analysis.
4. Sample Preservation — Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check — Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s) — Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform — Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform — Indicate the presence or absence of total coliform bacteria.*
9. Fecal Coliform — Indicate the presence or absence of fecal coliform bacteria.*
10. *E. coli* — Indicate the presence or absence of *E. coli* bacteria.*
11. Enterococci — Indicate the presence or absence of enterococci bacteria.*
12. Coliphage — Indicate the presence or absence of coliphage. *
13. Data Qualifier — Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample # — Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results — In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results — In the event of fecal coliform, E. coli, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature — Signature of lab director or other authorized representative of the lab.
18. Title — Provide the title of the lab representative signing the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

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: **01/01/12** To: **01/31/12**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.025**	**0.015**	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				**7.3**			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				**8.3**	**8.3**		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**3.9**			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann. Avg.			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**15.0**	**15.0**		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	**12/02/13**

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: 01/01/12 To: 01/31/12

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 Y Mon.Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100		Monthly	Grab
Coliform, Fecal	Sample Measurement			1u	1u		#/100		Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.01			mg/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)					Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement			495			mg/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			247			mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo. Avg.)			mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.020

Month / Year: **January-12**

(TMADF/Permitted Capacity)x100: 40%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.020										
2	0.020					7.5		1.5			
3	0.020					7.5		1.6			
4	0.030					7.5		1.2			
5	0.020					7.5		1.5			
6	0.020					7.5		2.0			
7	0.020					7.5		1.6			
8	0.030					7.4		1.5			
9	0.020					7.5		1.4			
10	0.030					7.5		1.6			
11	0.030					7.5		1.7			
12	0.020	495	247		15.0	7.5	1u	1.6	0.011		
13	0.020					7.5		1.8			
14	0.020					7.6		1.5			
15	0.030										
16	0.030					7.5		1.8			
17	0.030					7.5		1.6			
18	0.020					7.6		2.0			
19	0.020			8.30		7.6		1.6			
20	0.030					7.6		2.0			
21	0.020					7.5		2.2			
22	0.025										
23	0.025					7.5		2.1			
24	0.020					7.5		1.6			
25	0.030					7.5		1.5			
26	0.030					7.6		1.7			
27	0.040					7.5		1.5			
28	0.030										
29	0.030										
30	0.020					7.5		1.7			
31	0.020					7.6		1.5			
Total	0.770										
Mo. Avg.	0.025	495	247	8.3	15.0	7.5	1u	1.7	0.011		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.*
Attention: *Wendell Faircloth*
Date Received: *1/12/2012 @ 1500*

Project Name: *Woodlands*
Location: *WWTP*

Laboratory Sample: 386118 Sample Date: 1/12/2012 Sample Time: 1220
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	495.		mg/L	SM 5210B	C. Christensen	01/13/2012	1658	2.	2
Total Suspended Solids	247.		mg/L	SM 2540 D	W. Smith	01/17/2012	1111	1.	1

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.*
Attention: *Wendell Faircloth*
Date Received: *1/12/2012 @ 1500*

Project Name: *Woodlands*
Location: *WWTP*

Laboratory Sample: 386119 Sample Date: 1/12/2012 Sample Time: 1225
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	31.		mg/L	SM 5210B	C. Christensen	01/13/2012	1658	2.	2
Total Suspended Solids	15.		mg/L	SM 2540 D	W. Smith	01/17/2012	1111	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	J. Wolfhope	01/12/2012	1510	1.	1
Nitrite Nitrogen (NO2-N)	0.04		mg/L	EPA 353.2	J. Cosgrave	01/12/2012	1646	0.01	0.04
Nitrate Nitrogen (NO3-N)	0.07	I	mg/L	Calc.	J. Cosgrave	01/13/2012	1342	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	0.11		mg/L	EPA 353.2	J. Cosgrave	01/13/2012	1342	0.02	0.08

U = Parameter was analyzed for but not detected
I = Result is less than the PQL and greater than or equal to the MDL

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) Wendell Faircloth
CLIENT NAME: Short Utility Service, Inc. #8
SAMPLER'S SIGNATURE:
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT CBOD TSS	1/2 GAL CBOD TSS NO2	250 N NO3 NOx	125 ML FC		
	RAW	1/12	1220	STP	X	386118	1	X					
	FINAL	1/12	1225	STP	X	386119	3		X	X	X		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4, <2	✓	
SAMPLES ICED TO 4C	✓	

3.6

COMMENTS:

97531

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2		Kimball	1/12/12	1500

CHAIN OF CUSTODY AND TRANSMITTAL FORM

WW Blank COC.XLS 04/10/2007

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlnd CBOD Re*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *1/19/2012 @ 1630*

Laboratory Sample: 386564 Sample Date: 1/19/2012 Sample Time: 1340
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	8.3		mg/L	SM 5210B	C. Christensen	01/20/2012	1606	2.	2

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT)	CLIENT NAME:		
Wendell Faircloth	Short Utility Service, Inc. #8		
SAMPLER'S SIGNATURE:	PROJECT:	LOCATION:	
	The Woodlands CBOD Re mm 1/19/12	WWTP	

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT	1/2 GAL	250 N	125 ML		
	~~[illegible]~~	—	—	[illegible]	[illegible]		[illegible]		CBOD Re-check mm 1/19/12				
	FINAL	1/19	1340	STP	X	386564	1		X	[illegible]	[illegible]		

CBOD TSS NO3 NO2 NOx FC

6 of 6

COMMENTS:

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4		
SAMPLES ICED TO 5.4 °C	✓	

97668

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
1	[signature]	mm	1/19/12	1630

WW Blank COC.XLS 04/10/2007

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

03/06/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	20,000		2.0								0.9	
2	X	24.0	21,000		2.1								1.1	
3	X	24.0	27,000		2.2								1.2	
4	X	24.0	23,000		2.1								1.2	
5	X	24.0	18,000		2.0								1.1	
6	X	24.0	21,000		2.0								1.0	
7	X	24.0	18,000		2.1								1.1	
8	X	24.0	14,000		2.2								1.2	
9	X	24.0			2.1								1.0	
10	X	24.0			2.0								1.0	
11		24.0												
12		24.0												
13	X	24.0			2.0								1.2	
14	X	24.0			1.8								1.2	
15	X	24.0			1.8								1.1	
16	X	24.0			1.8								1.0	
17	X	24.0			1.8								1.2	
18	X	24.0			1.8								1.1	
19	X	24.0			1.6								1.1	
20	X	24.0			1.6								1.0	
21	X	24.0			1.6								1.1	
22	X	24.0			1.5								1.2	
23	X	24.0			1.5								1.0	
24	X	24.0			1.5								1.1	
25		24.0												
26	X	24.0			1.5								1.2	
27	X	24.0			1.5								1.0	
28		24.0												
29	X	24.0			1.4								1.0	

Total	162,000
Avgerage	5,586
Maximum	27,000

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

03/06/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{o}C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	45,000		2.0								1.1	
2	X	24.0	50,000		2.1								1.2	
3	X	24.0	54,000		2.2								1.2	
4	X	24.0	33,000		2.0								1.0	
5	X	24.0	39,000		2.1								1.0	
6	X	24.0	42,000		2.2								1.2	
7	X	24.0	34,000		2.1								1.1	
8	X	24.0	60,000		2.0								1.0	
9	X	24.0	108,000		2.2								1.2	
10	X	24.0	74,000		2.1								1.1	
11		24.0	34,000											
12		24.0	34,000											
13	X	24.0	33,000		2.0								1.0	
14	X	24.0	128,000		2.1								1.0	
15	X	24.0	68,000		2.0								0.9	
16	X	24.0	66,000		2.1								1.0	
17	X	24.0	72,000		2.2								1.1	
18	X	24.0	60,000		2.1								1.0	
19	X	24.0	55,000		2.0								1.0	
20	X	24.0	68,000		2.1								1.2	
21	X	24.0	75,000		2.0								1.1	
22	X	24.0	73,000		2.0								1.0	
23	X	24.0	74,000		2.1								1.0	
24	X	24.0	76,000		2.2								1.1	
25		24.0	59,000											
26	X	24.0	59,000		2.1								1.0	
27	X	24.0	72,000		2.0								1.0	
28		24.0	65,000											
29	X	24.0	65,000		2.1								1.2	

Total	1,775,000
Avgerage	61,207
Maximum	128,000

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

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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	February 2012
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	20,000	45,000									65,000
2	21,000	50,000									71,000
3	27,000	54,000									81,000
4	23,000	33,000									56,000
5	18,000	39,000									57,000
6	21,000	42,000									63,000
7	18,000	34,000									52,000
8	14,000	60,000									74,000
9		108,000									108,000
10		74,000									74,000
11		34,000									34,000
12		34,000									34,000
13		33,000									33,000
14		128,000									128,000
15		68,000									68,000
16		66,000									66,000
17		72,000									72,000
18		60,000									60,000
19		55,000									55,000
20		68,000									68,000
21		75,000									75,000
22		73,000									73,000
23		74,000									74,000
24		76,000									76,000
25		59,000									59,000
26		59,000									59,000
27		72,000									72,000
28		65,000									65,000
29		65,000									65,000
Total											1,937,000
Avg.											66,793
Max.											128,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: [illegible] DH
Lab Receipt Date & Time: 2/14/12 1335
Analysis Date & Time: 02-14-12 @ 1535
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice @ 4.2 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 862-655-5820
DOH# E85458

Report Number: 98016 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #9 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 2-14-12

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal, ~~*E. coli*~~ Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	125 Lakeridge Drive	1000	D / F	1.0	8.2		A	A		387613
2	103 Hollyhill Drive	1010	D / F	0.8	8.2		A	A		387614
3	Well #1	0945	R / F	0	8.1		A	A		387615
4	Well #2	0950	R / F	0	8.3		A	A		387616
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 0.9
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 2/15/12
Lab Signature: [signature]
Title: Report Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required _____

[1] For Sample Types see instructions item I 16.
[2] For Analysis Methods see instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

1. Analysis Requested — Check the box next to the type of test being requested.
2. Public Water System (PWS) — Provide the full name of the public water system.
3. PWS I.D. — Provide the 7-digit DEP PWS ID number.
4. PWS Address — Indicate the PWS's mailing address.
5. City — Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone # — Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax # — Provide the PWS or PWS owner's fax number.
8. Collector — Provide the sample collector's first and last name.
9. Collector's Phone # — Provide the sample collector's phone number.
10. Type of Supply — Check the box next to the type of PWS or source being tested.
11. Reason for Sampling — Check the box next to the reason the samples are being collected.
12. Sample Collection Date — Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample # — Provide a unique number for each sample.
14. Sample Point — Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time — Provide the time of collection for each sample collected.
16. Sample Type & Chlorine Type — Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
    Indicate chlorine type for each sample collected. Chlorine type codes are: T=Total, F= Free & C=Combined.
17. Disinfectant Residual — Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH — Not required for drinking water samples.
19. Average of Disinfectant Residuals — Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method — Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis — Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report — Provide the name and mailing address of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number — This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time — Indicate the date and time samples were received in the lab.
3. Analysis Date & Time — Indicate the date and time of analysis.
4. Sample Preservation — Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check — Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s) — Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform — Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform — Indicate the presence or absence of total coliform bacteria. *
9. Fecal Coliform — Indicate the presence or absence of fecal coliform bacteria. *
10. *E. coli* — Indicate the presence or absence of *E. coli* bacteria. *
11. Enterococci — Indicate the presence or absence of enterococci bacteria. *
12. Coliphage — Indicate the presence or absence of coliphage. *
13. Data Qualifier — Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample # — Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results — In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results — In the event of fecal coliform, E. coli, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature — Signature of lab director or other authorized representative of the lab.
18. Title — Provide the title of the lab representative signing the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

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: **02/01/12** To: **02/29/12**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.028**	**0.015**	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				**7.3**			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				**6.9**	**6.9**		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**4.4**			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann_Avg.			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**7.8**	**7.8**		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	**12/03/07**

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: 02/01/12 To: 02/29/12

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 Y Mon.Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100		Monthly	Grab
Coliform, Fecal	Sample Measurement			1u	1u		#/100		Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.150			mg/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)					Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement			405			mg/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			397			mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo. Avg.)			mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.023

Month / Year: **February-12**

(TMADF/Permitted Capacity)x100: 47%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.030					7.5		1.7			
2	0.030					7.5		1.5			
3	0.030					7.6		2.0			
4	0.020					7.5		1.6			
5	0.030					7.5		2.2			
6	0.030					7.6		1.7			
7	0.030					7.5		2.0			
8	0.010					7.6		1.6			
9	0.040					7.6		1.5			
10	0.030					7.5		2.0			
11	0.030					7.4		1.5			
12	0.025										
13	0.025					7.5		1.4			
14	0.030					7.5		1.5			
15	0.030					7.6		1.7			
16	0.020	405	397	6.90	7.8	7.5	1U	1.6	0.15		
17	0.030					7.6		1.4			
18	0.030					7.5		1.5			
19	0.030										
20	0.030					7.6		1.2			
21	0.020					7.6		1.6			
22	0.020					7.6		2.0			
23	0.030					7.6		1.8			
24	0.030					7.5		1.9			
25	0.013										
26	0.013										
27	0.014					7.5		2.0			
28	0.070					7.6		1.4			
29	0.030					7.6		1.5			
Total	0.800										
Mo. Avg.	0.028	405	397	6.9	7.8	7.5	1u	1.7	0.150		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *2/16/2012 @ 1505*

Laboratory Sample: 387816 Sample Date: 2/16/2012 Sample Time: 1320
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	405.		mg/L	SM 5210B	C. Christensen	02/17/2012	1542	2.	2
Total Suspended Solids	397.		mg/L	SM 2540 D	W. Smith	02/21/2012	1302	1.	1

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.*
Attention: *Wendell Faircloth*
Date Received: *2/16/2012 @ 1505*

Project Name: *Woodlands*
Location: *WWTP*

Laboratory Sample: 387817 Sample Date: 2/16/2012 Sample Time: 1325
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	6.9		mg/L	SM 5210B	C. Christensen	02/17/2012	1542	2.	2
Total Suspended Solids	7.8		mg/L	SM 2540 D	W. Smith	02/21/2012	1302	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	T. Heath	02/16/2012	1530	1.	1
Nitrite Nitrogen (NO2-N)	0.01	I	mg/L	EPA 353.2	J. Cosgrave	02/16/2012	1608	0.01	0.04
Nitrate Nitrogen (NO3-N)	0.14		mg/L	Calc.	J. Cosgrave	02/17/2012	1331	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	0.15		mg/L	EPA 353.2	J. Cosgrave	02/17/2012	1331	0.02	0.08

U = Parameter was analyzed for but not detected
I = Result is less than the PQL and greater than or equal to the MDL

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME (PLEASE PRINT): Wendell Faircloth
SAMPLER'S SIGNATURE:
CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT CBOD TSS	1/2 GAL CBOD TSS NO2	250 N NO3 NOx	125 ML FC		
RAW	2/16	1320	STP	X	387816	1	X					
FINAL	2/16	1325	STP	X	387817	3		X	X	X		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4	✓	
SAMPLES ICED TO 4C	✓	

COMMENTS:

3.0

98100

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
		Kimball	2/16/12	1505

WW Blank COC.XLS 04/10/2007

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid / State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid / State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

04/04/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

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

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

T pe of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0			1.5								1.1	No Flows - Chlorinator off line
2	X	24.0			1.5								1.2	for repairs.
3	X	24.0			1.4								1.0	
4	X	24.0			1.4								1.1	
5	X	24.0			1.4								1.0	
6	X	24.0			1.5								1.2	
7	X	24.0			1.5								1.1	
8	X	24.0			1.5								1.0	
9	X	24.0			1.5								1.0	
10		24.0												
11		24.0												
12	X	24.0			1.6								1.2	
13	X	24.0			1.6								1.1	
14	X	24.0			1.5								1.0	
15	X	24.0			1.5								1.1	
16	X	24.0			1.5								1.2	
17	X	24.0			1.5								1.1	
18	X	24.0			1.5								1.0	
19	X	24.0			1.5								1.1	
20	X	24.0			1.5								1.2	
21	X	24.0			1.5								1.0	
22	X	24.0			1.4								1.1	
23	X	24.0			1.4								1.0	
24		24.0												
25	X	24.0			1.4								1.2	
26	X	24.0			1.4								1.1	
27	X	24.0			1.4								1.0	
28	X	24.0			1.4								1.2	
29	X	24.0			1.4								1.1	
30	X	24.0			1.4								1.2	
31		24.0												
Total														
Avgerage														
Maximum														

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: lorida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

04/04/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	57,000		2.2								1.2	
2	X	24.0	64,000		2.1								1.0	
3	X	24.0	58,000		2.2								1.1	
4	X	24.0	60,000		2.1								1.0	
5	X	24.0	68,000		2.0								1.0	
6	X	24.0	64,000		2.2								1.2	
7	X	24.0	74,000		2.1								1.1	
8	X	24.0	67,000		2.2								1.0	
9	X	24.0	67,000		2.1								1.0	
10		24.0	59,000											
11		24.0	59,000											
12	X	24.0	59,000		2.2								1.1	
13	X	24.0	65,000		2.2								1.2	
14	X	24.0	66,000		2.1								1.1	
15	X	24.0	64,000		2.0								1.0	
16	X	24.0	61,000		2.1								1.0	
17	X	24.0	62,000		2.2								1.1	
18	X	24.0	69,000		2.2								1.2	
19	X	24.0	68,000		2.0								1.1	
20	X	24.0	72,000		2.2								1.2	
21	X	24.0	62,000		2.1								1.2	
22	X	24.0	66,000		2.0								1.1	
23	X	24.0	73,000		2.0								1.0	
24		24.0	68,500											
25	X	24.0	68,500		2.1								1.0	
26	X	24.0	65,000		2.2								1.2	
27	X	24.0	69,000		2.1								1.1	
28	X	24.0	65,000		2.0								1.0	
29	X	24.0	63,000		2.1								1.0	
30	X	24.0	66,000		2.0								0.9	
31		24.0	65,000											
Total			2,014,000											
Avgerage			64,968											
Maximum			74,000											

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

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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	March 2012
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	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	57,000									57,000
2	0	64,000									64,000
3	0	58,000									58,000
4	0	60,000									60,000
5	0	68,000									68,000
6	0	64,000									64,000
7	0	74,000									74,000
8	0	67,000									67,000
9	0	67,000									67,000
10	0	59,000									59,000
11	0	59,000									59,000
12	0	59,000									59,000
13	0	65,000									65,000
14	0	66,000									66,000
15	0	64,000									64,000
16	0	61,000									61,000
17	0	62,000									62,000
18	0	69,000									69,000
19	0	68,000									68,000
20	0	72,000									72,000
21	0	62,000									62,000
22	0	66,000									66,000
23	0	73,000									73,000
24	0	68,500									68,500
25	0	68,500									68,500
26	0	65,000									65,000
27	0	69,000									69,000
28	0	65,000									65,000
29	0	63,000									63,000
30	0	66,000									66,000
31	0	65,000									65,000
Total											2,014,000
Avg.											64,968
Max.											74,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: Utilities
Lab Receipt Date & Time: 3/19/12 @ 1330
Analysis Date & Time: 03-19-12 @ 1555
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☐ 5.2 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820

Report Number: 98599 DOH# E85458 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 3-19-12

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B: Non-Coliform	Total Coliform	Fecal (*E. coli*), Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	228 Shoreline Drive	1010	D / F	1.2	8.2		A	A		389242
2	125 Lake Ridge Drive	1025	D / F	0.8	8.2		A	A		389243
3	Well #1	1000	R / F	0	8.4		A	A		389244
4	Well #2	1015	R / F	0	8.3		A	A		389245
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.0
(**F**ree chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 3/20/12
Lab Signature: _____
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required _____

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

1. Analysis Requested — Check the box next to the type of test being requested.
2. Public Water System (PWS) — Provide the full name of the public water system.
3. PWS I.D. — Provide the 7-digit DEP PWS ID number.
4. PWS Address — Indicate the PWS's mailing address.
5. City — Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone # — Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax # — Provide the PWS or PWS owner's fax number.
8. Collector — Provide the sample collector's first and last name.
9. Collector's Phone # — Provide the sample collector's phone number.
10. Type of Supply — Check the box next to the type of PWS or source being tested.
11. Reason for Sampling — Check the box next to the reason the samples are being collected.
12. Sample Collection Date — Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample # — Provide a unique number for each sample.
14. Sample Point — Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time — Provide the time of collection for each sample collected.
16. Sample Type & Chlorine Type — Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
    Indicate chlorine type for each sample collected. Chlorine type codes are: T=Total, F= Free & C=Combined.
17. Disinfectant Residual — Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH — Not required for drinking water samples.
19. Average of Disinfectant Residuals — Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method — Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis — Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report — Provide the name and mailing address of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number — This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time — Indicate the date and time samples were received in the lab.
3. Analysis Date & Time — Indicate the date and time of analysis.
4. Sample Preservation — Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check — Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s) — Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform — Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform — Indicate the presence or absence of total coliform bacteria.*
9. Fecal Coliform — Indicate the presence or absence of fecal coliform bacteria.*
10. *E. coli* — Indicate the presence or absence of *E. coli* bacteria.*
11. Enterococci — Indicate the presence or absence of enterococci bacteria.*
12. Coliphage — Indicate the presence or absence of coliphage. *
13. Data Qualifier — Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample # — Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results — In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results — In the event of fecal coliform, E. coli, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature — Signature of lab director or other authorized representative of the lab.
18. Title — Provide the title of the lab representative signing the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

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: **03/01/12** To: **03/31/12**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.025**	**0.015**	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				**6.9**			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				**10.0**	**10.0**		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**3.9**			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann_Avg.			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**4.2**	**4.2**		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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	**12/04/10**

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: 03/01/12 To: 03/31/12

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 Y Mon.Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100		Monthly	Grab
Coliform, Fecal	Sample Measurement			1u	1u		#/100		Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.13			mg/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)					Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement			390			mg/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			252			mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo. Avg.)			mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.026

Month / Year: **March-12**

(TMADF/Permitted Capacity)x100: 52%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.030					7.6		1.6			
2	0.020					7.5		2.1			
3	0.020					7.5		1.8			
4	0.030					7.5		2.0			
5	0.030					7.5		1.6			
6	0.020					7.5		1.5			
7	0.030					7.5		1.7			
8	0.020					7.5		1.4			
9	0.030					7.5		1.3			
10	0.020					7.5		1.4			
11	0.030					7.4		1.6			
12	0.030					7.5		1.5			
13	0.020					7.5		1.6			
14	0.030					7.5		1.6			
15	0.020					7.5		1.7			
16	0.030					7.5		1.5			
17	0.020					7.5		1.7			
18	0.020										
19	0.020					7.5		2.0			
20	0.040					7.5		1.6			
21	0.010	390	252	10.00	4.2	7.5	1U	1.8	0.13		
22	0.030					7.5		2.0			
23	0.030					7.5		1.7			
24	0.020										
25	0.020										
26	0.020					7.5		2.0			
27	0.020					7.6		1.6			
28	0.020					7.6		1.7			
29	0.020					7.6		1.5			
30	0.040					7.6		1.8			
31	0.020										
Total	0.760										
Mo. Avg.	0.025	390	252	10.0	4.2	7.5	1u	1.7	0.130		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.*
Attention: *Wendell Faircloth*
Date Received: *3/21/2012 @ 1623*

Project Name: *Woodlands*
Location: *WWTP*

Laboratory Sample: 389365 Sample Date: 3/21/2012 Sample Time: 1455
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	390.		mg/L	SM 5210B	C. Christensen	03/22/2012	1653	2.	2
Total Suspended Solids	252.		mg/L	SM 2540 D	W. Smith	03/23/2012	1332	1.	1

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *3/21/2012 @ 1623*

Laboratory Sample: 389366 Sample Date: 3/21/2012 Sample Time: 1500
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	10.		mg/L	SM 5210B	C. Christensen	03/22/2012	1653	2.	2
Total Suspended Solids	4.2		mg/L	SM 2540 D	W. Smith	03/23/2012	1332	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	J. Wolfhope	03/21/2012	1625	1.	1
Nitrite Nitrogen (NO2-N)	0.01	I	mg/L	EPA 353.2	J. Cosgrave	03/22/2012	1625	0.01	0.04
Nitrate Nitrogen (NO3-N)	0.12		mg/L	Calc.	J. Cosgrave	03/23/2012	1323	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	0.13		mg/L	EPA 353.2	J. Cosgrave	03/23/2012	1323	0.02	0.08

U = Parameter was analyzed for but not detected
I = Result is less than the PQL and greater than or equal to the MDL

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

SHORT ENVIRONMENTAL LABORATORIES
10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) Wendell L. Faircloth
SAMPLERS SIGNATURE:
CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: S&M 1 L sq P Cool <6°C — CBOD TSS	S&M 1/2 GAL P Cool <6°C — CBOD TSS NO2	Nut 250 ml P H_2SO_4 — NO3 NOx	Bact 125 ml Sterile Thio — FC		
	Raw	3/21	1455	STP	X	389365	1	1					
	Final	3/21	1500	STP	X	389366	3		1	1	1		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H_2SO_4 <2	✓	
SAMPLES ICED TO 3.8°C	✓	

COMMENTS:

98648

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2			3/21/12	1623

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida / Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida / Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

05/04/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* — CT Calculations: Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0			1.4								1.1	No Flow - Chlorinator off line
2	X	24.0			1.5								1.2	for repairs
3	X	24.0			1.5								1.1	
4	X	24.0			1.5								1.0	
5	X	24.0			1.5								1.2	
6	X	24.0			1.5								1.1	
7	X	24.0			1.5								1.0	
8	X	24.0			1.5								1.1	
9	X	24.0			1.5								1.0	
10	X	24.0			1.6								1.0	
11	X	24.0			1.6								1.1	
12	X	24.0			1.6								1.0	
13	X	24.0			1.6								1.2	
14		24.0												
15	X	24.0			1.6								1.1	
16	X	24.0			1.6								1.0	
17	X	24.0			1.6								1.2	
18	X	24.0			1.8								1.1	
19	X	24.0			1.8								1.2	
20	X	24.0			1.7								1.1	
21	X	24.0			1.7								1.2	
22	X	24.0			1.6								1.0	
23	X	24.0			1.6								1.2	
24	X	24.0			1.6								1.2	
25	X	24.0			1.5								1.1	
26	X	24.0			1.5								1.2	
27	X	24.0			1.5								1.0	
28		24.0												
29		24.0												
30	X	24.0			1.5								1.2	

Total		
Avgerage		
Maximum		

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

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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

I, the ndersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and acc rate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals sed at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant d ring the month indicated above: (1) records of amo nts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

05/04/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	55,000		2.1								1.1	
2	X	24.0	67,000		2.2								1.2	
3	X	24.0	68,000		2.1								1.2	
4	X	24.0	69,000		2.0								1.1	
5	X	24.0	58,000		2.0								1.0	
6	X	24.0	69,000		2.1								1.1	
7	X	24.0	64,000		2.0								1.0	
8	X	24.0	66,000		2.1								1.0	
9	X	24.0	72,000		2.2								1.1	
10	X	24.0	62,000		2.2								1.2	
11	X	24.0	69,000		2.1								1.2	
12	X	24.0	52,000		2.0								1.1	
13	X	24.0	69,000		2.0								1.0	
14		24.0	58,500											
15	X	24.0	58,500		2.1								1.1	
16	X	24.0	49,000		2.0								1.0	
17	X	24.0	56,000		2.1								1.0	
18	X	24.0	50,000		2.0								0.9	
19	X	24.0	46,000		2.1								1.0	
20	X	24.0	57,000		2.0								1.0	
21	X	24.0	52,000		2.1								1.2	
22	X	24.0	47,000		2.2								1.2	
23	X	24.0	47,000		2.1								1.1	
24	X	24.0	44,000		2.0								1.0	
25	X	24.0	54,000		2.1								1.0	
26	X	24.0	52,000		2.2								1.1	
27	X	24.0	57,000		2.1								1.0	
28		24.0	54,000											
29		24.0	54,000											
30	X	24.0	55,000		2.0								1.0	

Total	1,731,000
Avgerage	57,700
Maximum	72,000

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

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

See page 2 for instructions.

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

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	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	55,000									55,000
2	0	67,000									67,000
3	0	68,000									68,000
4	0	69,000									69,000
5	0	58,000									58,000
6	0	69,000									69,000
7	0	64,000									64,000
8	0	66,000									66,000
9	0	72,000									72,000
10	0	62,000									62,000
11	0	69,000									69,000
12	0	52,000									52,000
13	0	69,000									69,000
14	0	58,500									58,500
15	0	58,500									58,500
16	0	49,000									49,000
17	0	56,000									56,000
18	0	50,000									50,000
19	0	46,000									46,000
20	0	57,000									57,000
21	0	52,000									52,000
22	0	47,000									47,000
23	0	47,000									47,000
24	0	44,000									44,000
25	0	54,000									54,000
26	0	52,000									52,000
27	0	57,000									57,000
28	0	54,000									54,000
29	0	54,000									54,000
30	0	55,000									55,000
Total											1,731,000
Avg.											57,700
Max.											72,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: Wfunn
Lab Receipt Date & Time: 4/10/12 @ 1312
Analysis Date & Time: 04-10-12 @ 1555
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☒ 4.8 °C mp
Disinfectant Check: ☒ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.

10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

Report Number: 98919 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: ake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 4-10-12

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B: Non-Coliform	Total Coliform	Fecal (*E. coli*), Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	Men's restroom at pool	1105	D / F	1.0	8.2		A	A		390156
2	103 Holly Hill Drive	1130	D / F	0.8	8.1		A	A		390157
3	Well #1	1100	R / F	0	8.4		A	A		390158
4	Well #2	1115	R / F	0	8.3		A	A		390159
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 0.9
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 4/11/12
Lab Signature: _____
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required _____

[1] For Sample Types see instructions item I 16.
[2] For Analysis Methods see instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

1. Analysis Requested — Check the box next to the type of test being requested.
2. Public Water System (PWS) — Provide the full name of the public water system.
3. PWS I.D. — Provide the 7-digit DEP PWS ID number.
4. PWS Address — Indicate the PWS's mailing address.
5. City — Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone # — Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax # — Provide the PWS or PWS owner's fax number.
8. Collector — Provide the sample collector's first and last name.
9. Collector's Phone # — Provide the sample collector's phone number.
10. Type of Supply — Check the box next to the type of PWS or source being tested.
11. Reason for Sampling — Check the box next to the reason the samples are being collected.
12. Sample Collection Date — Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample # — Provide a unique number for each sample.
14. Sample Point — Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time — Provide the time of collection for each sample collected.
16. Sample Type & Chlorine Type — Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
    Indicate chlorine type for each sample collected. Chlorine type codes are: T=Total, F= Free & C=Combined.
17. Disinfectant Residual — Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH — Not required for drinking water samples.
19. Average of Disinfectant Residuals — Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method — Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis — Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report — Provide the name and mailing address of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number — This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time — Indicate the date and time samples were received in the lab.
3. Analysis Date & Time — Indicate the date and time of analysis.
4. Sample Preservation — Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check — Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s) — Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform — Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform — Indicate the presence or absence of total coliform bacteria.*
9. Fecal Coliform — Indicate the presence or absence of fecal coliform bacteria.*
10. *E. coli* — Indicate the presence or absence of *E. coli* bacteria.*
11. Enterococci — Indicate the presence or absence of enterococci bacteria.*
12. Coliphage — Indicate the presence or absence of coliphage. *
13. Data Qualifier — Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample # — Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results — In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results — In the event of fecal coliform, E. coli, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature — Signature of lab director or other authorized representative of the lab.
18. Title — Provide the title of the lab representative signing the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

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

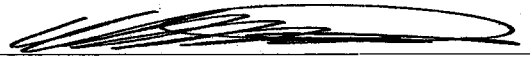
REPORT: Monthly
GROUP: Domestic

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: **04/01/12** To: **04/30/12**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.013**	**0.015**	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				**7.4**			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				**11.0**	**11.0**		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**3.8**			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann_Avg.			mg/L		Monthly	Grab
Solids, Totel Suspended	Sample Measurement				**3.4**	**3.4**		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	**12/05/24**

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: 04/01/12 To: 04/30/12

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 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100		Monthly	Grab
Coliform, Fecal	Sample Measurement				1u	1u		#/100		Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.200			mg/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				545			mg/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				490			mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.022

Month / Year: **April-12**

(TMADF/Permitted Capacity)x100: 44%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.015										
2	0.015					7.6		2.0			
3	0.020					7.6		1.8			
4	0.010					7.6		1.6			
5	0.020	545	490	11.0	3.4	7.5	1u	1.5	0.20		
6	0.020					7.6		1.7			
7	0.010					7.6		2.0			
8	0.010					7.5		1.6			
9	0.020					7.6		1.7			
10	0.020					7.5		1.5			
11	0.020					7.5		2.0			
12	0.020					7.5		1.6			
13	0.010					7.5		1.7			
14	0.020					7.5		1.8			
15	0.010					7.5		2.0			
16	0.010					7.5		1.6			
17	0.020					7.5		2.0			
18						7.5		2.2			
19	0.020					7.5		2.0			
20	0.010					7.6		1.8			
21	0.010										
22	0.010					7.5		2.1			
23	0.010					7.5		1.6			
24	0.006					7.5		1.5			
25	0.010					7.5		2.2			
26	0.010					7.5		2.1			
27	0.010					7.5		2.0			
28	0.010										
29	0.010										
30	0.010					7.5		1.7			
Total	0.396										
Mo. Avg.	0.013	545	490	11.0	3.4	7.5	1u	1.8	0.20		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *4/5/2012 @ 1300*

Laboratory Sample: 389964 Sample Date: 4/5/2012 Sample Time: 0950
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	545.		mg/L	SM 5210B	C. Christensen	04/05/2012	1701	2.	2
Total Suspended Solids	490.		mg/L	SM 2540 D	W. Smith	04/10/2012	1128	1.	1

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *4/5/2012 @ 1300*

Laboratory Sample: 389965 Sample Date: 4/5/2012 Sample Time: 0955
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	11.		mg/L	SM 5210B	C. Christensen	04/05/2012	1701	2.	2
Total Suspended Solids	3.4		mg/L	SM 2540 D	W. Smith	04/10/2012	1128	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	J. Wolfhope	04/05/2012	1400	1.	1
Nitrite Nitrogen (NO2-N)	0.02	I	mg/L	EPA 353.2	J. Cosgrave	04/05/2012	1643	0.01	0.04
Nitrate Nitrogen (NO3-N)	0.18		mg/L	Calc.	J. Cosgrave	04/13/2012	1407	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	0.20		mg/L	EPA 353.2	J. Cosgrave	04/13/2012	1407	0.02	0.08

U = Parameter was analyzed for but not detected
I = Result is less than the PQL and greater than or equal to the MDL

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) Wendell L. Faircloth

SAMPLERS SIGNATURE:

CLIENT NAME: Short Utility Service, Inc. #8

PROJECT: The Woodlands

LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: CBOD TSS (S&M, 1 L sq, P, Cool <6°C)	CBOD TSS NO2 (S&M, 1/2 GAL, P, Cool <6°C)	NO3 NOx (H_2SO_4) (Nut, 250 ml, P)	FC (Bact, 125 ml, Sterile, Thio)
	Raw	4/5	1150	STP	X	389964	1	1			
	Final	4/5	0950	STP	X	389965	3		1	1	1

	YES	NO
NUTRIENT CONTAINER PRESERVED, H_2SO_4 < 2	✓	
SAMPLES ICED TO 4.4 C	✓	

COMMENTS:

98840

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
		D Kimball	4/5/12	1300

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

06/05/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0			1.6								1.2	No Flows - Chlorinator off line
2	X	24.0			1.5								1.0	for repairs.
3	X	24.0	12,000		1.9								1.0	Chlorinator repaired
4	X	24.0	14,000		2.0								1.1	
5	X	24.0	4,000		2.0								1.0	
6	X	24.0	4,000		2.1								1.0	
7	X	24.0	3,000		2.2								1.2	
8	X	24.0	32,000		2.1								1.0	
9	X	24.0	8,000		2.0								1.0	
10	X	24.0	14,000		2.1								1.2	
11	X	24.0	11,000		2.0								1.1	
12		24.0	14,000											
13		24.0	14,000											
14	X	24.0	14,000		2.0								1.0	
15	X	24.0	11,000		2.1								1.0	
16	X	24.0	13,000		2.2								1.2	
17	X	24.0	10,000		2.1								1.2	
18	X	24.0	11,000		2.0								1.0	
19	X	24.0	8,000		2.1								1.0	
20	X	24.0	10,000		2.0								0.9	
21	X	24.0	9,000		2.0								1.0	
22	X	24.0	14,000		2.1								1.0	
23	X	24.0	17,000		2.2								1.1	
24	X	24.0	16,000		2.2								1.2	
25	X	24.0	12,000		2.1								1.0	
26		24.0	12,000											
27		24.0	12,000											
28	X	24.0	13,000		2.2								1.0	
29	X	24.0	11,000		2.2								1.2	
30	X	24.0	9,000		2.1								1.2	
31	X	24.0	11,000		2.0								1.1	
Total			343,000											
Avgerage			11,065											
Maximum			32,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
06/05/12	David W. Faircloth	8189

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	62,000		2.0								0.9	
2	X	24.0	53,000		2.1								1.0	
3	X	24.0	41,000		2.0								1.0	
4	X	24.0	50,000		2.1								1.2	
5	X	24.0	65,000		2.2								1.2	
6	X	24.0	68,000		2.1								1.1	
7	X	24.0	65,000		2.0								1.0	
8	X	24.0	35,000		2.1								1.0	
9	X	24.0	41,000		2.2								1.1	
10	X	24.0	42,000		2.2								1.2	
11	X	24.0	45,000		2.1								1.2	
12		24.0	43,000											
13		24.0	43,000											
14	X	24.0	44,000		2.2								1.1	
15	X	24.0	37,000		2.1								1.0	
16	X	24.0	47,000		2.0								1.0	
17	X	24.0	41,000		2.1								1.2	
18	X	24.0	37,000		2.0								1.1	
19	X	24.0	40,000		2.1								1.2	
20	X	24.0	36,000		2.0								1.2	
21	X	24.0	48,000		2.0								1.0	
22	X	24.0	36,000		2.1								1.0	
23	X	24.0	49,000		2.2								1.2	
24	X	24.0	38,000		2.1								1.2	
25	X	24.0	36,000		2.0								1.1	
26		24.0	34,000											
27		24.0	34,000											
28	X	24.0	34,000		2.1								1.2	
29	X	24.0	28,000		2.2								1.2	
30	X	24.0	31,000		2.1								1.0	
31	X	24.0	31,000		2.0								1.0	
Total			1,334,000											
Avgerage			43,032											
Maximum			68,000											

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

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

See page 2 for instructions.

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

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	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	62,000									62,000
2	0	53,000									53,000
3	12,000	41,000									53,000
4	14,000	50,000									64,000
5	4,000	65,000									69,000
6	4,000	68,000									72,000
7	3,000	65,000									68,000
8	32,000	35,000									67,000
9	8,000	41,000									49,000
10	14,000	42,000									56,000
11	11,000	45,000									56,000
12	14,000	43,000									57,000
13	14,000	43,000									57,000
14	14,000	44,000									58,000
15	11,000	37,000									48,000
16	13,000	47,000									60,000
17	10,000	41,000									51,000
18	11,000	37,000									48,000
19	8,000	40,000									48,000
20	10,000	36,000									46,000
21	9,000	48,000									57,000
22	14,000	36,000									50,000
23	17,000	49,000									66,000
24	16,000	38,000									54,000
25	12,000	36,000									48,000
26	12,000	34,000									46,000
27	12,000	34,000									46,000
28	13,000	34,000									47,000
29	11,000	28,000									39,000
30	9,000	31,000									40,000
31	11,000	31,000									42,000
Total											1,677,000
Avg.											54,097
Max.											72,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 862-655-5820
DOH# E85458

Report Number: 995499 Sub-Contract Lab ID: _____

Delivered By: Client
Lab Receipt Date & Time: 5/16/12 1435
Analysis Date & Time: 05/16/12 @1700
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice 6.8 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 5-16-12

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B: Non-Coliform	Total Coliform	Fecal (*E. coli*), Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	228 Shoreline Drive	1325	D / F	1.2	8.2		A	A		391993
2	103 Holly Hill Drive	1345	D / F	1.0	8.1		A	A		391994
3	Well #1	1320	R / F	0	8.1		A	A		391995
4	Well #2	1335	R / F	0	8.3		A	A		391996
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.1
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 5/17/12
Lab Signature: _____
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

1. Analysis Requested — Check the box next to the type of test being requested.
2. Public Water System (PWS) — Provide the full name of the public water system.
3. PWS I.D. — Provide the 7-digit DEP PWS ID number.
4. PWS Address — Indicate the PWS's mailing address.
5. City — Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone # — Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax # — Provide the PWS or PWS owner's fax number.
8. Collector — Provide the sample collector's first and last name.
9. Collector's Phone # — Provide the sample collector's phone number.
10. Type of Supply — Check the box next to the type of PWS or source being tested.
11. Reason for Sampling — Check the box next to the reason the samples are being collected.
12. Sample Collection Date — Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample # — Provide a unique number for each sample.
14. Sample Point — Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time — Provide the time of collection for each sample collected.
16. Sample Type & Chlorine Type — Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
    Indicate chlorine type for each sample collected. Chlorine type codes are: T=Total, F= Free & C=Combined.
17. Disinfectant Residual — Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH — Not required for drinking water samples.
19. Average of Disinfectant Residuals — Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method — Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis — Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report — Provide the name and mailing address of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number — This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time — Indicate the date and time samples were received in the lab.
3. Analysis Date & Time — Indicate the date and time of analysis.
4. Sample Preservation — Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check — Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s) — Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform — Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform — Indicate the presence or absence of total coliform bacteria. *
9. Fecal Coliform — Indicate the presence or absence of fecal coliform bacteria.*
10. *E. coli* — Indicate the presence or absence of *E. coli* bacteria.*
11. Enterococci — Indicate the presence or absence of enterococci bacteria.*
12. Coliphage — Indicate the presence or absence of coliphage. *
13. Data Qualifier — Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample # — Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results — In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results — In the event of fecal coliform, E. coli, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature — Signature of lab director or other authorized representative of the lab.
18. Title — Provide the title of the lab representative signing the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

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

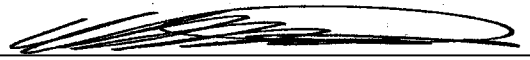
PERMIT NUMBER: FLA014340
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

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: **05/01/12** To: **05/31/12**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.009**	**0.015**	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				**7.3**			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				**2.4**	**2.4**		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**3.8**			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann_Avg.			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**2.0**	**2.0**		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	**12/06/19**

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: 05/01/12 To: 05/31/12

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 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100		Monthly	Grab
Coliform, Fecal	Sample Measurement				1u	1u		#/100		Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.77			mg/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				222			mg/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				129			mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.016

Month / Year: **May-12**

(TMADF/Permitted Capacity)x100: 31%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.009					7.5		1.6			
2	0.011					7.5		2.0			
3	0.008					7.5		1.5			
4	0.006					7.5		2.0			
5	0.011					7.5		2.0			
6	0.011					7.5		2.2			
7	0.010					7.5		2.2			
8	0.010					7.4		1.7			
9	0.007					7.5		1.9			
10	0.009					7.4		2.2			
11	0.009					7.5		2.1			
12	0.006					7.4		1.8			
13	0.009					7.4		2.0			
14	0.010					7.5		1.8			
15	0.007					7.4		2.0			
16	0.007					7.4		2.0			
17	0.011	222	129	2.4	2.0	7.5	1u	1.8	0.77		
18	0.007					7.4		2.1			
19	0.008					7.4		1.7			
20	0.006										
21	0.006					7.4		2.1			
22	0.006					7.5		1.8			
23	0.009										
24	0.009					7.4		2.1			
25	0.008					7.4		2.0			
26	0.008					7.5		2.2			
27	0.011										
28	0.011										
29	0.012					7.5		1.7			
30	0.008					7.5		1.0			
31	0.008					7.4		2.0			
Total	0.267										
Mo. Avg.	0.009	222	129	2.4	2.0	7.5	1u	1.9	0.77		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.*
Attention: *Wendell Faircloth*
Date Received: *5/17/2012 @ 1614*

Project Name: *Woodlands*
Location: *WWTP*

Laboratory Sample: 392113 Sample Date: 5/17/2012 Sample Time: 1400
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	222.		mg/L	SM 5210B	C. Christensen	05/18/2012	1612	2.	2
Total Suspended Solids	129.		mg/L	SM 2540 D	T. Heath	05/21/2012	1151	1.	1

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *5/17/2012 @ 1614*

Laboratory Sample: 392114 Sample Date: 5/17/2012 Sample Time: 1405
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	2.4		mg/L	SM 5210B	C. Christensen	05/18/2012	1612	2.	2
Total Suspended Solids	2.0		mg/L	SM 2540 D	T. Heath	05/21/2012	1151	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	J. Wolfhope	05/17/2012	1630	1.	1
Nitrite Nitrogen (NO2-N)	0.02	I	mg/L	EPA 353.2	J. Cosgrave	05/17/2012	1630	0.01	0.04
Nitrate Nitrogen (NO3-N)	0.77		mg/L	Calc.	J. Cosgrave	05/23/2012	1329	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	0.79		mg/L	EPA 353.2	J. Cosgrave	05/23/2012	1329	0.02	0.08

U = Parameter was analyzed for but not detected
I = Result is less than the PQL and greater than or equal to the MDL

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) Wendell L. Faircloth
SAMPLERS SIGNATURE:
CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: S&M 1 L sq P Cool <6°C — CBOD TSS	S&M 1/2 GAL P Cool <6°C — CBOD TSS NO2	Nut 250 ml P H_2SO_4 — NO3 NOx	Bact 125 ml Sterile Thio — FC		
	Raw	5/17	1400	STP	X	392113	1	1					
	Final	5/17	1405	STP	X	392114	3		1	1	1		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H_2SO_4 < 2	✓	
SAMPLES ICED TO 4.0 C	✓	

COMMENTS:

99594

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2			5/17/12	1614

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478 City: Lake Placid State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive City: Lake Placid	State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

07/06/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	9,000		2.0								1.0	
2	X	24.0	8,000		2.1								1.1	
3	X	24.0	7,000		2.2								1.2	
4	X	24.0	11,000		2.1								1.2	
5	X	24.0	12,000		2.0								1.1	
6	X	24.0	13,000		2.0								1.0	
7	X	24.0	8,000		2.1								1.0	
8	X	24.0	10,000		2.2								1.2	
9		24.0	6,000											
10		24.0	6,000											
11	X	24.0	6,000		2.1								1.0	
12	X	24.0	7,000		2.0								1.0	
13	X	24.0	6,000		2.0								0.9	
14	X	24.0	8,000		2.1								1.0	
15	X	24.0	9,000		2.2								1.1	
16	X	24.0	8,000		2.1								1.0	
17	X	24.0	7,000		2.0								1.1	
18	X	24.0	8,000		2.0								1.0	
19	X	24.0	19,000		2.2								1.2	
20	X	24.0	14,000		2.0								1.0	
21	X	24.0	16,000		2.2								1.2	
22	X	24.0	7,000		2.1								1.0	
23		24.0	7,500											
24	X	24.0	7,500		2.0								0.9	
25	X	24.0	6,000		2.1								1.0	
26	X	24.0	4,000		2.0								1.0	
27	X	24.0	6,000		2.1								1.1	
28	X	24.0	6,000		2.2								1.2	
29	X	24.0	4,000		2.1								1.0	
30		24.0	5,000											
Total			251,000											
Avgerage			8,367											
Maximum			19,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

07/06/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{o}C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	34,000		2.1								1.2	
2	X	24.0	33,000		2.2								1.2	
3	X	24.0	32,000		2.0								1.1	
4	X	24.0	32,000		2.0								1.2	
5	X	24.0	26,000		2.2								1.2	
6	X	24.0	36,000		2.1								1.0	
7	X	24.0	30,000		2.0								1.0	
8	X	24.0	29,000		2.1								1.2	
9		24.0	27,000											
10		24.0	27,000											
11	X	24.0	28,000		2.0								1.1	
12	X	24.0	24,000		2.1								1.2	
13	X	24.0	36,000		2.2								1.2	
14	X	24.0	28,000		2.1								1.1	
15	X	24.0	32,000		2.0								1.0	
16	X	24.0	34,000		2.1								1.0	
17	X	24.0	31,000		2.2								1.2	
18	X	24.0	38,000		2.1								1.1	
19	X	24.0	25,000		2.2								1.2	
20	X	24.0	33,000		2.1								1.0	
21	X	24.0	34,000		2.0								1.0	
22	X	24.0	26,000		2.1								1.2	
23		24.0	32,000											
24	X	24.0	32,000		2.2								1.2	
25	X	24.0	31,000		2.1								1.0	
26	X	24.0	21,000		2.0								1.0	
27	X	24.0	28,000		2.1								1.2	
28	X	24.0	35,000		2.2								1.2	
29	X	24.0	31,000		2.1								1.0	
30		24.0	30,000											

Total	915,000
Avgerage	30,500
Maximum	38,000

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

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

See page 2 for instructions.

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

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	9,000	34,000									43,000
2	8,000	33,000									41,000
3	7,000	32,000									39,000
4	11,000	32,000									43,000
5	12,000	26,000									38,000
6	13,000	36,000									49,000
7	8,000	30,000									38,000
8	10,000	29,000									39,000
9	6,000	27,000									33,000
10	6,000	27,000									33,000
11	6,000	28,000									34,000
12	7,000	24,000									31,000
13	6,000	36,000									42,000
14	8,000	28,000									36,000
15	9,000	32,000									41,000
16	8,000	34,000									42,000
17	7,000	31,000									38,000
18	8,000	38,000									46,000
19	19,000	25,000									44,000
20	14,000	33,000									47,000
21	16,000	34,000									50,000
22	7,000	26,000									33,000
23	7,500	32,000									39,500
24	7,500	32,000									39,500
25	6,000	31,000									37,000
26	4,000	21,000									25,000
27	6,000	28,000									34,000
28	6,000	35,000									41,000
29	4,000	31,000									35,000
30	5,000	30,000									35,000
Total											1,166,000
Avg.											38,867
Max.											50,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: [illegible]
Lab Receipt Date & Time: 6-19-12/1248
Analysis Date & Time: 06-19-12 1555
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☑ 4 °C
Disinfectant Check: ☒ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.

10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 862-655-5820
DOH# E85458

Report Number: 100089 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 6-19-12

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert SM9223B Non-Coliform	Total Coliform	Fecal, *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	Men's room at pool	1035	D / F	1.2	8.2		A	A		393626
2	125 Lake Ridge Drive	1055	D / F	1.0	8.2		A	A		393627
3	Well #1	1025	R / F	0			A	A		393628
4	Well #2	1045	R / F	0			A	A		393629
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.1

Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report Issued: 6/20/12

Lab Signature: [signature]

Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required _____

[1] For Sample Types see instructions item I 16.
[2] For Analysis Methods see instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

1. Analysis Requested — Check the box next to the type of test being requested.
2. ublic Water System (PWS) — Provide the full name of the public water system.
3. PWS I.D. — Provide the 7-digit DEP PWS ID number.
4. PWS Address — Indicate the PWS's mailing address.
5. City — Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone # — Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax # — Provide the PWS or PWS owner's fax number.
8. Collector — Provide the sample collector's first and last name.
9. Collector's Phone # — Provide the sample collector's phone number.
10. Type of Supply — Check the box next to the type of PWS or source being tested.
11. Reason for Sampling — Check the box next to the reason the samples are being collected.
12. Sample Collection Date — Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample # — Provide a unique number for each sample.
14. Sample Point — Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time — Provide the time of collection for each sample collected.
16. Sample Type & Chlorine Type — Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
    Indicate ch orine type for each sample collected. Chlorine type codes are: T=Total, F= Free & C=Combined.
17. Disinfectant Residual — Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH — Not required for drinking water samples.
19. Average of Disinfectant Residuals — Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method — Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis — Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report — Provide the name and mailing address of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number — This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time — Indicate the date and time samples were received in the lab.
3. Analysis Date & Time — Indicate the date and time of analysis.
4. Sample Preservation — Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check — Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s) — Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform — Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform — Indicate the presence or absence of total coliform bact ria.*
9. Fecal Coliform — Indicate the presence or absence of fecal coliform bacteria.*
10. *E. coli* — Indicate the presence or absence of *E. coli* bacteria.*
11. Enterococci — Indicate the presence or absence of enterococci bacteria.*
12. Coliphage — Indicate the presence or absence of coliphage. *
13. Data Qualifier — Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample # — Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results — In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results — In the event of fecal coliform, E. coli, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature — Signature of lab director or other authorized representative of the lab.
18. Title — Provide the title of the lab representative signing the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

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

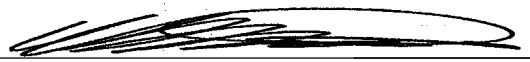
PERMIT NUMBER: FLA014340
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

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: **06/01/12** To: **06/30/12**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.006**	**0.014**	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				**7.6**			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				**8.0**	**8.0**		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**3.8**			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann_Avg.			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**1u**	**1U**		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
pH	Sample Measurement				**7.3**	**7.5**		s.u.		5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	**12/07/18**

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: 06/01/12 To: 06/30/12

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 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100		Monthly	Grab
Coliform, Fecal	Sample Measurement				1u	1u		#/100		Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.45			mg/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				168			mg/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				48			mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.009

Month / Year: **June-12**

(TMADF/Permitted Capacity)x100: 19%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.013					7.4		1.8			
2	0.007					7.4		2.8			
3	0.008										
4	0.008					7.4		2.9			
5	0.006					7.4		2.5			
6	0.006					7.3		2.2			
7	0.006					7.4		2.0			
8	0.011					7.3		2.6			
9	0.008					7.4		2.2			
10	0.010										
11	0.010					7.3		2.5			
12	0.008					7.3		2.4			
13	0.007					7.4		2.1			
14	0.006	168	48	8.00	1u	7.4	1u	2.6	1.45		
15	0.008					7.3		2.0			
16	0.008					7.3		2.5			
17	0.008										
18	0.008					7.5		3.4			
19	0.006					7.3		1.7			
20	0.001					7.4		2.2			
21	0.003					7.3		2.0			
22	0.002					7.4		1.7			
23	0.001					7.3		1.9			
24	0.004										
25	0.004					7.3		1.4			
26	0.002					7.3		1.5			
27	0.002					7.4		1.2			
28	0.002					7.5		1.6			
29	0.002					7.4		1.5			
30	0.002					7.4		1.6			
Total	0.173										
Mo. Avg.	0.006	168	48	8.0	1u	7.4	1u	2.1	1.45		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.*
Attention: *Wendell Faircloth*
Date Received: *6/14/2012 @ 1405*

Project Name: *WW Woodlands*
Location: *WWTP*

Laboratory Sample: 393497
Sample ID: Raw

Sample Date: 6/14/2012 Sample Time: 1345
Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	168.		mg/L	SM 5210B	C. Christensen	06/14/2012	1530	2.	2
Total Suspended Solids	48.		mg/L	SM 2540 D	W. Smith	06/19/2012	1400	1.	1

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *WW Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *6/14/2012 @ 1405*

Laboratory Sample: 393498 Sample Date: 6/14/2012 Sample Time: 1350
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	8.0		mg/L	SM 5210B	C. Christensen	06/14/2012	1530	2.	2
Total Suspended Solids	1.0	U	mg/L	SM 2540 D	W. Smith	06/19/2012	1445	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	J. Wolfhope	06/14/2012	1415	1.	1
Nitrite Nitrogen (NO2-N)	0.01	U	mg/L	EPA 353.2	J. Cosgrave	06/14/2012	1658	0.01	0.04
Nitrate Nitrogen (NO3-N)	1.45		mg/L	Calc.	J. Cosgrave	06/20/2012	1453	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	1.45		mg/L	EPA 353.2	J. Cosgrave	06/20/2012	1453	0.02	0.08

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Robert A. Watkins, Jr
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) Wendell L. Faircloth

CLIENT NAME: Short Utility Service, Inc. #8

SAMPLER'S SIGNATURE:

PROJECT: The Woodlands

LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: S&M 1 L sq P Cool <6°C — CBOD TSS	S&M 1/2 GAL P Cool <6°C — CBOD TSS NO2	Nut 250 ml P H_2SO_4 — NO3 NOx	Bact 125 ml Sterile Thio — FC		
	Raw	6/14	1345	STP	X	393497	1	1					
	Final	6/14	1350	STP	X	393498	3		1	1	1		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H_2SO_4 ≤2	✓	
SAMPLES ICED TO 6.2	✓	

COMMENTS:

100026

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
		Kimball	6/14/12	1405

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

08/07/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution Systein, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	5,000		2.0								1.0	
2	X	24.0	12,000		2.1								1.2	
3	X	24.0	9,000		2.2								1.2	
4	X	24.0	8,000		2.1								1.1	
5	X	24.0	8,000		2.0								1.0	
6	X	24.0	6,000		2.1								1.2	
7	X	24.0	6,000		2.2								1.2	
8	X	24.0	7,000		2.1								1.0	
9	X	24.0	9,000		2.0								1.0	
10	X	24.0	10,000		2.2								1.2	
11	X	24.0	9,000		2.0								1.1	
12	X	24.0	6,000		1.9								1.0	
13	X	24.0	8,000		2.0								1.0	
14		24.0	4,500											
15	X	24.0	4,500		2.1								1.1	
16	X	24.0	5,000		2.2								1.2	
17	X	24.0	3,000		2.0								1.0	
18	X	24.0	6,000		2.1								1.2	
19	X	24.0	3,000		2.0								1.1	
20	X	24.0	6,000		2.0								1.0	
21	X	24.0	4,000		2.1								1.0	
22		24.0	5,000											
23	X	24.0	5,000		2.0								0.9	
24	X	24.0	4,000		2.0								1.0	
25	X	24.0	2,000		2.1								1.0	
26	X	24.0	5,000		2.0								0.9	
27	X	24.0	3,000		2.1								1.0	
28	X	24.0	5,000		2.2								1.1	
29		24.0	8,500											
30	X	24.0	8,500		2.1								1.0	
31	X	24.0	6,000		2.0								1.0	
Total			191,000											
Avgerage			6,161											
Maximum			12,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

08/07/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	41,000		2.2								1.2	
2	X	24.0	29,000		2.1								1.1	
3	X	24.0	22,000		2.0								1.0	
4	X	24.0	48,000		2.1								1.2	
5	X	24.0	42,000		2.2								1.2	
6	X	24.0	31,000		2.1								1.1	
7	X	24.0	30,000		2.2								1.2	
8	X	24.0	34,000		2.1								1.2	
9	X	24.0	35,000		2.0								1.1	
10	X	24.0	26,000		2.1								1.2	
11	X	24.0	25,000		2.0								1.1	
12	X	24.0	37,000		2.0								1.0	
13	X	24.0	28,000		2.1								1.0	
14		24.0	31,000											
15	X	24.0	31,000		2.1								1.1	
16	X	24.0	29,000		2.2								1.1	
17	X	24.0	36,000		2.1								1.0	
18	X	24.0	25,000		2.1								1.0	
19	X	24.0	28,000		2.0								0.9	
20	X	24.0	26,000		2.2								1.2	
21	X	24.0	25,000		2.1								1.2	
22		24.0	32,000											
23	X	24.0	32,000		2.0								1.1	
24	X	24.0	23,000		2.1								1.2	
25	X	24.0	32,000		2.0								1.1	
26	X	24.0	40,000		2.1								1.2	
27	X	24.0	33,000		2.2								1.2	
28	X	24.0	27,000		2.1								1.0	
29		24.0	39,500											
30	X	24.0	39,500		2.0								1.0	
31	X	24.0	50,000		2.1								1.2	
Total			1,007,000											
Avgerage			32,484											
Maximum			50,000											

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

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

See page 2 for instructions.

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

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	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	5,000	41,000									46,000
2	12,000	29,000									41,000
3	9,000	22,000									31,000
4	8,000	48,000									56,000
5	8,000	42,000									50,000
6	6,000	31,000									37,000
7	6,000	30,000									36,000
8	7,000	34,000									41,000
9	9,000	35,000									44,000
10	10,000	26,000									36,000
11	9,000	25,000									34,000
12	6,000	37,000									43,000
13	8,000	28,000									36,000
14	4,500	31,000									35,500
15	4,500	31,000									35,500
16	5,000	29,000									34,000
17	3,000	36,000									39,000
18	6,000	25,000									31,000
19	3,000	28,000									31,000
20	6,000	26,000									32,000
21	4,000	25,000									29,000
22	5,000	32,000									37,000
23	5,000	32,000									37,000
24	4,000	23,000									27,000
25	2,000	32,000									34,000
26	5,000	40,000									45,000
27	3,000	33,000									36,000
28	5,000	27,000									32,000
29	8,500	39,500									48,000
30	8,500	39,500									48,000
31	6,000	50,000									56,000
Total											1,198,000
Avg.											38,645
Max.											56,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: WJ
Lab Receipt Date & Time: 7/18/12 1300
Analysis Date & Time: 07-19-12 1625
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice 4.8 °C
Disinfectant Check: ☒ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 862-655-5820
DOH # E85458

Report Number: 100549 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 7-18-12

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert SM9223B Non-Coliform	Total Coliform	Fecal, *E.coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
¥ 1	Men's restroom at pool	0705	D / F	1.2	8.1		A	A		394927
* 2	103 Holly Hill Drive	0725	D / F	1.0	8.2		A	A		394928
3	Well #1	0700	R / F	0	8.4		A	A		394929
4	Well #2	0740	R / F	0	8.3		A	A		394930
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.1
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 7/19/12
Lab Signature: _____
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required _____

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

1. Analysis Requested — Check the box next to the type of test being requested.
2. Public Water System (PWS) — Provide the full name of the public water system.
3. PWS I.D. — Provide the 7-digit DEP PWS ID number.
4. PWS Address — Indicate the PWS's mailing address.
5. City — Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone # — Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax # — Provide the PWS or PWS owner's fax number.
8. Collector — Provide the sample collector's first and last name.
9. Collector's Phone # — Provide the sample collector's phone number.
10. Type of Supply — Check the box next to the type of PWS or source being tested.
11. Reason for Sampling — Check the box next to the reason the samples are being collected.
12. Sample Collection Date — Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample # — Provide a unique number for each sample.
14. Sample Point — Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time — Provide the time of collection for each sample collected.
16. Sample Type & Chlorine Type — Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
    Indicate chlorine type for each sample collected. Chlorine type codes are: T=Total, F= Free & C=Combined.
17. Disinfectant Residual — Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH — Not required for drinking water samples.
19. Average of Disinfectant Residuals — Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method — Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis — Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report — Provide the name and mailing a dress of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number — This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time — Indicate the date and time samples were receive in the lab.
3. Analysis Date & Time — Indicate the date and time of analysis.
4. Sample Preservation — Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check — Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s) — Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform — Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform — Indicate the presence or absence of total coliform bacteria.*
9. Fecal Coliform — Indicate the presence or absence of fecal coliform bacteria.*
10. *E. coli* — Indicate the presence or absence of *E. coli* bacteria.*
11. Enterococci — Indicate the presence or absence of enterococci bacteria.*
12. Coliphage — Indicate the presence or absence of coliphage. *
13. Data Qualifier — Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample # — Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results — In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results — In the event of fecal coliform, E. coli, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature — Signature of lab director or other authorized representative of the lab.
18. Title — Provide the title of the lab representative signing the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S. Sebring, FL 33876 email: Shortlab@strato.net
Phone: (863) 655-4022 (800) 833-4022 Fax: (863) 655-5820

Report Cover Page

Client:	**Short Utility Service, Inc.**	Report #:	**2012080193**
Address:	P.O. Box 1088	Report Date:	8/26/2012
City, State, Zip:	Sebring, FL 33871-1088		
Attention:	Wendell Faircloth		
Project:	The Woodlands - Plant #1		
	Disinfection By-Products		
Sample Date:	7/18/2012		
Sample Numbers:	394888		

This report package includes the following contents and attachments:

Contents	Item	Pages
Cover Page:		1
Report of Analysis:	DW Original	3
Attachments:	Sampler Certification	1
	Chain of Custody	1
Total Pages:		6

Commonly used Qualifiers with explanations:

Qualifier	Explanation
U	Compound was analyzed for but not detected.
I	Result is between the MDL and the PQL.
Q	Sample was analyzed out of holding time.
J	Estimated value; may not be accurate.

The results contained in the report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Respectfully Submitted,

Douglas E. Morton

Digitally signed by Douglas E. Morton
DN: cn=Douglas E. Morton, o=Short Environmental Labs, ou=Project Manager, email=shortlab@strato.net, c=US
Date: 2012.08.27 10:38:15 -04'00'

Project Manager

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.

ACCREDITED IN ACCORDANCE WITH ilac
FL CERT #85458

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

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

System Name: The Woodlands of LP Plant #1 PWS I.D. #: 6280304

System Type (check one): (●) Community ( ) NonTransient Noncommunity ( ) Transient NonCommunity

Address: PO Box 478

City: Lake Placid State: Florida ZIP Code: 33862

Phone#: 863-699-1991 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 394888 Sample Date: 7/18/2012 Sample Time: 0705

Sample Location (be specific): Men's Restroom at Pool

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: 8.1

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62.550)
- [ ] Raw (at well intake)
- [■] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

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

- [■] Routine Compliance (with 62-550)
- [ ] Confirmantion of MCL Exceedance*
- [ ] Composite Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other:

- [ ] Quarterly (Which One?)
- [ ] Special (not for compliance with 62-550.)
- [ ] Violation Resolution
- [ ] Replacement (of invalidated Sample)

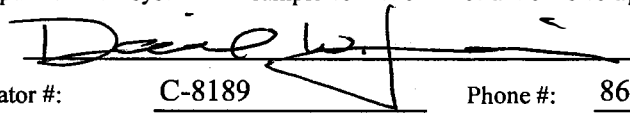
Sampling Procedure Used or other Comments:

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

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

SAMPLER CERTIFICATION

I, David W. Faircloth (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature:  Date: 07/18/2012

Certified Operator #: C-8189 Phone #: 863-471-1400 Sampler's FAX #: 863-471-2102

Sampler's E-mail: shortutility@embarqmail.com

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

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

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

Lab Name: Short Environmental Laboratories

Florida DOH Certification # : E85458 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 10405 US Highway 27 South Sebring, FL 33876 Phone # : (863) 655-4022

Were any analyses subcontracted? (●) Yes ( ) No If yes, please provide DOH certification Number(s): E84129

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received : 7/18/2012

PWS ID (From Page 1): 6280304 Sample Number (From Page 1): 394888 Lab Assigned Report Number or Job ID: 394888

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	■ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	■ Haloacetic Acid	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate	Miscellaneous	Lead & Copper
☐ Asbestos				☐	☐

LAB CERTIFICATION

I, Douglas E. Morton (Print Name), Project Manager (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: [signature] Date: 8/26/2012

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

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

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

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

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

Disinfection By-Products
62-550.310(3)

Report Number / Job ID: 394888
Disinfectant Residual (mg/L) (From Page 1): 1.2
PWS ID (From Page 1): 6280304

Comtam ID	Contaminant Name	MCL	Units	Analysis Results	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL **	Analysis Date	Analysis Time	DOH Lab Certification#
1099	Chlorite	1000	µg/L					20 ***			
1011	Bromate	10	µg/L					5.0 or 1.0****			

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL **	Analysis Date	Analysis Time	DOH Lab Certification#
2450	Monochloroacetic Acid	N/A	µg/L	0.78	U	EPA 552.2	0.78	2.0	07/28/2012	0951	E84129
2451	Dichloroacetic Acid	N/A	µg/L	4.1		EPA 552.2	0.70	1.0	07/28/2012	0951	E84129
2452	Trichloroacetic Acid	N/A	µg/L	4.4		EPA 552.2	0.35	1.0	07/28/2012	0951	E84129
2453	Monobromoacetic Acid	N/A	µg/L	0.34	U	EPA 552.2	0.34	1.0	07/28/2012	0951	E84129
2454	Dibromoacetic Acid	N/A	µg/L	0.56	I	EPA 552.2	0.27	1.0	07/28/2012	0951	E84129
2456	Total Haloacetic Acids (HAA5)	60	µg/L	9.06		EPA 552.2	0.27	---	07/28/2012	0951	E84129

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL **	Analysis Date	Analysis Time	DOH Lab Certification#
2941	Chloroform	N/A	µg/L	11.		EPA 524.2	0.2	1.0	07/26/2012	1914	E84129
2942	Bromoform	N/A	µg/L	0.2	U	EPA 524.2	0.2	1.0	07/26/2012	1914	E84129
2943	Bromodichloromethane	N/A	µg/L	6.8		EPA 524.2	0.2	1.0	07/26/2012	1914	E84129
2944	Dibromochloromethane	N/A	µg/L	2.5		EPA 524.2	0.1	1.0	07/26/2012	1914	E84129
2950	Total Trihalomethanes	80	µg/L	20.3		EPA 524.2	0.1	---	07/26/2012	1914	E84129

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 0, T, Z,?,, are unacceptable for compliance with 62.550. Results qualified with a J,Q,R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

	LABORATORY ANALYSES					
Cont Type	Vial	Vial				
Cont Size	40 mL	40 mL				
Material	G	G				
Preservative	HCl	NH_4Cl				

SAMPLER'S NAME: (PLEASE PRINT) DAVID FAIRCLOTH

CLIENT NAME: SHORT UTILITY SERVICE, INC. #8

SAMPLERS SIGNATURE: D Faircloth

PROJECT: THE WOODLANDS-PLANT #1

LOCATION: MEN'S RESTROOM AT POOL

FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL	LABORATORY ID#	# OF CONT	THM	HAA		Cl2	pH	
5	Men's restroom at pool	7-18-12	0705	DW	X		394888	6	3	3		1.2	8.1	

COMMENTS: *Sampler's certification must be submitted with this form.*

SOME CONTAINERS MAY BE PRESERVED.

PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 5.2 C

NUTRIENT CONTAINERS PRESERVED H2SO4

METALS CONTAINERS PRESERVED HNO3

OTHER

100533

	YES	NO
	✓	

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
1	D Faircloth	D Kimball	7/18/12	1300

DEPARTED LAB	
ARRIVED SITE	
DEPARTED SITE	
ARRIVED LAB	

CHAIN OF CUSTODY AND TRANSMITTAL FORM

SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S. Sebring, FL 33876 email: Shortlab@strato.net
Phone: (863) 655-4022 (800) 833-4022 Fax: (863) 655-5820

Report Cover Page

Client:	**Short Utility Service, Inc.**	Report #:	**2012080201**
Address:	P.O. Box 1088	Report Date:	**8/26/2012**
City, State, Zip:	Sebring, FL 33871-1088		
Attention:	Wendell Faircloth		
Project:	The Woodlands - Plant #2		
	Disinfection By-Products		
Sample Date:	**7/18/2012**		
Sample Numbers:	394889		

This report package includes the following contents and attachments:

Contents	Item	Pages
Cover Page:		1
Report of Analysis:	DW Original	3
Attachments:	Sampler Certification	1
	Chain of Custody	1
Total Pages:		6

Commonly used Qualifiers with explanations:

Qualifier	Explanation
U	Compound was analyzed for but not detected.
I	Result is between the MDL and the PQL.
Q	Sample was analyzed out of holding time.
J	Estimated value; may not be accurate.

The results contained in the report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Respectfully Submitted,

Douglas E. Morton

Digitally signed by Douglas E. Morton
DN: cn=Douglas E. Morton, o=Short Environmental Labs, ou=Project Manager, email=shortlab@strato.net, c=US
Date: 2012.08.27 11:02:27 -04'00'

Project Manager

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.

ACCREDITED IN ACCORDANCE WITH NELAC
FL CERT #85458

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

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

System Name: The Woodlands of LP Plant #2 PWS I.D. #: 6280304

System Type (check one): (●) Community ( ) NonTransient Noncommunity ( ) Transient NonCommunity

Address: PO Box 478

City: Lake Placid State: Florida ZIP Code: 33862

Phone#: 863-382-1183 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 394889 Sample Date: 7/18/2012 Sample Time: 0725

Sample Location (be specific): 103 Holly Hill Drive

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: 8.2

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62.550)
- [ ] Raw (at well intake)
- [■] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

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

- [■] Routine Compliance (with 62-550)
- [ ] Confirmantion of MCL Exceedance*
- [ ] Composite Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other:

- [ ] Quarterly (Which One?)
- [ ] Special (not for compliance with 62-550.)
- [ ] Violation Resolution
- [ ] Replacement (of invalidated Sample)

Sampling Procedure Used or other Comments:

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

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

SAMPLER CERTIFICATION

I, David W. Faircloth (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: David W. Faircloth Date: 07/18/2012

Certified Operator #: C-8189 Phone #: 863-471-1400 Sampler's FAX #: 863-471-2102

Sampler's E-mail: shortutility@embarqmail.com

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

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

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

Lab Name: Short Environmental Laboratories

Florida DOH Certification # : E85458 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 10405 US Highway 27 South Sebring, FL 33876 Phone # : (863) 655-4022

Were any analyses subcontracted? (●) Yes ( ) No If yes, please provide DOH certification Number(s): E84129

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received : 7/18/2012

PWS ID (From Page 1): 6280304 Sample Number (From Page 1): 394889 Lab Assigned Report Number or Job ID: 394889

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	■ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	■ Haloacetic Acid	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate	Miscellaneous	Lead & Copper
☐ Asbestos				☐	☐

LAB CERTIFICATION

I, Douglas E. Morton (Print Name), Project Manager (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Douglas E. Morton Date: 8/26/2012

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

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

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

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

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

Disinfection By-Products
62-550.310(3)

Report Number / Job ID: 394889
Disinfectant Residual (mg/L) (From Page 1): 1.0
PWS ID (From Page 1): 6280304

Comtam ID	Contaminant Name	MCL	Units	Analysis Results	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL **	Analysis Date	Analysis Time	DOH Lab Certification#
1099	Chlorite	1000	µg/L					20 ***			
1011	Bromate	10	µg/L					5.0 or 1.0****			

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL **	Analysis Date	Analysis Time	DOH Lab Certification#
2450	Monochloroacetic Acid	N/A	µg/L	0.78	U	EPA 552.2	0.78	2.0	07/31/2012	0606	E84129
2451	Dichloroacetic Acid	N/A	µg/L	14.		EPA 552.2	0.70	1.0	07/31/2012	0606	E84129
2452	Trichloroacetic Acid	N/A	µg/L	7.8		EPA 552.2	0.35	1.0	07/31/2012	0606	E84129
2453	Monobromoacetic Acid	N/A	µg/L	0.34	U	EPA 552.2	0.34	1.0	07/31/2012	0606	E84129
2454	Dibromoacetic Acid	N/A	µg/L	1.0		EPA 552.2	0.27	1.0	07/31/2012	0606	E84129
2456	Total Haloacetic Acids (HAA5)	60	µg/L	22.8		EPA 552.2	0.27	---	07/31/2012	0606	E84129

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL **	Analysis Date	Analysis Time	DOH Lab Certification#
2941	Chloroform	N/A	µg/L	12.		EPA 524.2	0.2	1.0	07/26/2012	2259	E84129
2942	Bromoform	N/A	µg/L	0.2	U	EPA 524.2	0.2	1.0	07/26/2012	2259	E84129
2943	Bromodichloromethane	N/A	µg/L	7.0		EPA 524.2	0.2	1.0	07/26/2012	2259	E84129
2944	Dibromochloromethane	N/A	µg/L	2.5		EPA 524.2	0.1	1.0	07/26/2012	2259	E84129
2950	Total Trihalomethanes	80	µg/L	21.5		EPA 524.2	0.1	---	07/26/2012	2259	E84129

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 0, T, Z,?,, are unacceptable for compliance with 62.550. Results qualified with a J,Q,R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

	LABORATORY ANALYSES					
Cont Type	Vial	Vial				
Cont Size	40 mL	40 mL				
Material	G	G				
Preservative	HCl	NH_4Cl				

SAMPLER'S NAME: (PLEASE PRINT) DAVID FAIRCLOTH

CLIENT NAME: SHORT UTILITY SERVICE, INC. #8

SAMPLERS SIGNATURE: [signature]

PROJECT: THE WOODLANDS-PLANT #2

LOCATION: 103 HOLLY HILL DR.

FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL	LABORATORY ID#	# OF CONT	THM	HAA		CL2	pH	
	103 Holly Hill Dr	7-18-12	0725	DW	X		394889	6	3	3		1.0	8.2	

COMMENTS: *Sampler's certification must be submitted with this form.*

SOME CONTAINERS MAY BE PRESERVED.

PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 5.2c

NUTRIENT CONTAINERS PRESERVED H2SO4

METALS CONTAINERS PRESERVED HNO3

OTHER

100534

	YES	NO
	✓	

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
1	[signature]	[signature]	7/18/12	1300

DEPARTED LAB	
ARRIVED SITE	
DEPARTED SITE	
ARRIVED LAB	

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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: **07/01/12** To: **07/31/12**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.002**	**0.014**	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				**6.7**			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				**2.1**	**2.1**		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**3.9**			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
pH	Sample Measurement				**7.2**	**7.6**		s.u.		5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	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	**12/08/24**

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: 07/01/12 To: 07/31/12

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 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100		Monthly	Grab
Coliform, Fecal	Sample Measurement				1u	1u		#/100		Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max)		#/100		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8			mg/L		5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.66			mg/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				166			mg/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				64			mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Month / Year: **July-12**

Three-month Average Daily Flow: 0.006

(TMADF/Permitted Capacity)x100: 11%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.002										
2	0.002					7.5		1.8			
3	0.002					7.4		1.7			
4	0.003					7.4		2.0			
5	0.002					7.4		1.8			
6	0.001					7.5		1.5			
7	0.004					7.4		1.4			
8	0.002										
9	0.002					7.5		1.2			
10	0.002					7.4		1.5			
11	0.003					7.5		1.0			
12	0.001	166	64	2.1	1.4	7.5	1u	1.2	3.66		
13	0.002					7.6		0.8			
14	0.002					7.5		1.5			
15	0.001										
16	0.001					7.5		1.0			
17	0.005					7.4		1.3			
18	0.001					7.3		1.5			
19	0.001					7.4		1.8			
20	0.001					7.3		2.0			
21	0.002					7.4		2.2			
22	0.003										
23	0.003					7.4		1.5			
24	0.002					7.3		1.6			
25	0.002					7.3		1.9			
26	0.001					7.4		1.8			
27	0.003					7.4		1.5			
28	0.003					7.4		1.6			
29	0.004										
30	0.004					7.3		1.5			
31	0.004					7.2		1.3			
Total	0.070										
Mo. Avg.	0.002	166	64	2.1	1.4	7.4	1u	1.5	3.66		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.*
Attention: *Wendell Faircloth*
Date Received: *7/12/2012 @ 1428*

Project Name: *Woodlands WW*
Location: *WWTP*

Laboratory Sample: 394640 Sample Date: 7/12/2012 Sample Time: 1210
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	166.		mg/L	SM 5210B	C. Christensen	07/12/2012	1640	2.	2
Total Suspended Solids	64.		mg/L	SM 2540 D	W. Smith	07/17/2012	1357	1.	1

Respectfully Submitted,
Douglas E. Morton
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.*
Attention: *Wendell Faircloth*
Date Received: *7/12/2012 @ 1428*

Project Name: *Woodlands WW*
Location: *WWTP*

Laboratory Sample: 394641 Sample Date: 7/12/2012 Sample Time: 1215
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	2.1		mg/L	SM 5210B	C. Christensen	07/12/2012	1640	2.	2
Total Suspended Solids	1.4		mg/L	SM 2540 D	W. Smith	07/17/2012	1357	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	J. Wolfhope	07/12/2012	1440	1.	1
Nitrite Nitrogen (NO2-N)	0.01	U	mg/L	EPA 353.2	J. Cosgrave	07/12/2012	1639	0.01	0.04
Nitrate Nitrogen (NO3-N)	3.66		mg/L	Calc.	J. Cosgrave	07/24/2012	1329	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	3.66		mg/L	EPA 353.2	J. Cosgrave	07/24/2012	1329	0.02	0.08

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Douglas E. Morton
Project Manager

7/31/2012

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) Wendell L. Faircloth
SAMPLERS SIGNATURE:
CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: S&M 1 L sq P Cool <6°C — CBOD TSS	S&M 1/2 GAL P Cool <6°C — CBOD TSS NO2	Nut 250 ml P H_2SO_4 — NO3 NOx	Bact 125 ml P Sterile Thio — FC		
	Raw	7/12	1210	STP	X	394640	1	1					
	Final	7/12	1215	STP	X	394641	3		1	1	1		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H_2SO_4 < 2	✓	
SAMPLES ICED TO 3.4 C	✓	

COMMENTS:

100432

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2			7/12/12	1428

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid / State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid / State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	3 Days per week
Other Operators:	Wendell L. Faircloth	C	8196	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
09/06/12	David W. Faircloth	8189

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0			2.1								1.0	
2	X	24.0			2.1								1.0	
3	X	24.0			2.0								1.0	
4	X	24.0	4,000		2.0								0.9	
5		24.0	3,500											
6	X	24.0	3,500		2.1								1.2	
7	X	24.0	3,000		2.0								1.1	
8	X	24.0	6,000		2.1								1.2	
9	X	24.0	6,000		2.0								1.0	
10	X	24.0	5,000		2.0								0.9	
11	X	24.0	9,000		2.1								1.0	
12	X	24.0	4,000		2.0								1.0	
13	X	24.0	3,000		2.0								0.9	
14	X	24.0	7,000		2.1								1.0	
15	X	24.0	3,000		2.0								1.0	
16	X	24.0	5,000		2.2								1.2	
17	X	24.0	4,000		2.1								1.2	
18	X	24.0	5,000		2.0								1.1	
19		24.0	5,000											
20	X	24.0	5,000		2.1								1.2	
21	X	24.0	10,000		2.0								1.0	
22	X	24.0	5,000		2.1								1.0	
23	X	24.0	5,000		2.2								1.1	
24	X	24.0	6,000		2.1								1.0	
25	X	24.0	5,000		2.0								1.0	
26		24.0	3,500											
27	X	24.0	3,500		2.1								1.2	
28	X	24.0	5,000		2.0								1.1	
29	X	24.0	5,000		2.0								1.0	
30	X	24.0	4,000		2.1								1.1	
31	X	24.0	4,000		2.2								1.2	
Total			137,000											
Avgerage			4,419											
Maximum			10,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	3 Days per week
Other Operators:	Wendell L. Faircloth	C	8196	3 Days per week

II. Certification by Lead/Chief Operator

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

09/06/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	62,000		2.0								1.0	
2	X	24.0	50,000		2.1								1.0	
3	X	24.0	52,000		2.2								1.1	
4	X	24.0	41,000		2.2								1.2	
5		24.0	34,500											
6	X	24.0	34,500		2.1								1.0	
7	X	24.0	29,000		2.0								1.0	
8	X	24.0	38,000		2.1								1.2	
9	X	24.0	41,000		2.0								1.1	
10	X	24.0	33,000		2.0								1.0	
11	X	24.0	42,000		2.1								1.1	
12	X	24.0	35,000		2.2								1.2	
13	X	24.0	34,000		2.1								1.2	
14	X	24.0	28,000		2.0								1.1	
15	X	24.0	35,000		2.0								1.0	
16	X	24.0	35,000		2.1								1.0	
17	X	24.0	31,000		2.2								1.2	
18	X	24.0	35,000		2.1								1.1	
19		24.0	36,000											
20	X	24.0	36,000		2.2								1.0	
21	X	24.0	24,000		2.1								1.0	
22	X	24.0	36,000		2.2								1.2	
23	X	24.0	30,000		2.1								1.2	
24	X	24.0	34,000		2.0								1.1	
25	X	24.0	30,000		2.1								1.2	
26		24.0	41,500											
27	X	24.0	41,500		2.0								1.1	
28	X	24.0	37,000		2.1								1.2	
29	X	24.0	38,000		2.0								1.2	
30	X	24.0	29,000		2.0								1.1	
31	X	24.0	28,000		2.1								1.2	
Total			1,131,000											
Avgerage			36,484											
Maximum			62,000											

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

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

See page 2 for instructions.

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

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	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	62,000									62,000
2	0	50,000									50,000
3	0	52,000									52,000
4	4,000	41,000									45,000
5	3,500	34,500									38,000
6	3,500	34,500									38,000
7	3,000	29,000									32,000
8	6,000	38,000									44,000
9	6,000	41,000									47,000
10	5,000	33,000									38,000
11	9,000	42,000									51,000
12	4,000	35,000									39,000
13	3,000	34,000									37,000
14	7,000	28,000									35,000
15	3,000	35,000									38,000
16	5,000	35,000									40,000
17	4,000	31,000									35,000
18	5,000	35,000									40,000
19	5,000	36,000									41,000
20	5,000	36,000									41,000
21	10,000	24,000									34,000
22	5,000	36,000									41,000
23	5,000	30,000									35,000
24	6,000	34,000									40,000
25	5,000	30,000									35,000
26	3,500	41,500									45,000
27	3,500	41,500									45,000
28	5,000	37,000									42,000
29	5,000	38,000									43,000
30	4,000	29,000									33,000
31	4,000	28,000									32,000
Total											1,268,000
Avg.											40,903
Max.											62,000

DRINKING WATER M CROB A SAMPLE COLLECTION & ABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: W
Lab Receipt Date & Time: 8/20/12 @ 1246
Analysis Date & Time: 08-20-12 @ 1610
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☑ 6.8 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.

10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820

Report Number: 101033 DOH# E85458 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒Total Coliform/*E. coli* ☐Total Coliform/Fecal ☐Enterococci ☐Coliphage ☐HPC ☐Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒Community Water System ☐Non-Transient Non-community Water System ☐Transient Non-community Water System
☐Limited Use System ☐Bottled Water ☐Private Well ☐Swimming Pool ☐Other: _____

Reason for Sampling: (check all that apply)
☒Distribution Routine ☐Distribution Repeat ☐Raw (triggered or assessment) ☐Raw (triggered or assessment) additional ☐Well Survey
☐Clearance ☐Replacement (also check type of sample being replaced) ☐Boil Water Notice ☐Other: _____

Sample Collection Date: 8-20-12

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal, *E. coli* Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	125 Lake Ridge Drive	0720	D / F	1.0	8.2		A	A		396536
2	103 Holly Hill Drive	0740	D / F	0.6	8.2		A	A		396537
3	Well #1	0700	R / F	0	8.4		A	A		396538
4	Well #2	0710	R / F	0	8.3		A	~~A~~ A		396539
			/					08-21-12		
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 0.8
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 8/22/12
Lab Signature: David Mintz
Title: Lab Director

Disinfectant Residual Analysis Method:
☒DPD Colorimetric ☐Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒A certified operator (# C8189)
☐Supervised by certified operator (# _____)
☐Employed by a certified lab ☐Employed by DEP or DOH
☐Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐Satisfactory
☐Incomplete Collection Information
☐Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

1. Analysis Requested — Check the box next to the type of test being requested.
2. Public Water System (PWS) — Provide the full name of the public water system.
3. PWS I.D. — Provide the 7-digit DEP PWS ID number.
4. PWS Address — Indicate the PWS's mailing address.
5. City — Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone # — Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax # — Provide the PWS or PWS owner's fax number.
8. Collector — Provide the sample collector's first and last name.
9. Collector's Phone # — Provide the sample collector's phone number.
10. Type of Supply — Check the box next to the type of PWS or source being tested.
11. Reason for Sampling — Check the box next to the reason the samples are being collected.
12. Sample Collection Date — Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample # — Provide a unique number for each sample.
14. Sample Point — Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time — Provide the time of collection for each sample collected.
16. Sample Type & Chlorine Type — Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
    Indicate chlorine type for each sample collected. Chlorine type codes are: T=Total, F= Free & C=Combined.
17. Disinfectant Residual — Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH — Not required for drinking water samples.
19. Average of Disinfectant Residuals — Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method — Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis — Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report — Provide the name and mailing address of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number — This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time — Indicate the date and time samples were received in the lab.
3. Analysis Date & Time — Indicate the date and time of analysis.
4. Sample Preservation — Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check — Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s) — Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform — Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform — Indicate the presence or absence of total coliform bacteria.*
9. Fecal Coliform — Indicate the presence or absence of fecal coliform bacteria.*
10. *E. coli* — Indicate the presence or absence of *E. coli* bacteria.*
11. Enterococci — Indicate the presence or absence of enterococci bacteria.*
12. Coliphage — Indicate the presence or absence of coliphage. *
13. Data Qualifier — Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample # — Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results — In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results — In the event of fecal coliform, E. coli, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature — Signature of lab director or other authorized representative of the lab.
18. Title — Provide the title of the lab representative signing the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

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

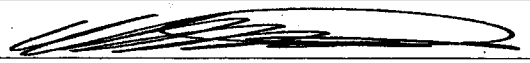
PERMIT NUMBER: **FLA014340**
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

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: **08/01/12** To: **08/31/12**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.004**	**0.014**	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				**6.3**			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				**2.6**	**2.6**		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**3.9**			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann. Avg.			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**1u**	**1u**		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
pH	Sample Measurement				**7.2**	**7.6**		s.u.		5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	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	**12/09/25**

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: 08/01/12 To: 08/31/12

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 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100		Monthly	Grab
Coliform, Fecal	Sample Measurement				1u	1u		#/100		Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max)		#/100		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L		5 Days/Week	Grab
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				5.45			mg/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				134			mg/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				70			mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.004

Month / Year: **August-12**

(TMADF/Permitted Capacity)x100: 8%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.004					7.2		1.0			
2	0.004					7.2		1.1			
3	0.006					7.3		1.4			
4	0.005					7.5		1.6			
5	0.005										
6	0.005					7.4		2.0			
7	0.003					7.4		1.7			
8	0.006					7.4		1.4			
9	0.004					7.4		1.5			
10	0.002					7.6		3.5			
11	0.006					7.5		3.2			
12	0.002										
13	0.002					7.5		2.6			
14	0.010					7.5		3.5			
15	0.005					7.4		2.1			
16	0.005	134	70	2.6	1.0	7.4	1u	1.8	5.45		
17	0.004					7.4		2.1			
18	0.005					7.5		1.6			
19	0.005										
20	0.005					7.4		1.5			
21	0.004					7.5		1.2			
22	0.007					7.4		1.4			
23	0.006					7.5		2.3			
24	0.004					7.4		1.6			
25	0.003					7.5		1.5			
26	0.005										
27	0.005					7.5		1.7			
28	0.004					7.5		1.5			
29	0.004					7.4		1.0			
30	0.001					7.4		1.5			
31	0.006					7.4		0.7			
Total	0.139										
Mo. Avg.	0.004	134	70	2.6	1u	7.4	1u	1.8	5.45		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *WW Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *8/16/2012 @ 1520*

Laboratory Sample: 396437 Sample Date: 8/16/2012 Sample Time: 1400
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	134.		mg/L	SM 5210B	C. Christensen	08/16/2012	1708	2.	2
Total Suspended Solids	70.		mg/L	SM 2540 D	W. Smith	08/17/2012	1002	1.	1

Respectfully Submitted,
Douglas E. Morton
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.*
Attention: *Wendell Faircloth*
Date Received: *8/16/2012 @ 1520*

Project Name: *WW Woodlands*
Location: *WWTP*

Laboratory Sample: 396438 Sample Date: 8/16/2012 Sample Time: 1405
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	2.6		mg/L	SM 5210B	C. Christensen	08/16/2012	1708	2.	2
Total Suspended Solids	1.0		mg/L	SM 2540 D	W. Smith	08/17/2012	1002	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	J. Wolfhope	08/16/2012	1530	1.	1
Nitrite Nitrogen (NO2-N)	0.01	U	mg/L	EPA 353.2	J. Cosgrave	08/16/2012	1601	0.01	0.04
Nitrate Nitrogen (NO3-N)	5.45		mg/L	Calc.	J. Cosgrave	08/21/2012	1335	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	5.45		mg/L	EPA 353.2	J. Cosgrave	08/21/2012	1335	0.02	0.08

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Douglas E. Morton
Project Manager

8/27/2012

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) ~~Wendell L. Faircloth~~
SAMPLER'S SIGNATURE:

CLIENT NAME: Short Utility Service, Inc. #8

PROJECT: The Woodlands

LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: S&M 1 L sq P Cool <6°C — CBOD TSS	S&M 1/2 GAL P Cool <6°C — CBOD TSS NO2	Nut 250 ml P H_2SO_4 — NO3 NOx	Bact 125 ml Sterile Thio — FC		
	Raw	8/16	1400	STP	X	396437	1	1					
	Final	8/16	1405	STP	X	396438	3		1	1	1		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H_2SO_4 < 2	✓	
SAMPLES ICED TO 3.4°C		✓

COMMENTS:

101007

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2			8/16/12	1520

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	3 Days per week
Other Operators:	Wendell L. Faircloth	C	8196	
	Mary Jane Faircloth	C	20605	3 Days per week

II. Certification by Lead/Chief Operator

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

10/04/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose		
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24.0	6,000		2.7								2.2	
2		24.0	9,500											
3	X	24.0	9,500		4.0								3.5	
4	X	24.0	6,000		3.6								3.0	
5	X	24.0	7,000		3.6								2.8	
6	X	24.0	7,000		3.4								2.6	
7	X	24.0	8,000		3.5								1.2	
8	X	24.0	10,000		2.6								1.0	
9		24.0	7,000											
10	X	24.0	7,000		2.0								1.0	
11	X	24.0	7,000		2.1								1.1	
12	X	24.0	7,000		2.0								1.0	
13	X	24.0	5,000		3.1								1.2	
14	X	24.0	6,000		3.2								1.2	
15	X	24.0	9,000		3.0								1.2	
16		24.0	6,500											
17	X	24.0	6,500		3.3								1.5	
18	X	24.0	9,000		3.1								1.6	
19	X	24.0	7,000		3.5								1.5	
20	X	24.0	6,000		3.4								1.6	
21	X	24.0	9,000		3.6								1.5	
22	X	24.0	6,000		3.6								1.6	
23		24.0	6,500											
24	X	24.0	6,500		3.6								1.5	
25	X	24.0	6,000		3.5								1.6	
26	X	24.0	8,000		3.3								1.4	
27	X	24.0	3,000		3.4								1.4	
28	X	24.0	9,000		3.7								1.5	
29	X	24.0	9,000		3.1								1.4	
30		24.0	5,000											

Total	214,000
Avgerage	7,133
Maximum	10,000

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

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

See page 2 for instructions.

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

Community Water System (CWS) Name The Woodlands of Lake Placid

Public Water System (PWS) Identification Number: 6280304

Day of Month	Plant 1 Name: Plant #1	Plant 2 Name: Plant #2	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
	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	6,000	34,000									40,000
2	9,500	39,500									49,000
3	9,500	39,500									49,000
4	6,000	23,000									29,000
5	7,000	33,000									40,000
6	7,000	29,000									36,000
7	8,000	27,000									35,000
8	10,000	45,000									55,000
9	7,000	60,000									67,000
10	7,000	17,000									24,000
11	7,000	17,000									24,000
12	7,000	29,000									36,000
13	5,000	37,000									42,000
14	6,000	25,000									31,000
15	9,000	28,000									37,000
16	6,500	29,500									36,000
17	6,500	29,500									36,000
18	9,000	28,000									37,000
19	7,000	24,000									31,000
20	6,000	28,000									34,000
21	9,000	30,000									39,000
22	6,000	34,000									40,000
23	6,500	29,500									36,000
24	6,500	29,500									36,000
25	6,000	24,000									30,000
26	8,000	32,000									40,000
27	3,000	35,000									38,000
28	9,000	31,000									40,000
29	9,000	26,000									35,000
30	5,000	35,000									40,000
Total											1,142,000
Avg.											38,067
Max.											67,000

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid / State: Florida / Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid / State: Florida / Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	3 Days per week
Other Operators:	Wendell L. Faircloth	C	8196	
	Mary Jane Faircloth	C	20605	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
10/04/12	David W. Faircloth	8189

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 6280304 | Plant Name: The woodlands of Lake Placid - Plant #2

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	34,000		2.0								1.0	
2		24.0	39,500											
3	X	24.0	39,500		1.0								0.5	
4	X	24.0	23,000		1.9								0.8	
5	X	24.0	33,000		2.0								0.9	
6	X	24.0	29,000		2.1								1.0	
7	X	24.0	27,000		1.0								0.5	
8	X	24.0	45,000		1.2								0.5	
9	X	24.0	60,000		1.0								0.9	
10		24.0	17,000											
11	X	24.0	17,000		1.2								0.8	
12	X	24.0	29,000		2.0								1.0	
13	X	24.0	37,000		1.5								1.0	
14	X	24.0	25,000		1.6								1.0	
15	X	24.0	28,000		1.5								1.0	
16		24.0	29,500											
17	X	24.0	29,500		1.6								1.0	
18	X	24.0	28,000		1.5								0.9	
19	X	24.0	24,000		1.6								1.0	
20	X	24.0	28,000		1.5								0.8	
21	X	24.0	30,000		1.8								1.0	
22	X	24.0	34,000		1.6								1.0	
23		24.0	29,500											
24	X	24.0	29,500		1.6								0.9	
25	X	24.0	24,000		1.8								1.0	
26	X	24.0	32,000		1.6								1.0	
27	X	24.0	35,000		1.5								0.8	
28	X	24.0	31,000		1.6								0.9	
29	X	24.0	26,000		1.7								0.8	
30		24.0	35,000											

Total	928,000
Avgerage	30,933
Maximum	60,000

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

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: Client
Lab Receipt Date & Time: 9/24/12 @ 1115
Analysis Date & Time: 09-24-12 @ 1600
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☑ 1.0 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 F X: 863-655-5820

Report Number: 101643 DOH# E85458 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/ ecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 9-24-12

Section to be completed by collector or agent

Section to be completed by lab

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B				
						Non-Coliform	Total Coliform	Fecal, *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	228 Shoreline Drive	1015	D / F	1.2	7.9		A	A		398582
2	125 Lake Ridge Drive	1035	D / F	1.0	8.0		A	A		398583
3	Well #1	1010	R / F	0	8.4		A	A		398584
4	Well #2	1025	R / F	0	8.2		A	A		398585
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.1

Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report Issued: 9/25/12

Lab Signature: _____

Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

1. Analysis Requested — Check the box next to the type of test being requested.
2. Public Water System (PWS) — Provide the full name of the public water system.
3. PWS I.D. — Provide the 7-digit DEP PWS ID number.
4. PWS Address — Indicate the PWS's mailing address.
5. City — Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone # — Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax # — Provide the PWS or PWS owner's fax number.
8. Collector — Provide the sample collector's first and last name.
9. Collector's Phone # — Provide the sample collector's phone number.
10. Type of Supply — Check the box next to the type of PWS or source being tested.
11. Reason for Sampling — Check the box next to the reason the samples are being collected.
12. Sample Collection Date — Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample # — Provide a unique number for each sample.
14. Sample Point — Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time — Provide the time of collection for each sample collected.
16. Sample Type & Chlorine Type — Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
    Indicate chlorine type for each sample collected. Chlorine type codes are: T=Total, F= Free & C=Combined.
17. Disinfectant Residual — Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH — Not required for drinking water samples.
19. Average of Disinfectant Residuals — Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method — Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis — Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report — Provide the name and mailing address of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number — This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time — Indicate the date and time samples were received in the lab.
3. Analysis Date & Time — Indicate the date and time of analysis.
4. Sample Preservation — Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check — Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s) — Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform — Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform — Indicate the presence or absence of total coliform bacteria. *
9. Fecal Coliform — Indicate the presence or absence of fecal coliform bacteria. *
10. *E. coli* — Indicate the presence or absence of *E. coli* bacteria. *
11. Enterococci — Indicate the presence or absence of enterococci bacteria. *
12. Coliphage — Indicate the presence or absence of coliphage. *
13. Data Qualifier — Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample # — Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results — In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results — In the event of fecal coliform, E. coli, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature — Signature of lab director or other authorized representative of the lab.
18. Title — Provide the title of the lab representative signing the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

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

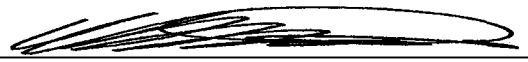
PERMIT NUMBER: **FLA014340**
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

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: **09/01/12** To: **09/30/12**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.004**	**0.013**	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				**6.1**			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				**2u**	**2u**		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**3.9**			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	**12/10/23**

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: 09/01/12 To: 09/30/12

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 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100		Monthly	Grab
Coliform, Fecal	Sample Measurement				1u	1u		#/100		Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max)		#/100		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9			mg/L		5 Days/Week	Grab
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				4.25			mg/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				54			mg/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				48			mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Month / Year: **September-12**

Three-month Average Daily Flow: 0.003

(TMADF/Permitted Capacity)x100: 7%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.005					7.5		1.0			
2	0.007										
3	0.007					7.6		1.2			
4	0.003					7.5		1.4			
5	0.005					7.5		1.0			
6	0.005					7.4		1.5			
7	0.006					7.5		1.8			
8	0.006					7.4		2.0			
9	0.005										
10	0.005					7.4		2.3			
11	0.004					7.4		1.5			
12	0.006					7.5		1.8			
13	0.003					7.5		1.5			
14	0.004					7.4		1.6			
15	0.001					7.5		1.7			
16	0.002										
17	0.002					7.4		2.0			
18	0.002	54	48	2u	1.4	7.5	1u	2.9	4.25		
19	0.003					7.5		3.6			
20	0.002					7.4		0.9			
21	0.003					7.5		2.1			
22	0.003					7.4		1.8			
23	0.003										
24	0.003					7.5		1.6			
25	0.002					7.4		1.4			
26	0.003					7.4		1.5			
27	0.003					7.4		1.2			
28	0.003					7.5		2.0			
29	0.003					7.5		1.7			
30	0.004										
Total	0.112										
Mo. Avg.	0.004	54	48	2u	1.4	7.5	1u	1.7	4.25		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.*
Attention: *Wendell Faircloth*
Date Received: *9/18/2012 @ 1200*

Project Name: *WW Woodlands*
Location: *WWTP*

Laboratory Sample: 398181
Sample ID: Raw

Sample Date: 9/18/2012
Sampled By: W. Faircloth

Sample Time: 0930
Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	54.		mg/L	SM 5210B	C. Christensen	09/19/2012	1707	2.	2
Total Suspended Solids	48.		mg/L	SM 2540 D	W. Smith	09/19/2012	0949	1.	1

Respectfully Submitted,
Douglas E. Morton
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *WW Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *9/18/2012 @ 1200*

Laboratory Sample: 398182 Sample Date: 9/18/2012 Sample Time: 0935
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	2.0	U	mg/L	SM 5210B	C. Christensen	09/19/2012	1707	2.	2
Total Suspended Solids	1.4		mg/L	SM 2540 D	W. Smith	09/19/2012	0949	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	J. Wolfhope	09/18/2012	1220	1.	1
Nitrite Nitrogen (NO2-N)	0.01	U	mg/L	EPA 353.2	J. Cosgrave	09/18/2012	1622	0.01	0.04
Nitrate Nitrogen (NO3-N)	4.25		mg/L	Calc.	J. Cosgrave	09/24/2012	1355	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	4.25		mg/L	EPA 353.2	J. Cosgrave	09/24/2012	1355	0.02	0.08

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Douglas E. Morton
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) Wendell L. Faircloth
SAMPLER'S SIGNATURE:

CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: S&M 1 L sq P Cool <6°C CBOD TSS	S&M 1/2 GAL P Cool <6°C CBOD TSS NO2	Nut 250 ml P H_2SO_4 NO3 NOx	Bact 125 ml Sterile Thio FC		
	Raw	9/18	0930	STP	X	398181	1	1					
	Final	9/18	0935	STP	X	398182	3		1	1	1		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H_2SO_4 ≤ 2	✓	
SAMPLES ICED TO 5.6°C	✓	

COMMENTS:

101534

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2			9/18/12	1200

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478 City: Lake Placid State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive City: Lake Placid State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	3 Days per week
Other Operators:	Wendell L. Faircloth	C	8196	
	Mary Jane Faircloth	C	20605	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
11/05/12	David W. Faircloth	8189

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*: Peak Flow Rate, gpd.	CT Calculations: Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	CT Calculations: Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	CT Calculations: Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	CT Calculations: Temp of Water, °C	CT Calculations: pH of Water, if Applicable	CT Calculations: Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	4,000		2.4								1.2	
2	X	24.0	20,000		2.5								1.3	
3	X	24.0	10,000		2.6								1.1	
4	X	24.0	8,000		2.5								1.2	
5	X	24.0	9,000		2.6								1.0	
6	X	24.0	11,000		2.6								1.2	
7		24.0	8,000											
8	X	24.0	8,000		2.6								1.0	
9	X	24.0	8,000		2.5								1.0	
10	X	24.0	10,000		2.6								1.2	
11	X	24.0	5,000		2.4								1.0	
12	X	24.0	11,000		2.6								1.5	
13	X	24.0	8,000		2.8								1.4	
14		24.0	7,500											
15	X	24.0	7,500		2.0								1.0	
16	X	24.0	11,000		2.2								1.0	
17	X	24.0	11,000		2.1								0.9	
18	X	24.0	8,000		2.0								1.0	
19	X	24.0	7,000		0.9								0.8	
20	X	24.0	6,000		1.8								0.9	
21		24.0	6,000											
22	X	24.0	6,000		3.6								1.2	
23	X	24.0	8,000		3.2								1.0	
24	X	24.0	8,000		3.7								1.5	
25	X	24.0	8,000		3.0								1.2	
26	X	24.0	10,000		2.4								2.0	
27	X	24.0	7,000		2.5								2.0	
28		24.0	9,000											
29	X	24.0	9,000		2.5								1.9	
30	X	24.0	3,000		2.4								1.8	
31	X	24.0	7,000		2.6								1.9	

Total	259,000
Avgerage	8,355
Maximum	20,000

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478 City: Lake Placid State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive City: Lake Placid	State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	3 Days per week
Other Operators:	Wendell L. Faircloth	C	8196	
	Mary Jane Faircloth	C	20605	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
11/05/12	David W. Faircloth	8189

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	35,000		1.5								1.0	
2	X	24.0	27,000		1.6								1.0	
3	X	24.0	52,000		1.7								1.2	
4	X	24.0	56,000		1.5								1.0	
5	X	24.0	61,000		2.4								1.2	
6	X	24.0	47,000		2.1								1.2	
7		24.0	54,000											
8	X	24.0	54,000		2.2								1.0	
9	X	24.0	45,000		2.1								1.0	
10	X	24.0	59,000		2.2								1.2	
11	X	24.0	63,000		2.0								1.0	
12	X	24.0	73,000		2.2								1.1	
13	X	24.0	61,000		2.4								1.2	
14		24.0	67,500											
15	X	24.0	67,500		2.3								1.2	
16	X	24.0	60,000		2.2								1.1	
17	X	24.0	84,000		2.4								1.2	
18	X	24.0	78,000		2.3								1.0	
19	X	24.0	75,000		2.0								1.2	
20	X	24.0	27,000		1.8								1.1	
21		24.0	27,500											
22	X	24.0	27,500		2.0								1.2	
23	X	24.0	33,000		1.9								1.0	
24	X	24.0	32,000		2.0								1.0	
25	X	24.0	29,000		1.9								0.9	
26	X	24.0	29,000		2.0								1.0	
27	X	24.0	20,000		1.9								1.0	
28		24.0	31,000											
29	X	24.0	31,000		2.4								1.4	
30	X	24.0	21,000		2.2								1.0	
31	X	24.0	30,000		2.1								0.9	
Total			1,457,000											
Avgerage			47,000											
Maximum			84,000											

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

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

See page 2 for instructions.

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

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	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	4,000	35,000									39,000
2	20,000	27,000									47,000
3	10,000	52,000									62,000
4	8,000	56,000									64,000
5	9,000	61,000									70,000
6	11,000	47,000									58,000
7	8,000	54,000									62,000
8	8,000	54,000									62,000
9	8,000	45,000									53,000
10	10,000	59,000									69,000
11	5,000	63,000									68,000
12	11,000	73,000									84,000
13	8,000	61,000									69,000
14	7,500	67,500									75,000
15	7,500	67,500									75,000
16	11,000	60,000									71,000
17	11,000	84,000									95,000
18	8,000	78,000									86,000
19	7,000	75,000									82,000
20	6,000	27,000									33,000
21	6,000	27,500									33,500
22	6,000	27,500									33,500
23	8,000	33,000									41,000
24	8,000	32,000									40,000
25	8,000	29,000									37,000
26	10,000	29,000									39,000
27	7,000	20,000									27,000
28	9,000	31,000									40,000
29	9,000	31,000									40,000
30	3,000	21,000									24,000
31	7,000	30,000									37,000
Total											1,716,000
Avg.											55,355
Max.											95,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 862-655-5820
DOH# E85458

Report Number: 102025 Sub-Contract Lab ID: _____

Delivered By: [illegible]
Lab Receipt Date & Time: 10/17/12 1230
Analysis Date & Time: 10-17-12 @ 1500
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☑ 5.0 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 10-17-12

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B: Non-Coliform	Total Coliform	Fecal (*E. coli*), Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	Men's restroom at pool	1010	D / F	1.2	8.2		A	A		399919
2	103 Holly Hill Drive	1040	D / F	0.8	8.2		A	A		399920
3	Well #1	1000	R / F	0	7.9		A	A		399921
4	Well #2	1020	R / F	0	7.8		A	A		399922
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.0
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 10/18/12
Lab Signature: [signature]
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required _____

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

1. Analysis Requested — Check the box next to the type of test being requested.
2. Public Water System (PWS) — Provide the full name of the public water system.
3. PWS I.D. — Provide the 7-digit DEP PWS ID number.
4. PWS Address — Indicate the PWS's mailing address.
5. City — Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone # — Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax # — Provide the PWS or PWS owner's fax number.
8. Collector — Provide the sample collector's first and last name.
9. Collector's Phone # — Provide the sample collector's phone number.
10. Type of Supply — Check the box next to the type of PWS or source being tested.
11. Reason for Sampling — Check the box next to the reason the samples are being collected.
12. Sample Collection Date — Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample # — Provide a unique number for each sample.
14. Sample Point — Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time — Provide the time of collection for each sample collected.
16. Sample Type & Chlorine Type — Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
    Indicate chlorine type for each sample collected. Chlorine type codes are: T=Total, F= Free & C=Combined.
17. Disinfectant Residual — Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH — Not required for drinking water samples.
19. Average of Disinfectant Residuals — Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method — Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis — Indicate the qualifying *status* of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report — Provide the name and mailing address of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number — This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time — Indicate the date and time samples were received in the lab.
3. Analysis Date & Time — Indicate the date and time of analysis.
4. Sample Preservation — Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check — Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s) — Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform — Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform — Indicate the presence or absence of total coliform bacteria.*
9. Fecal Coliform — Indicate the presence or absence of fecal coliform bacteria.*
10. *E. coli* — Indicate the presence or absence of *E. coli* bacteria.*
11. Enterococci — Indicate the presence or absence of enterococci bacteria.*
12. Coliphage — Indicate the presence or absence of coliphage. *
13. Data Qualifier — Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample # — Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results — In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results — In the event of fecal coliform, E. coli, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature — Signature of lab director or other authorized representative of the lab.
18. Title — Provide the title of the lab representative signing the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

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: **10/01/12** To: **10/31/12**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.003**	**0.013**	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				**5.6**			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				**2u**	**2u**		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**3.9**			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
pH	Sample Measurement				**7.2**	**7.6**		s.u.		5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	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	**12/11/21**

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

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 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100		Monthly	Grab
Coliform, Fecal	Sample Measurement				1u	1u		#/100		Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max)		#/100		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L		5 Days/Week	Grab
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				1.80			mg/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				92			mg/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				30			mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.004

Month / Year: **October-12**

(TMADF/Permitted Capacity)x100: 7%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.003					7.4		1.6			
2	0.002					7.4		1.3			
3	0.003					7.5		1.5			
4	0.002					7.5		1.3			
5	0.003					7.6		2.0			
6	0.003					7.5		1.6			
7	0.004										
8	0.004					7.4		1.0			
9	0.002	92	30	2u	1.6	7.5	1u	2.1	1.80		
10	0.006					7.5		1.2			
11	0.003					7.4		1.9			
12	0.002					7.4		2.3			
13	0.002					7.5		1.7			
14	0.002										
15	0.002					7.4		1.5			
16	0.002					7.5		1.3			
17	0.002					7.5		1.5			
18	0.004					7.4		2.0			
19	0.003					7.4		1.6			
20	0.004					7.4		1.9			
21	0.001										
22	0.001					7.5		0.7			
23	0.007					7.3		1.5			
24	0.002					7.4		1.3			
25	0.003					7.3		1.7			
26	0.003					7.4		1.5			
27	0.003					7.2		1.9			
28	0.003										
29	0.003					7.3		1.3			
30	0.002					7.4		1.4			
31	0.004					7.2		1.2			
Total	0.087										
Mo. Avg	0.003	92	30	2u	1.6	7.4	1u	1.5	1.80		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.*
Attention: *Wendell Faircloth*
Date Received: *10/9/2012 @ 1215*

Project Name: *WW Woodlands*
Location: *WWTP*

Laboratory Sample: 399413
Sample ID: Raw

Sample Date: 10/9/2012
Sampled By: W. Faircloth

Sample Time: 0750
Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	92.		mg/L	SM 5210B	C. Christensen	10/10/2012	0850	2.	2
Total Suspended Solids	30.		mg/L	SM 2540 D	W. Smith	10/09/2012	1402	1.	1

Respectfully Submitted,
Douglas E. Morton
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *WW Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *10/9/2012 @ 1215*

Laboratory Sample: 399414 Sample Date: 10/9/2012 Sample Time: 0755
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	2.0	U	mg/L	SM 5210B	C. Christensen	10/10/2012	0850	2.	2
Total Suspended Solids	1.6		mg/L	SM 2540 D	W. Smith	10/09/2012	1402	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	J. Wolfhope	10/09/2012	1230	1.	1
Nitrite Nitrogen (NO2-N)	0.01	U	mg/L	EPA 353.2	J. Cosgrave	10/09/2012	1618	0.01	0.04
Nitrate Nitrogen (NO3-N)	1.80		mg/L	Calc.	J. Cosgrave	10/10/2012	1351	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	1.80		mg/L	EPA 353.2	J. Cosgrave	10/10/2012	1351	0.02	0.08

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Douglas E. Morton
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) Wendell L. Faircloth
SAMPLER'S SIGNATURE:
CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: S&M 1 L sq P Cool <6°C: CBOD TSS	S&M 1/2 GAL P Cool <6°C: CBOD TSS NO2	Nut 250 ml P H_2SO_4: NO3 NOx	Bact 125 ml Sterile Thio: FC
	Raw	10/9	0750	STP	X	399413	1	1			
	Final	10/9	0755	STP	X	399414	3		1	1	1

COMMENTS:

101878

NUTRIENT CONTAINER PRESERVED, H_2SO_4 42

SAMPLES ICED TO 2°C

	YES	NO
	✓	
		✓

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2		DKimball	10/9/12	1215

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	3 Days per week
Other Operators:	Wendell L. Faircloth	C	8196	
	Mary Jane Faircloth	C	20605	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
12/04/12	David W. Faircloth	8189

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 6280304 | Plant Name: The Woodlands of Lake Placid - Plant #1

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	8,000		2.5								1.8	
2	X	24.0	15,000		2.5								1.8	
3	X	24.0	3,000		2.2								1.7	
4		24.0	7,000											
5	X	24.0	7,000		1.1								0.9	
6	X	24.0	11,000		1.2								0.8	
7	X	24.0	6,000		1.4								0.9	
8	X	24.0	9,000		1.6								1.0	
9	X	24.0	9,000		1.8								1.1	
10	X	24.0	9,000		2.0								1.3	
11		24.0	10,000											
12	X	24.0	10,000		2.0								1.1	
13	X	24.0	15,000		2.1								1.2	
14	X	24.0	14,000		1.9								1.0	
15	X	24.0	13,000		1.8								1.0	
16	X	24.0	13,000		1.7								1.1	
17	X	24.0	13,000		1.9								1.2	
18		24.0	12,500											
19	X	24.0	12,500		1.7								1.0	
20	X	24.0	23,000		1.6								1.0	
21	X	24.0	22,000		1.8								1.2	
22	X	24.0	17,000		1.5								1.1	
23	X	24.0	30,000		1.6								1.0	
24	X	24.0	14,000		1.5								0.9	
25		24.0	14,000											
26	X	24.0	14,000		1.7								1.2	
27	X	24.0	21,000		1.5								1.1	
28	X	24.0	29,000		1.4								1.0	
29	X	24.0	26,000		1.6								1.1	
30	X	24.0	35,000		1.6								1.2	
Total			442,000											
Avgerage			14,733											
Maximum			35,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	3 Days per week
Other Operators:	Wendell L. Faircloth	C	8196	
	Mary Jane Faircloth	C	20605	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
12/04/12	David W. Faircloth	8189

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	28,000		2.0								1.0	
2	X	24.0	35,000		1.3								0.9	
3	X	24.0	33,000		1.5								1.0	
4		24.0	38,000											
5	X	24.0	38,000		1.2								0.9	
6	X	24.0	17,000		1.3								1.0	
7	X	24.0	37,000		1.5								1.0	
8	X	24.0	28,000		1.4								1.1	
9	X	24.0	30,000		1.2								0.9	
10	X	24.0	14,000		1.4								1.0	
11		24.0	33,500											
12	X	24.0	33,500		1.5								1.0	
13	X	24.0	26,000		1.6								1.0	
14	X	24.0	32,000		1.4								0.8	
15	X	24.0	33,000		1.3								0.7	
16	X	24.0	35,000		1.2								0.9	
17	X	24.0	32,000		1.5								1.0	
18		24.0	29,500											
19	X	24.0	29,500		1.1								0.9	
20	X	24.0	30,000		1.4								0.9	
21	X	24.0	28,000		1.5								1.0	
22	X	24.0	21,000		1.4								1.0	
23	X	24.0	38,000		1.3								0.9	
24	X	24.0	27,000		1.4								1.0	
25		24.0	31,000											
26	X	24.0	31,000		1.3								1.0	
27	X	24.0	23,000		1.2								0.9	
28	X	24.0	38,000		1.0								0.8	
29	X	24.0	33,000		1.4								0.9	
30	X	24.0	35,000		1.3								0.8	

Total	917,000
Avgerage	30,567
Maximum	38,000

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

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

See page 2 for instructions.

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

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	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	8,000	28,000									36,000
2	15,000	35,000									50,000
3	3,000	33,000									36,000
4	7,000	38,000									45,000
5	7,000	38,000									45,000
6	11,000	17,000									28,000
7	6,000	37,000									43,000
8	9,000	28,000									37,000
9	9,000	30,000									39,000
10	9,000	14,000									23,000
11	10,000	33,500									43,500
12	10,000	33,500									43,500
13	15,000	26,000									41,000
14	14,000	32,000									46,000
15	13,000	33,000									46,000
16	13,000	35,000									48,000
17	13,000	32,000									45,000
18	12,500	29,500									42,000
19	12,500	29,500									42,000
20	23,000	30,000									53,000
21	22,000	28,000									50,000
22	17,000	21,000									38,000
23	30,000	38,000									68,000
24	14,000	27,000									41,000
25	14,000	31,000									45,000
26	14,000	31,000									45,000
27	21,000	23,000									44,000
28	29,000	38,000									67,000
29	26,000	33,000									59,000
30	35,000	35,000									70,000
Total											1,359,000
Avg.											45,300
Max.											70,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: [illegible]
Lab Receipt Date & Time: 11/19/12 1121
Analysis Date & Time: 11-19-12 @ 1440
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☑ 4.0 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655 4022 FAX: 863-655-5820
DOH# E85458

Report Number: 102533 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water Systein ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 11/19/12

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B: Non-Coliform	Total Coliform	Fecal *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	228 Shoreline Drive	1010	D / F	1.1	7.8		A	A		401505
2	103 Holly Hill Drive	1030	D / F	0.6	7.9		A	A		401506
3	Well #1	1005	R / F	0	8.2		A	A		401507
4	Well #2	1020	R / F	0	8.1		A	A		401508
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 0.9
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 11/21/2012
Lab Signature: [signature]
Title: Project Manager

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required _____

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

1. Analysis Requested — Check the box next to the type of test being requested.
2. Public Water System (PWS) — Provide the full name of the public water system.
3. PWS I.D. — Provide the 7-digit DEP PWS ID number.
4. PWS Address — Indicate the PWS's mailing address.
5. City — Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone # — Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax # — Provide the PWS or PWS owner's fax number.
8. Collector — Provide the sample collector's first and last name.
9. Collector's Phone # — Provide the sample collector's phone number.
10. Type of Supply — Check the box next to the type of PWS or source being tested.
11. Reason for Sampling — Check the box next to the reason the samples are being collected.
12. Sample Collection Date — Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample # — Provide a unique number for each sample.
14. Sample Point — Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time — Provide the time of collection for each sample collected.
16. Sample Type & Chlorine Type — Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
    Indicate chlorine type for each sample collected. Chlorine type codes are: T=Total, F= Free & C=Combined.
17. Disinfectant Residual — Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH — Not required for drinking water samples.
19. Average of Disinfectant Residuals — Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method — Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis — Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report — Provide the name and mailing address of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number — This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time — Indicate the date and time samples were received in the lab.
3. Analysis Date & Time — Indicate the date and time of analysis.
4. Sample Preservation — Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check — Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s) — Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform — Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform — Indicate the presence or absence of total coliform bacteria.*
9. Fecal Coliform — Indicate the presence or absence of fecal coliform bacteria.*
10. *E. coli* — Indicate the presence or absence of *E. coli* bacteria.*
11. Enterococci — Indicate the presence or absence of enterococci bacteria.*
12. Coliphage — Indicate the presence or absence of coliphage. *
13. Data Qualifier — Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample # — Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results — In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results — In the event of fecal coliform, E. coli, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature — Signature of lab director or other authorized representative of the lab.
18. Title — Provide the title of the lab representative signing the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

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

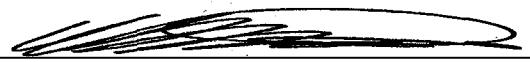
REPORT: Monthly
GROUP: Domestic

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: **11/01/12** To: **11/30/12**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.004**	**0.012**	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				**5.4**			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				**2.3**	**2.3**		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**3.8**			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann. Avg.			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**<1**	**<1**		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
pH	Sample Measurement				**7.3**	**7.5**		s.u.		5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	**12/12/18**

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: 11/01/12 To: 11/30/12

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100		Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#/100		Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.48			mg/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				271			mg/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				98			mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.004

Month / Year: **November-12**

(TMADF/Permitted Capacity)x100: 7%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.003					7.3		1.5			
2	0.003					7.5		1.6			
3	0.003					7.4		1.2			
4	0.006										
5	0.006					7.4		1.0			
6	0.002					7.4		1.1			
7	0.004					7.5		1.3			
8	0.004					7.4		1.6			
9	0.004					7.3		1.5			
10	0.002					7.3		1.4			
11	0.004										
12	0.004					7.4		1.7			
13	0.004	271	98	2.3	<1	7.5	<1	2.2	3.48		
14	0.003					7.4		2.0			
15	0.006					7.5		2.5			
16	0.007					7.4		2.2			
17	0.004					7.4		2.0			
18	0.003					7.4		2.3			
19	0.007					7.5		1.9			
20	0.003					7.3		2.2			
21	0.004					7.3		2.0			
22	0.004										
23	0.004					7.5		2.5			
24	0.007					7.4		2.1			
25	0.005										
26	0.005					7.3		1.6			
27	0.002					7.4		1.4			
28	0.004					7.4		1.2			
29	0.002					7.5		1.4			
30	0.010					7.4		1.3			
Total	0.128										
Mo. Avg.	0.004	271	98	2.3	<1	7.4	<1	1.7	3.48		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands WW*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *11/13/2012 @ 1310*

Laboratory Sample: 401185 Sample Date: 11/13/2012 Sample Time: 1225
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	271.		mg/L	SM 5210B	C. Christensen	11/14/2012	0849	2.	2.
Total Suspended Solids	98.		mg/L	SM 2540 D	W. Smith	11/14/2012	1147	1.	1.

Respectfully Submitted,
Douglas E. Morton
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands WW*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *11/13/2012 @ 1310*

Laboratory Sample: 401186 Sample Date: 11/13/2012 Sample Time: 1230
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	2.3		mg/L	SM 5210B	C. Christensen	11/14/2012	0849	2.	2.
Total Suspended Solids	1.0	U	mg/L	SM 2540 D	W. Smith	11/14/2012	1147	1.	1.
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	T. Heath	11/13/2012	1330	1.	1.
Nitrite Nitrogen (NO2-N)	0.01	U	mg/L	EPA 353.2	J. Cosgrave	11/13/2012	1622	0.01	0.04
Nitrate Nitrogen (NO3-N)	3.48		mg/L	Calc.	J. Cosgrave	11/15/2012	1343	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	3.48		mg/L	EPA 353.2	J. Cosgrave	11/15/2012	1343	0.02	0.08

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Douglas E. Morton
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME (PLEASE PRINT): Wendell L. Faircloth
SAMPLERS SIGNATURE:
CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: S&M 1 L sq P Cool <6°C — CBOD TSS	S&M 1/2 GAL P Cool <6°C — CBOD TSS NO2	Nut 250 ml P H_2SO_4 — NO3 NOx	Bact 125 ml Sterile Thio — FC		
	Raw	11/13	1225	STP	X	401185	1	1					
	Final	11/13	1230	STP	X	401186	3		1	1	1		

COMMENTS:

NUTRIENT CONTAINER PRESERVED, H_2SO_4 — YES: — NO:
SAMPLES ICED TO 4.6 C — YES: — NO:

102407

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2		CDavis	11/13/12	1310

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid / State: Florida / Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid / State: Florida / Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	3 Days per week
Other Operators:	Wendell L. Faircloth	C	8196	
	Mary Jane Faircloth	C	20605	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
01/09/13	David W. Faircloth	8189

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1
III. Daily Data for the Month/Year of:		December, 2012	

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose		
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24.0	29,000		1.4								0.9	
2		24.0	24,500											
3	X	24.0	24,500		1.6								1.3	
4	X	24.0	26,000		1.5								1.2	
5	X	24.0	25,000		1.4								1.1	
6	X	24.0	16,000		1.6								1.2	
7	X	24.0	22,000		1.5								1.1	
8	X	24.0	3,000		1.3								1.0	
9		24.0	12,500											
10	X	24.0	12,500		1.5								1.0	
11	X	24.0	13,000		1.4								0.9	
12	X	24.0	13,000		1.5								0.9	
13	X	24.0	14,000		1.7								1.0	
14	X	24.0	18,000		1.4								1.1	
15	X	24.0	32,000		1.6								1.2	
16		24.0	4,500											
17	X	24.0	4,500		1.3								0.9	
18	X	24.0	16,000		1.2								0.8	
19	X	24.0	14,000		1.4								0.9	
20	X	24.0	14,000		1.3								0.8	
21	X	24.0	20,000		1.3								1.0	
22	X	24.0	13,000		1.5								1.2	
23	X	24.0	9,000		1.2								1.0	
24	X	24.0	16,000		1.4								1.0	
25		24.0	17,000											
26	X	24.0	17,000		1.3								0.9	
27	X	24.0	12,000		1.2								0.8	
28	X	24.0	21,000		1.4								1.0	
29	X	24.0	11,000		1.7								1.1	
30	X	24.0	8,000		1.5								1.0	
31	X	24.0	17,000		1.4								1.5	
Total			499,000											
Avgerage			16,097											
Maximum			32,000											

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

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

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2012

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =		Acrylamide Level, %[t] =	

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, %[t] =	

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[t] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	500
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid / State: Florida / Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid / State: Florida / Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	3 Days per week
Other Operators:	Wendell L. Faircloth	C	8196	
	Mary Jane Faircloth	C	20605	3 Days per week

II. Certification by Lead/Chief Operator

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

01/09/13	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	33,000		1.5								1.0	
2		24.0	38,000											
3	X	24.0	38,000		1.2								1.0	
4	X	24.0	22,000		1.3								0.9	
5	X	24.0	42,000		1.2								0.8	
6	X	24.0	35,000		1.4								1.0	
7	X	24.0	44,000		1.2								1.0	
8	X	24.0	57,000		1.3								1.1	
9		24.0	48,000											
10	X	24.0	48,000		1.5								1.0	
11	X	24.0	21,000		1.4								0.8	
12	X	24.0	31,000		1.3								0.8	
13	X	24.0	28,000		1.4								0.7	
14	X	24.0	34,000		1.2								1.0	
15	X	24.0	30,000		1.4								1.0	
16		24.0	32,500											
17	X	24.0	32,500		1.2								1.0	
18	X	24.0	22,000		1.0								0.6	
19	X	24.0	40,000		1.1								0.8	
20	X	24.0	32,000		1.0								0.7	
21	X	24.0	36,000		1.3								1.0	
22	X	24.0	25,000		1.5								1.1	
23	X	24.0	23,000		1.2								1.0	
24	X	24.0	35,000		1.3								1.0	
25		24.0	30,500											
26	X	24.0	30,500		1.2								1.0	
27	X	24.0	34,000		1.3								0.9	
28	X	24.0	41,000		1.3								1.0	
29	X	24.0	30,000		1.3								0.9	
30	X	24.0	16,000		1.2								0.8	
31	X	24.0	45,000		1.4								1.4	
Total			1,054,000											
Avgerage			34,000											
Maximum			57,000											

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

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

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2012

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =		Acrylamide Level, %[t] =	

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, %[t] =	

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[t] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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 2012

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	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	29,000	33,000									62,000
2	24,500	38,000									62,500
3	24,500	38,000									62,500
4	26,000	22,000									48,000
5	25,000	42,000									67,000
6	16,000	35,000									51,000
7	22,000	44,000									66,000
8	3,000	57,000									60,000
9	12,500	48,000									60,500
10	12,500	48,000									60,500
11	13,000	21,000									34,000
12	13,000	31,000									44,000
13	14,000	28,000									42,000
14	18,000	34,000									52,000
15	32,000	30,000									62,000
16	4,500	32,500									37,000
17	4,500	32,500									37,000
18	16,000	22,000									38,000
19	14,000	40,000									54,000
20	14,000	32,000									46,000
21	20,000	36,000									56,000
22	13,000	25,000									38,000
23	9,000	23,000									32,000
24	16,000	35,000									51,000
25	17,000	30,500									47,500
26	17,000	30,500									47,500
27	12,000	34,000									46,000
28	21,000	41,000									62,000
29	11,000	30,000									41,000
30	8,000	16,000									24,000
31	17,000	45,000									62,000
Total											1,553,000
Avg.											50,097
Max.											67,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: LW Fenwick
Lab Receipt Date & Time: 12/18/12 1300
Analysis Date & Time: 12/19/12 @ 1745
Sample Acceptance Criteria:
Sample Preservation: ☒On Ice ☐Not On Ice ☐ 7.4 °C
Disinfectant Check: ☒Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

Report Number: 103012 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒Total Coliform/*E. coli* ☐Total Coliform/Fecal ☐Enterococci ☐Coliphage ☐HPC ☐Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #9 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒Community Water System ☐Non-Transient Non-community Water System ☐Transient Non-community Water System
☐Limited Use System ☐Bottled Water ☐Private Well ☐Swimming Pool ☐Other: _____

Reason for Sampling: (check all that apply)
☒Distribution Routine ☐Distribution Repeat ☐Raw (triggered or assessment) ☐Raw (triggered or assessment) additional ☐Well Survey
☐Clearance ☐Replacement (also check type of sample being replaced) ☐Boil Water Notice ☐Other: _____

Sample Collection Date: 12-18-12

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal, *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	Men's room at pool	0710	D / F	1.2	7.4		A	A		402872
2	125 Lake Ridge Drive	0735	D / F	0.6	7.4		A	A		402873
3	Well #1	0700	R / F	0	8.2		A	A		402874
4	Well #2	0720	R / F	0	8.3		A	A		402875
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 0.9
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Disinfectant Residual Analysis Method:
☒DPD Colorimetric ☐Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒A certified operator (# C8189)
☐Supervised by certified operator (# _____)
☐Employed by a certified lab ☐Employed by DEP or DOH
☐Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 12/20/2012
Lab Signature: _____
Title: Project Manager

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐Satisfactory
☐Incomplete Collection Information
☐Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

1. Analysis Requested — Check the box next to the type of test being requested.
2. Public Water System (PWS) — Provide the full name of the public water system.
3. PWS I.D. — Provide the 7-digit DEP PWS ID number.
4. PWS Address — Indicate the PWS's mailing address.
5. City — Indicate the city in which the PWS is located (if not in a city, indicat county).
6. PWS or Owner's Phone # — Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax # — Provide the PWS or PWS owner's fax number.
8. Collector — Provide the sample collector's first and last name.
9. Collector's Phone # — Provide the sample collector's phone number.
10. Type of Supply — Check the box next to the type of PWS or source being tested.
11. Reason for Sampling — Check the box next to the reason the samples are being collected.
12. Sample Collection Date — Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample # — Provide a unique number for each sample.
14. Sample Point — Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time — Provide the time of collection for each sample collected.
16. Sample Type & Chlorine Type — Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
    Indicate chlorine type for each sample collected. Chlorine type codes are: T=Total, F= Free & C=Combined.
17. Disinfectant Residual — Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH — Not required for drinking water samples.
19. Average of Disinfectant Residuals — Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method — Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis — Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report — Provide the name and mailing address of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number — This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time — Indicate the date and time samples were received in the lab.
3. Analysis Date & Time — Indicate the date and time of analysis.
4. Sample Preservation — Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check — Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s) — Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform — Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform — Indicate the presence or absence of total coliform bacteria.*
9. Fecal Coliform — Indicate the presence or absence of fecal coliform bacteria.*
10. *E. coli* — Indicate the presence or absence of *E. coli* bacteria.*
11. Enterococci — Indicate the presence or absence of enterococci bacteria.*
12. Coliphage — Indicate the presence or absence of coliphage. *
13. Data Qualifier — Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample # — Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results — In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results — In the event of fecal coliform, E. coli, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature — Signature of lab director or other authorized representative of the lab.
18. Title — Provide the title of the lab representative sign ng the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

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

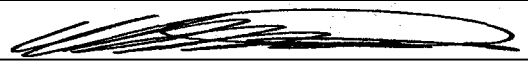
PERMIT NUMBER: **FLA014340**
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

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: **12/01/12** To: **12/31/12**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.005**	**0.011**	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				**5.6**			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				**9.8**	**9.8**		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**4.1**			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann_Avg.			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**8.8**	**8.8**		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	**13/01/23**

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: 12/01/12 To: 12/31/12

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100		Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#/100		Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.43			mg/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				400			mg/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				252			mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.004

Month / Year: **December-12**

(TMADF/Permitted Capacity)x100: 8%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.006					7.5		1.5			
2	0.004										
3	0.004					7.6		1.2			
4	0.008					7.5		1.4			
5	0.003					7.5		1.2			
6	0.004					7.4		1.5			
7	0.006					7.5		1.7			
8	0.004					7.4		1.5			
9	0.006										
10	0.006					7.5		1.6			
11	0.006					7.5		1.8			
12	0.005					7.4		1.4			
13	0.002	400	252	9.8	8.8	7.5	<1	1.2	2.43		
14	0.006					7.4		1.5			
15	0.004					7.5		1.3			
16	0.005										
17	0.005					7.5		1.2			
18	0.002					7.5		1.6			
19	0.003					7.4		1.5			
20	0.003					7.5		1.9			
21	0.004					7.5		2.2			
22	0.010					7.5		2.5			
23	0.005					7.4		2.1			
24	0.003					7.5		2.8			
25	0.002										
26	0.002					7.4		2.9			
27	0.010					7.5		3.2			
28	0.005					7.3		3.0			
29	0.004					7.4		3.3			
30	0.005										
31	0.005					7.4		3.8			
Total	0.144										
Mo. Avg.	0.005	400	252	9.8	8.8	7.5	<1	2.0	2.43		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.*
Attention: *Wendell Faircloth*
Date Received: *12/13/2012 @ 1230*

Project Name: *Woodlands WW*
Location: *Woodlands of LP*

Laboratory Sample: 402690
Sample ID: Raw

Sample Date: 12/13/2012
Sampled By: W. Faircloth

Sample Time: 0920
Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	400.		mg/L	SM 5210B	C. Christensen	12/13/2012	1633	2.	2
Total Suspended Solids	252.		mg/L	SM 2540 D	W. Smith	12/14/2012	0851	1.	1

Respectfully Submitted,
Douglas E. Morton
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands WW*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *12/13/2012 @ 1230*

Laboratory Sample: 402691 Sample Date: 12/13/2012 Sample Time: 0925
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	9.8		mg/L	SM 5210B	C. Christensen	12/13/2012	1633	2.	2
Total Suspended Solids	8.8		mg/L	SM 2540 D	W. Smith	12/14/2012	0851	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	D. Murto	12/13/2012	1645	1.	1
Nitrite Nitrogen (NO2-N)	0.03	I	mg/L	EPA 353.2	J. Cosgrave	12/13/2012	1705	0.01	0.04
Nitrate Nitrogen (NO3-N)	2.43		mg/L	Calc.	J. Cosgrave	12/15/2012	1232	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	2.46		mg/L	EPA 353.2	J. Cosgrave	12/15/2012	1232	0.02	0.08

U = Parameter was analyzed for but not detected.
I = Result is less than the PQL and greater than or equal to the MDL.

Respectfully Submitted,
Douglas E. Morton
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) Wendell L. Faircloth

SAMPLERS SIGNATURE:

CLIENT NAME: Short Utility Service, Inc. #8

PROJECT: The Woodlands

LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: S&M 1 L sq P Cool <6°C: CBOD TSS	S&M 1/2 GAL P Cool <6°C: CBOD TSS NO2	Nut 250 ml P H_2SO_4: NO3 NOx	Bact 125 ml Sterile Thio: FC		
	Raw	12/13	0920	STP	X	402690	1	1					
	Final	12/13	0925	STP	X	402691	3		1	1	1		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H_2SO_4 <2	—	
SAMPLES ICED TO 3.4 C	—	

COMMENTS:

102934

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2			12/13/12	1230

CHAIN OF CUSTODY AND TRANSMITTAL FORM

SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S. Sebring, FL 33876 email: Shortlab@strato.net
Phone: (863) 655-4022 (800) 833-4022 Fax: (863) 655-5820

Report Cover Page

Client:	**Short Utility Service, Inc.**	Report #:	**2012100058**
Address:	P.O. Box 1088	Report Date:	**10/7/2012**
City, State, Zip:	Sebring, FL 33871-1088		
Attention:	Wendell Faircloth		
Project:	The Woodlands DWTP		
	Lead & Copper		
Sample Date:	9/24/2012		
Sample N mbers:	398552-398561		

This report package includes the following contents and attachments:

Contents	Item	Pages
Cover Page:		1
Report of Analysis:	DW Original	4
Attachments:	Lead & Copper Sampling Plan	1
	Chain of Custody	1
Total Pages:		7

Commonly used Qualifiers with explanations:

Qualifier	Explanation
U	Compound was analyzed for but not detected.
I	Result is between the MDL and the PQL.
Q	Sample was analyzed out of holding time.
J	Estimated value; may not be accurate.

The res lts contained in the report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all q estions to the signatory below at the phone number above.

Respectfully Submitted,

David W. Murto
Laboratory Director
Oct 7 2012 5:31 PM

Laboratory Director

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.

ACCREDITED IN ACCORDANCE WITH NELAC
FL CERT #85458

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

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

System Name: The Woodlands of Lake Placid PWS I.D. #: 6280304

System Type (check one): ☒Community ☐Nontransient Noncommunity ☐Transient Noncommunity

Address: P.O. Box 478

City: Lake Placid State: Fl ZIP Code: 33862

Phone # (863) 382-1183 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 02 - 11 Sample Date: 09/24/2012 Sample Time: 0821 - 0925

Sample Location (be specific) : Distribution; see chain of custody form

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

☒Distribution
☐Entry Point (to Distribution)
☐Plant Tap (not for compliance with 62-550)
☐Raw (at well or intake)
☐Max Residence Time
☐Ave Residence Time
☐Near First Customer

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

☒Routine Compliance with 62-550
☐Confirmation of MCL Exceedance*
☐Composite of Multiple Sites**
☐Clearance (permitting
☐Other: _____

☐Quarterly
☐Special (not for compliance with 62-550)
☐Violation Resolution
☐Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, David W. Faircloth (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: 09/24/2012

Certified Operator #: C-8189 Phone #: (863) 471-1400 Sampler's Fax #: (863) 471-2102

Sampler's E-mail: shortutility@embarqmail.com

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

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

Lab Name: Short Environmental Laboratories

Florida DOH Certification # : E85458 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 10405 US Highway 27 South Sebring, FL 33876 Phone # : (863) 655-4022

Were any analyses subcontracted? ○ Yes ◉ No If yes, please provide DOH certification Number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received : 9/24/2012

PWS ID (From Page 1): 6280304 Sample Number (From Page 1): 02 - 11 Lab Assigned Report Number or Job ID: 398552-398561

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☐ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acid	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		Lead & Copper
☐ Asbestos					☒

LAB CERTIFICATION

I, David W. Murto (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: David W Murto Date: 10/7/2012

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

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

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

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

Lead and Copper Tap Sample Analysis And Result Ranking

Reporting Format 62-550.730(5)(a)

System Name:	**The Woodlands of LP**	**Date Submitted to Lab:**	**9/24/2012**
PWS-ID:	**6280304**	**Analysis Date:**	**10/03/2012**
Laboratory Name:	**Short Environmental Laboratories, Inc.**	**Lab Analysis method:**	**SM3113B**
Lab-ID:	**E85458**	**Lead or Copper (list one)**	**Lead**
Contact Person:	**David W. Murto**	**Method Detection Limit:**	**0.001**
Phone:	**(863) 655-4022**	**90th Percentile Value:**	**0.008**

A	RANK	LOCATION CODE		LAB SAMPLE ID	DATE SITE	LEAD mg/L	COPPER
		NO	TIER		SAMPLED		
	1	08		398556	09/24/2012	0.002 I	
	2	09		398552	09/24/2012	0.002 I	
	3	11		398558	09/24/2012	0.002 I	
	4	03		398560	09/24/2012	0.003 I	
	5	06		398553	09/24/2012	0.003 I	
	6	07		398554	09/24/2012	0.003 I	
	7	04		398561	09/24/2012	0.004	
	8	10		398557	09/24/2012	0.007	
	9	05		398555	09/24/2012	0.008	
	10	02		398559	09/24/2012	0.012	
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

CERTIFICATION: The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (± 100 mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: David W. Murto

NAME (Please Print): David W. Murto

TITLE and DATE: Laboratory Director **10/7/2012**

All results meet the requirements of NELAC.

U = Parameter was analyzed for but not detected. I = Result is < PQL and >= MDL.

Reporting Format 62-550.730(5)(a)

Effective Date: December -, 1996

Lead and Copper Tap Sample Analysis And Result Ranking

Reporting Format 62-550.730(5)(a)

System Name:	**The Woodlands of LP**	**Date Submitted to Lab:**	**9/24/2012**
PWS-ID:	**6280304**	**Analysis Date:**	**10/03/2012**
Laboratory Name:	**Short Environmental Laboratories, Inc.**	**Lab Analysis method:**	**SM3111B**
Lab-ID:	**E85458**	**Lead or Copper (list one)**	**Copper**
Contact Person:	**David W. Murto**	**Method Detection Limit:**	**0.01**
Phone:	**(863) 655-4022**	**90th Percentile Value:**	**1.21**

A	RANK	LOCATION CODE		LAB SAMPLE ID	DATE SITE	LEAD	COPPER mg/L
		NO	TIER		SAMPLED		
	1	09		398552	09/24/2012		0.24
	2	03		398560	09/24/2012		0.25
	3	04		398561	09/24/2012		0.36
	4	11		398558	09/24/2012		0.41
	5	07		398554	09/24/2012		0.73
	6	10		398557	09/24/2012		0.88
	7	02		398559	09/24/2012		1.17
	8	05		398555	09/24/2012		1.18
	9	08		398556	09/24/2012		1.21
	10	06		398553	09/24/2012		1.48
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

CERTIFICATION: The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (± 100 mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: David W Murto

NAME (Please Print): David W. Murto

TITLE and DATE: Laboratory Director **10/7/2012**

All results meet the requirements of NELAC.

U = Parameter was analyzed for but not detected. I = Result is < PQL and >= MDL.

Reporting Format 62-550.730(5)(a)

Effective Date: December -, 1996

Sample Sites used in 2009.

PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

PWS Identification Number: 6780304

RECEIVED DEP JUN 0 2007 SOUTH DISTRICT

IV. Lead and Copper Tap Sampling Plan

After completing the Materials Survey, develop a Lead and Copper Tap Sampling Plan by establishing a pool of potential sampling sites. Each plan must include at least the number of sites as shown in the table in the footnote under Part I of this form. It is recommended that a system establish a sampling pool equal to 150 percent of the minimum number required to be sampled to secure a list of optional sites that can be sampled as replacement sites or as additional samples. List all identified sampling sites in the table below. Use additional copies of the table below as necessary.

1	1	SFR	228 Shoreline Dr.	R. STONE	699-1991	N	BF	Y	0	N
2	2	BLD	Pool House Mens Room			N	Pb	Y	0	N
3	1	SFR	125 Deerhange Dr.	D. Bishop		N	BF	Y	0	N
4	1	SFR	103 Holly Hill Dr	J. Otterson		N	BF	Y	0	N
5	2	BLD	Pool House "A"	CER		N	Pb	Y	0	N
6	2	BLD	Pool House "B"	CER		N	Pb	Y	0	N
7	2	BLD	Pool House "C"	CER		N	Pb	Y	0	N
8	2	BLD	Pool House "D"	CER		N	Pb	Y	0	N
9	2	BLD	Pool House "E"	CER		N	Pb	Y	0	N
10	2	BLD	Pool House "F"	CER		N	Pb	Y	0	N
11	2	BLD	Pool House "I"	CER		N	Pb	Y	0	N
12	1	SFR	48 Grassy Land Cir.	D. Goodyear		N	BF	Y	0	N
13	1	SFR	25 Grassy Land Cir.	J. Hanks		N	BF	Y	0	N
14	1	SFR	2 Windward Dr.	R. Brewer		N	BF	Y	0	N
15	1	SFR	34 Windward Dr.	J. Schaar		N	BF	Y	0	N
16	1	SFR	6 Sand Pine Cir.	J. Ford		N	BF	Y	0	N
17	1	SFR	10 Sand Pine Cir.	M. Rogers		N	BF	Y	0	N
18	1	SFR	55 Sand Pine Cir.	J. Scarr		N	BF	Y	0	N
19	1	SFR	38 Oak Ridge Cir.	D. Mills		N	BF	Y	0	N
20	1	SFR	54 Oak Ridge Cir.	C. Horton		N	BF	Y	0	N
21	1	SFR	16 Hidden Harbor Ln.	S. Walker		N	BF	Y	0	N
22	1	SFR	38 Hidden Harbor Ln	J. Lorelette		N	BF	Y	0	N
23	1	SFR	22 Freedom Way	E. Clough		N	BF	Y	0	N
24	1	SFR	54 Freedom Way	J. McCann		N	BF	Y	0	N
25	1	SFR	2 Ensign Circle	R. Dorn		N	BF	Y	0	N
26	1	SFR	26 Beachcrest Ln	A. Dorsey		N	BF	Y	0	N
27	1	SFR	62 Beachcrest Ln	J. Fitz		N	BF	Y	0	N
28	1	SFR	17 Erica Cir.	R. Carruca		N	BF	Y	0	N

Total Tier 1 Sites: 20

Total Tier 2 Sites: 8

Total Tier 3 Sites:

Total Tier 4 Sites:

Total Selected Sampling Sites with Lead Service Lines: 0

Percentage of Sampling Sites with Lead Service Lines: 0 %

RECEIVED DEP JUN 15 2007 SOUTH DISTRICT

Sheet 1 of 2

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) John H. Lovelette

SAMPLERS SIGNATURE:

CLIENT NAME: Short Utility Service, Inc. #8

PROJECT: Pb/Cu

LOCATION: The Woodlands of Lake Placid

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: Cont Type: Met; Cont Size: 1 L cyl; Material: Plastic; Preservative: Nitric — Cu Pb/GF
	9	9/24	8:21	DW	X		398552	1	1
	6	9/24	8:27	DW	X		398553	1	1
	7	9/24	8:33	DW	X		398554	1	1
	5	9/24	8:37	DW	X		398555	1	1
	8	9/24	8:43	DW	X		398556	1	1
	10	9/24	8:48	DW	X		398557	1	1
	11	9/24	8:56	DW	X		398558	1	1
	2	9/24	9:02	DW	X		398559	1	1
	3	9/24	9:15	DW	X		398560	1	1
	4	9/24	9:25	DW	X		398561	1	1

COMMENTS:

SOME CONTAINERS MAY BE PRESERVED.

PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 27.6 C

NUTRIENT CONTAINERS PRESERVED H2SO4

METALS CONTAINERS PRESERVED HNO3

YES	NO
	✓

101635

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
10			9.24.12	1115

TIME	
DEPARTED LAB	
ARRIVED SITE	
DEPARTED SITE	
ARRIVED LAB	

SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S. Sebring, FL 33876 email: Shortlab@strato.net
Phone: (863) 655-4022 (800) 833-4022 Fax: (863) 655-5820

Report Cover Page

Client:	**Short Utility Service, Inc.**	Report #:	**2013010087**
Address:	P.O. Box 1088	Report Date:	1/9/2013
City, State, Zip:	Sebring, FL 33871-1088		
Attention:	Wendell Faircloth		
Project:	Camp Florida #1 DWTP		
	62-550 Analyses		
Sample Date:	12/10/2012		
Sample Numbers:	402401		

This report package includes the following contents and attachments:

Contents	Item	Pages
Cover Page:		1
Report of Analysis:	DW Original	6
Attachments:	Sampler Certification	1
	Chain of Custody	1
Total Pages:		9

Commonly used Qualifiers with explanations:

Qualifier	Explanation
U	Compound was analyzed for but not detected.
I	Result is between the MDL and the PQL.
Q	Sample was analyzed out of holding time.
J	Estimated value; may not be accurate.

The results contained in the report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Diquat was held beyond the acceptable holding time.

Respectfully Submitted,

Douglas E. Morton

Digitally signed by Douglas E. Morton
DN: cn=Douglas E. Morton, o=Short Environmental Labs, ou=Project Manager, email=shortlab@strato.net, c=US
Date: 2013.01.09 15:32:41 -05'00'

Project Manager

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.

ACCREDITED IN ACCORDANCE WITH NELAC
FL CERT #85458

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

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

System Name: The Woodlands of LP Plant #1 PWS I.D. #: 6280304

System Type (check one): (●) Community ( ) NonTransient Noncommunity ( ) Transient NonCommunity

Address: PO Box 478

City: Lake Placid State: Florida ZIP Code: 33862

Phone#: 863-382-1183 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 402401 Sample Date: 12/10/2012 Sample Time: 1235

Sample Location (be specific): Point of Entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [■] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62.550)
- [ ] Raw (at well intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

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

- [■] Routine Compliance (with 62-550)
- [ ] Confirmantion of MCL Exceedance*
- [ ] Composite Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other:

Sampling Procedure Used or other Comments:

- [ ] Quarterly (Which One?)
- [ ] Special (not for compliance with 62-550.)
- [ ] Violation Resolution
- [ ] Replacement (of invalidated Sample)

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

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

SAMPLER CERTIFICATION

I, Wendell L. Faircloth (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 12/10/2012

Certified Operator #: C-8196 Phone #: 863-471-1400 Sampler's FAX #: 863-471-2102

Sampler's E-mail: shortutili y@embarqmail.com

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

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

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

Lab Name: Short Environmental Laboratories | Florida DOH Certification # : E85458 | Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 10405 US Highway 27 South | Sebring, FL 33876 | Phone # : (863) 655-4022

Were any analyses subcontracted? (●) Yes ( ) No | If yes, please provide DOH certification Number(s): E84129

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) | Date Sample(s) Received : 12/10/2012

PWS ID (From Page 1): 6280304 | Sample Number (From Page 1): 402401 | Lab Assigned Report Number or Job ID: 402401

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
■ All Except Asbestos	☐ All 30	■ All 21	☐ Trihalomethanes	☐ Single Sample	■ All 14
☐ Partial	■ All Except Dioxin	☐ Partial	☐ Haloacetic Acid	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate	Miscellaneous	Lead & Copper
☐ Asbestos				☐	☐

LAB CERTIFICATION

I, Douglas E. Morton (Print Name), Project Manager (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: [signature] Date: 1/9/2013

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

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

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

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: | Date Notified: | DEP/DOH Reviewing Official:

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

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

Inorganic Contaminants

62-550.310(1)

Report Number/Job ID: 402401

PWS ID (from page 1): 6280304

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.15		EPA 353.2	0.02	12/13/2012	1330	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	12/11/2012	1701	E85458
1005	Arsenic	0.01	mg/L	0.002	U	SM 3113 B	0.002	12/19/2012	0941	E85458
1010	Barium	2	mg/L	0.011		EPA 200.7	0.002	12/26/2012	1031	E85458
1015	Cadmium	0.005	mg/L	0.001	U	EPA 200.7	0.001	12/19/2012	0904	E85458
1020	Chromium	0.10	mg/L	0.001	U	EPA 200.7	0.001	12/19/2012	0904	E85458
1024	Cyanide	0.20	mg/L	0.005	U	EPA 335.4	0.005	12/18/2012	1000	E85458
1025	Fluoride	4.0	mg/L	0.16	I	SM 4500F C	0.05	01/04/2013	0938	E85458
1030	Lead	0.015	mg/L	0.001	U	SM 3113 B	0.001	12/18/2012	1222	E85458
1035	Mercury	0.002	mg/L	0.0002	U	EPA 245.1	0.0002	12/18/2012	0717	E85458
1036	Nickel	0.10	mg/L	0.002	U	EPA 200.7	0.002	12/19/2012	0904	E85458
1045	Selenium	0.05	mg/L	0.0013	I	EPA 200.8	0.0010	12/13/2012	1233	E84129
1052	Sodium	160	mg/L	4.75		EPA 200.7	0.05	12/19/2012	0904	E85458
1074	Antimony	0.006	mg/L	0.003	U	SM 3113 B	0.003	01/08/2013	0800	E85458
1075	Beryllium	0.004	mg/L	0.0005	U	EPA 200.7	0.0005	12/19/2012	0904	E85458
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	01/04/2013	1100	E85458
1094	Asbestos	7 MFL	MFL							

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N. 0, T, Z, ?, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

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

Secondary Contaminants

Report Number/Job ID: 402401

62-550.320

PWS ID (From Page 1): 6280304

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
1002	Aluminum	0.20	mg/L	0.02	U	EPA 200.7	0.02	12/19/2012	0904	E85458
1017	Chloride	250	mg/L	17.		SM 4500ClC	0.5	12/13/2012	1007	E85458
1022	Copper	1	mg/L	0.008		SM 3113 B	0.002	01/09/2013	0730	E85458
1025	Fluoride	2.0	mg/L	0.16	I	SM 4500F C	0.05	01/04/2013	0938	E85458
1028	Iron	0.30	mg/L	0.060		EPA 200.7	0.005	12/19/2012	0904	E85458
1032	Manganese	0.05	mg/L	0.0018	I J	EPA 200.7	0.0005	12/19/2012	0904	E85458
1050	Silver	0.10	mg/L	0.001	U	EPA 200.7	0.001	12/19/2012	0904	E85458
1055	Sulfate	250	mg/L	1.1	I	ASTMD51690	1.	12/27/2012	0922	E85458
1095	Zinc	5	mg/L	0.008	I	EPA 200.7	0.004	12/19/2012	0904	E85458
1905	Color	15	CU	1.	U	SM 2120 B	1.	12/11/2012	1439	E85458
1920	Odor	3	TON	0.	U	SM 2150	N/A	12/10/2012	1611	E85458
1925	pH	6.5 - 8.5	SU	7.05		SM4500H+ B		12/10/2012	1630	E85458
1930	Total Dissolved Solids	500	mg/L	80.		SM 2540C	10.	12/11/2012	1439	E85458
2905	Foaming Agents	0.50	mg/L	0.02	U	SM 5540 C	0.02	12/11/2012	0941	E85458

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 0, T, Z, ?, *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

J = Laboratory Control Sample (LCS) was outside of control limits with a 105.40% recovery.

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

Volatile Organics

Report Number/Job ID: 402401

62-550.310(4)(a)

PWS ID (from page 1): 6280304

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	µg/L	0.3	U	EPA 524.2	0.3	0.5	12/13/2012	1313	E84129
2380	cis-1,2-Dichloroethylene	70	µg/L	0.09	U	EPA 524.2	0.09	0.5	12/13/2012	1313	E84129
2955	Xylenes (total)	10,000	µg/L	0.4	I	EPA 524.2	0.1	0.5	12/13/2012	1313	E84129
2964	Dichloromethane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1313	E84129
2968	o-Dichlorobenzene	600	µg/L	0.1	U	EPA 524.2	0.1	0.5	12/13/2012	1313	E84129
2969	para-Dichlorobenzene	75	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1313	E84129
2976	Vinyl Chloride	1	µg/L	0.3	U	EPA 524.2	0.3	0.5	12/13/2012	1313	E84129
2977	1,1-Dichloroethylene	7	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1313	E84129
2979	trans-1,2-Dichloroethylene	100	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1313	E84129
2980	1 ,2-Dichloroethane	3	µg/L	0.1	U	EPA 524.2	0.1	0.5	12/13/2012	1313	E84129
2981	1,1,1-Trichloroethane	200	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1313	E84129
2982	Carbon tetrachloride	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1313	E84129
2983	1,2-Dichloropropane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1313	E84129
2984	Trichloroethylene	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1313	E84129
2985	1,1,2-Trichloroethane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1313	E84129
2987	Tetrachloroethylene	3	µg/L	0.1	U	EPA 524.2	0.1	0.5	12/13/2012	1313	E84129
2989	Monochlorobenzene	100	µg/L	0.1	U	EPA 524.2	0.1	0.5	12/13/2012	1313	E84129
2990	Benzene	1	µg/L	0.1	U	EPA 524.2	0.1	0.5	12/13/2012	1313	E84129
2991	Toluene	1,000	µg/L	0.09	U	EPA 524.2	0.09	0.5	12/13/2012	1313	E84129
2992	Ethylbenzene	700	µg/L	0.08	U	EPA 524.2	0.08	0.5	12/13/2012	1313	E84129
2996	Styrene	100	µg/L	0.05	U	EPA 524.2	0.05	0.5	12/13/2012	1313	E84129

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

* Results must be reported with appropriate qualifiers in accordance with Florida Adminitrative Code Rule 62-160, Table 1. Results qualified with a A, F, H, N, O, T, Z, ?,*, are unacceptable for compliance with 65.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples during the same monitoring period.

Reporting Format 62-550730

Effective January 1995, Revised January 2004

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

Synthetic Organics

Report Number/Job ID: 402401

62-550.310(4)(b)

PWS ID (From Page 1): 6280304

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2005	Endrin	2	µg/L	0.04	U	EPA 525.2	0.04	0.01	12/16/2012	12/17/2012	1851	E84129
2010	Lindane	0.20	µg/L	0.02	U	EPA 525.2	0.02	0.02	12/16/2012	12/17/2012	1851	E84129
2015	Methoxychlor	40	µg/L	0.02	U	EPA 525.2	0.02	0.10	12/16/2012	12/17/2012	1851	E84129
2020	Toxaphene	3	µg/L	0.50	U	EPA 508.1	0.50	1	12/16/2012	12/25/2012	0217	E84129
2031	Dalapon	200	µg/L	0.33	U	EPA 515.3	0.33	1	12/13/2012	12/14/2012	0955	E84129
2032	Diquat	20	µg/L	0.28	UQ	EPA 549.2	0.28	0.4	12/13/2012	01/04/2013	1843	E84129
2033	Endothall	100	µg/L	6.6	U	EPA 548.1	6.6	9	12/14/2012	12/17/2012	1951	E84129
2034	Glyphosate	700	µg/L	2.7	U	EPA 547	2.7	6	12/17/2012	12/17/2012	2236	E84129
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.07	U	EPA 525.2	0.07	0.6	12/16/2012	12/17/2012	1851	E84129
2036	Oxamyl (Vydate)	200	µg/L	0.88	U	EPA 531.1	0.88	2	12/30/2012	12/30/2012	2244	E84129
2037	Simazine	4	µg/L	0.03	U	EPA 525.2	0.03	0.07	12/16/2012	12/17/2012	1851	E84129
2039	Di(2-ethylhexyl)phthalate	6	µg/L	0.6	U	EPA 525.2	0.6	0.6	12/16/2012	12/17/2012	1851	E84129
2040	Picloram	500	µg/L	0.048	U	EPA 515.3	0.048	0.1	12/13/2012	12/14/2012	0955	E84129
2041	Dinoseb	7	µg/L	0.15	U	EPA 515.3	0.15	0.2	12/13/2012	12/14/2012	0955	E84129
2042	Hexachlorocyclopentadiene	50	µg/L	0.05	U	EPA 525.2	0.05	0.1	12/16/2012	12/17/2012	1851	E84129
2046	Carbofuran	40	µg/L	0.60	U	EPA 531.1	0.60	0.9	12/30/2012	12/30/2012	2244	E84129
2050	Atrazine	3	µg/L	0.02	U	EPA 525.2	0.02	0.1	12/16/2012	12/17/2012	1851	E84129
2051	Alachlor	2	µg/L	0.03	U	EPA 525.2	0.03	0.2	12/16/2012	12/17/2012	1851	E84129
2063	2,3,7,8-TCDD (Dioxin)	0.03	µg/L					0.005				
2065	Heptachlor	0.40	µg/L	0.08	U	EPA 525.2	0.08	0.04	12/16/2012	12/17/2012	1851	E84129
2067	Heptachlor Epoxide	0.20	µg/L	0.07	U	EPA 525.2	0.07	0.02	12/16/2012	12/17/2012	1851	E84129
2105	2,4-D	70	µg/L	0.10	U	EPA 515.3	0.10	0.1	12/13/2012	12/14/2012	0955	E84129
2110	2,4,5-TP (Silvex)	50	µg/L	0.041	U	EPA 515.3	0.041	0.2	12/13/2012	12/14/2012	0955	E84129
2274	Hexachlorobenzene	1	µg/L	0.03	U	EPA 525.2	0.03	0.1	12/16/2012	12/17/2012	1851	E84129
2306	Benzo(a)pyrene	0.20	µg/L	0.02	U	EPA 525.2	0.02	0.02	12/16/2012	12/17/2012	1851	E84129
2326	Pentachlorophenol	1	µg/L	0.014	U	EPA 515.3	0.014	0.04	12/13/2012	12/14/2012	0955	E84129
2383	Polychlorinated biphenyls (PCBS)	0.50	µg/L	0.082	U	EPA 508.1	0.082	0.1	12/16/2012	12/25/2012	0217	E84129
2931	Dibromochloropropane	0.20	µg/L	0.0054	U	EPA 504.1	0.0054	0.02	12/18/2012	12/19/2012	0033	E84129
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.0054	U	EPA 504.1	0.0054	0.01	12/18/2012	12/19/2012	0033	E84129
2959	Chlordane	2	µg/L	0.044	U	EPA 508.1	0.044	0.2	12/16/2012	12/25/2012	0217	E84129

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

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

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

Q = Sample was held beyond the acceptable holding time.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly)

System Name: THE WOODLANDS OF LAKE PLACID – PLANT #1 PWS I.D. #: 6280304

System Type (check one): ☒Community ☐Nontransient Noncommunity ☐Transient Noncommunity

Address: P.O. Box 478

City: Lake Placid State: Florida ZIP Code: 33862

Phone # (863) 382-1183 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 12/10/12 Sample Time: 1235

Sample Location (be specific) : Point of Entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

☐Distribution
☒Entry Point (to Distribution)
☐Plant Tap (not for compliance with 62-550)
☐Raw (at well or intake)
☐Max Residence Time
☐Ave Residence Time
☐Near First Customer

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

☒Routine Compliance with 62-550
☐Confirmation of MCL Exceedance*
☐Composite of Multiple Sites**
☐Other: _____

☐Replacement (of Invalidated Sample)
☐Special (not for compliance with 62-550)
☐Clearance (permitting)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.612(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION0

I, Wendell L. Faircloth (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature _____ Date: 12/10/12

Certified Operator #: C-8196 Phone #: (863) 471-1400 Sampler's Fax #: (863) 471-2102

Sampler's E-mail: shortutility@embarqmail.com

Short Environmental Laboratories, Inc.
10405 US 27 S
Sebring, FL 33876
(863) 655-4022 (800) 833-4022 Fax: (863) 655-5820
Shortlab@Strato.net

LABORATORY ANALYSES

Cont Type	CN	Se-SAL	Nut	S&M	Met	S&M	Odor	Vial	Vial	Vial	Org	Org	Vial	Vial	Vial	Rad	Rad					
Size	1L	250 ml	250 ml	1/2 gal	1 L	1/2 gal	250 ml	40 ml	40 ml	40 ml	1 L	1 L	40 ml	40 ml	40 ml	1/2 Gal	1/2 Gal					
Plast Glass Amber	P	P	P	P	P	P	G	AG	G	G	AG	P	G	AG	G	P	P					
Pres	NaOH Zn Ac	HNO3	H2SO4	Cool	HNO3	Cool	Cool	Thio	Thio	Thio MCAA	Thio HCl at lab	H2SO4 Thio	Thio	NH4Cl	Thio HCl	HNO3	HNO3					
	Primary Inorganics				Secondary																	
								DWPest 515	DWPest 504	DWPest 531	SOC 525, SOC 508	DWPest 549 (Diquat)	DWPest 547	DW Pest 548 (Endothall)	DWVOC524	g-Alpha	Ra226, Ra228					
Field ID#	Sample ID	Date	Time	Samp Type	Grab	Laboratory ID#	# of Cont															
	P.O.E.	12-10-12	1235	DW	X	402401	23	1	1	1	1	1	1	1	3	3	1	3	1	1	1	3				

Sampler's Name: (Please Print) Wendell E. Faircloth
Sampler's Signature:
Client Name: **Short Utilities** # 8
Project: Camp Florida I DW 62-550
Location: Plant #1 DWTP

Comments:
~~Sulfuric Preservation~~
This kit contains samples for certain analyses which require scheduling with the lab prior to collection and delivery.

Samples Iced to 4.6 C
Nutrient Containers Preserved: <2
Metals Containers preserved
Vials preserved

Yes	No
✓	
✓	
✓	
✓	

Please read all container labels for caution notices.

102838

Sample Qty:	Relinquished By:	Accepted By:	Date:	Time:
1			12/10/12	1505

Time

Departed Lab	
Arrived Site	
Departed Site	
Arrived Lab	

Chain of Custody and Transmittal Form

16

SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S. Sebring, FL 33876 email: Shortlab@strato.net
Phone: (863) 655-4022 (800) 833-4022 Fax: (863) 655-5820

Report Cover Page

Client:	**Short Utility Service, Inc.**	Report #:	**2013010088**
Address:	P.O. Box 1088	Report Date:	1/9/2013
City, State, Zip:	Sebring, FL 33871-1088		
Attention:	Wendell Faircloth		
Project:	Camp Florida #2 DWTP		
	62-550 Analyses		
Sample Date:	12/10/2012		
Sample Numbers:	402402		

This report package includes the following contents and attachments:

Contents	Item	Pages
Cover Page:		1
Report of Analysis:	DW Original	6
Attachments:	Sampler Certification	1
	Chain of Custody	1
Total Pages:		9

Commonly used Qualifiers with explanations:

Qualifier	Explanation
U	Compound was analyzed for but not detected.
I	Result is between the MDL and the PQL.
Q	Sample was analyzed out of holding time.
J	Estimated value; may not be accurate.

The results contained in the report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Diquat was held beyond the acceptable holding time.

Respectfully Submitted,

Douglas E. Morton

Digitally signed by Douglas E. Morton
DN: cn=Douglas E. Morton, o=Sho t Environmental Labs, ou=Project Manage , email=shortlab@strato.net, c=US
Date: 2013.01.09 15:38:05 -05'00'

Project Manager

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.

ACCREDITED IN ACCORDANCE WITH NELAC
FL CERT #85458

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

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

System Name: The Woodlands of LP Plant #2 PWS I.D. #: 6280304

System Type (check one): (●) Community ( ) NonTransient Noncommunity ( ) Transient NonCommunity

Address: PO Box 478

City: Lake Placid State: Florida ZIP Code: 33862

Phone#: 863-382-1183 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 402402 Sample Date: 12/10/2012 Sample Time: 1310

Sample Location (be specific): Point of Entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [■] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62.550)
- [ ] Raw (at well intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

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

- [■] Routine Compliance (with 62-550)
- [ ] Confirmnantion of MCL Exceedance*
- [ ] Composite Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other:

Sampling Procedure Used or other Comments:

- [ ] Quarterly (Which One?)
- [ ] Special (not for compliance with 62-550.)
- [ ] Violation Resolution
- [ ] Replacement (of invalidated Sample)

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

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

SAMPLER CERTIFICATION

I, Wendell L. Fai cloth (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 12/10/2012

Certified Operator #: C-8196 Phone #: 863-471-1400 Sampler's FAX #: 863-471-2102

Sampler's E-mail: shortutility@emba qmail.com

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

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

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

Lab Name: Short Environmental Laboratories | Florida DOH Certification # : E85458 | Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 10405 US Highway 27 South | Sebring, FL 33876 | Phone # : (863) 655-4022

Were any analyses subcontracted? (●) Yes ( ) No | If yes, please provide DOH certification Number(s): E84129

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) | Date Sample(s) Received : 12/10/2012

PWS ID (From Page 1): 6280304 | Sample Number (From Page 1): 402402 | Lab Assigned Report Number or Job ID: 402402

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
■ All Except Asbestos	☐ All 30	■ All 21	☐ Trihalomethanes	☐ Single Sample	■ All 14
☐ Partial	■ All Except Dioxin	☐ Partial	☐ Haloacetic Acid	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate	Miscellaneous	Lead & Copper
☐ Asbestos				☐	☐

LAB CERTIFICATION

I, Douglas B. Morton (Print Name), Project Manager (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: [signature] Date: 1/9/2013

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

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

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

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: _____ | Date Notified: _____ | DEP/DOH Reviewing Official: _____

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

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

Inorganic Contaminants

62-550.310(1)

Report Number/Job ID: 402402

PWS ID (from page 1): 6280304

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.07	I	EPA 353.2	0.02	12/13/2012	1330	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	12/11/2012	1701	E85458
1005	Arsenic	0.01	mg/L	0.002	U	SM 3113 B	0.002	12/19/2012	0941	E85458
1010	Barium	2	mg/L	0.034		EPA 200.7	0.002	12/26/2012	1031	E85458
1015	Cadmium	0.005	mg/L	0.001	U	EPA 200.7	0.001	12/19/2012	0904	E85458
1020	Chromium	0.10	mg/L	0.001	U	EPA 200.7	0.001	12/19/2012	0904	E85458
1024	Cyanide	0.20	mg/L	0.005	U	EPA 335.4	0.005	12/18/2012	1000	E85458
1025	Fluoride	4.0	mg/L	0.59		SM 4500F C	0.05	01/04/2013	0938	E85458
1030	Lead	0.015	mg/L	0.001	U	SM 3113 B	0.001	12/18/2012	1222	E85458
1035	Mercury	0.002	mg/L	0.0002	U	EPA 245.1	0.0002	12/18/2012	0717	E85458
1036	Nickel	0.10	mg/L	0.002	U	EPA 200.7	0.002	12/19/2012	0904	E85458
1045	Selenium	0.05	mg/L	0.0010	U	EPA 200.8	0.0010	12/13/2012	1225	E84129
1052	Sodium	160	mg/L	4.68		EPA 200.7	0.05	12/19/2012	0904	E85458
1074	Antimony	0.006	mg/L	0.003	U	SM 3113 B	0.003	01/08/2013	0800	E85458
1075	Beryllium	0.004	mg/L	0.0005	U	EPA 200.7	0.0005	12/19/2012	0904	E85458
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	01/04/2013	1100	E85458
1094	Asbestos	7 MFL	MFL							

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N. 0, T, Z, ?, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

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

Secondary Contaminants

Report Number/Job ID: 402402

62-550.320

PWS ID (From Page 1): 6280304

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
1002	Aluminum	0.20	mg/L	0.02	U	EPA 200.7	0.02	12/19/2012	0904	E85458
1017	Chloride	250	mg/L	14.		SM 4500ClC	0.5	12/13/2012	1007	E85458
1022	Copper	1	mg/L	0.003	I	SM 3113 B	0.002	01/09/2013	0730	E85458
1025	Fluoride	2.0	mg/L	0.59		SM 4500F C	0.05	01/04/2013	0938	E85458
1028	Iron	0.30	mg/L	0.033		EPA 200.7	0.005	12/19/2012	0904	E85458
1032	Manganese	0.05	mg/L	0.0037	J	EPA 200.7	0.0005	12/19/2012	0904	E85458
1050	Silver	0.10	mg/L	0.001	U	EPA 200.7	0.001	12/19/2012	0904	E85458
1055	Sulfate	250	mg/L	28.		ASTMD51690	1.	12/27/2012	0922	E85458
1095	Zinc	5	mg/L	0.008	I	EPA 200.7	0.004	12/19/2012	0904	E85458
1905	Color	15	CU	1.	U	SM 2120 B	1.	12/11/2012	1439	E85458
1920	Odor	3	TON	0.	U	SM 2150	N/A	12/10/2012	1611	E85458
1925	pH	6.5 - 8.5	SU	7.57		SM4500H+ B		12/10/2012	1630	E85458
1930	Total Dissolved Solids	500	mg/L	81.		SM 2540C	10.	12/14/2012	0850	E85458
2905	Foaming Agents	0.50	mg/L	0.02	U	SM 5540 C	0.02	12/11/2012	0941	E85458

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 0, T, Z, ?, *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

J = Laboratory Control Sample (LCS) was outside of control limits with a 105.40% recovery.

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

Volatile Organics

62-550.310(4)(a)

Report Number/Job ID: 402402

PWS ID (from page 1): 6280304

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	µg/L	0.3	U	EPA 524.2	0.3	0.5	12/13/2012	1346	E84129
2380	cis-1,2-Dichloroethylene	70	µg/L	0.09	U	EPA 524.2	0.09	0.5	12/13/2012	1346	E84129
2955	Xylenes (total)	10,000	µg/L	0.1	U	EPA 524.2	0.1	0.5	12/13/2012	1346	E84129
2964	Dichloromethane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1346	E84129
2968	o-Dichlorobenzene	600	µg/L	0.1	U	EPA 524.2	0.1	0.5	12/13/2012	1346	E84129
2969	para-Dichlorobenzene	75	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1346	E84129
2976	Vinyl Chloride	1	µg/L	0.3	U	EPA 524.2	0.3	0.5	12/13/2012	1346	E84129
2977	1,1-Dichloroethylene	7	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1346	E84129
2979	trans-1,2-Dichloroethylene	100	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1346	E84129
2980	1 ,2-Dichloroethane	3	µg/L	0.1	U	EPA 524.2	0.1	0.5	12/13/2012	1346	E84129
2981	1,1,1-Trichloroethane	200	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1346	E84129
2982	Carbon tetrachloride	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1346	E84129
2983	1,2-Dichloropropane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1346	E84129
2984	Trichloroethylene	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1346	E84129
2985	1,1,2-Trichloroethane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	12/13/2012	1346	E84129
2987	Tetrachloroethylene	3	µg/L	0.1	U	EPA 524.2	0.1	0.5	12/13/2012	1346	E84129
2989	Monochlorobenzene	100	µg/L	0.1	U	EPA 524.2	0.1	0.5	12/13/2012	1346	E84129
2990	Benzene	1	µg/L	0.1	U	EPA 524.2	0.1	0.5	12/13/2012	1346	E84129
2991	Toluene	1,000	µg/L	0.09	U	EPA 524.2	0.09	0.5	12/13/2012	1346	E84129
2992	Ethylbenzene	700	µg/L	0.08	U	EPA 524.2	0.08	0.5	12/13/2012	1346	E84129
2996	Styrene	100	µg/L	0.05	U	EPA 524.2	0.05	0.5	12/13/2012	1346	E84129

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

* Results must be reported with appropriate qualifiers in accordance with Florida Adminitrative Code Rule 62-160, Table 1. Results qualified with a A, F, H, N, O, T, Z, ?,*, are unacceptable for compliance with 65.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples during the same monitoring period.

Reporting Format 62-550730

Effective January 1995, Revised January 2004

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

Synthetic Organics

Report Number/Job ID: 402402

62-550.310(4)(b)

PWS ID (From Page 1): 6280304

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2005	Endrin	2	µg/L	0.04	U	EPA 525.2	0.04	0.01	12/16/2012	12/17/2012	1816	E84129
2010	Lindane	0.20	µg/L	0.02	U	EPA 525.2	0.02	0.02	12/16/2012	12/17/2012	1816	E84129
2015	Methoxychlor	40	µg/L	0.02	U	EPA 525.2	0.02	0.10	12/16/2012	12/17/2012	1816	E84129
2020	Toxaphene	3	µg/L	0.48	U	EPA 508.1	0.48	1	12/16/2012	12/25/2012	0152	E84129
2031	Dalapon	200	µg/L	0.33	U	EPA 515.3	0.33	1	12/13/2012	12/14/2012	0933	E84129
2032	Diquat	20	µg/L	0.20	U Q	EPA 549.2	0.20	0.4	12/13/2012	01/04/2013	1830	E84129
2033	Endothall	100	µg/L	6.6	U	EPA 548.1	6.6	9	12/14/2012	12/17/2012	1934	E84129
2034	Glyphosate	700	µg/L	2.7	U	EPA 547	2.7	6	12/17/2012	12/17/2012	2224	E84129
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.06	U	EPA 525.2	0.06	0.6	12/16/2012	12/17/2012	1816	E84129
2036	Oxamyl (Vydate)	200	µg/L	0.88	U	EPA 531.1	0.88	2	12/30/2012	12/30/2012	2214	E84129
2037	Simazine	4	µg/L	0.03	U	EPA 525.2	0.03	0.07	12/16/2012	12/17/2012	1816	E84129
2039	Di(2-ethylhexyl)phthalate	6	µg/L	0.6	U	EPA 525.2	0.6	0.6	12/16/2012	12/17/2012	1816	E84129
2040	Picloram	500	µg/L	0.048	U	EPA 515.3	0.048	0.1	12/13/2012	12/14/2012	0933	E84129
2041	Dinoseb	7	µg/L	0.15	U	EPA 515.3	0.15	0.2	12/13/2012	12/14/2012	0933	E84129
2042	Hexachlorocyclopentadiene	50	µg/L	0.05	U	EPA 525.2	0.05	0.1	12/16/2012	12/17/2012	1816	E84129
2046	Carbofuran	40	µg/L	0.60	U	EPA 531.1	0.60	0.9	12/30/2012	12/30/2012	2214	E84129
2050	Atrazine	3	µg/L	0.02	U	EPA 525.2	0.02	0.1	12/16/2012	12/17/2012	1816	E84129
2051	Alachlor	2	µg/L	0.03	U	EPA 525.2	0.03	0.2	12/16/2012	12/17/2012	1816	E84129
2063	2,3,7,8-TCDD (Dioxin)	0.03	µg/L					0.005				
2065	Heptachlor	0.40	µg/L	0.08	U	EPA 525.2	0.08	0.04	12/16/2012	12/17/2012	1816	E84129
2067	Heptachlor Epoxide	0.20	µg/L	0.07	U	EPA 525.2	0.07	0.02	12/16/2012	12/17/2012	1816	E84129
2105	2,4-D	70	µg/L	0.10	U	EPA 515.3	0.10	0.1	12/13/2012	12/14/2012	0933	E84129
2110	2,4,5-TP (Silvex)	50	µg/L	0.041	U	EPA 515.3	0.041	0.2	12/13/2012	12/14/2012	0933	E84129
2274	Hexachlorobenzene	1	µg/L	0.03	U	EPA 525.2	0.03	0.1	12/16/2012	12/17/2012	1816	E84129
2306	Benzo(a)pyrene	0.20	µg/L	0.02	U	EPA 525.2	0.02	0.02	12/16/2012	12/17/2012	1816	E84129
2326	Pentachlorophenol	1	µg/L	0.014	U	EPA 515.3	0.014	0.04	12/13/2012	12/14/2012	0933	E84129
2383	Polychlorinated biphenyls (PCBS)	0.50	µg/L	0.080	U	EPA 508.1	0.080	0.1	12/16/2012	12/25/2012	0152	E84129
2931	Dibromochloropropane	0.20	µg/L	0.0053	U	EPA 504.1	0.0053	0.02	12/18/2012	12/19/2012	0011	E84129
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.0053	U	EPA 504.1	0.0053	0.01	12/18/2012	12/19/2012	0011	E84129
2959	Chlordane	2	µg/L	0.042	U	EPA 508.1	0.042	0.2	12/16/2012	12/25/2012	0152	E84129

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

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

Q = Sample was held beyond the acceptable holding time.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly)

System Name: THE WOODLANDS OF LAKE PLACID – PLANT #2 PWS I.D. #: 6280304

System Type (check one): ☒Community ☐Nontransient Noncommunity ☐Transient Noncommunity

Address: P.O. Box 478

City: Lake Placid State: Florida ZIP Code: 33862

Phone # (863) 382-1183 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 12/10/12 Sample Time: 1310

Sample Location (be specific) : Point of Entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

☐Distribution
☒Entry Point (to Distribution)
☐Plant Tap (not for compliance with 62-550)
☐Raw (at well or intake)
☐Max Residence Time
☐Ave Residence Time
☐Near First Customer

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

☒Routine Compliance with 62-550
☐Confirmation of MCL Exceedance*
☐Composite of Multiple Sites**
☐Other: _____
☐Replacement (of Invalidated Sample)
☐Special (not for compliance with 62-550)
☐Clearance (permitting)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION0

I, Wendell L. Faircloth (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature _____ Date: 12/10/12

Certified Operator #: C-8196 Phone #: (863) 471-1400 Sampler's Fax #: (863) 471-2102

Sampler's E-mail: shortutility@embarqmail.com

Short Environmental Laboratories, Inc.
10405 US 27 S
Sebring, FL 33876
(863) 655-4022 (800) 833-4022 Fax: (863) 655-5820
Shortlab@Strato.net

Sampler's Name: (Please Print)	Client Name:		
Wendell Faircloth	**Short Utilities**		**# 8**
Samplers Signature:	Project: **Camp Florida 2 DW 62-550**	Location: PLANT #2 **DWTP**	

Field ID#	Sample ID	Date	Time	Samp Type	Grab	Laboratory ID#	# of Cont	Cont Type	CN	Sc-SAL	Nut	S&M	Met	S&M	Odor	Vial	Vial	Vial	Org	Org	Vial	Vial	Vial	Rad	Rad
								Size	1L	250 ml	250 ml	1/2 gal	1 L	1/2 gal	250 ml	40 ml	40 ml	40 ml	1 L	1 L	40 ml	40 ml	40 ml	1/2 Gal	1/2 Gal
								Plast Glass Amber	P	P	P	P	P	P	G	A G	G	G	AG	P	G	A G	G	P	P
								Pres	NaOH Zn Ac	HNO3	H2SO4	Cool	HNO3	Cool	Cool	Thio	Thio	Thio MCAA	Thio HCl at lab	H2SO4 Thio	Thio	NH4Cl	Thio HCl	HNO3	HNO3
								Primary Inorganics					See Notice													
	P.O.E.	12-10-12	1310	DW	X	402402	23		1	1	1	1	1	1	1	3	3	1	3	1	1	1	3		
								DWPest 515																	
								DWPest 504																	
								DWPest 531																	
								SOC 525, SOC 508																	
								DWPest 549 (Diquat)																	
								DWPest 547																	
								DW Pest 548 (Endothall)																	
								DWVOC524																	
								g-Alpha																	
								Ra226, Ra228																	

Comments:
~~Call Craig Alpha 16~~

This kit contains samples for certain analyses which require scheduling with the lab prior to collection and delivery.

Please read all container labels for caution notices.

Sample Qty:	Relinquished By:	Accepted By:	Date:	Time:
1			12/10/12	1505

102839

Chain of Custody and Transmittal Form

Samples Iced to 4.6 C

Nutrient Containers Preserved: ≤2

Metals Containers preserved

Vials preserved

	Yes	No
	✓	
	✓	
	✓	
	✓	

Time	
Departed Lab	
Arrived Site	
Departed Site	
Arrived Lab	

16

SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S. Sebring, FL 33876 email: Shortlab@strato.net
Phone: (863) 655-4022 (800) 833-4022 Fax: (863) 655-5820

Report Cover Page

Client:	**Short Utility Service, Inc.**	Repo t #:	**2013010249**
Add ess:	P.O. Box 1088	Report Date:	1/28/2013
City, State, Zip:	Seb ing, FL 33871-1088		
Attention:	Wendell Fai cloth		
P oject:	Camp Florida #1 & #2 DWTP		
	Diquat Analysis		
Sample Date:	1/9/2013		
Sample Numbe s:	403800-403801		

This report package includes the following contents and attachments:

Contents	Item	Pages
Cover Page:		1
Report of Analysis:	DW Original	6
Attachments:	Chain of Custody	2
Total Pages:		9

Commonly used Qualifiers with explanations:

Qualifier	Explanation
U	Compound was analyzed for but not detected.
I	Result is between the MDL and the PQL.
Q	Sample was analyzed out of holding time.
J	Estimated value; may not be accurate.

The esults contained in the repo t meet all requirements of the NELAC standards. All results are representative of the sample as collected. Di ect all questions to the signatory below at the phone numbe above.

Resampled because o iginal Diquat samples were analyzed outside of holding time.

Respectfully Submitted,

Douglas E. Morton

Digitally signed by Douglas E. Morton
DN: n=Douglas E. Morton, o=Short Environmental Labs, ou=Project Manager, email=shortlab@strato.net, c=US
Date: 2013.01.28 13:58:53 -05'00'

P oject Manager

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.

ACCREDITED IN ACCORDANCE WITH
FL CERT #85458

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

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

System Name: The Woodlands of LP Plant #1 PWS I.D. #: 6280304

System Type (check one): (●) Community ( ) NonTransient Noncommunity ( ) Transient NonCommunity

Address: PO Box 478

City: Lake Placid State: Florida ZIP Code: 33862

Phone#: 863-699-1991 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 403801 Sample Date: 1/9/2013 Sample Time: 1510

Sample Location (be specific): Point of Entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [■] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62.550)
- [ ] Raw (at well intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

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

- [■] Routine Compliance (with 62-550)
- [ ] Confirmantion of MCL Exceedance*
- [ ] Composite Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other:

- [ ] Quarterly (Which One?)
- [ ] Special (not for compliance with 62-550.)
- [ ] Violation Resolution
- [ ] Replacement (of invalidated Sample)

Sampling Procedure Used or other Comments:

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

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

SAMPLER CERTIFICATION

I, Wendell L. F ircloth (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 01/09/2013

Certified Operator #: C-8196 Phone #: 863-471-1400 Sampler's FAX #: 863-471-2102

Sampler's E-mail: sho tutility@embarqm il.com

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

Florida Department of Environmental Protecti
Safe Drinking Water Program Laboratory Reporting

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

Lab Name: Short Environmental Laboratories

Florida DOH Certification # : _____
ATTACH CURRENT DOH ANALYTE SHEET*

Address: 10405 US Highway 27 South

Sebring, FL 33876

Were any analyses subcontracted? (●) Yes ( ) No

If yes, please provide DOH certification Number(s
ATTACH CURRENT DOH ANALYTE SHEET FOR EAC

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received : 1/9/2013

PWS ID (From Page 1): 6280304 Sample Number (From Page 1): 403801 Lab Ass

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionucli
[ ] All Except Asbestos	[ ] All 30	[ ] All 21	[ ] Trihalomethanes	[ ] Single
[ ] Partial	[ ] All Except Dioxin	[ ] Partial	[ ] Haloacetic Acid	[ ] Qtrly C
[ ] Nitrate	[■] Partial		[ ] Chlorite	
[ ] Nitrite	[ ] Dioxin Only		[ ] Bromate	Miscellane
[ ] Asbestos				[ ]

LAB CERTIFICATION

I, Douglas E. Morton (Print Name), Project Manager (Print Title

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory A

Signature: _____ Date: 1/28/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE OR NITRITI

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection & Analysis Satisfactory: ( ) Yes ( ) No Replacement Sample or Report Reques

Person Notified: _____ Date Notified: _____

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

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

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

Lab Name: Short Environmental Laboratories | Florida DOH Certification # : E85458 | Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 10405 US Highway 27 South | Sebring, FL 33876 | Phone # : (863) 655-4022

Were any analyses subcontracted? (●) Yes ( ) No | If yes, please provide DOH certification Number(s): E84129

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) | Date Sample(s) Received : 1/9/2013

PWS ID (From Page 1): 6280304 | Sample Number (From Page 1): 403801 | Lab Assigned Report Number or Job ID: 403801

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☐ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acid	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	■ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate	Miscellaneous	Lead & Copper
☐ Asbestos				☐	☐

LAB CERTIFICATION

I, Douglas E. Morton (Print Name), Project Manager (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: [signature] Date: 1/28/2013

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

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

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

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: _____ | Date Notified: _____ | DEP/DOH Reviewing Official: _____

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

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

Synthetic Organics

Report Number/Job ID: 403801

62-550.310(4)(b)

PWS ID (From Page 1): 6280304

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2005	Endrin	2	µg/L					0.01				
2010	Lindane	0.20	µg/L					0.02				
2015	Methoxychlor	40	µg/L					0.10				
2020	Toxaphene	3	µg/L					1				
2031	Dalapon	200	µg/L					1				
2032	Diquat	20	µg/L	0.27	U	EPA 549.2	0.27	0.4	01/12/2013	01/14/2013	1413	E84129
2033	Endothall	100	µg/L					9				
2034	Glyphosate	700	µg/L					6				
2035	Di(2-ethylhexyl)adipate	400	µg/L					0.6				
2036	Oxamyl (Vydate)	200	µg/L					2				
2037	Simazine	4	µg/L					0.07				
2039	Di(2-ethylhexyl)phthalate	6	µg/L					0.6				
2040	Picloram	500	µg/L					0.1				
2041	Dinoseb	7	µg/L					0.2				
2042	Hexachlorocyclopentadiene	50	µg/L					0.1				
2046	Carbofuran	40	µg/L					0.9				
2050	Atrazine	3	µg/L					0.1				
2051	Alachlor	2	µg/L					0.2				
2063	2,3,7,8-TCDD (Dioxin)	0.03	µg/L					0.005				
2065	Heptachlor	0.40	µg/L					0.04				
2067	Heptachlor Epoxide	0.20	µg/L					0.02				
2105	2,4-D	70	µg/L					0.1				
2110	2,4,5-TP (Silvex)	50	µg/L					0.2				
2274	Hexachlorobenzene	1	µg/L					0.1				
2306	Benzo(a)pyrene	0.20	µg/L					0.02				
2326	Pentachlorophenol	1	µg/L					0.04				
2383	Polychlorinated biphenyls (PCBS)	0.50	µg/L					0.1				
2931	Dibromochloropropane	0.20	µg/L					0.02				
2946	Ethylene Dibromide (EDB)	0.02	µg/L					0.01				
2959	Chlordane	2	µg/L					0.2				

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

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

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

Short Environmental Laboratories, Inc.

10405 US 27 S

Sebring, FL 33876

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

Shortlab@Strato.net

LABORATORY ANALYSES

Cont Type	CN	Se-SAL	Nut	S&M	Met	S&M	Odor	Vial	Vial	Vial	Org	Org	Vial	Vial	Vial	Rad	Rad	
Size	1L	250 ml	250 ml	1/2 gal	1 L	1/2 gal	250 ml	40 ml	40 ml	40 ml	1 L	1 L	40 ml	40 ml	40 ml	1/2 Gal	1/2 Gal	
Plast Glass Amber	P	P	P	P	P	P	G	A G	G	G	AG	P	G	A G	G	P	P	
Pres	NaOH Zn Ac	HNO3	H2SO4	Cool	HNO3	Cool	Cool	Thio	Thio	Thio MCAA	Thio HCl as lab	H2SO4 Thio	Thio	NH4Cl	Thio HCl	HNO3	HNO3	
	Primary Inorganics				Secondaries			DWPest 515	DWPest 504	DWPest 531	SOC 525, SOC 508	DWPest 549 (Diquat)	DWPest 547	DW Pest 548 (Endothall)	DWVOC524	g-Alpha	Ra226, Ra228	

Sampler's Name: (Please Print) Wendell L. Faircloth

Samplers Signature:

Client Name: **Short Utilities** **# 8**

Project: **Camp Florida 1 DW 62-550**

Location: **DWTP**

Field ID#	Sample ID	Date	Time	Samp Type	Grab	Laboratory ID#	# of Cont															
	P.O.E.	01-07-13	1510	DW	X	403801	1										1					

Comments:

[redacted]

103329

This kit contains samples for certain analyses which require scheduling with the lab prior to collection and delivery.

Samples Iced to 13.6 C

Nutrient Containers Preserved:

Metals Containers preserved

Vials preserved

	Yes	No
	X	

Please read all container labels for caution notices.

Sample Qty:	Relinquished By:	Accepted By:	Date:	Time:
			1/9/13	1615

Time	
Departed Lab	
Arrived Site	
Departed Site	
Arrived Lab	

Chain of Custody and Transmittal Form

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

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

System Name: The Woodlands of LP Plant #2 PWS I.D. #: 6280304

System Type (check one): (●) Community ( ) NonTransient Noncommunity ( ) Transient NonCommunity

Address: PO Box 478

City: Lake Placid State: Florida ZIP Code: 33862

Phone#: 863-699-1991 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 403800 Sample Date: 1/9/2013 Sample Time: 1500

Sample Location (be specific): Point of Entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [■] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62.550)
- [ ] Raw (at well intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

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

- [■] Routine Compliance (with 62-550)
- [ ] Confirmantion of MCL Exceedance*
- [ ] Composite Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other:

- [ ] Quarterly (Which One?)
- [ ] Special (not for compliance with 62-550.)
- [ ] Violation Resolution
- [ ] Replacement (of invalidated Sample)

Sampling Procedure Used or other Comments:

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

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

SAMPLER CERTIFICATION

I, Wendell L. F ircloth (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 01/09/2013

Certified Operator #: C-8196 Phone #: 863-471-1400 Sampler's FAX #: 863-471-2102

Sampler's E-mail: shortutility@embarqm il.com

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

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

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

Lab Name: Short Environmental Laboratories | Florida DOH Certification # : E85458 | Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 10405 US Highway 27 South | Sebring, FL 33876 | Phone # : (863) 655-4022

Were any analyses subcontracted? (●) Yes ( ) No | If yes, please provide DOH certification Number(s): E84129

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) | Date Sample(s) Received : 1/9/2013

PWS ID (From Page 1): 6280304 | Sample Number (From Page 1): 403800 | Lab Assigned Report Number or Job ID: 403800

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☐ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acid	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	■ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate	Miscellaneous	Lead & Copper
☐ Asbestos				☐	☐

LAB CERTIFICATION

I, Douglas E. Morton (Print Name), Project Manager (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: D. J. E. M. | Date: 1/28/2013

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

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

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

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: _____ | Date Notified: _____ | DEP/DOH Reviewing Official: _____

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

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

Synthetic Organics

Report Number/Job ID: 403800

62-550.310(4)(b)

PWS ID (From Page 1): 6280304

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2005	Endrin	2	µg/L					0.01				
2010	Lindane	0.20	µg/L					0.02				
2015	Methoxychlor	40	µg/L					0.10				
2020	Toxaphene	3	µg/L					1				
2031	Dalapon	200	µg/L					1				
2032	Diquat	20	µg/L	0.31	U	EPA 549.2	0.31	0.4	01/12/2013	01/14/2013	1251	E84129
2033	Endothall	100	µg/L					9				
2034	Glyphosate	700	µg/L					6				
2035	Di(2-ethylhexyl)adipate	400	µg/L					0.6				
2036	Oxamyl (Vydate)	200	µg/L					2				
2037	Simazine	4	µg/L					0.07				
2039	Di(2-ethylhexyl)phthalate	6	µg/L					0.6				
2040	Picloram	500	µg/L					0.1				
2041	Dinoseb	7	µg/L					0.2				
2042	Hexachlorocyclopentadiene	50	µg/L					0.1				
2046	Carbofuran	40	µg/L					0.9				
2050	Atrazine	3	µg/L					0.1				
2051	Alachlor	2	µg/L					0.2				
2063	2,3,7,8-TCDD (Dioxin)	0.03	µg/L					0.005				
2065	Heptachlor	0.40	µg/L					0.04				
2067	Heptachlor Epoxide	0.20	µg/L					0.02				
2105	2,4-D	70	µg/L					0.1				
2110	2,4,5-TP (Silvex)	50	µg/L					0.2				
2274	Hexachlorobenzene	1	µg/L					0.1				
2306	Benzo(a)pyrene	0.20	µg/L					0.02				
2326	Pentachlorophenol	1	µg/L					0.04				
2383	Polychlorinated biphenyls (PCBS)	0.50	µg/L					0.1				
2931	Dibromochloropropane	0.20	µg/L					0.02				
2946	Ethylene Dibromide (EDB)	0.02	µg/L					0.01				
2959	Chlordane	2	µg/L					0.2				

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

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

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

Short Environmental Laboratories, Inc.

10405 US 27 S

Sebring, FL 33876

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

Shortlab@Strato.net

LABORATORY ANALYSES

	CN	Se-SAL	Nut	S&M	Met	S&M	Odor	Vial	Vial	Vial	Org	Org	Vial	Vial	Vial	Rad	Rad	
Cont Type																		
Size	1L	250 ml	250 ml	1/2 gal	1 L	1/2 gal	250 ml	40 ml	40 ml	40 ml	1 L	1 L	40 ml	40 ml	40 ml	1/2 Gal	1/2 Gal	
Plast Glass Amber	P	P	P	P	P	P	G	A G	G	G	AG	P	G	A G	G	P	P	
Pres	NaOH Zn Ac	HNO3	H2SO4	Cool	HNO3	Cool	Cool	Thio	Thio	Thio MCAA	Thio HCl at lab	H2SO4 Thio		NH4Cl	Thio HCl	HNO3	HNO3	
	Primary Inorganics				Secondaries													
								DWPest 515	DWPest 504	DWPest 531	SOC 525, SOC 508	DWPest 549 (Diquat)	DWPest 547	DW Pest 548 (Endothall)	DWVOC524	g-Alpha	Ra226, Ra228	
Field ID#	Sample ID	Date	Time	Samp Type	Grab	Laboratory ID#	# of Cont											
	P.O.E.	01-09-13	1500	DW	X	403800	1					1						

Sampler's Name: (Please Print) Wendell Faircloth

Samplers Signature:

Client Name: **Short Utilities** **# 8**

Project: **Camp Florida 2 DW 62-550**

Location: **DWTP**

Comments:

[redacted]

This kit contains samples for certain analyses which require scheduling with the lab prior to collection and delivery.

103327

	Yes	No
Samples Iced to 13.6 C	X	
Nutrient Containers Preserved:		
Metals Containers preserved		
Vials preserved		

Please read all container labels for caution notices.

Sample Qty:	Relinquished By:	Accepted By:	Date:	Time:
			1/9/13	1615

Time	
Departed Lab	
Arrived Site	
Departed Site	
Arrived Lab	

Chain of Custody and Transmittal Form

See Pages 4 for Instructions.

I. General Information for the Month Year of: January, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478 City: Lake Placid State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	(863) 699-1890
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive City: Lake Placid State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
02/08/11	David W. Faircloth	8189

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: January, 2011

A. Public Water System (PWS) Information

PWS Name:	The woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

02/08/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

Day of Month	Plant 1 Name: Plant #1	Plant 2 Name: Plant #2	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
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	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
Max.											86,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: UO
Lab Receipt Date & Time: 1/18/11 1250
Analysis Date & Time: 01-18-11 @1705
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice 3.4 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 862-655-5820
DOH# E85458

Report Number: 91238 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382-1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1408

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 1-18-11

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal (*E. coli*) Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	228 Shoreline Drive	0956	D	1.2	8.2		A			367132
2	Men's restroom at pool	1006	D	1.0	8.2		A			367133
3	Well #1	0950	R	0	8.4		A			367134
4	Well #2	1020	R	0	8.2		A			367135

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.1
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 1/20/11 Yash.
Lab Signature: _____
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

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: 01/01/11 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 Y Mon.Site No. FLW-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or 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):

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340

Three-month Average Daily Flow: 0.024

Month / Year: January-11

(TMADF/Permitted Capacity)x100: 47%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.020					7.4		2.6			
2	0.030					7.4		3.0			
3	0.020					7.5		2.1			
4	0.010					7.4		2.2			
5	0.020					7.4		1.7			
6	0.040					7.5		2.0			
7	0.040					7.6		1.6			
8	0.020					7.4		2.0			
9	0.025										
10	0.025					7.4		1.8			
11	0.010	290	375	11.00	3.6	7.5	1u	2.2	0.16		
12	0.050					7.4		1.3			
13	0.020					7.4		2.0			
14	0.020					7.4		2.1			
15	0.030										
16	0.030					7.6		2.2			
17	0.020					7.6		2.0			
18	0.030					7.6		1.8			
19	0.020					7.6		2.3			
20	0.030					7.6		1.8			
21	0.040					7.6		2.0			
22	0.020					7.6		2.3			
23	0.025										
24	0.025					7.6		2.0			
25	0.040					7.6		2.4			
26	0.030					7.5		3.0			
27	0.030					7.5		2.1			
28	0.030					7.5		2.2			
29	0.030					7.4		2.8			
30	0.025										
31	0.025					7.4		2.6			
Total	0.830										
Mo. Avg.	0.027	290	375	11.0	3.6	7.5	1u	2.2	0.16		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *1/11/2011 @ 1025*

Laboratory Sample: 366629 Sample Date: 1/11/2011 Sample Time: 0820
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	290.		mg/L	SM 5210B	C. Christensen	01/12/2011	0858	2.
Total Suspended Solids	375.		mg/L	SM 2540 D	W. Smith	01/13/2011	1127	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *1/11/2011 @ 1025*

Laboratory Sample: 366630 Sample Date: 1/11/2011 Sample Time: 0825
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	11.		mg/L	SM 5210B	C. Christensen	01/12/2011	0858	2.
Total Suspended Solids	3.6		mg/L	SM 2540 D	W. Smith	01/13/2011	1127	1.
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	T. Heath	01/11/2011	1145	1.
Nitrite Nitrogen (NO2-N)	0.02	I	mg/L	EPA 353.2	J. Cosgrave	01/11/2011	1335	0.01
Nitrate Nitrogen (NO3-N)	0.16		mg/L	Calc.	J. Cosgrave	01/14/2011	1324	0.02
Nitrate + Nitrite N (NO2+NO3)	0.18		mg/L	EPA 353.2	J. Cosgrave	01/14/2011	1324	0.02

U = Parameter was analyzed for but not detected
I = Result is less than the PQL and greater than or equal to the MDL

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

#8

SAMPLER'S NAME (PLEASE PRINT): Wendell Faircloth	CLIENT NAME: Short Utility Service, Inc.	
SAMPLER'S SIGNATURE:	PROJECT: The Woodlands	LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSERS: SQUAT CBOD TSS	1/2 GAL CBOD TSS NO2	250 N NO3 NOx	125 ML FC		
	RAW	1/11/11	0820	STP	X	366629	1	X					
	FINAL	1/11/11	0805	STP	X	366630	3		X	X	X		

COMMENTS:

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4 <2.	✓	
SAMPLES ICED TO 5.0	✓	

91044
~~91043~~ DK 1/12/11

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
		DKymball	1/11/11	1025

CHAIN OF CUSTODY AND TRANSMITTAL FORM

WW Blank COC.XLS 04/10/2007

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlnds Sludge*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *1/12/2011 @ 1600*

Laboratory Sample: 366841 Sample Date: 1/12/2011 Sample Time: 1355
Sample ID: Digestor Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Total Solids	1.56		%	SM 2540 B	W. Smith	01/17/2011	1537	N/A
pH	6.95		S.U.	SM4500H+ B	W. Smith	01/12/2011	1556	
Total Nitrogen	10.0		%	Calc.	B. Watkins	02/03/2011	1123	
Total Kjeldahl Nitrogen (N)	10.0		%	EPA 351.2	J. Cosgrave	02/03/2011	1123	
Nitrate Nitrogen (NOx-N)	0.01	U	%	EPA 353.2	J. Cosgrave	02/02/2011	1505	
Potassium	0.61		%	EPA 6010	O. Martinez	02/09/2011	0804	
Total Phosphorus	2.00		%	EPA 6010	O. Martinez	02/09/2011	0804	
Arsenic	3.2	U	mg/kg	EPA 6010	O. Martinez	02/03/2011	0649	
Cadmium	0.6	U	mg/kg	EPA 6010	O. Martinez	02/03/2011	0649	
Copper	1.3	U	mg/kg	EPA 6010	O. Martinez	02/03/2011	0649	
Lead	1.9	U	mg/kg	EPA 6010	O. Martinez	02/03/2011	0649	
Molybdenum	1.3	U	mg/kg	EPA 6010	O. Martinez	02/03/2011	0649	
Nickel	1.3	U	mg/kg	EPA 6010	O. Martinez	02/03/2011	0649	
Selenium	3.8	U	mg/kg	EPA 6010	O. Martinez	02/03/2011	0649	
Zinc	1262.		mg/kg	EPA 6010	O. Martinez	02/09/2011	0804	
Mercury	1.5		mg/kg	EPA 7471	O. Martinez	02/08/2011	0630	

U = Parameter was analyzed for but not detected
Results on a dry basis

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES
10405 US 27 S
SEBRING, FL 33870
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) Wendell Faircloth
SAMPLERS SIGNATURE:
PROJECT NAME: The Woodlands/Short Utility Service #8
PROJECT: Sludge
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: 1 LITER SLUDGE					
	Digestor	01-12-11	13:55	LSS	X	366841	1	X					

COMMENTS:

SAMPLES ICED TO 4°C

YES	NO
✓	

5.4

91134

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
1		DKynaird	1/12/11	1600

SLUDGE 03-23-2000

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: February, 2011

A. Public Water System (PWS) Information

PWS Name:	The woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

03/07/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: February, 2011

A. Public Water System (PWS) Information

PWS Name:	The woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478 City: Lake Placid	State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive City: Lake Placid	State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
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03/07/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

	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	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

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: Walk-in
Lab Receipt Date & Time: 2/14/11 1405
Analysis Date & Time: 02-14-11 @ 1630
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☑ 1.4 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.

10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

Report Number: 91693 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382-1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 2-14-11

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	125 Lake Ridge Drive	1050	D / F	0.8	8.1		A			368516
2	103 Holly Hill Drive	1040	D / F	1.2	8.1		A			368517
3	Well #1	1020	R / F	0	8.3		A			368518
4	Well #2	1030	R / F	0	8.2		A			368519
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.0
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 2/16/11
Lab Signature: Daryl Mist
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions Item I 16.
[2] For Analysis Methods see Instructions Item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required _____

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

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 or 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):

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340

Three-month Average Daily Flow: 0.028

Month / Year: February-11

(TMADF/Permitted Capacity)x100: 55%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.030					7.4		2.1			
2	0.030					7.4		2.5			
3	0.040					7.4		2.0			
4	0.030					7.4		2.2			
5	0.040					7.5		2.0			
6	0.030					7.6		2.1			
7	0.040					7.5		1.6			
8	0.040					7.4		1.2			
9	0.030					7.4		1.6			
10	0.030					7.5		1.5			
11	0.030					7.4		2.2			
12	0.030					7.4		2.5			
13	0.040					7.4		3.1			
14	0.040					7.5		2.2			
15	0.020					7.4		2.6			
16	0.030					7.5		3.0			
17	0.030	545	270	6.80	1.4	7.4	1u	2.1	0.13		
18	0.030					7.4		2.2			
19	0.033										
20	0.033										
21	0.034					7.5		2.0			
22	0.020					7.4		2.4			
23	0.040					7.4		2.0			
24	0.040					7.4		1.8			
25	0.020					7.4		2.6			
26	0.033										
27	0.033										
28	0.034					7.5		2.0			
Total	0.910										
Mo. Avg.	0.033	545	270	6.8	1.4	7.4	1u	2.1	0.13		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *2/17/2011 @ 1330*

Laboratory Sample: 368851 Sample Date: 2/17/2011 Sample Time: 1145
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	545.		mg/L	SM 5210B	C. Christensen	02/17/2011	1621	2.
Total Suspended Solids	270.		mg/L	SM 2540 D	W. Smith	02/21/2011	0907	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT UTILITY SERVICE, INC.

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

March 17, 2011

Ms. Diane Loughlin, Wastewater Environmental Specialist I
Department of Environmental Protection
2812 Kenilworth Boulevard
Sebring, Florida 33870

Re: 2010 Residuals Annual Summary Reports

Dear Ms. Loughlin:

Please find enclosed copies of the 2010 Residuals Annual Summary Reports for the following wastewater treatment facilities:

	FACILITY	I.D. NUMBER
1.	Damon Utilities, Inc.	FLA014334
2.	Adelaide Shores R.V. Resort	FLA014358
3.	Reflections on Silver Lake, Inc.	FLA014332

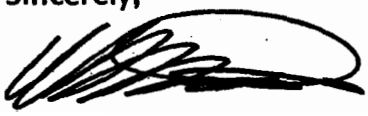
Listed below are the wastewater treatment facilities operated by Short Utility Service, Inc. that did not use land application sites for residuals disposal in 2010:

	FACILITY	I.D. NUMBER
4.	Braswell's Heritage Estates	FLA014326
5.	Eagle's Nest	FLA014364
6.	Hidden Acres Estates	FLA014327
7.	Highland Oaks RV Resort	FLA014316
8.	Villages of Highlands Ridge	FLA143391
9.	Oakridge Mobile Home Park	FLA014367
10.	Sebring Airport Authority	FLA014309

FACILITY	I.D. NUMBER
11.Sunny Pines RV & MHP	FLA014393
12.Tomoka Heights	FLA014329
13.The Woodlands	FLA014340

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

Sincerely,



Wendell L. Faircloth

WLF/mjf
Enclosures
cc: Falk, Braswell, Davis, Cash, Devine, Ekberg, Stroup,
Brooks, Maples, Diefendorf, [redacted], Breedlove

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: March, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
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Other Operators:	Donald P. Gavoni	C	5674	

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04/04/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: March, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2			PWS Identification Number:	6280304
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier				
Contact Person:	Mr. John Lovelette			Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2			Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	--

II. Certification by Lead Chief Operator

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04/04/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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
Day of	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
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
Avg.											59,290
Max.											74,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: W Fincher
Lab Receipt Date & Time: 3/9/11 1415
Analysis Date & Time: 03/09/11 1635
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice @ 4.6 °C
Disinfectant Check: ☒ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.

10 05 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

Report Number: 92157 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1851

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 3-9-11

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal (*E. coli*) Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	228 Shoreline Drive	1045	D / F	1.2	8.0		A			369833
2	125 Lakeridge Drive	1115	D / F	1.0	8.1		A			369834
3	Well #1	1040	R / F	0	8.3		A			369835
4	Well #2	1055	R / F	0	8.2		A			369836
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.1
Free chlorine, Total chlorine, or Combined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 3/10/11
Lab Signature: Daryl Mat
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule: 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required _____

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: 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 Y Mon:Site No. FLW-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or 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):

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.029

Month / Year: **March-11**

(TMADF/Permitted Capacity)x100: 57%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.040					7.5		2.0			
2	0.020					7.5		2.6			
3	0.040					7.4		2.0			
4	0.030					7.5		1.9			
5	0.030					7.5		2.1			
6	0.020					7.5		3.1			
7	0.020					7.6		2.0			
8	0.030					7.5		3.6			
9	0.020					7.5		2.0			
10	0.040	698	406	14.0	9.6	7.5	1u	3.2	0.16		
11	0.020					7.5		2.1			
12	0.030					7.6		3.0			
13	0.040					7.5		2.5			
14	0.030					7.4		2.7			
15	0.020					7.5		3.2			
16	0.030					7.5		2.1			
17	0.020					7.6		2.1			
18	0.020					7.5		2.5			
19	0.030										
20	0.030										
21	0.030					7.4		2.3			
22	0.030					7.5		2.8			
23	0.020					7.3		3.4			
24	0.020					7.6		2.0			
25	0.020					7.5		2.3			
26	0.020										
27	0.020					7.5		3.2			
28	0.030										
29	0.030					7.6		2.1			
30	0.010					7.5		3.2			
31	0.030					7.5		3.5			
Total	0.820										
Mo. Avg.	0.026	698	406	14.0	9.6	7.5	1u	2.6	0.16		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *3/10/2011 @ 1600*

Laboratory Sample: 370049 Sample Date: 3/10/2011 Sample Time: 1415
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	698.		mg/L	SM 5210B	C. Christensen	03/11/2011	1640	2.
Total Suspended Solids	406.		mg/L	SM 2540 D	W. Smith	03/15/2011	1122	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 338[illegible]
(863) 655-4022 (800) 83[illegible]-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) Wendell Faircloth
SAMPLER'S SIGNATURE:
CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT	1/2 GAL	250 N	125 ML		
							CBOD TSS	CBOD TSS NO2	NO3 NOx	FC		
RAW	3/10	1415	STP	X	370049	1	X					
FINAL	3/10	1420	STP	X	370050	3		X	X	X		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4 <2	✓	
SAMPLES ICED TO 4°C 1.4	✓	

COMMENTS:

92197

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
		DKimball	3/10/11	1600

mw Blank COC.XLS 04/10/2007

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: April, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

05/05/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: April, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478 City: Lake Placid	State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive City: Lake Placid	State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II Certification by Lead Chief Operator

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

05/05/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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 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 #1	Plant 2 Name: Plant #2	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
	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	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

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: Walk-in
Lab Receipt Date & Time: 4/19/11 @ 12:20
Analysis Date & Time: 04-19-11 @ 16:30
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☐ 5.8 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863 655-4022 FAX: 863-655-5820

Report Number: 92847 DOH# E85458 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampli g: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 4-18-11

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal, *E. coli* Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	Men's room at pool	1010	D / F	1.2	8.2		A	A		371851
2	103 Holly Hill Drive	1035	D / F	0.8	8.0		A	A		371852
3	Well #1	1005	R / F	0	8.2		A	A		371853
4	Well #2	1020	R / F	0	8.4		A	A		371854
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.0

Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 4/20/11
Lab Signature: Dayl Mist
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

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

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340

Month / Year: April-11

Three-month Average Daily Flow: 0.025

(TMADF/Permitted Capacity)x100: 50%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.030					7.5		3.2			
2	0.010					7.5		3.2			
3	0.025										
4	0.025					7.6		3.0			
5	0.020					7.4		3.3			
6	0.010					7.6		3.6			
7	0.020					7.5		3.4			
8	0.010					7.6		3.0			
9	0.020					7.5		2.5			
10	0.020					7.5		3.5			
11	0.020					7.5		3.1			
12	0.010					7.5		2.8			
13	0.010					7.5		3.4			
14	0.020	420	316	5.80	5.6	7.5	1u	3.1	0.27		
15	0.020					7.5		3.0			
16	0.020					7.5		3.2			
17	0.015										
18	0.015					7.5		3.4			
19	0.010					7.5		2.9			
20	0.020					7.5		3.2			
21	0.010					7.5		2.5			
22	0.020					7.5		3.2			
23	0.020					7.5		3.0			
24	0.010										
25	0.010					7.5		2.9			
26	0.010					7.5		3.2			
27	0.010					7.5		2.0			
28	0.020					7.5		2.9			
29	0.010					7.5		3.2			
30	0.010					7.5		3.0			
Total	0.480										
Mo. Avg.	0.016	420	316	5.8	5.6	7.5	1u	3.1	0.27		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *4/14/2011 @ 1125*

Laboratory Sample: 371651 Sample Date: 4/14/2011 Sample Time: 0815
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	420.		mg/L	SM 5210B	C. Christensen	04/14/2011	1648	2.
Total Suspended Solids	316.		mg/L	SM 2540 D	W. Smith	04/18/2011	1153	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *4/14/2011 @ 1125*

Laboratory Sample: 371652 Sample Date: 4/14/2011 Sample Time: 0820
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	5.8		mg/L	SM 5210B	C. Christensen	04/14/2011	1648	2.
Total Suspended Solids	5.6		mg/L	SM 2540 D	W. Smith	04/18/2011	1153	1.
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	T. Heath	04/14/2011	1215	1.
Nitrite Nitrogen (NO2-N)	0.03	I	mg/L	EPA 353.2	J. Cosgrave	04/14/2011	1631	0.01
Nitrate Nitrogen (NO3-N)	0.27		mg/L	Calc.	J. Cosgrave	04/15/2011	1306	0.02
Nitrate + Nitrite N (NO2+NO3)	0.30		mg/L	EPA 353.2	J. Cosgrave	04/15/2011	1306	0.02

U = Parameter was analyzed for but not detected
I = Result is less than the PQL and greater than or equal to the MDL

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 873-4022
FAX: (863) 655-5820

SAMPLER'S NAME (PLEASE PRINT): Wendell Faircloth
SAMPLER SIGNATURE:

CLIENT NAME: Short Utility Service, Inc.
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: CBOD TSS (SQUAT)	CBOD TSS NO2 (1/2 GAL)	NO3 NOx (250 N)	FC (125 ML)		
	RAW	4/14	0815	STP	X	371651	1	X					
	FINAL	4/14	0820	STP	X	371652	3		X	X	X		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4		
SAMPLES ICED TO 4C	✓	

3.8

COMMENTS:

92761

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
		DKimball	4/14/11	1125

CHAIN OF CUSTODY AND TRANSMITTAL FORM

WW Blank COC.XLS 04/10/2007

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: May, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

06/02/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

06/02/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

Day of Month	Plant 1 Name: Plant #1	Plant 2 Name: Plant #2	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
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	100,000	100,000									200,000
	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

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: [illegible]
Lab Receipt Date & Time: 5-23-11 @ 1259
Analysis Date & Time: 05-23-11 @ 1625
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice 3.4 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820

Report Number: 93504 DOH# E85458 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 5-23-11

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	228 Shoreline Drive	0945	D / F	1.2	8.2		A	A		373681
2	103 Holly Hill Drive	1010	D / F	0.8	8.2		A	A		373682
3	Well #1	0940	R / F	0	8.4		A	A		373683
4	Well #2	0955	R / F	0	8.3		A	A		373684
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.0
Free chlorine, Total chlorine, or Combined chlorine (circle one).

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 5/24/11
Lab Signature: [signature]
Title: Project Manager

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

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

System Name: The Woodlands of Lake Placid PWS I.D. #: 6280304

System Type (check one): (●) Community ( ) NonTransient Noncommunity ( ) Transient NonCommunity

Address: 100 Shoreline Drive

City: Lake Placid State: Florida ZIP Code: 33852

Phone#: 863-699-1991 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 372634 Sample Date: 5/4/2011 Sample Time: 1040

Sample Location (be specific): Plant #1 Point of Entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.1 mg/L Field pH: 8.2

Sample Type (Check Only One)

- [ ] Distribution
- [■] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62.550)
- [ ] Raw (at well intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

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

- [■] Routine Compliance (with 62-550)
- [ ] Confirmantion of MCL Exceedance*
- [ ] Composite Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other:

Sampling Procedure Used or other Comments:

- [ ] Quarterly (Which One?)
- [ ] Special (not for compliance with 62-550.)
- [ ] Violation Resolution
- [ ] Replacement (of invalidated Sample)

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

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

SAMPLER CERTIFICATION

I, David W. Faircloth (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: David W Faircloth Date: 5/4/2011

Certified Operator #: C-8189 Phone #: (863) 471-1400 Sampler's FAX #: (863) 471-2102

Sampler's E-mail: shortutility@embarqmail.com

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

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

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

Lab Name: Short Environmental Laboratories

Florida DOH Certification # : E85458 Certification Expiration Date: 06/30/2011

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 10405 US Highway 27 South Sebring, FL 33876 Phone # : (863) 655-4022

Were any analyses subcontracted? ○ Yes ◉ No If yes, please provide DOH certification Number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received : 5/4/2011

PWS ID (From Page 1): 6280304 Sample Number (From Page 1): 372634 Lab Assigned Report Number or Job ID: 372634

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☐ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acid	☐ Qtrly Composite**	☐ Partial
■ Nitrate	☐ Partial		☐ Chlorite		
■ Nitrite	☐ Dioxin Only		☐ Bromate	Miscellaneous	Lead & Copper
☐ Asbestos				☐	☐

LAB CERTIFICATION

I, Douglas E. Morton (Print Name), Project Manager (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Doyl E Mort Date: 5/26/2011

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

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

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

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

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

Inorganic Contaminants

62-550.310(1)

Report Number/Job ID: 372634

PWS ID (from page 1): 6280304

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.15		EPA 353.2	0.02	05/13/2011	1507	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	05/04/2011	1530	E85458
1005	Arsenic	0.01	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.10	mg/L							
1024	Cyanide	0.20	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L							
1035	Mercury	0.002	mg/L							
1036	Nickel	0.10	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N. 0, T, Z, ?, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

	LABORATORY ANALYSES					
Cont Type	Nut	S&M				
Cont Size	250 ml	250 ml				
Material	Plastic	Plastic				
Preservative	Sulfuric	Cool < 6°				

SAMPLER'S NAME: (PLEASE PRINT) David Faircloth
CLIENT NAME: Short Utility Service #8
SAMPLERS SIGNATURE:
PROJECT: Annual Nitrates
LOCATION: Woodlands-Plant #1

FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	NO3 NOx	NO2				
	P.O.E.	5.4.11	1040	DW	X	373634	2	X	X				

COMMENTS: *Sampler's certification must be submitted with this form.*
SOME CONTAINERS MAY BE PRESERVED.
PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

	YES	NO
SAMPLES ICED TO 3.4 C	✓	
NUTRIENT CONTAINERS PRESERVED H2SO4 <2	✓	
METALS CONTAINERS PRESERVED HNO3		
OTHER		

93149

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
			5.4.11	1410

TIME	
DEPARTED LAB	
ARRIVED SITE	
DEPARTED SITE	
ARRIVED LAB	

PB

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

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

System Name: The Woodlands of Lake Placid PWS I.D. #: 6280304

System Type (check one): (●) Community ( ) NonTransient Noncommunity ( ) Transient NonCommunity

Address: 100 Shoreline Drive

City: Lake Placid State: Florida ZIP Code: 33852

Phone#: 863-699-1991 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 372635 Sample Date: 5/4/2011 Sample Time: 1050

Sample Location (be specific): Pla t #2 Point of Entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.0 mg/L Field pH: 8.2

Sample Type (Check Only One)

- [ ] Distribution
- [■] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62.550)
- [ ] Raw (at well intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

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

- [■] Routine Compliance (with 62-550)
- [ ] Confirmantion of MCL Exceedance*
- [ ] Composite Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other:

Sampling Procedure Used or other Comments:

- [ ] Quarterly (Which One?)
- [ ] Special (not for compliance with 62-550.)
- [ ] Violation Resolution
- [ ] Replacement (of invalidated Sample)

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

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

SAMPLER CERTIFICATION

I, David W. Faircloth (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: David W. Faircloth Date: 5/4/2011

Certified Operator #: C-8189 Phone #: (863) 471-1400 Sampler's FAX #: (863) 471-2102

Sampler's E-mail: shortutility@embarqmail.com

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

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

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

Lab Name: Short Environmental Laboratories | Florida DOH Certification # : E85458 | Certification Expiration Date: 06/30/2011

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 10405 US Highway 27 South | Sebring, FL 33876 | Phone # : (863) 655-4022

Were any analyses subcontracted? ○ Yes ◉ No | If yes, please provide DOH certification Number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) | Date Sample(s) Received : 5/4/2011

PWS ID (From Page 1): 6280304 | Sample Number (From Page 1): 372635 | Lab Assigned Report Number or Job ID: 372635

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☐ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acid	☐ Qtrly Composite**	☐ Partial
■ Nitrate	☐ Partial		☐ Chlorite		
■ Nitrite	☐ Dioxin Only		☐ Bromate	Miscellaneous	Lead & Copper
☐ Asbestos				☐	☐

LAB CERTIFICATION

I, Douglas E. Morton (Print Name), Project Manager (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Dgl E Mort Date: 5/26/2011

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

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

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

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: | Date Notified: | DEP/DOH Reviewing Official:

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

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

Inorganic Contaminants

62-550.310(1)

Report Number/Job ID: 372635

PWS ID (from page 1): 6280304

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.15		EPA 353.2	0.02	05/13/2011	1507	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	05/04/2011	1530	E85458
1005	Arsenic	0.01	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.10	mg/L							
1024	Cyanide	0.20	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L							
1035	Mercury	0.002	mg/L							
1036	Nickel	0.10	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N. 0, T, Z, ?, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

	LABORATORY ANALYSES					
Cont Type	Nut	S&M				
Cont Size	250 ml	250 ml				
Material	Plastic	Plastic				
Preservative	Sulfuric	Cool < 6°				

SAMPLER'S NAME: (PLEASE PRINT) David Faircloth
CLIENT NAME: Short Utility Service #8
SAMPLERS SIGNATURE:
PROJECT: Annual Nitrates
LOCATION: Woodlands - Plant #2

FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	NO3 NOx	NO2				
	P.O.E.	5-4-11	1050	DW	X	372635	2	X	X				

COMMENTS: *Sampler's certification must be submitted with this form.*
SOME CONTAINERS MAY BE PRESERVED.
PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

	YES	NO
SAMPLES ICED TO 3.4 C	✓	
NUTRIENT CONTAINERS PRESERVED H2SO4 <2.	✓	
METALS CONTAINERS PRESERVED HNO3		
OTHER		

93150

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
			5-4-11	1410

P6

TIME	
DEPARTED LAB	
ARRIVED SITE	
DEPARTED SITE	
ARRIVED LAB	

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

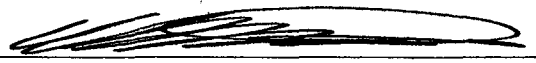
PERMIT NUMBER: FLA014340
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

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: 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 or 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):

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340

Three-month Average Daily Flow: 0.017

Month / Year: May-11

(TMADF/Permitted Capacity)x100: 34%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.010					7.5		3.1			
2	0.015										
3	0.015					7.5		2.8			
4	0.010					7.5		3.2			
5	0.010					7.5		2.6			
6	0.010					7.5		2.0			
7	0.010					7.5		2.5			
8	0.015										
9	0.015					7.5		3.2			
10	0.010					7.5		3.0			
11						7.5		3.4			
12	0.010					7.5		2.6			
13	0.010					7.5		2.5			
14	0.010					7.5		2.2			
15	0.010					7.4		2.4			
16	0.010					7.4		3.0			
17	0.010	226	149	3.10	1u	7.5	1u	2.1	0.35		
18	0.010					7.5		2.5			
19						7.5		2.0			
20	0.010					7.5		2.2			
21	0.010					7.5		2.0			
22	0.005										
23	0.005					7.5		3.0			
24	0.010					7.5		2.5			
25						7.5		2.1			
26	0.010					7.5		2.0			
27	0.010					7.5		2.2			
28	0.010					7.5		1.8			
29	0.010					7.5		2.0			
30	0.005										
31	0.005					7.5		2.1			
Total	0.280										
Mo. Avg.	0.009	226	149	3.1	1u	7.5	1u	2.5	0.35		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *5/17/2011 @ 1418*

Laboratory Sample: 373421 Sample Date: 5/17/2011 Sample Time: 1225
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	226.		mg/L	SM 5210B	C. Christensen	05/18/2011	0845	2.
Total Suspended Solids	149.		mg/L	SM 2540 D	W. Smith	05/19/2011	1130	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: June, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

07/06/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478 City: Lake Placid State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive City: Lake Placid State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

07/06/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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									
	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	16,000	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
Avg.											41,700
Max.											74,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1993, Revised 02/2010)

Delivered By: [illegible]
Lab Receipt Date & Time: 6/13/11 @ 1305
Analysis Date & Time: 06/13/11 @ 1615
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☒ 5.4 °C
Disinfectant Check: ☒ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820

Report Number: 93878 DOH# E85458 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth **Collector's Phone #:** 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 6-13-11

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert SM9223B Non-Coliform	Total Coliform	Fecal *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	Men's restroom at pool	0958	D / F	1.0	8.2		A	A		374762
2	125 Lake Ridge Drive	1020	D / F	0.9	8.2		A	A		374763
3	Well #1	0950	R / F	0	8.4		A	A		374764
4	Well #2	1010	R / F	0	8.3		A	A		374765
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.0
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 6/14/11
Lab Signature: [signature]
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# CS189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: Courier
Lab Receipt Date & Time: 7/1/11 @ 1400
Analysis Date & Time: 07-01-11 @ 1630
Sample Acceptance Criteria:
Sample Preservation: ☐ On Ice ☐ Not On Ice ☑ 4.4 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

Report Number: 94248 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☑ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: Woodlands #8 **PWS I.D.** 6280304
PWS Address: P.O. Box 478 Lake Placid 33862 **City:** Lake Placid
PWS or PWS Owner's Phone #: 863.382.1183 **Fax #:** _____
Collector: D. Wenrich Fancelot **Collector's Phone #:** 863.471.1400

Type of Supply: (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☑ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 7-1-11 Hydro Tank inspection Fremin

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	Hydro Tank	1030	S F	3.0	8.0		A	A		375834

Average of disinfectant residuals for distribution routine & repeat samples.[5]
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Disinfectant Residual Analysis Method:
☐ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis (see instructions on reverse):
☐ A certified operator (# _____)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 7/5/11
Lab Signature: _____
Title: Project Manager

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

[1] For Sample Types see instructions item I 16.
[2] For Analysis Methods see instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: Kandell Hunt
Lab Receipt Date & Time: 7-2-2011 1315
Analysis Date & Time: 07-02-11 @ 1435
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☐ 3-8 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

Report Number: 94253 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☑ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: CAMP FLORIDA (Woodlands) #8 **PWS I.D.** 6280304
PWS Address: US 27 S LAKE PLACID FL **City:** LAKE PLACID
PWS or PWS Owner's Phone #: 863-441-5644 **Fax #:** _____
Collector: R.C. Ludwig **Collector's Phone #:** 863-699-1892

Type of Supply: (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☑ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: Main Clearance
Sample Collection Date: 7/2/11 Hydro Tank Inspection

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
	13K HYDRO SAMPLE TAP	1pm	S/F	3mm	7.4		A	A		375841

Average of disinfectant residuals for distribution routine & repeat samples.[5]
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Disinfectant Residual Analysis Method:
☐ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☐ A certified operator (# _____)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 7/6/11
Lab Signature: Kandell Hunt
Title: Project Manager

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]
SHORT UTIL.

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

[1] For Sample Type see Instructions Item I 16.
[2] For Analysis Methods see Instructions Item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: [illegible]
Lab Receipt Date & Time: 7/19/11 @ 1315
Analysis Date & Time: 07-19-11 @ 1645
Sample Acceptance Criteria:
Sample Preservation: ☑ Iced ☐ Not On Ice ☑ 7.2 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

Report Number: 94625 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☑ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: Woodlands #8 **PWS I.D.** 6280304
PWS Address: PO Box 478 **City:** Lake Placid
PWS or PWS Owner's Phone #: 863.382.1183 **Fax #:**
Collector: Brandon Harrison **Collector's Phone #:** 863-471-1400

Type of Supply: (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☑ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 7-19-11 Hydro Tank Plant #1

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal/*E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
	Hydro Tank Plant #1	1045	DF	0.8	9.0		A	A		37689

Average of disinfectant residuals for distribution routine & repeat samples.[5]
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Disinfectant Residual Analysis Method:
☐ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☐ A certified operator (# _____)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 7/26/11
Lab Signature: Daryl Mott
Title: Project Manager

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]
S.U.S.

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

[1] For Sample Types see Instructions Item I 16.
[2] For Analysis Methods see Instructions Item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table I.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 9/1/1995, Revised 02/2010)

Delivered By: W Jones
Lab Receipt Date & Time: 7/20/11 1235
Analysis Date & Time: 7-20-11 1625
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice 6.2 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

Report Number: 946336 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☑ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: Woodlands #8 PWS I.D. 6280304
PWS Address: PO Box 478 City: Lake Placid
PWS or PWS Owner's Phone #: 863.382.1183 Fax #: _____
Collector: Wendell Fredericks Collector's Phone #: 471-1466

Type of Supply: (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☑ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 7-20-11 Hydro Tank #1

Analysis Method(s)[2]: Colilert, SM9223B

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Non-Coliform	Total Coliform	Fecal *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
	Hydro Tank	1040	D/F	0.9	8.0		A	A		37693
			/							
			/							
			/							
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5]
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Disinfectant Residual Analysis Method:
☐ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☐ A certified operator (# _____)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 7/26/11
Lab Signature: Daryl Mist
Title: Project Manager

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

[1] For Sample Types see Instructions Item I 10.
[2] For Analysis Methods see Instructions Item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

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

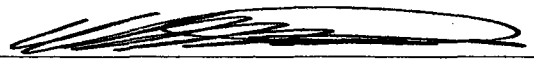
PERMIT NUMBER: FLA014340
LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

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: 06/01/11 To: 06/30/11

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	0.009	0.019	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day 20C	Sample Measurement				6.3			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonaceous 5 day 20C	Sample Measurement				4.7	4.7		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.2			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann_Avg.			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1u	1U		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	11/07/07

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

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.011

Month / Year: **June-11**

(TMADF/Permitted Capacity)x100: 23%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.010					7.5		2.0			
2	0.010					7.5		1.8			
3						7.5		2.1			
4						7.5		1.9			
5	0.010										
6	0.010					7.5		3.0			
7	0.010					7.5		2.5			
8	0.010					7.5		2.2			
9						7.5		2.0			
10	0.010					7.4		3.0			
11						7.5		2.1			
12	0.010										
13	0.010					7.5		3.0			
14	0.010					7.4		2.4			
15	0.010					7.5		2.0			
16	0.010	78	32	4.70	1U	7.5	1u	1.8	1.52		
17	0.010					7.4		2.0			
18	0.010					7.5		2.1			
19	0.010										
20	0.010					7.5		2.5			
21	0.010					7.5		2.0			
22	0.010					7.5		2.2			
23						7.4		2.0			
24	0.010					7.4		3.0			
25	0.010					7.5		2.1			
26	0.010					7.4		2.0			
27	0.010										
28	0.020					7.5		1.7			
29	0.010					7.5		2.2			
30	0.020					7.4		2.0			
Total	0.270										
Mo. Avg.	0.009	78	32	4.7	1u	7.5	1u	2.2	1.52		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *6/16/2011 @ 1258*

Laboratory Sample: 374984 Sample Date: 6/16/2011 Sample Time: 1000
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	78.		mg/L	SM 5210B	C. Christensen	06/16/2011	1704	2.
Total Suspended Solids	32.		mg/L	SM 2540 D	W. Smith	06/17/2011	1129	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *6/16/2011 @ 1258*

Laboratory Sample: 374985 Sample Date: 6/16/2011 Sample Time: 1005
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	4.7		mg/L	SM 5210B	C. Christensen	06/16/2011	1704	2.
Total Suspended Solids	1.0	U	mg/L	SM 2540 D	W. Smith	06/17/2011	1129	1.
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	T. Heath	06/16/2011	1350	1.
Nitrite Nitrogen (NO2-N)	0.01	U	mg/L	EPA 353.2	J. Cosgrave	06/16/2011	1648	0.01
Nitrate Nitrogen (NO3-N)	1.52		mg/L	Calc.	J. Cosgrave	06/23/2011	1416	0.02
Nitrate + Nitrite N (NO2+NO3)	1.52		mg/L	EPA 353.2	J. Cosgrave	06/23/2011	1416	0.02

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) Wendell Faircloth
SAMPLER'S SIGNATURE:
CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT	1/2 GAL CBOD TSS NO2	250 N NO3 NOx	125 ML FC		
								CBOD				
RAW	6/16	1000	STP	X	374984	1	X	TSS				
FINAL	6/16	1005	STP	X	374985	3		X	X	X		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4 < 2	✓	
SAMPLES ICED TO < 3.6	✓	

COMMENTS:

93961

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2			6/16/11	1258

CHAIN OF CUSTODY AND TRANSMITTAL FORM

WW Blank COC.XLS 04/19/2007

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: July, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

08/06/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: July, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478 City: Lake Placid	State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive City: Lake Placid	State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

08/06/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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 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
Day of Month	100,000	100,000									200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	51,000	0									51,000
2	32,000	0									32,000
3	32,000	0									32,000
4	31,000	0									31,000
5	35,000	3,000									38,000
6	1,000	38,000									39,000
7	0	34,000									34,000
8	0	56,000									56,000
9	0	41,000									41,000
10	0	39,000									39,000
11	0	34,000									34,000
12	0	36,000									36,000
13	0	36,000									36,000
14	0	37,000									37,000
15	0	49,000									49,000
16	0	35,000									35,000
17	0	35,000									35,000
18	0	34,000									34,000
19	12,000	37,000									49,000
20	5,000	42,000									47,000
21	0	38,000									38,000
22	0	46,000									46,000
23	0	32,000									32,000
24	0	39,000									39,000
25	0	32,000									32,000
26	16,000	29,000									45,000
27	17,000	31,000									48,000
28	12,000	23,000									35,000
29	14,000	26,000									40,000
30	12,000	27,500									39,500
31	12,000	27,500									39,500
Total											1,219,000
Avg.											39,323
Max.											56,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: [illegible]
Lab Receipt Date & Time: 7/19/11 @1315
Analysis Date & Time: 07-19-11 @1645
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☑ 7.2 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

Report Number: 946897 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 7-19-11

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal, *E. coli* Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	103 Holly Hill Drive	1005	D / F	0.8	8.2		A	A		376894
2	Men's restroom at pool	1020	D / F	0.9	8.0		A	A		376900
3	Well #1	1016	R / F	0	8.4		A	A		376901
4	Well #2	0950	R / F	0	8.2		A	A		376905
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 0.9

Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 7/26/11
Lab Signature: [signature]
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

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: **07/01/11** To: **07/31/11**

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.008**	**0.018**	MGD					5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day 20C	Sample Measurement				**6.7**		mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day 20C	Sample Measurement				**13.0**	**13.0**	mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**2.6**		mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann_Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**1u**	**1U**	mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	**11/08/18**

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

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.009

Month / Year: **July-11**

(TMADF/Permitted Capacity)x100: 17%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1						7.5		2.0			
2	0.010					7.4		1.8			
3	0.010					7.5		1.7			
4	0.015										
5	0.015					7.5		3.0			
6						7.5		2.0			
7	0.010					7.4		2.1			
8	0.010					7.5		2.2			
9	0.010					7.5		2.0			
10						7.4		1.8			
11	0.010					7.4		2.2			
12	0.010					7.5		1.9			
13	0.010					7.4		2.2			
14		321	266	13.00	1u	7.5	1u	2.0	2.26		
15	0.010					7.5		1.9			
16	0.010										
17	0.010					7.4		2.1			
18	0.010					7.5		1.8			
19						7.5		1.8			
20	0.010					7.4		2.0			
21	0.010					7.5		1.5			
22						7.5		1.9			
23	0.010					7.5		2.2			
24	0.010										
25	0.010					7.5		1.9			
26	0.010					7.5		1.7			
27						7.5		2.0			
28	0.010					7.5		1.6			
29	0.010					7.5		2.0			
30	0.005										
31	0.005										
Total	0.240										
Mo. Avg.	0.008	321	266	13.0	1u	7.5	1u	2.0	2.26		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *7/14/2011 @ 1415*

Laboratory Sample: 376643 Sample Date: 7/14/2011 Sample Time: 1250
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	321.		mg/L	SM 5210B	C. Christensen	07/14/2011	1730	2.
Total Suspended Solids	266.		mg/L	SM 2540 D	W. Smith	07/14/2011	1537	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

10405 US 27 S
SEBRING, FL 338[illegible]
(863) 655-4022 (800) 83[illegible]-4022
FAX: (863) 655-582[illegible]

SAMPLERS NAME (PLEASE PRINT): Wendell Faircloth
SAMPLERS SIGNATURE:

CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: CBOD TSS	CBOD TSS NO2	NO3 NOx	FC		
	RAW	7/14	1250	STP	X	376643	1	X					
	FINAL	7/14	1255	STP	X	376644	3		X	X	X		

LABORATORY ANALYSES: SQUAT | 1/2 GAL | 250 M | 125 ML

COMMENTS:

NUTRIENT CONTAINER PRESERVED, H2SO4: YES ✓ / NO
SAMPLES ICED TO 4°C: 4.6

94516

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
		D Kimbrell	7/14/11	1415

CHAIN OF CUSTODY AND TRANSMITTAL FORM

WW Blank COC.XLS 04/10/2007

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: August, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

09/07/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: August, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

09/07/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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 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 #1	Plant 2 Name: Plant #2	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
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	100,000	100,000									200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	12,000	15,000									27,000
2	16,000	27,000									43,000
3	13,000	25,000									38,000
4	13,000	25,000									38,000
5	15,000	32,000									47,000
6	10,000	26,000									36,000
7	12,000	25,000									37,000
8	12,000	21,000									33,000
9	10,000	22,000									32,000
10	11,000	21,000									32,000
11	12,000	29,000									41,000
12	13,000	34,000									47,000
13	11,500	28,000									39,500
14	11,500	28,000									39,500
15	12,000	33,000									45,000
16	11,000	22,000									33,000
17	13,000	22,000									35,000
18	12,000	21,000									33,000
19	12,000	26,000									38,000
20	9,000	22,000									31,000
21	10,000	28,000									38,000
22	9,000	29,000									38,000
23	12,000	32,000									44,000
24	14,000	25,000									39,000
25	11,000	29,000									40,000
26	13,000	27,000									40,000
27	10,000	30,000									40,000
28	10,000	30,000									40,000
29	10,000	29,000									39,000
30	12,000	20,000									32,000
31	13,000	35,000									48,000
Total											1,183,000
Avg.											38,161
Max.											48,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: [illegible] TP
Lab Receipt Date & Time: 8/16/11 1305
Analysis Date & Time: 08-16-11 @1305
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice 6.4 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.

10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

Report Number: 95099 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1103 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 8-16-11

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal (*E.coli*) Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	125 Lake Ridge Drive	1140	D / F	1.0	8.2		A	A		378414
2	103 Holly Hill Drive	1150	D / F	0.8	8.2		A	A		378417
3	Well #1	1120	R / F	0	8.4		A	A		378415
4	Well #2	1130	R / F	0	8.3		A	A		378416
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 0.9
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: _____
Lab Signature: [signature]
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see *instructions on reverse*):
☒ A certified operator (# CS189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required _____

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

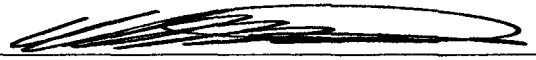
PERMIT NUMBER: FLA014340
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

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: 08/01/11 To: 08/31/11

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	0.006	0.017	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day 20C	Sample Measurement				7.1			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonaceous 5 day 20C	Sample Measurement				7.4	7.4		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.6			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann_Avg.			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1u	1U		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	6.5 (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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	11/09/14

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

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.008

Month / Year: **August-11**

(TMADF/Permitted Capacity)x100: 15%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.010					7.5		2.5			
2	0.010					7.5		2.0			
3						7.4		3.0			
4	0.010					7.5		2.5			
5						7.4		2.0			
6	0.010					7.5		2.1			
7						7.5		2.0			
8	0.010					7.4		1.7			
9						7.5		2.0			
10	0.020					7.5		2.1			
11		169	84	7.40	1u	7.4	1u	2.0	4.25		
12	0.010					7.5		1.7			
13						7.5		2.0			
14	0.010										
15	0.010					7.5		1.7			
16	0.010					7.4		2.0			
17	0.010					7.5		1.8			
18						7.4		2.2			
19	0.020					7.4		2.0			
20						7.5		3.0			
21	0.005										
22	0.005					7.4		2.0			
23	0.010					7.5		1.6			
24						7.5		1.7			
25	0.010					7.5		2.1			
26						7.5		1.6			
27	0.010										
28											
29	0.010					7.5		1.7			
30	0.010					7.5		1.8			
31						7.5		1.6			
Total	0.200										
Mo. Avg.	0.006	169	84	7.4	1u	7.5	1u	2.0	4.25		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORTENVIRONMENTAL LABORATORIES, INC.

(8/ 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *8/11/2011 @ 1550*

Laboratory Sample: 378290 Sample Date: 8/11/2011 Sample Time: 1415
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	169.		mg/L	SM 5210B	C. Christensen	08/12/2011	1647	2.
Total Suspended Solids	84.		mg/L	SM 2540 D	W. Smith	08/16/2011	0958	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: September, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

10/04/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: September, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478 City: Lake Placid State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive City: Lake Placid	State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

10/04/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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 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 #1	Plant 2 Name: Plant #2	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
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	100,000	100,000									200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	14,000	38,000									52,000
2	18,000	53,000									71,000
3	12,000	32,000									44,000
4	15,000	36,000									51,000
5	13,000	27,000									40,000
6	15,000	39,000									54,000
7	13,000	27,000									40,000
8	12,000	26,000									36,000
9	14,000	32,000									46,000
10	11,000	32,000									43,000
11	11,000	32,000									43,000
12	12,000	33,000									45,000
13	16,000	35,000									51,000
14	20,000	41,000									61,000
15	20,000	33,000									53,000
16	17,000	42,000									59,000
17	16,000	44,000									60,000
18	18,000	46,000									64,000
19	19,000	31,000									50,000
20	23,000	47,000									70,000
21	19,000	43,000									62,000
22	17,000	41,000									58,000
23	19,000	34,000									53,000
24	13,000	29,000									42,000
25	13,000	29,000									42,000
26	12,000	28,000									40,000
27	15,000	23,000									38,000
28	17,000	28,000									45,000
29	14,000	31,000									45,000
30	20,000	34,000									54,000
Total											1,514,000
Avg.											50,467
Max.											71,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: Courier
Lab Receipt Date & Time: 9-20-11 1300 JK
Analysis Date & Time: 09-20-11 1625
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice 3.8 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

Report Number: 95670 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1690

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 9-20-11

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal (*E. coli*) Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	228 Shoreline Drive	1100	D / F	1.2	8.2		A	A		380389
2	125 Lake Ridge Drive	1125	D / F	0.6	8.2		A	A		380340
3	Well #1	1050	R / F	0	8.4		A	A		380341
4	Well #2	1110	R / F	0	8.3		A	A		380342
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 0.9
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 9/21/11
Lab Signature: Daryl Mist
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,500. Do not include raw or plant samples in the average.

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: 09/01/11 To: 09/30/11

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	0.008	0.017	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				7.1			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				4.4	4.4		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.6			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	11/10/18

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

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.007

Month / Year: **September-11**

(TMADF/Permitted Capacity)x100: 15%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.010					7.4		1.7			
2	0.010					7.4		2.0			
3	0.010					7.5		1.6			
4	0.010					7.4		1.8			
5	0.010					7.5		2.0			
6	0.010					7.4		1.7			
7	0.010					7.5		1.6			
8	0.010					7.5		2.2			
9						7.5		1.7			
10	0.010					7.5		2.0			
11	0.005										
12	0.005					7.4		1.6			
13	0.010					7.5		1.8			
14						7.4		1.7			
15	0.010					7.5		1.5			
16	0.010					7.4		1.8			
17						7.4		1.9			
18	0.010										
19	0.010					7.4		1.7			
20	0.010					7.5		1.8			
21	0.010	165	154	4.40	1.4	7.4	1u	1.6	5.64		
22						7.5		1.8			
23	0.010					7.5		1.7			
24	0.010										
25	0.010										
26	0.010					7.5		1.8			
27	0.010					7.5		1.6			
28						7.4		1.7			
29	0.010					7.4		1.8			
30						7.5		2.0			
Total	0.230										
Mo. Avg.	0.008	165	154	4.4	1.4	7.5	1u	1.8	5.64		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *9/21/2011 @ 1336*

Laboratory Sample: 380461 Sample Date: 9/21/2011 Sample Time: 1150
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	165.		mg/L	SM 5210B	C. Christensen	09/22/2011	1630	2.	2
Total Suspended Solids	154.		mg/L	SM 2540 D	W. Smith	09/22/2011	1005	1.	1

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *9/21/2011 @ 1336*

Laboratory Sample: 380462 Sample Date: 9/21/2011 Sample Time: 1155
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	4.4		mg/L	SM 5210B	C. Christensen	09/22/2011	1630	2.	2
Total Suspended Solids	1.4		mg/L	SM 2540 D	W. Smith	09/22/2011	1005	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	J. Wolfhope	09/21/2011	1400	1.	1
Nitrite Nitrogen (NO2-N)	0.01	U	mg/L	EPA 353.2	J. Cosgrave	09/21/2011	1627	0.01	0.04
Nitrate Nitrogen (NO3-N)	5.64		mg/L	Calc.	J. Cosgrave	09/22/2011	1504	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	5.64		mg/L	EPA 353.2	J. Cosgrave	09/22/2011	1504	0.02	0.08

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

10405 US 27 S
SEBRING, FL 338[illegible]
(863) 655-4022 (800) 83[illegible]-4022
FAX: (863) 655-582[illegible]

SAMPLERS NAME (PLEASE PRINT): Wendell Faircloth
SAMPLERS SIGNATURE:

CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT CBOD TSS	1/2 GAL CBOD TSS NO2	250 N NO3 NOx	125 ML FC		
	RAW	9/21	1150	STP	X	380461	1	X					
	FINAL	9/21	1155	STP	X	380462	3		X	X	X		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4 <2	✓	
SAMPLES ICED TO 6.0	✓	

COMMENTS:

95707

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2			9/21/11	1336

CHAIN OF CUSTODY AND TRANSMITTAL FORM

WF Blank COC.xls 04/10/2007

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: October, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

11/02/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: October, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	[✓] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid / State: Florida / Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid / State: Florida / Zip Code:	33852
Type of Water Treatment by Plant:	[✓] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

11/02/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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 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
Day of	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	15,000	28,000									43,000
2	12,000	27,000									39,000
3	14,000	33,000									47,000
4	18,000	31,000									49,000
5	22,000	40,000									62,000
6	17,000	35,000									52,000
7	16,000	34,000									50,000
8	9,000	24,000									33,000
9	9,000	24,000									33,000
10	10,000	25,000									35,000
11	14,000	21,000									35,000
12	15,000	25,000									40,000
13	14,000	26,000									40,000
14	18,000	29,000									47,000
15	12,000	27,000									39,000
16	11,000	26,000									37,000
17	15,000	31,000									46,000
18	17,000	20,000									37,000
19	9,000	19,000									28,000
20	12,000	27,000									39,000
21	17,000	29,000									46,000
22	13,000	31,000									44,000
23	13,000	31,000									44,000
24	12,000	32,000									44,000
25	18,000	28,000									46,000
26	17,000	37,000									54,000
27	18,000	29,000									47,000
28	20,000	29,000									49,000
29	11,000	21,000									32,000
30	10,000	23,000									33,000
31	14,000	26,000									40,000
Total											1,310,000
Avg.											42,258
Max.											62,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: [illegible]
Lab Receipt Date & Time: 10/24/11 @ 1310
Analysis Date & Time: 10-24-11 @ 1625
Sample Acceptance Criteria:
Sample Preservation: ☑ Cool/Ice ☐ Not On Ice ☑ 4.0 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820

Report Number: 96224 DOH# E85458 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 10/24-11

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	Men's restroom at pool	1006	D / F	1.2	8.2		A	A		382151
2	103 Holly Hill Drive	1026	D / F	1.0	8.2		A	A		382152
3	Well #1	1000	R / F	0	8.4		A	A		382153
4	Well #2	1015	R / F	0	8.3		A	A		382154
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.1
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 10/25/11
Lab Signature: [signature]
Title: Project Manager

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions Item I 16.
[2] For Analysis Methods see Instructions Item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

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: 10/01/11 To: 10/31/11

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	0.010	0.016	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				7.3			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				8.4	8.4		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.6			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann_Avg.			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1u	1U		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	11/11/15

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340

Three-month Average Daily Flow: 0.008

Month / Year: October-11

(TMADF/Permitted Capacity)x100: 16%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.010					7.5		2.0			
2	0.005										
3	0.005					7.5		1.7			
4	0.010					7.4		1.5			
5	0.010					7.4		1.5			
6	0.010					7.4		1.8			
7	0.010					7.5		2.0			
8	0.010					7.5		1.4			
9	0.010					7.5		1.6			
10	0.010					7.5		1.7			
11	0.010					7.5		1.5			
12	0.010					7.5		1.8			
13						7.5		1.6			
14	0.010					7.5		1.5			
15	0.010										
16	0.010					7.4		1.6			
17	0.010					7.4		1.7			
18	0.010					7.4		1.8			
19	0.010					7.5		1.6			
20	0.010	206	86	8.40	1u	7.4	1u	1.7	5.12		
21	0.010					7.5		1.6			
22	0.020					7.5		2.0			
23	0.010										
24	0.010					7.5		1.5			
25	0.010					7.4		1.6			
26	0.010					7.4		1.4			
27	0.010					7.5		1.5			
28	0.010					7.4		1.6			
29	0.010										
30	0.010										
31	0.020					7.4		1.6			
Total	0.310										
Mo. Avg	0.010	206	86	8.4	1u	7.5	1u	1.6	5.12		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *10/20/2011 @ 1515*

Laboratory Sample: 382040 Sample Date: 10/20/2011 Sample Time: 1205
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	206.		mg/L	SM 5210B	C. Christensen	10/20/2011	1654	2.	2
Total Suspended Solids	86.		mg/L	SM 2540 D	W. Smith	10/26/2011	1137	1.	1

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: October, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

11/02/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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 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 #1	Plant 2 Name: Plant #2	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
	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	15,000	28,000									43,000
2	12,000	27,000									39,000
3	14,000	33,000									47,000
4	18,000	31,000									49,000
5	22,000	40,000									62,000
6	17,000	35,000									52,000
7	16,000	34,000									50,000
8	9,000	24,000									33,000
9	9,000	24,000									33,000
10	10,000	25,000									35,000
11	14,000	21,000									35,000
12	15,000	25,000									40,000
13	14,000	26,000									40,000
14	18,000	29,000									47,000
15	12,000	27,000									39,000
16	11,000	26,000									37,000
17	15,000	31,000									46,000
18	17,000	20,000									37,000
19	9,000	19,000									28,000
20	12,000	27,000									39,000
21	17,000	29,000									46,000
22	13,000	31,000									44,000
23	13,000	31,000									44,000
24	12,000	32,000									44,000
25	18,000	28,000									46,000
26	17,000	37,000									54,000
27	18,000	29,000									47,000
28	20,000	29,000									49,000
29	11,000	21,000									32,000
30	10,000	23,000									33,000
31	14,000	26,000									40,000
Total											1,310,000
Avg.											42,258
Max.											62,000

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: 10/01/11 To: 10/31/11

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	0.010	0.016	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				7.3			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				8.4	8.4		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.6			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann_Avg.			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1u	1U		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	6.5 (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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	11/11/15

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340

Three-month Average Daily Flow: 0.008

Month / Year: October-11

(TMADF/Permitted Capacity)x100: 16%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.010					7.5		2.0			
2	0.005										
3	0.005					7.5		1.7			
4	0.010					7.4		1.5			
5	0.010					7.4		1.5			
6	0.010					7.4		1.8			
7	0.010					7.5		2.0			
8	0.010					7.5		1.4			
9	0.010					7.5		1.6			
10	0.010					7.5		1.7			
11	0.010					7.5		1.5			
12	0.010					7.5		1.8			
13						7.5		1.6			
14	0.010					7.5		1.5			
15	0.010										
16	0.010					7.4		1.6			
17	0.010					7.4		1.7			
18	0.010					7.4		1.8			
19	0.010					7.5		1.6			
20	0.010	206	86	8.40	1u	7.4	1u	1.7	5.12		
21	0.010					7.5		1.6			
22	0.020					7.5		2.0			
23	0.010										
24	0.010					7.5		1.5			
25	0.010					7.4		1.6			
26	0.010					7.4		1.4			
27	0.010					7.5		1.5			
28	0.010					7.4		1.6			
29	0.010										
30	0.010										
31	0.020					7.4		1.6			
Total	0.310										
Mo. Avg.	0.010	206	86	8.4	1u	7.5	1u	1.6	5.12		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1			PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier				
Contact Person:	Mr. John Lovelette			Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1			Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):		D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

11/02/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: October, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
11/02/11	David W. Faircloth	8189

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 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 #1	Plant 2 Name: Plant #2	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
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	100,000	100,000									200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	15,000	28,000									43,000
2	12,000	27,000									39,000
3	14,000	33,000									47,000
4	18,000	31,000									49,000
5	22,000	40,000									62,000
6	17,000	35,000									52,000
7	16,000	34,000									50,000
8	9,000	24,000									33,000
9	9,000	24,000									33,000
10	10,000	25,000									35,000
11	14,000	21,000									35,000
12	15,000	25,000									40,000
13	14,000	26,000									40,000
14	18,000	29,000									47,000
15	12,000	27,000									39,000
16	11,000	26,000									37,000
17	15,000	31,000									46,000
18	17,000	20,000									37,000
19	9,000	19,000									28,000
20	12,000	27,000									39,000
21	17,000	29,000									46,000
22	13,000	31,000									44,000
23	13,000	31,000									44,000
24	12,000	32,000									44,000
25	18,000	28,000									46,000
26	17,000	37,000									54,000
27	18,000	29,000									47,000
28	20,000	29,000									49,000
29	11,000	21,000									32,000
30	10,000	23,000									33,000
31	14,000	26,000									40,000
Total											1,310,000
Avg.											42,258
Max.											62,000

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: 10/01/11 To: 10/31/11

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	0.010	0.016	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				7.3			mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				8.4	8.4		mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.6			mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann_Avg.			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1u	1U		mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	11/11/15

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

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.008

Month / Year: **October-11**

(TMADF/Permitted Capacity)x100: 16%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.010					7.5		2.0			
2	0.005										
3	0.005					7.5		1.7			
4	0.010					7.4		1.5			
5	0.010					7.4		1.5			
6	0.010					7.4		1.8			
7	0.010					7.5		2.0			
8	0.010					7.5		1.4			
9	0.010					7.5		1.6			
10	0.010					7.5		1.7			
11	0.010					7.5		1.5			
12	0.010					7.5		1.8			
13						7.5		1.6			
14	0.010					7.5		1.5			
15	0.010										
16	0.010					7.4		1.6			
17	0.010					7.4		1.7			
18	0.010					7.4		1.8			
19	0.010					7.5		1.6			
20	0.010	206	86	8.40	1u	7.4	1u	1.7	5.12		
21	0.010					7.5		1.6			
22	0.020					7.5		2.0			
23	0.010										
24	0.010					7.5		1.5			
25	0.010					7.4		1.6			
26	0.010					7.4		1.4			
27	0.010					7.5		1.5			
28	0.010					7.4		1.6			
29	0.010										
30	0.010										
31	0.020					7.4		1.6			
Total	0.310										
Mo. Avg.	0.010	206	86	8.4	1u	7.5	1u	1.6	5.12		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: November, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	[✓] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	[✓] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

12/02/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: November, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

12/02/11	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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 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
Day of Month	100,000	100,000									200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	14,000	21,000									35,000
2	18,000	41,000									59,000
3	18,000	19,000									37,000
4	16,000	23,000									39,000
5	14,000	27,000									41,000
6	14,000	27,000									41,000
7	13,000	27,000									40,000
8	27,000	24,000									51,000
9	20,000	37,000									57,000
10	17,000	31,000									48,000
11	18,000	37,000									55,000
12	16,000	34,000									50,000
13	14,000	36,000									50,000
14	15,000	39,000									54,000
15	18,000	36,000									54,000
16	16,000	41,000									57,000
17	18,000	40,000									58,000
18	26,000	37,000									63,000
19	17,500	35,500									53,000
20	17,500	35,500									53,000
21	16,000	30,000									46,000
22	17,000	29,000									46,000
23	21,000	32,000									53,000
24	17,500	29,500									47,000
25	17,500	29,500									47,000
26	13,000	26,000									39,000
27	14,000	28,000									42,000
28	15,000	32,000									47,000
29	21,000	27,000									48,000
30	27,000	31,000									58,000
Total											1,468,000
Avg.											48,933
Max.											63,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: UPS
Lab Receipt Date & Time: 11/15/11 1300
Analysis Date & Time: 11-15-11@1613
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice 4.8 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc
10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 862-655-5820
DOH# E85458

Report Number: 96605 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☒ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 11-15-11

To be completed by collector of sample						To be completed by lab				
						Analysis Method(s)[2]: Colilert, SM9223B				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Non-Coliform	Total Coliform	Fecal, *E. coli* Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	228 Shoreline Drive	1005	D / F	0.9	8.2		A	A		383376
2	103 Holly Hill Drive	1030	D / F	1.0	8.2		A	A		383377
3	Well #1	1000	R / F	0	8.0		A	A		383378
4	Well #2	1015	R / F	0	8.1		A	A		383379
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.0
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 11/16/11
Lab Signature: [signature]
Title: Project Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Received by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1] For Sample Types see Instructions Item I 16.
[2] For Analysis Methods see Instructions Item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.

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: 11/01/11 To: 11/30/11

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	0.018	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, Carbonacious 5 day 20C	Sample Measurement				7.3			mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01 Y	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 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				2.7			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.)	6.5 (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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	11/12/02

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

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Month / Year: **November-11**

Three-month Average Daily Flow: 0.012

(TMADF/Permitted Capacity)x100: 24%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.010					7.5		1.5			
2	0.020					7.4		1.8			
3	0.010					7.4		1.6			
4	0.020					7.6		1.5			
5	0.010					7.5		1.7			
6	0.010					7.4		1.6			
7	0.020					7.5		1.5			
8	0.010					7.5		1.4			
9	0.030					7.5		1.5			
10	0.010					7.4		1.6			
11	0.030					7.5		1.7			
12	0.020					7.5		1.6			
13	0.020					7.5		2.0			
14	0.020					7.5		1.5			
15	0.020	258	94	4.60	2.6	7.4	1u	1.6	2.36		
16	0.020					7.5		1.8			
17	0.030					7.5		1.5			
18	0.020					7.4		1.7			
19	0.020										
20	0.020					7.4		1.6			
21	0.030					7.5		1.4			
22	0.010					7.5		1.8			
23	0.020					7.5		1.7			
24	0.010										
25	0.010					7.5		1.8			
26	0.017										
27	0.017										
28	0.016					7.5		1.4			
29	0.020					7.5		1.6			
30	0.020					7.5		1.6			
Total	0.540										
Mo. Avg.	0.018	258	94	4.6	2.6	7.5	1u	1.6	2.36		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *11/15/2011 @ 1420*

Laboratory Sample: 383392 Sample Date: 11/15/2011 Sample Time: 1215
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	258.		mg/L	SM 5210B	C. Christensen	11/16/2011	0900	2.	2
Total Suspended Solids	94.		mg/L	SM 2540 D	W. Smith	11/16/2011	1437	1.	1

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *11/15/2011 @ 1420*

Laboratory Sample: 383393 Sample Date: 11/15/2011 Sample Time: 1220
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	4.6		mg/L	SM 5210B	C. Christensen	11/16/2011	0900	2.	2
Total Suspended Solids	2.6		mg/L	SM 2540 D	W. Smith	11/16/2011	1437	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	J. Wolfhope	11/15/2011	1430	1.	1
Nitrite Nitrogen (NO2-N)	0.05		mg/L	EPA 353.2	J. Cosgrave	11/15/2011	1647	0.01	0.04
Nitrate Nitrogen (NO3-N)	2.31		mg/L	Calc.	J. Cosgrave	11/17/2011	1359	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	2.36		mg/L	EPA 353.2	J. Cosgrave	11/17/2011	1359	0.02	0.08

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

10405 US 27 S
SEBRING, FL 3387[illegible]
(863) 655-4022 (800) 83[illegible]-4022
FAX: (863) 655-5820

SAMPLERS NAME (PLEASE PRINT)	CLIENT NAME		
Wendell Faircloth	Short Utility Service, Inc. #8		
SAMPLERS SIGNATURE	PROJECT: The Woodlands	LOCATION: WWTP	

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT CBOD TSS	1/2 GAL CBOD TSS NO2	250 N NO3 NOx	125 ML FC		
	RAW	11/15	1215	STP	X	383392	1	X					
	FINAL	11/15	1200	STP	X	383393	3		X	X	X		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4 < 2	✓	
SAMPLES ICED TO 4° 2.4	✓	

COMMENTS:

96611

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2			11/15/11	1420

CHAIN OF CUSTODY AND TRANSMITTAL FORM

W Blank COC.XLS 04/10/2007

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	[✓] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	[✓] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

01/02/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year:* 2011

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =		Acrylamide Level, %[t] =	

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, %[t] =	

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[t] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: December, 2011

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	[✓] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	[✓] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

01/02/12	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: 2011

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =		Acrylamide Level, %[t] =	

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, %[t] =	

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[t] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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 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 #1	Plant 2 Name: Plant #2	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
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	100,000	100,000									200,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	17,000	29,000									46,000
2	19,000	35,000									54,000
3	16,000	33,000									49,000
4	16,000	33,000									49,000
5	15,000	34,000									49,000
6	18,000	29,000									47,000
7	19,000	39,000									58,000
8	17,000	33,000									50,000
9	20,000	33,000									53,000
10	12,000	27,000									39,000
11	14,000	36,000									50,000
12	16,000	39,000									55,000
13	19,000	17,000									36,000
14	21,000	38,000									59,000
15	17,000	26,000									43,000
16	19,000	37,000									56,000
17	17,000	32,000									49,000
18	17,000	32,000									49,000
19	18,000	33,000									51,000
20	17,000	26,000									43,000
21	20,000	37,000									57,000
22	19,000	30,000									49,000
23	20,000	34,000									54,000
24	16,000	33,000									49,000
25	15,000	35,000									50,000
26	16,000	28,000									44,000
27	19,000	31,000									50,000
28	20,000	30,000									50,000
29	16,000	42,000									58,000
30	22,000	38,000									60,000
31	20,000	30,000									50,000
Total											1,556,000
Avg.											50,194
Max.											60,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1993, Revised 02/2010)

Delivered By: Walk-in
Lab Receipt Date & Time: 12/30/11 1250 I*
Analysis Date & Time: 12-30-11 @ 1630
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☑ 5.8 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.

10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 862-655-5820
DOH# E85458

Report Number: 97182 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382.1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 12-30-11

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert SM9223B Non-Coliform	Total Coliform	Fecal, *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	Men's restroom at pool	1010	D / F	1.0	8.2		A	A		385114
2	125 Lake Ridge Drive	1030	D / F	0.8	8.1		A	A		385115
3	Well #1	1000	R / F	0	8.4		A	A		385116
4	Well #2	1020	R / F	0	8.2		A	A		385117
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 0.9
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# CS189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 12/31/11
Lab Signature: _____
Title: Project Manager

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewer (PRINT): _____
Replacement Samples Required: _____

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: **12/01/11** To: **12/31/11**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	**0.017**	**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, Carbonacious 5 day 20C	Sample Measurement				**7.5**			mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-01 Y	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				**6.7**	**6.7**		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				**5.6**	**5.6**		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**	**7.5**		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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	12/01/10

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

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Three-month Average Daily Flow: 0.015

Month / Year: **December-11**

(TMADF/Permitted Capacity)x100: 30%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.010					7.4		1.5			
2	0.020					7.5		1.6			
3	0.010					7.5		1.8			
4	0.020					7.4		1.7			
5	0.020					7.5		2.0			
6	0.010					7.4		1.5			
7	0.020					7.5		1.7			
8	0.020					7.4		1.6			
9	0.010					7.4		2.0			
10	0.010					7.5		1.5			
11	0.010					7.4		1.7			
12	0.010					7.4		1.6			
13	0.030					7.5		1.7			
14	0.020					7.5		1.6			
15	0.010	445	391	6.70	5.6	7.4	1u	2.0	0.89		
16	0.020					7.5		2.2			
17	0.010					7.4		1.7			
18	0.020										
19	0.020					7.5		1.8			
20	0.020					7.5		1.7			
21	0.020					7.5		1.6			
22	0.010					7.5		2.0			
23	0.020					7.5		1.6			
24	0.017										
25	0.017										
26	0.016					7.5		1.6			
27	0.020					7.5		1.5			
28	0.020					7.5		1.7			
29	0.020					7.4		1.5			
30	0.020					7.4		1.8			
31	0.020										
Total	0.520										
Mo. Avg.	0.017	445	391	6.7	5.6	7.5	1u	1.7	0.89		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *12/15/2011 @ 1215*

Laboratory Sample: 384969 Sample Date: 12/15/2011 Sample Time: 1000
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	445.		mg/L	SM 5210B	T. Heath	12/15/2011	1645	2.	2
Total Suspended Solids	391.		mg/L	SM 2540 D	W. Smith	12/16/2011	1014	1.	1

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *12/15/2011 @ 1215*

Laboratory Sample: 384970 Sample Date: 12/15/2011 Sample Time: 1005
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL	PQL
LABORATORY DATA									
Carbon. Biochem. Oxygen Demand	6.7		mg/L	SM 5210B	T. Heath	12/15/2011	1645	2.	2
Total Suspended Solids	5.6		mg/L	SM 2540 D	W. Smith	12/16/2011	1014	1.	1
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	J. Wolfhope	12/15/2011	1315	1.	1
Nitrite Nitrogen (NO2-N)	0.04		mg/L	EPA 353.2	J. Cosgrave	12/15/2011	1620	0.01	0.04
Nitrate Nitrogen (NO3-N)	0.85		mg/L	Calc.	J. Cosgrave	12/16/2011	1347	0.02	0.08
Nitrate + Nitrite N (NO2+NO3)	0.89		mg/L	EPA 353.2	J. Cosgrave	12/16/2011	1347	0.02	0.08

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

10405 US 27 S
SEBRING, FL 3387[illegible]
(863) 655-4022 (800) 83[illegible]-4022
FAX: (863) 655-582[illegible]

SAMPLERS NAME: (PLEASE PRINT) Wendell Faircloth
SAMPLERS SIGNATURE:

CLIENT NAME: Short Utility Service, Inc. #9
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT CBOD TSS	1/2 GAL CBOD TSS NO2	250 N NO3 NOx	125 ML FC		
	RAW	12/15	1000	STP	X	384969	1	X					
	FINAL	12/15	1005	STP	X	384970	3		X	X	X		

COMMENTS:

NUTRIENT CONTAINER PRESERVED, H2SO4 <2 — YES ✓ NO
SAMPLES ICED TO 4° 2.4 — YES ✓ NO

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
			97126	
		D Hyndall	12/15/11	1215

CHAIN OF CUSTODY AND TRANSMITTAL FORM

MS Blank COC.XLS 04/10/2007

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	100 Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Contact Person's Telephone Number:	(863) 699-1991	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

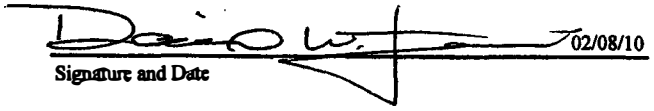
B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 699-1991
Plant Address:	100 Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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



02/08/10
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

OPERATION REPORT FOR PWS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See Pages 4 for Instructions.

I. General Information for the Month Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	The woodlands of Lake Placid - Plant #2			PWS Identification Number:	6280304
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier				
Contact Person:	Mr. John Lovelette			Contact Person's Title:	Manager
Contact Person's Mailing Address:	100 Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
Contact Person's Telephone Number:	(863) 699-1991			Contact Person's Fax Number:	
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2			Plant Telephone Number:	(863) 699-1991
Plant Address:	100 Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
02/08/10	David W. Faircloth	8189

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

Day of Month	Plant 1 Name: Plant #1	Plant 2 Name: Plant #2	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
	Permitted Maximum Day Operating Capacity of Eac Plant, gallons per day										
	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	36,000									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,
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

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SHORT UTILITY SERVICE, INC.
P.O. BOX 1088 SEBRING, FL 33871-1088
PHONE (863) 471-1400 FAX (863) 471-2102

Lab Receipt Date & Time: 01-13-10 1355
Analysis Date & Time: 1.13.10 @ 1430
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 4.8 °C
Disinfectant Check ☑ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 84626 Sub-Contract Lab ID: E85458

Analysis Requested: (please check all that apply)
☑ Standard Coliform Test
☐ HPC
☐ Other: _____ (#8)

System Name: The Woodlands/L.P. Utilities **PWS I.D.:** 6280304
System Address: 100 Shoreline Dr. City: Lake Placid
System or Owner's Phone #: 863.699.1991 Fax#: _____
Collector: Wendell Faircloth **Collector's Phone #** 863.471.1400

Type of Supply: (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 1-13-10

Total Coliform Analysis Method: MMO
Fecal or E. coli Analysis Method: MUG

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	228 Shoreline Dr.	0910	D	0.8	8.0		A			347091
2	Men's room at pool	0915	D	0.7	8.0		A			347092
3	Well #1	0905	R	0	8.4		A			347093
4	Well #2	0925	R	0	8.3		A			347094

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.8

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# C8189) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: Daryl Mast 1/14/10
Title: QA Manager

Name and Mailing Address of Person to Receive Report

SHORT UTILITY SERVICE, INC.
P.O. BOX 1088
SEBRING, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG - SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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, Carbonacious (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, Carbonacious (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
00530 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
00530 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
00400 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 or 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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340

Month / Year: January-10

Three-month Average Daily Flow: 0.022

(TMSDF/Permitted Capacity)x100: 45%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.019					7.6		3.0			
2	0.031					7.5		2.6			
3	0.019					7.6		2.6			
4	0.031					7.5		2.9			
5	0.020					7.6		2.8			
6	0.031					7.6		2.6			
7	0.030					7.6		2.6			
8	0.020					7.5		2.6			
9	0.020										
10	0.020					7.6		1.9			
11	0.050					7.5		2.4			
12	0.025					7.4		2.6			
13	0.025					7.6		2.6			
14	0.020					7.6		2.6			
15	0.030					7.6		2.8			
16	0.030					7.5		3.0			
17	0.025										
18	0.025					7.6		3.2			
19	0.030					7.6		2.4			
20	0.030					7.6		2.6			
21	0.020	405	186	6.00	4.4	7.6	1u	3.2	0.30	13:40	G
22	0.030					7.5		2.2			
23	0.040					7.6		2.9			
24	0.023										
25	0.023					7.6		3.3			
26	0.031					7.7		2.0			
27	0.032					7.6		2.2			
28	0.022					7.6		2.1			
29	0.030					7.7		2.2			
30	0.030					7.6		1.6			
31	0.030										
Total	0.841										
Mo. Avg.	0.027	405	186	6.0	4.4	7.6	1u	2.6	0.30		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

Laboratory Number: 347676

Project: Camp Florida
Location: WWTP
Sample ID: Raw
Sampled By: W. Faircloth on 01/21/2010 @ 1335
Received: 01/21/2010 @ 1430

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Carbon. Biochem. Oxygen Demand	405.	mg/L	SM 5210B	C. Christensen	01/21/2010 @ 1716	2.
Total Suspended Solids	186.	mg/L	SM 2540 D	W. Smith	01/25/2010 @ 1028	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

Laboratory Number: 347677

Project: Camp Florida
Location: WWTP
Sample ID: Final
Sampled By: W. Faircloth on 01/21/2010 @ 1340
Received: 01/21/2010 @ 1430

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Carbon. Biochem. Oxygen Demand	6.0	mg/L	SM 5210B	C. Christensen	01/21/2010 @ 1716	2.
Total Suspended Solids	4.4	mg/L	SM 2540 D	W. Smith	01/25/2010 @ 1028	1.
Fecal Coliform (MF)	1.U	#/100ml	SM 9222 D	L. David	01/21/2010 @ 1610	1.
Nitrite Nitrogen (NO2-N)	0.01I	mg/L	EPA 353.2	J. Cosgrave	01/21/2010 @ 1614	0.01
Nitrate Nitrogen (NO3-N)	0.30	mg/L	Calc.	J. Cosgrave	01/22/2010 @ 1457	0.02
Nitrate + Nitrite N (NO2+NO3)	0.31	mg/L	EPA 353.2	J. Cosgrave	01/22/2010 @ 1457	0.02

U = Parameter was analyzed for but not detected
I = Result is less than the PQL and greater than or equal to the MDL

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

CAMPFLA.

SAMPLER'S NAME: (PLEASE PRINT) Wendell Faircloth	CLIENT NAME: Short Utility Service, Inc. (#8)	
SAMPLER'S SIGNATURE:	PROJECT: CAMPFLA. ~~The Woodlands~~ 1-21-10	LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	CBOD TSS	CBOD TSS NO2	NO3 NOx	FC		
	RAW	1/21	1335	STP	X	347676	1	X					
	FINAL	1/21	1340	STP	X	347677	3		X	X	X		

LABORATORY ANALYSES

SQUAT	1/2 GAL	250 N	125 ML		

COMMENTS:

84799

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4	<2	
SAMPLES ICED TO 4C	✓	

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
			01-21-10	1430

WW Blank COC.XLS 04/10/2007

CHAIN OF CUSTODY AND TRANSMITTAL FORM

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

Laboratory Number: 348013

Project: Camp FL Sludge
Location: WWTP
Sample ID: Camp Fl Digestor
Sampled By: W. Faircloth on 01/28/2010 @ 0920
Received: 01/28/2010 @ 1545

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Total Solids	2.33	%	SM 2540 B	W. Smith	02/02/2010 @ 1631	N/A
pH	6.51	S.U.	SM4500H+ B	W. Smith	01/28/2010 @ 1718	
Total Nitrogen	15.4	%	Calc.	B. Watkins	02/10/2010 @ 0934	
Total Kjeldahl Nitrogen (N)	15.4	%	EPA 351.2	J. Cosgrave	02/04/2010 @ 1353	
Nitrate Nitrogen (NOx-N)	0.02	%	EPA 353.2	J. Cosgrave	02/05/2010 @ 1438	
Potassium	0.52	%	EPA 6010	O. Martinez	02/10/2010 @ 0934	
Total Phosphorus	1.92	%	EPA 6010	O. Martinez	02/10/2010 @ 0934	
Arsenic	2.5	mg/kg	EPA 6010	O. Martinez	02/10/2010 @ 0934	
Cadmium	2.0	mg/kg	EPA 6010	O. Martinez	02/10/2010 @ 0934	
Copper	502.	mg/kg	EPA 6010	O. Martinez	02/10/2010 @ 0934	
Lead	31.	mg/kg	EPA 6010	O. Martinez	02/10/2010 @ 0934	
Molybdenum	9.8	mg/kg	EPA 6010	O. Martinez	02/10/2010 @ 0934	
Nickel	12.	mg/kg	EPA 6010	O. Martinez	02/10/2010 @ 0934	
Selenium	11.	mg/kg	EPA 6010	O. Martinez	02/10/2010 @ 0934	
Zinc	1780.	mg/kg	EPA 6010	O. Martinez	02/10/2010 @ 0934	
Mercury	0.5	mg/kg	EPA 7471	O. Martinez	02/09/2010 @ 0725	

Results on a dry basis

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33870
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME (PLEASE PRINT): [illegible]
PROJECT NAME: SUS / Camp FLA
#8 ~~#480~~
SAMPLERS SIGNATURE:
PROJECT: Sludge
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: 1 LITER SLUDGE
	Camp FLA. Digestor	1/28	0930	LSS	X	348013	1	X

COMMENTS: 84947

SAMPLES ICED TO 4C: 4.0 — YES: X — NO:

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
	[signature]	DKymball	1/28/10	1545

SLUDGE 03-23-2000

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: February, 2010

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	100 Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Contact Person's Telephone Number:	(863) 699-1991	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 699-1991
Plant Address:	100 Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

03/05/10	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: February, 2010

A. Public Water System (PWS) Information

PWS Name:	The woodlands of Lake Placid - Plant #2			PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier				
Contact Person:	Mr. John Lovelette			Contact Person's Title:	Manager
Contact Person's Mailing Address:	100 Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
Contact Person's Telephone Number:	(863) 699-1991			Contact Person's Fax Number:	
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2			Plant Telephone Number:	(863) 699-1991
Plant Address:	100 Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
03/05/10	David W. Faircloth	8189

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

Day of Month	Plant 1 Name: Plant #1	Plant 2 Name: Plant #2	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
	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	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

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SHORT UTILITY SERVICE, INC.
P.O. BOX 1088 SEBRING, FL 33871-1088
PHONE (863) 471-1400 FAX (863) 471-2102

Lab Receipt Date & Time: 02-09-10 1248
Analysis Date & Time: 2.9.10 @ 1710

Report Number: 85166 Sub-Contract Lab ID: E85458

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 5.0 °C
Disinfectant Check ☑ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

Analysis Requested: (please check all that apply)
☑ Standard Coliform Test
☐ HPC
☐ Other: _____ (#8)

System Name: The Woodlands/L.P. Utilities **PWS I.D.:** 6280304
System Address: 100 Shoreline Dr. City: Lake Placid
System or Owner's Phone #: 863. 699. 1991 Fax#: _____
Collector: Wendell Faircloth **Collector's Phone #** 863. 471. 1400

Type of Supply: (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 2.9.10

Total Coliform Analysis Method: MMO
Fecal or E. coli Analysis Method: MUG

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	125 Lake Ridge Dr.	0935	D	0.6	8.0		A			348681
2	103 Holly Hill Dr.	0945	D	0.7	8.0		A			348682
3	Well #1	0915	R	0	8.3		A			348683
4	Well #2	0925	R	0	8.2		A			348684

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.7

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☑ Other: _____
Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# C8189) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: Daryl Mott 2/10/10
Title: QA Manager

Name and Mailing Address of Person to Receive Report

SHORT UTILITY SERVICE, INC.
P.O. BOX 1088
SEBRING, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG - SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

[62-550.730 Reporting Format – Effective 01/96. Revised

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		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
Storet code Mon. .Site No.					Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	0.028	0.015	MGD						5 Days/Week	Flow Meter
[illegible]	[illegible]	[illegible]	0.050 Ann Avg	MGD						[illegible]	[illegible]
BOD, Carbonacious (5 day 200 C)	Sample Measurement					2.3	2.3	mg/L		Monthly	Grab
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	30.0 (Mo Avg)	60 Highest Sample	[illegible]	[illegible]	[illegible]	[illegible]
BOD, Carbonacious (5 day 200 C)	Sample Measurement					3.4		mg/L		Monthly	Grab
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	20.0 Ann Avg	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
TSS, EFFLUENT	Sample Measurement					1u	1U	mg/L		Monthly	Grab
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	30.0 (Mo Avg)	60 Highest Sample	[illegible]	[illegible]	[illegible]	[illegible]
TSS, EFFLUENT	Sample Measurement					2.8	-	mg/L		Monthly	Grab
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	20.0 Ann Avg	[illegible]	mg/L	[illegible]	Monthly	Grab
pH	Sample Measurement				7.5		7.7	s.u.		5 Days/Week	Grab
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	6.0 (Min)	[illegible]	8.5 (Max)	s.u.	[illegible]	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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340

Month / Year: February-10

Three-month Average Daily Flow: 0.025

(TMSDF/Permitted Capacity)x100: 51%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.030					7.6		2.1			
2	0.020					7.6		2.0			
3	0.040					7.7		1.6			
4	0.020					7.7		2.0			
5	0.020					7.6		3.2			
6	0.030					7.6		2.2			
7	0.034										
8	0.035					7.6		2.2			
9	0.021					7.5		2.3			
10	0.033					7.7		2.6			
11	0.027					7.6		2.7			
12	0.020					7.7		2.0			
13	0.030					7.7		2.6			
14	0.030					7.6		2.0			
15	0.030					7.5		2.1			
16	0.029					7.6		2.7			
17	0.031					7.6		2.0			
18	0.030	248	376	2.3	1u	7.7	1u	2.6	0.24	12:50	G
19	0.020					7.7		3.1			
20	0.030					7.7		3.6			
21	0.030										
22	0.030					7.7		2.0			
23	0.020					7.7		2.1			
24	0.030					7.7		1.2			
25	0.020					7.7		2.6			
26	0.030					7.7		2.0			
27	0.040					7.7		1.6			
28	0.030										
Total	0.790										
Mo. Avg	0.028	248	376	2.3	1u	7.6	1u	2.3	0.24		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

03/05/2010

Laboratory Number: 349268

Project: Woodlnd/Camp Fl
Location: WWTP
Sample ID: Raw
Sampled By: W. Faircloth on 02/18/2010 @ 1245
Received: 02/18/2010 @ 1540

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Carbon. Biochem. Oxygen Demand	248.	mg/L	SM 5210B	C. Christensen	02/19/2010 @ 1656	2.
Total Suspended Solids	376.	mg/L	SM 2540 D	W. Smith	02/24/2010 @ 0850	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

Laboratory Number: 349269

Project: Woodlnd/Camp Fl
Location: WWTP
Sample ID: Final
Sampled By: W. Faircloth on 02/18/2010 @ 1250
Received: 02/18/2010 @ 1540

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Carbon. Biochem. Oxygen Demand	2.3	mg/L	SM 5210B	C. Christensen	02/19/2010 @ 1656	2.
Total Suspended Solids	1.0U	mg/L	SM 2540 D	W. Smith	02/24/2010 @ 0850	1.
Fecal Coliform (MF)	1.U	#/100ml	SM 9222 D	L. David	02/18/2010 @ 1640	1.
Nitrite Nitrogen (NO2-N)	0.02I	mg/L	EPA 353.2	J. Cosgrave	02/18/2010 @ 1718	0.01
Nitrate Nitrogen (NO3-N)	0.24	mg/L	Calc.	J. Cosgrave	02/22/2010 @ 1427	0.02
Nitrate + Nitrite N (NO2+NO3)	0.26	mg/L	EPA 353.2	J. Cosgrave	02/22/2010 @ 1427	0.02

U = Parameter was analyzed for but not detected
I = Result is less than the PQL and greater than or equal to the MDL

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME (PLEASE PRINT): Wendell Faircloth
SAMPLER'S SIGNATURE:
CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands/Camp Fl
LOCATION: WWTP

SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT CBOD TSS	1/2 GAL CBOD TSS NO2	250 N NO3 NOx	125 ML FC		
RAW	2/18	1245	STP	X	349268	1	X					
FINAL	2/18	1350	STP	X	349269	3		X	X	X		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4	<2	
SAMPLES ICED TO 4C	✓	

COMMENTS:

85371

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
			02-18-10	1540

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: March, 2010

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1			PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier				
Contact Person:	Mr. John Lovelette			Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 699-1991			Contact Person's Fax Number:	
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1			Plant Telephone Number:	(863) 699-1991
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
04/07/10	David W. Faircloth	8189

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

See Pages 4 for Instructions.

I. General Information for the Month Year of: March, 2010

A. Public Water System (PWS) Information

PWS Name:	The woodlands of Lake Placid - Plant #2			PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier				
Contact Person:	Mr. John Lovelette			Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 699-1991			Contact Person's Fax Number:	
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2			Plant Telephone Number:	(863) 699-1991
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
04/07/10	David W. Faircloth	8189

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

Day of Month	Plant 1 Name: Plant #1	Plant 2 Name: Plant #2	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
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	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

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SHORT UTILITY SERVICE, INC.
P.O. BOX 1088 SEBRING, FL 33871-1088
PHONE (863) 471-1400 FAX (863) 471-2102

Lab Receipt Date & Time: 3-15-10 1307
Analysis Date & Time: 3.15.10 @ 1450
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 5.2 °C
Disinfectant Check ☑ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 85765 Sub-Contract Lab ID: E85458

Analysis Requested: (please check all that apply)
☑ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: The Woodlands / L.P. Utilities #8 **PWS I.D.:** 6280304
System Address: 100 Shoreline Drive. City: Lake Placid
System or Owner's Phone #: 863-699-1991 Fax#: _____
Collector: D. Faircloth **Collector's Phone #** 863-471-1400

Type of Supply: (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 3-15-10

Total Coliform Analysis Method: MMO
Fecal or E. coli Analysis Method: MUG

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	228 Shoreline Drive	0945	D	0.8	8.0		A			350467
2	125 Lake Ridge Drive	1005	D	0.9	8.1		A			350468
3	Well #1	0940	R	0	8.4		A			350469
4	Well #2	0955	R	0	8.3		A			350470

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.85

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# CS189) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: Daryl Mast 3/17/10
Title: QA Manager

Name and Mailing Address of Person to Receive Report

SHORT UTILITY SERVICE, INC.
P.O. BOX 1088
SEBRING, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG - SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

[62-550.730 Reporting Format – Effective 01/96. Revised

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 EFA-01 ANNUAL AVERAGE FLOW	Permit Requirement	Report (Mo. Avg)	0.050 Ann. Avg.	MGD						5 Days/Week	Flow Meter
BOD, Carbonacious (5 day 200 C)	Sample Measurement					4.2	4.2	mg/L		Monthly	Grab
00082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30.0 (Mo.Avg.)	60 Single Sample	mg/L		Monthly	Grab
BOD, Carbonacious (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
00530 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
00530 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
00400 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 or 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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340

Month / Year: March-10

Three-month Average Daily Flow: 0.027

(TMSDF/Permitted Capacity)x100: 54%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.010					7.7		2.0			
2	0.030					7.7		2.6			
3	0.020					7.7		2.0			
4	0.030					7.7		1.6			
5	0.020					7.7		2.5			
6	0.025										
7	0.025					7.7		1.9			
8	0.030					7.6		2.3			
9	0.020					7.7		1.8			
10	0.030					7.6		1.9			
11	0.020					7.7		2.3			
12	0.030					7.7		2.0			
13	0.025										
14	0.025					7.6		3.0			
15	0.040					7.6		1.6			
16	0.020					7.7		2.0			
17	0.030					7.6		2.6			
18	0.030	545	1,440	4.2	4.0	7.7	1u	2.9	0.78	11:15	G
19	0.030					7.6		2.1			
20	0.060					7.6		3.4			
21	0.015										
22	0.015					7.6		2.6			
23	0.020					7.5		2.9			
24	0.030					7.5		2.0			
25	0.030					7.5		2.9			
26	0.020					7.5		1.8			
27	0.025										
28	0.025					7.6		3.2			
29	0.040					7.5		2.5			
30	0.010					7.6		2.1			
31	0.020					7.6		2.9			
Total	0.800										
Mo. Avg.	0.026	545	1,440	4.2	4.0	7.6	1u	2.3	0.78		

PLANT STAFFING:

Day Shift Operator	Class:		Name:	
Evening Shift Operator	Class:		Name:	
Night Shift Operator	Class:		Name:	
Lead Operator	Class:	C 9088	Name:	Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

03/30/2010

Laboratory Number: 350828

Project: Woodlands
Location: WWTP
Sample ID: Raw
Sampled By: W. Faircloth on 03/18/2010 @ 1110
Received: 03/18/2010 @ 1427

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Carbon. Biochem. Oxygen Demand	545.	mg/L	SM 5210B	C. Christensen	03/18/2010 @ 1738	2.
Total Suspended Solids	1440.	mg/L	SM 2540 D	W. Smith	03/24/2010 @ 1423	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT UTILITY SERVICE, INC.

PHONE
(863) 471-1400

P.O. BOX 1088 SEBRING, FLORIDA 33871-1088

FAX
(863) 471-2102

April 14, 2010

Ms. Julie McCaffery-Spelman
Department of Environmental Protection
P.O. Box 2549
Fort Myers, Florida 33902-2549

Re: Lake Placid Camp Florida Resort WWTP – FLA014340

Dear Ms. McCaffery-Spelman:

Listed below are the corrective actions or responses to the items observed in the Compliance Evaluation Inspection on March 26, 2010 of the above referenced facility.

1. The aeration basins contain coarse bubble diffusers that properly mix the complete tank without splashing each time the blowers are scheduled to run.
2. The bar screen is cleaned as needed by the certified operator of the facility.
3. The cracked air line fitting will be repaired within thirty days.
4. Accumulated sludge in the percolation ponds will be cleaned as soon as possible.
5. The caulking material causing the short circuiting on the clarifier weir will be repaired within thirty days.
6. The grounds around the facility have been cleaned.

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

Sincerely,

Wendell L. Faircloth
Operator

WLF/mjf
cc: John Lovelette

See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	The woodlands of Lake Placid - Plant #2			PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier				
Contact Person:	Mr. John Lovelette			Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2			Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):		D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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Signature and Date	Printed or Typed Name	License Number
05/06/10	David W. Faircloth	8189

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

III. Daily Data for the Month Year of: April, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	20,000		2.1								0.7	
2	X	24.0	23,000		2.3								0.9	
3		24.0	24,000											
4		24.0	24,000											
5	X	24.0	23,000		2.2								0.8	
6	X	24.0	21,000		2.3								0.9	
7	X	24.0	23,000		2.1								0.8	
8	X	24.0	26,000		2.0								0.7	
9	X	24.0	26,000		2.1								0.8	
10	X	24.0	23,000		2.2								0.9	
11	X	24.0	20,000		2.1								0.8	
12	X	24.0	22,000		2.0								0.8	
13	X	24.0	19,000		2.2								0.9	
14	X	24.0	21,000		2.0								0.7	
15	X	24.0	23,000		2.1								0.9	
16	X	24.0	18,000		2.2								1.0	
17		24.0	16,000											
18		24.0	16,000											
19	X	24.0	16,000		2.1								0.9	
20	X	24.0	14,000		2.0								0.8	
21	X	24.0	16,000		2.2								1.0	
22	X	24.0	20,000		2.0								0.8	
23	X	24.0	23,000		2.1								0.9	
24	X	24.0	18,000		2.2								1.0	
25	X	24.0	20,000		2.0								0.8	
26	X	24.0	21,000		2.1								0.9	
27	X	24.0	12,000		2.0								0.7	
28	X	24.0	14,000		2.2								0.9	
29	X	24.0	16,000		2.1								0.8	
30	X	24.0	14,000		2.0								0.8	
Total			592,000											
Avgerage			19,733											
Maximum			26,000											

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

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

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

Day of Month	Plant 1 Name: Plant #1	Plant 2 Name: Plant #2	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
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	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

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SHORT UTILITY SERVICE, INC.
P.O. BOX 1088 SEBRING, FL 33871-1088
PHONE (863) 471-1400 FAX (863) 471-2102

Lab Receipt Date & Time: 04-19-10 1220
Analysis Date & Time: 4.19.10 @ 1630

Report Number: 86400 Sub-Contract Lab ID: E85458

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 3.8 °C
Disinfectant Check ☑ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

Analysis Requested: (please check all that apply)
☑ Standard Coliform Test
☐ HPC
☐ Other: _____

#8

System Name: The Woodlands / LP Utilities **PWS I.D.:** 6280304
System Address: 100 Shoreline Dr. City: Lake Placid
System or Owner's Phone #: 863.699.1991 Fax#: _____
Collector: Wendell Faircloth **Collector's Phone #** 863.471.1400

Type of Supply: (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Othe

Sample Collection Date: 4-19-10

Total Coliform Analysis Method: MMO
Fecal or E. coli Analysis Method: MUG

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	Men's restroom at pool	1010	D	0.8	8.0		A			352377
2	103 Holly Hill Dr.	1030	D	0.9	8.1		A			352378
3	Well #4	1000	R	0	8.2		A			352379
4	Well #2	1020	R	0	8.3		A			352380

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.85

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# CS189) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: Dwight West 4/21/10
Title: QA Manager

Name and Mailing Address of Person to Receive Report

SHORT UTILITY SERVICE, INC.
P.O. BOX 1088
SEBRING, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG - SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

[62-550.730 Reporting Format – Effective 01/96. Revised 01/04]

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: 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)	Permit Requirement	Report (No. Avg.)	0.050 (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)	Permit Requirement				20.0 (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)	Permit Requirement				30.0 (No. 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)	Permit Requirement				30.0 (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)	Permit Requirement				30.0 (No. 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)	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 or 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

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Month / Year: **April-10**

Three-month Average Daily Flow: 0.025

(TMSDF/Permitted Capacity)x100: 50%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.040					7.6		2.0			
2	0.020					7.6		2.5			
3	0.020					7.6		2.2			
4	0.025										
5	0.025					7.6		2.0			
6	0.030					7.6		2.8			
7	0.020					7.6		2.1			
8	0.020	358	273	5.90	6.0	7.6	1u	3.1	0.22		
9	0.010					7.6		2.7			
10	0.020					7.5		2.5			
11	0.030					7.6		3.2			
12	0.020										
13	0.020					7.6		1.4			
14	0.020					7.5		2.6			
15	0.020					7.5		3.2			
16	0.010					7.5		3.0			
17	0.020					7.5		3.1			
18	0.030					7.6		2.5			
19	0.020					7.5		3.1			
20	0.010					7.5		2.6			
21	0.020					7.5		2.3			
22	0.020					7.5		2.2			
23	0.020					7.5		3.0			
24						7.6		3.3			
25	0.030										
26	0.030					7.5		3.0			
27	0.020					7.6		3.4			
28	0.020					7.5		2.0			
29	0.020					7.6		2.3			
30	0.010					7.5		3.1			
Total	0.620										
Mo. Avg.	0.021	358	273	5.9	6.0	7.6	1u	2.6	0.22		

PLANT STAFFING:

Day Shift Operator	Class:			Name:
Evening Shift Operator	Class:			Name:
Night Shift Operator	Class:			Name:
Lead Operator	Class:	C	9088	Name: Wendell L. Faircloth

DEP Form 62-620.910(10), Effective November 29, 1994

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

Laboratory Number: 351845

Project: Woodlands
Location: WWTP
Sample ID: Raw
Sampled By: W. Faircloth on 04/08/2010 @ 1245
Received: 04/08/2010 @ 1500

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Carbon. Biochem. Oxygen Demand	358.	mg/L	SM 5210B	C. Christensen	04/09/2010 @ 1653	2.
Total Suspended Solids	273.	mg/L	SM 2540 D	W. Smith	04/13/2010 @ 0831	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

Laboratory Number: 351846

Project: Woodlands
Location: WWTP
Sample ID: Final
Sampled By: W. Faircloth on 04/08/2010 @ 1250
Received: 04/08/2010 @ 1500

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Carbon. Biochem. Oxygen Demand	5.9	mg/L	SM 5210B	C. Christensen	04/09/2010 @ 1653	2.
Total Suspended Solids	6.0	mg/L	SM 2540 D	W. Smith	04/13/2010 @ 0831	1.
Fecal Coliform (MF)	1.U	#/100ml	SM 9222 D	L. David	04/08/2010 @ 1645	1.
Nitrite Nitrogen (NO2-N)	0.05	mg/L	EPA 353.2	J. Cosgrave	04/08/2010 @ 1640	0.01
Nitrate Nitrogen (NO3-N)	0.22	mg/L	Calc.	J. Cosgrave	04/20/2010 @ 1529	0.02
Nitrate + Nitrite N (NO2+NO3)	0.27	mg/L	EPA 353.2	J. Cosgrave	04/20/2010 @ 1527	0.02

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME (PLEASE PRINT): Wendell Faircloth
SAMPLER'S SIGNATURE:
CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT CBOD TSS	1/2 GAL CBOD TSS NO2	250 N NO3 NOx	125 ML FC		
	RAW	4/8	1245	STP	X	351845	1	X					
	FINAL	4/8	1300	STP	X	351846	3		X	X	X		

COMMENTS:

86200

NUTRIENT CONTAINER PRESERVED, H2SO4
SAMPLES ICED TO 4C 5.6

	YES	NO
	✓	
	X	

SAMPLE QTY:	RELINQUISHED BY:	ACCETTED BY:	DATE:	TIME:
		RKisnell	4/8/10	1500

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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: 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 Y Mon.Site No. FLW-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	10/08/22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Express Mail: EB247618499US

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340

Three-month Average Daily Flow: 0.022

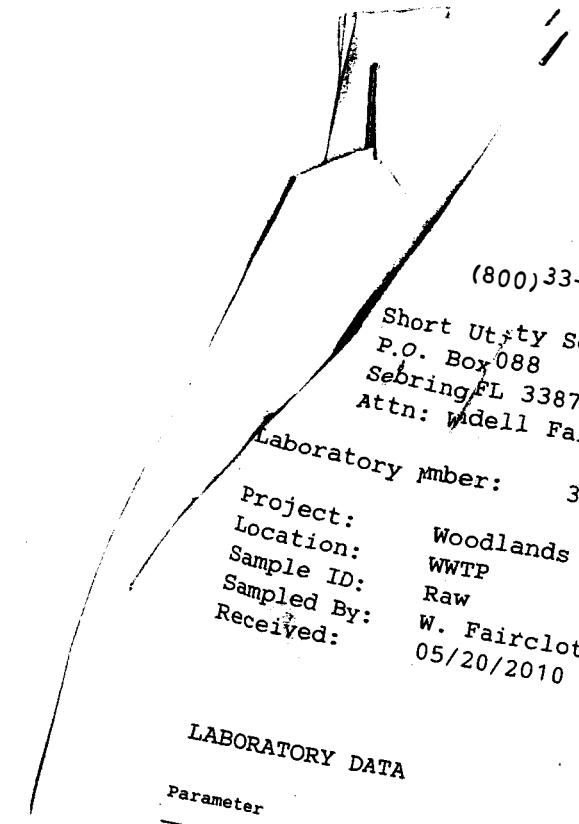
Month / Year: May-10 (TMSDF/Permitted Capacity)x100: 43%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.020					7.6		3.3			
2	0.020										
3	0.020					7.6		3.2			
4	0.010					7.6		4.2			
5	0.020					7.6		1.0			
6	0.010					7.6		2.0			
7	0.010					7.5		3.1			
8	0.020					7.6		3.0			
9	0.005										
10	0.005					7.6		2.0			
11	0.040					7.6		2.1			
12	0.010					7.6		2.6			
13	0.020					7.7		2.2			
14	0.020					7.6		2.5			
15	0.020					7.6		2.1			
16	0.020										
17	0.020					7.5		2.0			
18	0.020					7.5		2.6			
19	0.010					7.5		2.9			
20	0.020	335	200	4.60	2.2	7.6	1u	2.1	1.62		
21	0.020					7.5		2.0			
22	0.010					7.5		2.6			
23	0.020					7.6		2.0			
24	0.030					7.5		2.5			
25	0.010					7.5		2.8			
26	0.010					7.5		2.9			
27	0.020					7.5		2.4			
28	0.030					7.5		2.6			
29	0.020										
30	0.020										
31	0.020					7.6		2.1			
Total	0.550										
Mo. Avg.	0.018	335	200	4.6	2.2	7.6	1u	2.5	1.62		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth



SHORT ENVIRONMENTAL LABORATO[redacted]

10405 US 27 South
Sebring, Florida 33876
(800)33-4022 NELAP Accredited FDOH# 8545 [redacted]

Short Utility Service, Inc.
P.O. Box 088
Sebring FL 33871-1088
Attn: Widell Faircloth

Laboratory Number: 354235

Project: Woodlands
Location: WWTP
Sample ID: Raw
Sampled By: W. Faircloth on 05/20/2010 @ 1040
Received: 05/20/2010 @ 1245

LABORATORY DATA REPORT OF ANALYSIS

Parameter	Result	Units	Method	Analyst
Carbon. Biochem. Oxygen Demand	335.	mg/L	SM 5210B	C. Christensen
Total Suspended Solids	200.	mg/L	SM 2540 D	W. Smith

Respectfully Sul[redacted]
Robert A. Watkin[redacted]
Project Manager

See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2010

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1			PWS Identification Number:	6280304
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier				
Contact Person:	Mr. John Lovelette			Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1			Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

07/01/10	David W. Faircloth	8
Signature and Date	Printed or Typed Name	License Number

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2010

A. Public Water System (PWS) Information

PWS Name:	The woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid State: Florida	Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid State: Florida	Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
07/01/10	David W. Faircloth	

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

Day of Month	Plant 1 Name: Plant #1	Plant 2 Name: Plant #2	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
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	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

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: [illegible]
Lab Receipt Date & Time: 6/21/10 1411
Analysis Date & Time: 6/21/10 @ 1502
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☐ 2.2 °C
Disinfectant Check: ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.

10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 862-655-5820
DOH# E85458

Report Number: 87512 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382-1183 Fax #: 863.699.1890

Collector: Wendell Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 6-21-10

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B				
						Non-Coliform	Total Coliform	Fecal, *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	Men's restroom at pool	1045	D / F	0.8	8.0		A			355911
2	125 Lakeridge Drive	1100	D / F	0.9	8.0		A			355912
3	Well #1	1040	R /	0	8.2		A			355913
4	Well #2	1050	R /	0	8.1		A			355914
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 0.9

Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 6/23/10
Lab Signature: [signature]
Title: QA Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1] For Sample Types see instructions item I 16.
[2] For Analysis Methods see instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table I.

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	0.021	0.019	MGD						5 Days/Week	Flow Meter
PARM Code 50050 Y Mon Site No FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD						5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day 20C	Sample Measurement				3.7			mg/L		Monthly	Grab
PARM Code 80082 Y Mon Site No EFA-01	Permit Requirement				20.0 (Mo. Avg.)			mg/L		Monthly	Grab
BOD, Carbonaceous 5 day 20C	Sample Measurement				6.0	6.0		mg/L		Monthly	Grab
PARM Code 80082 A Mon Site No EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.6			mg/L		Monthly	Grab
PARM Code 00530 Y Mon Site No EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.8	2.8		mg/L		Monthly	Grab
PARM Code 00530 A Mon Site No EFA-01	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 A Mon Site No EFA-01	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 or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth	[signature]	(863) 471-1400	10/07/22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Express Mail: EB247618445US

PWS CERTIFICATION OF NOTIFICATION OF LEAD AND COPPER TAP SAMPLE RESULTS

INSTRUCTIONS: This form shall be completed and submitted by community or non-transient non-community water systems that take lead and copper tap samples in accordance with 40 CFR 141.86. Such systems shall, no later than 30 days after receiving each individual sample result, provide notice of the individual tap results to the persons served by the water system at the specific sampling site(s) from which the sample(s) were taken, as required by 40 CFR 141.85(d). NO LATER THAN THREE MONTHS FOLLOWING THE END OF THE MONITORING PERIOD, such systems shall also mail a sample copy of the consumer notification of tap results with this form, completed, to the appropriate Department of Environmental Protection District Office or Approved County Health Department. For systems that are on a reduced lead and copper monitoring period, the end of the lead and copper monitoring period is September 30th of the calendar year in which the sampling occurred. All information provided on this form shall be typed or printed in ink.

I. General Information		
Public Water System (PWS) Name: The Woodlands of Lake Placid		
PWS Identification Number: 6280304	PWS Type: ☒ Community ☐ Non-Transient Non-Community	
PWS Size: ☒ Small ☐ Medium ☐ Large		
PWS Owner: L.P. Utilities, Inc.		
Contact Person: Mr. John Lovelette	Contact Person's Title: Director	
Contact Person's Mailing Address: P.O. Box 478		
City: Lake Placid	State: FL	Zip Code: 33862
Contact Person's Telephone Number: (863) 382-1183	Contact Person's Fax Number: (863) 699-1890	
Contact Person's E-Mail Address: highvest@hotmail.com		
Date of the end of the Lead and Copper Monitoring Period: September 30, 2009		

II. Certification*

A. Certification by a Community Water System (CWS)

The CWS identified in Part I of this form had one or more lead and copper tap sample results for lead or for copper during the following monitoring period: June – September 2009

I am duly authorized to sign this form on behalf of the CWS. I certify that, no later than 30 days after the CWS received each individual lead and copper tap sample result during this monitoring period, the CWS notified each customer by mail, as required by 40 CFR 141.85(d), of the sample result.

06/18/10	David W. Faircloth	Operator
Signature and Date	Printed or Typed Name	Title

B. Certification by a Non-Transient Non-Community Water System (or a Community Water System Serving a Facility Where the Population Served Is Prevented from Making Plumbing Improvements and Is Not Separately Charged for Water Consumption)

The PWS identified in Part I of this form had one or more lead and copper tap sample results for lead or for copper during the following monitoring period:

I am duly authorized to sign this form on behalf of the PWS. I certify that, no later than 30 days after the PWS received each individual lead and copper tap sample result during this monitoring period, the PWS provided the notice to consumers at sample taps tested, as required by 40 CFR 141.85(d). If the system posted the sample results in a public place or common area in the building(s) where the samples were taken, then check the box below.

☐ The PWS posted the sample results in a public place or common area in the building(s) where the samples were taken, as required by 40 CFR 141.85(d).

Signature and Date	Printed or Typed Name	Title

* *A community water system (CWS) shall complete the certification in Part II.A of this form unless the CWS is serving a facility (such as a prison or hospital) where the population served is prevented from making plumbing improvements and is not separately charged for water consumption, in which case the CWS may use the certification in Part II.B of this form. A non-transient non-community water system shall complete the certification in Part II.B of this form.*

Consumer Notice of Lead Tap Water Monitoring Results

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

The Woodlands water system routinely monitors for lead in tap water. During the most recent triennial monitoring conducted on September 15, 2009, one sample site exceeded the action level for lead.

Sample Location: Bathhouse F (Camp Florida Resort)

Date Sample Collected	Lead Test Results/Units	Action Level/Units	MCL G
09/15/2009	17 ppb	15 ppb	0

What Does This Mean?

Utilities must ensure that water from the customer's tap does not exceed the lead action level of 15 parts per billion (ppb) in at least 90 percent of the taps sampled. The action level is the concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow. Although the 90th percentile of samples collected did not exceed the action level for lead, one sample site did exceed the 15 ppb action level.

What Are The Health Effects Of Lead?

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Infants and children who drink water containing lead in excess of the action level could experience delays in their physical or mental development. Children could show slight deficits in attention span and learning abilities. Adults who drink this water over many years could develop kidney problems or high blood pressure.

Lead in drinking water is primarily from materials and components associated with service lines and home plumbing.

What Can I Do To Reduce Exposure to Lead in Drinking Water?

- Run your water to flush out lead. If water has not been used for several hours, run water for 15 – 30 seconds or until it becomes cold or reaches a steady temperature before using it for drinking or cooking. This flushes lead-containing water from the pipes.

- Use cold water for cooking and preparing baby formula. Do not cook with or drink water from the hot water tap; lead dissolves more easily into hot water.

- Do not boil water to remove lead. Boiling water will not reduce lead.

For More Information, or to learn more about protecting your drinking water please contact John Lovelette at 699-1991. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is also available from the Safe Drinking Water Hotline or at http://www.epa.gov/safewater/lead.

Please share this information will all the other people who drink this water, especially those who may not have received this notice directly.

See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2010

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1			PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier				
Contact Person:	Mr. John Lovelette			Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	(863) 699-1890
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1			Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
08/03/10	David W. Faircloth	8

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2010

A. Public Water System (PWS) Information

PWS Name:	The woodlands of Lake Placid - Plant #2			PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier				
Contact Person:	Mr. John Lovelette			Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
Contact Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	The woodlands of Lake Placid - Plant #2			Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
08/03/10	David W. Faircloth	8

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

Day of Month	Plant 1 Name: Plant #1	Plant 2 Name: Plant #2	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
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	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

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: Ufemail
Lab Receipt Date & Time: 7/16/10 @ 1410
Analysis Date & Time: 7.14.10 @ 1630
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☑ 1.4 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.

10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 862-655-5820
DOH# E85458

Report Number: 87902 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382-1183 Fax #: 863.699.1890

Collector: Wendell Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 7-14-10

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	To be completed by lab: Non-Coliform	Total Coliform	Fecal *E. coli* Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
						Analysis Method(s)[2]: Colilert, SM9223B				
1	103 HollyHill Drive	1135	D / F	0.8	8.1		A			35704
2	Men's restroom at pool	1115	D / F	1.0	8.0		A			35705
3	Well #1	1110	R /	0	8.3		A			35706
4	Well #2	1125	R /	0	8.2		A			35704
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 0.9
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 7/15/10
Lab Signature: Dwight Hunt
Title: QA Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

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: 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 Y Mon.Site No: FLW-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or 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

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014340**

Month / Year: **July-10**

Three-month Average Daily Flow: 0.020

(TMSDF/Permitted Capacity)x100: 39%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.030					7.5		2.2			
2	0.020					7.5		2.5			
3	0.020					7.6		4.1			
4	0.025										
5	0.025					7.6		2.8			
6	0.020					7.6		3.5			
7	0.020					7.5		3.2			
8	0.020					7.5		3.3			
9	0.020					7.5		2.9			
10	0.020					7.5		3.3			
11	0.020					7.4		3.5			
12	0.020					7.5		3.2			
13	0.020					7.5		3.6			
14	0.020					7.5		2.0			
15	0.020	400	140	7.80	8.2	7.6	1u	3.2	0.12		
16	0.020					7.4		3.5			
17	0.015										
18	0.015					7.5		2.1			
19	0.030					7.6		1.8			
20	0.020					7.5		2.9			
21	0.020					7.5		2.8			
22	0.020					7.6		3.4			
23	0.010					7.5		3.2			
24	0.015										
25	0.015					7.6		2.6			
26	0.020					7.5		3.2			
27	0.020					7.4		3.6			
28	0.020					7.4		3.1			
29	0.020					7.5		3.3			
30	0.010					7.5		3.6			
31	0.020					7.5		3.3			
Total	0.610										
Mo. Avg.	0.020	400	140	7.8	8.2	7.5	1u	3.1	0.12		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

Laboratory Number: 357125

Project: Woodlands
Location: WWTP
Sample ID: Raw
Sampled By: W. Faircloth on 07/15/2010 @ 1110
Received: 07/15/2010 @ 1415

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Carbon. Biochem. Oxygen Demand	400.	mg/L	SM 5210B	C. Christensen	07/15/2010 @ 1706	2.
Total Suspended Solids	140.	mg/L	SM 2540 D	W. Smith	07/16/2010 @ 0909	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

Laboratory Number: 357126

Project: Woodlands
Location: WWTP
Sample ID: Final
Sampled By: W. Faircloth on 07/15/2010 @ 1115
Received: 07/15/2010 @ 1415

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Carbon. Biochem. Oxygen Demand	7.8	mg/L	SM 5210B	C. Christensen	07/15/2010 @ 1706	2.
Total Suspended Solids	8.2	mg/L	SM 2540 D	W. Smith	07/16/2010 @ 0909	1.
Fecal Coliform (MF)	1.U	#/100ml	SM 9222 D	L. David	07/15/2010 @ 1500	1.
Nitrite Nitrogen (NO2-N)	0.04	mg/L	EPA 353.2	J. Cosgrave	07/15/2010 @ 1633	0.01
Nitrate Nitrogen (NO3-N)	0.12	mg/L	Calc.	J. Cosgrave	07/16/2010 @ 1446	0.02
Nitrate + Nitrite N (NO2+NO3)	0.16	mg/L	EPA 353.2	J. Cosgrave	07/16/2010 @ 1446	0.02

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME (PLEASE PRINT): Wendell Faircloth
SAMPLERS SIGNATURE:
CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT CBOD TSS	1/2 GAL CBOD TSS NO2	250 N NO3 NOx	125 ML FC		
	RAW	7/15	1110	STP	X	357125	1	X					
	FINAL	7/15	1115	STP	X	357126	3		X	X	X		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4 <2	✓	
SAMPLES ICED TO 4C 4.6	✓	

COMMENTS:

87923

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
			7/15/10	1415

WW Blank COC.XLS 04/10/2007

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

Pages 4 for Instructions.

eral Information for the Month Year of: August, 2010

lic Water System (PWS) Information

Name:	The Woodlands of Lake Placid - Plant #1			PWS Identification Number:	6280304
Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
ber of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
Owner:	Mr. Ronald Anthony Cozier				
act Person:	Mr. John Lovelette			Contact Person's Title:	Manager
act Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
act Person's Telephone Number:	(863) 382-1183		Contact Person's Fax Number:	(863) 699-1890	
act Person's E-Mail Address:					

ter Treatment Plant Information

Name:	The Woodlands of Lake Placid - Plant #1			Plant Telephone Number:	(863) 382-1183
Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
itted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

censed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
d/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
er Operators:	Donald P. Gavoni	C	5674	

tification by Lead/Chief Operator

e undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the rmation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF national Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant e prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and f applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can n them, together with copies of this report, at a convenient location for at least ten years.

09/08/10	David W. Faircloth	8189
ture and Date	Printed or Typed Name	License Number

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

ORIDA

Pages 4 for Instructions.

eral Information for the Month Year of:	August, 2010

lic Water System (PWS) Information

Name:	The woodlands of Lake Placid - Plant #2			PWS Identification Number:	6280304
Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
ber of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
Owner:	Mr. Ronald Anthony Cozier				
act Person:	Mr. John Lovelette			Contact Person's Title:	Manager
act Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
act Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	
act Person's E-Mail Address:					

ter Treatment Plant Information

Name:	The woodlands of Lake Placid - Plant #2			Plant Telephone Number:	(863) 382-1183
Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
itted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):		D

censed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
d/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
er Operators:	Donald P. Gavoni	C	5674	

tification by Lead Chief Operator

e undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the rmation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF rnational Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant e prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and f applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can in them, together with copies of this report, at a convenient location for at least ten years.

09/08/10	David W. Faircloth	8189
ature and Date	Printed or Typed Name	License Number

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	100,000	100,000									200,000
Month	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

& LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Lab Receipt Date & Time: 8/17/10 1420
Analysis Date & Time: 8.17.10 @ 1600
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice 4.6 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.

10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 862-655-5820
DOH# E85458

Report Number: 88549 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382-1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 8-17-10

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal (*E. coli*), Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	125 Lake Ridge Drive	10.50	D F	1.0	8.2		A			359004
2	103 Holly Hill Drive	11 00	D F	0.8	8.1		A			359005
3	Well #1	1030	R	0	8.3		A			359006
4	Well #2	1040	R	0	8.4		A			359007

Average of disinfectant residuals for distribution routine & repeat samples.[5] 0.9

Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 8/18/10
Lab Signature: Deryl Hunt
Title: QA Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

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: 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 Y Mon.Site No. FLW-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or 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

Three-month Average Daily Flow: 0.019

Month / Year: August-10 (TMSDF/Permitted Capacity)x100: 39%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.015										
2	0.015					7.4		3.3			
3	0.030					7.5		3.8			
4	0.020					7.4		3.2			
5	0.020					7.5		3.1			
6	0.020					7.5		3.0			
7	0.020					7.5		3.4			
8	0.020										
9	0.020					7.5		2.0			
10	0.010					7.6		2.8			
11	0.010					7.4		3.3			
12	0.030					7.5		2.9			
13	0.010					7.5		3.2			
14	0.020					7.4		3.0			
15	0.020										
16	0.020					7.5		3.2			
17	0.010	410	38	3.30	1.8	7.5	1u	3.6	2.36		
18	0.030					7.6		2.6			
19	0.010					7.5		2.4			
20	0.020					7.4		3.6			
21	0.020					7.5		3.3			
22	0.020										
23	0.020					7.5		3.4			
24	0.010					7.5		2.6			
25	0.010					7.5		3.4			
26	0.020					7.5		2.0			
27	0.010					7.5		3.4			
28	0.010					7.5		3.2			
29	0.010					7.5		3.0			
30	0.010					7.4		3.4			
31	0.020					7.4		4.2			
Total	0.530										
Mo. Avg.	0.017	410	38	3.3	1.8	7.5	1u	3.1	2.36		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

Laboratory Number: 359021

Project: Woodlands
Location: WWTP
Sample ID: Raw
Sampled By: W. Faircloth on 08/17/2010 @ 1315
Received: 08/17/2010 @ 1545

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Carbon. Biochem. Oxygen Demand	410.	mg/L	SM 5210B	T. Heath	08/18/2010 @ 0845	2.
Total Suspended Solids	38.	mg/L	SM 2540 D	W. Smith	08/20/2010 @ 0848	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

Laboratory Number: 359022

Project: Woodlands
Location: WWTP
Sample ID: Final
Sampled By: W. Faircloth on 08/17/2010 @ 1320
Received: 08/17/2010 @ 1545

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Carbon. Biochem. Oxygen Demand	3.3	mg/L	SM 5210B	T. Heath	08/18/2010 @ 0845	2.
Total Suspended Solids	1.8	mg/L	SM 2540 D	W. Smith	08/20/2010 @ 0848	1.
Fecal Coliform (MF)	1.U	#/100ml	SM 9222 D	L. David	08/17/2010 @ 1625	1.
Nitrite Nitrogen (NO2-N)	0.01U	mg/L	EPA 353.2	J. Cosgrave	08/17/2010 @ 1618	0.01
Nitrate Nitrogen (NO3-N)	2.36	mg/L	Calc.	J. Cosgrave	08/19/2010 @ 1321	0.02
Nitrate + Nitrite N (NO2+NO3)	2.36	mg/L	EPA 353.2	J. Cosgrave	08/19/2010 @ 1321	0.02

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER'S NAME: (PLEASE PRINT) Wendell Faircloth
SAMPLERS SIGNATURE:
CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT — CBOD TSS	1/2 GAL — CBOD TSS NO2	250 N — NO3 NOx	125 ML — FC		
RAW	8/17	1315	STP	X	359021	1	X					
FINAL	8/17	1320	STP	X	359022	3		X	X	X		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4		
SAMPLES ICED TO 4C 3.6	✓	

COMMENTS:

88552

SAMPLE QTY:	RELINQUISHED BY:	ACCETTED BY:	DATE:	TIME:
		DKimball	8/17/10	1545

WW Blank COC.XLS 04/10/2007

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

Pages 4 for Instructions.

eral Information for the Month Year of:	September, 2010

lic Water System (PWS) Information

Name:	The Woodlands of Lake Placid - Plant #1			PWS Identifi ation Number:	6280304
Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
ber of Service Conne tions at End of Month:	440			Total Population Served at End of Month:	800
Owner:	Mr. Ronald Anthony Cozier				
ict Person:	Mr. John Lovelette			Contact Person's Title:	Manager
ict Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
ict Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	
ict Person's E-Mail Address:					

er Treatment Plant Information

Name:	The Woodlands of Lake Pla id - Plant #1			Plant Telephone Number:	(863) 382-1183
Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
itted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subse tion 62-699.310(4), F.A.C.):		D

ensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
l/Chief Operator:	David W. Fair loth	C	8189	6 Days per week
r Operators:	Donald P. Gavoni	C	5674	

ification by Lead Chief Operator

e undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the rmation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF national Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant e prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and f applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can n them, together with copies of this report, at a convenient location for at least ten years.

10/08/10	David W. Faircloth	8189
ature and Date	Printed or Typed Name	License Number

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

ORIDA

Pages 4 for Instructions.

eral Information for the Month Year of:	September, 2010

lic Water System (PWS) Information

Name:	The woodlands of Lake Placid - Plant #2			PWS Identification Number:	6280304
Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
ber of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
Owner:	Mr. Ronald Anthony Cozier				
act Person:	Mr. John Lovelette			Contact Person's Title:	Manager
act Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
act Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	
act Person's E-Mail Address:					

ter Treatment Plant Information

Name:	The woodlands of Lake Placid - Plant #2			Plant Telephone Number:	(863) 382-1183
Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
itted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

censed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
d/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
er Operators:	Donald P. Gavoni	C	5674	

tification by Lead Chief Operator

e undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the rmation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF rnational Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant e prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can in them, together with copies of this report, at a convenient location for at least ten years.

10/08/10	David W. Faircloth	8189
ature and Date	Printed or Typed Name	License Number

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

ee page 2 for instructions.

aily Finished-Water Production for the Month/Year of : September 2010

ommunity Water System (CWS) Name: The Woodlands of Lake Placid

ublic 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	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
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
8	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
otal											1,373,000
vg.											45,767
lax.											65,000

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: [illegible]
Lab Receipt Date & Time: 9/13/10 1345
Analysis Date & Time: 09-13-10 @ 1500
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice ☑ 3.6 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.

104 5 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820

Report Number: 89025 DOH# E85458 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382-1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 9-13-10

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert SM9223B Non-Coliform	Total Coliform	Fecal *E. coli* Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	228 Shoreline Drive	0940	D / F	0.9	8.0		A			360496
2	125 Lake Ridge Drive	1000	D / F	0.8	8.2		A			360497
3	Well #1	0935	R /	0	8.4		A			360498
4	Well #2	0930	R /	0	8.3		A			360499
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 0.9
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 9/15/10
Lab Signature: [signature]
Title: QA Manager

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

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: 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 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD					5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				4.3		mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				3.5	3.5	mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	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 00360 Y Mon.Site No. EFA-01	Permit Requirement				20.0 Ann_Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1u	1U	mg/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or 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

Three-month Average Daily Flow: 0.017

Month / Year: **September-10** (TMSDF/Permitted Capacity)x100: 33%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.020					7.4		3.4			
2	0.010					7.5		3.8			
3	0.010					7.4		3.5			
4	0.010					7.5		3.2			
5	0.015										
6	0.015					7.4		3.0			
7	0.010					7.5		3.4			
8	0.020					7.4		3.2			
9	0.010					7.4		3.3			
10	0.010					7.4		3.0			
11	0.010					7.5		3.3			
12	0.015										
13	0.015					7.4		3.6			
14	0.010					7.4		1.1			
15	0.010					7.4		2.9			
16	0.020	458	78	3.50	1u	7.5	1u	1.6	3.64		
17	0.010					7.5		1.9			
18	0.010					7.5		2.8			
19	0.010										
20	0.010					7.5		2.8			
21	0.010					7.5		1.0			
22	0.020					7.5		1.6			
23	0.010					7.5		3.1			
24	0.020					7.4		2.2			
25	0.010					7.5		3.3			
26	0.010										
27	0.010					7.5		3.0			
28	0.020					7.6		2.8			
29	0.010					7.4		2.2			
30	0.010					7.5		2.0			
Total	0.380										
Mo. Avg.	0.013	458	78	3.5	1u	7.5	1u	2.7	3.64		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

Laboratory Number: 360803

Project: Woodlands
Location: WWTP
Sample ID: Raw
Sampled By: W. Faircloth on 09/16/2010 @ 1325
Received: 09/16/2010 @ 1520

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Carbon. Biochem. Oxygen Demand	458.	mg/L	SM 5210B	C. Christensen	09/17/2010 @ 1635	2.
Total Suspended Solids	78.	mg/L	SM 2540 D	W. Smith	09/21/2010 @ 1354	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85458 (863) 655-4022

For: Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088
Attn: Wendell Faircloth

09/23/2010

Laboratory Number: 360804

Project: Woodlands
Location: WWTP
Sample ID: Final
Sampled By: W. Faircloth on 09/16/2010 @ 1330
Received: 09/16/2010 @ 1520

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Carbon. Biochem. Oxygen Demand	3.5	mg/L	SM 5210B	C. Christensen	09/17/2010 @ 1635	2.
Total Suspended Solids	1.0U	mg/L	SM 2540 D	W. Smith	09/21/2010 @ 1354	1.
Fecal Coliform (MF)	1.U	#/100ml	SM 9222 D	T. Heath	09/16/2010 @ 1600	1.
Nitrite Nitrogen (NO2-N)	0.01U	mg/L	EPA 353.2	J. Cosgrave	09/16/2010 @ 1552	0.01
Nitrate Nitrogen (NO3-N)	3.64	mg/L	Calc.	J. Cosgrave	09/20/2010 @ 1402	0.02
Nitrate + Nitrite N (NO2+NO3)	3.64	mg/L	EPA 353.2	J. Cosgrave	09/20/2010 @ 1402	0.02

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

#8

'S NAME: (PRINT) Wendell Faircloth

'S SIGNATURE:

CLIENT NAME: Short Utility Service, Inc.

PROJECT: The Woodlands

LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT — CBOD TSS	1/2 GAL — CBOD TSS NO2	250 N — NO3 NOx	125 ML — FC		
	RAW	9/16	1325	STP	X	360803	1	X					
	FINAL	9/16	1330	STP	X	360804	3		X	X	X		

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4 <2	–	
SAMPLES ICED TO 4C 3.6	✓	

ENTS:

89133

E QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
		DKimball	9/16/10	1520

ww Blank COC.XLS 04/10/2007

IN OF CUSTODY AND TRANSMITTAL FORM

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

Pages 4 for Instructions.

eral Information for the Month Year of:	October, 2010

lic Water System (PWS) Information

Name:	The Woodlands of Lake Placid - Plant #1			PWS Identification Number:	6280304
Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
ber of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
Owner:	Mr. Ronald Anthony Cozier				
act Person:	Mr. John Lovelette			Contact Person's Title:	Manager
act Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
act Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	(863) 699-1890
act Person's E-Mail Address:					

ter Treatment Plant Information

Name:	The Woodlands of Lake Placid - Plant #1			Plant Telephone Number:	(863) 382-1183
Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
itted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

censed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
d/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
er Operators:	Donald P. Gavoni	C	5674	

tification by Lead Chief Operator

e undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the rmation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF national Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant e prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and f applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can n them, together with copies of this report, at a convenient location for at least ten years.

11/03/10	David W. Faircloth	8189
ature and Date	Printed or Typed Name	License Number

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

Pages 4 for Instructions.

eral Information for the Month Year of:	October, 2010

lic Water System (PWS) Information

Name:	The woodlands of Lake Placid - Plant #2			PWS Identification Number:	6280304
Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
ber of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
Owner:	Mr. Ronald Anthony Cozier				
act Person:	Mr. John Lovelette			Contact Person's Title:	Manager
act Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
act Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	
act Person's E-Mail Address:					

ter Treatment Plant Information

Name:	The woodlands of Lake Placid - Plant #2			Plant Telephone Number:	(863) 382-1183
Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
itted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):		D

censed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
d/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
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11/03/10	David W. Faircloth	8189
ture and Date	Printed or Typed Name	License Number

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

ee page 2 for instructions.

aily Finished-Water Production for the Month/Year of: October 2010

ommunity Water System (CWS) Name: The Woodlands of Lake Placid

ublic 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	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
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
Avg.											55,968
Max											69,000

& LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: [illegible]
Lab Receipt Date & Time: 10/20/10 1350
Analysis Date & Time: 10-20-10 1645
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice 4 ☑ 3.2 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.

10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 863-655-5820
DOH# E85458

Report Number: 89765 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382-1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☒ Other: _____

Reason for Sampling: (check all that apply)
☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 10-20-10

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal (*E. coli*), Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	Men's restroom at pool	1020	D / F	1.0	8.1		A			362762
2	103 Holly Hill Drive	1045	D / F	0.9	8.2		A			362763
3	Well #1	1015	R / F	0	8.3		A			362764
4	Well #2	1030	R / F	0	8.2		A			362765
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.0
Free chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 10/21/10
Lab Signature: Daryl Mut
Title: QA Manager

Disinfectant Residual Analysis Method:
☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒ A certified operator (# C8189)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

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

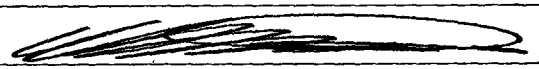
PERMIT NUMBER: FLA014340
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

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: 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 Y Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.050 (An. Avg.)	MGD					5 Days/Week	Flow Meter
BOD, Carbonacious 5 day 20C	Sample Measurement				4.5		mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonacious 5 day 20C	Sample Measurement				6.6	6.6	mg/L		Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or 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

Permit Number: FLA01[illegible]

Three-month Average Daily Flow: 0.013

Month / Year: October-10

(TMSDF/Permitted Capacity)x100: 29%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.020					7.4		2.3			
2	0.010					7.5		3.0			
3	0.015										
4	0.015					7.4		1.9			
5	0.020					7.5		3.0			
6	0.010					7.5		3.6			
7	0.010					7.5		2.4			
8	0.020					7.4		4.1			
9	0.010					7.5		3.4			
10	0.010										
11	0.010					7.4		3.2			
12	0.020					7.4		3.1			
13	0.010					7.5		3.3			
14	0.010					7.4		2.8			
15	0.010					7.5		3.6			
16	0.010					7.4		3.4			
17	0.020					7.4		2.5			
18	0.020					7.4		2.8			
19	0.010	232	60	6.60	1.2	7.4	1u	3.1	2.06		
20	0.010					7.4		3.2			
21	0.010					7.4		3.7			
22	0.020					7.4		3.2			
23	0.020					7.5		2.6			
24	0.010										
25	0.010										
26	0.010					7.4		3.1			
27	0.020					7.4		2.8			
28	0.020					7.4		3.0			
29	0.010					7.5		2.9			
30	0.020					7.5		3.6			
31	0.010										
Total	0.430										
Mo. Avg.	0.014	232	60	6.6	1.2	7.4	1u	3.1	2.06		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *10/19/2010 @ 1610*

Laboratory Sample: 362688 Sample Date: 10/19/2010 Sample Time: 1535
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	232.		mg/L	SM 5210B	C. Christensen	10/20/2010	0855	2.
Total Suspended Solids	60.		mg/L	SM 2540 D	W. Smith	10/22/2010	0933	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *10/19/2010 @ 1610*

Laboratory Sample: 362689 Sample Date: 10/19/2010 Sample Time: 1540
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	6.6		mg/L	SM 5210B	C. Christensen	10/20/2010	0855	2.
Total Suspended Solids	1.2		mg/L	SM 2540 D	W. Smith	10/22/2010	0933	1.
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	T. Heath	10/19/2010	1635	1.
Nitrite Nitrogen (NO2-N)	0.01	U	mg/L	EPA 353.2	J. Cosgrave	10/20/2010	1007	0.01
Nitrate Nitrogen (NO3-N)	2.06		mg/L	Calc.	J. Cosgrave	10/21/2010	1624	0.02
Nitrate + Nitrite N (NO2+NO3)	2.06		mg/L	EPA 353.2	J. Cosgrave	10/21/2010	1623	0.02

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 338[illegible]
(863) 655-4022 (800) 83[illegible]-4022
FAX: (863) 655-5820

SAMPLER NAME (PRINT): Wendell Faircloth
SAMPLER SIGNATURE:

CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT CBOD TSS	1/2 GAL CBOD TSS NO2	250 N NO3 NOx	125 ML FC		
RAW	10/19	1535	STP	X	362688	1	X					
FINAL	10/19	1540	STP	X	362689	3		X	X	X		

COMMENTS:

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4 <2	✓	
SAMPLES ICED TO 4C 2.4	✓	

89736

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
			10/19/10	1610

WW Blank COC.XLS 04/10/2007

CHAIN OF CUSTODY AND TRANSMITTAL FORM

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

ORIDA

Pages 4 for Instructions.

eral Information for the Month Year of:	November, 2010

lic Water System (PWS) Information

Name:	The Woodlands of Lake Placid - Plant #1			PWS Identification Number:	6280304
Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
ber of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
Owner:	Mr. Ronald Anthony Cozier				
act Person:	Mr. John Lovelette			Contact Person's Title:	Manager
act Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida	Zip Code:	33862
act Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	
act Person's E-Mail Address:					

ter Treatment Plant Information

Name:	The Woodlands of Lake Placid - Plant #1			Plant Telephone Number:	(863) 382-1183
Address:	Shoreline Drive	City: Lake Placid	State: Florida	Zip Code:	33852
of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
itted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):		D

censed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
d/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
er Operators:	Donald P. Gavoni	C	5674	

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12/08/10	David W. Faircloth	8189
ture and Date	Printed or Typed Name	License Number

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

ORIDA

Pages 4 for Instructions.

eral Information for the Month Year of:	November, 2010

lic Water System (PWS) Information

Name:	The woodlands of Lake Placid - Plant #2			PWS Identification Number:	6280304
Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
ber of Service Connections at End of Month:	440			Total Population Served at End of Month:	800
Owner:	Mr. Ronald Anthony Cozier				
act Person:	Mr. John Lovelette			Contact Person's Title:	Manager
act Person's Mailing Address:	P.O. Box 478	City:	Lake Placid	State: Florida	Zip Code: 33862
act Person's Telephone Number:	(863) 382-1183			Contact Person's Fax Number:	
act Person's E-Mail Address:					

ter Treatment Plant Information

t Name:	The woodlands of Lake Placid - Plant #2			Plant Telephone Number:	(863) 382-1183
t Address:	Shoreline Drive	City:	Lake Placid	State: Florida	Zip Code: 33852
of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
itted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
t Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

censed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
d/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
er Operators:	Donald P. Gavoni	C	5674	

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12/08/10	David W. Faircloth	8189
ature and Date	Printed or Typed Name	License Number

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	100,000	100,000									200,000
Month	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

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Delivered By: U

Lab Receipt Date & Time: 11/15/10 1408

Analysis Date & Time: 11-15-10 @ 1630

Sample Acceptance Criteria:

Sample Preservation: ☑ On Ice ☐ Not On Ice @ 3.2 °C

Disinfectant Check: ☑ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

Short Environmental Laboratories, Inc.

104 5 US 27 S Sebring, FL 33876

PH: 863-655-4022 FAX: 863-655-5820

DOH# E85458

Report Number: 90203 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

☒ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities #8 **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 City: Lake Placid

PWS or PWS Owner's Phone #: 863.382-1183 Fax #: 863.699.1890

Collector: David Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System

☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)

☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey

☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: 11-15-10

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B				
						Non-Coliform	Total Coliform	Fecal *E. coli*, Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	228 Shoreline Drive	1010	D	1.1	8.1		A			364093
2	103 Holly Hill Drive	1030	D	1.0	8.2		A			364094
3	Well #1	1005	R	0	8.3		A			364095
4	Well #2	1020	R	0	8.2		A			364096

Average of disinfectant residuals for distribution routine & repeat samples.[5] 1.1

Free chlorine, Total chlorine, or Combined chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report Issued: 11/17/10

Lab Signature: Daryl Mast

Title: Project Manager

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: _____

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

☒ A certified operator (# C8189)

☐ Supervised by certified operator (# _____)

☐ Employed by a certified lab ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Replacement Samples Required: _____

[1] For Sample Types see Instructions item I 16.
[2] For Analysis Methods see Instructions item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table 1.
[5] Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

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

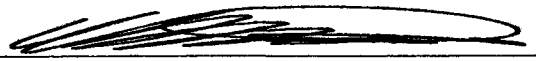
LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

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 Y Mon.Site No. FLW-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 or 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

Three-month Average Daily Flow: 0.016

Month / Year: November-10 (TMSDF/Permitted Capacity)x100: 32%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.020					7.4		3.4			
2	0.010					7.4		3.0			
3	0.010					7.4		3.3			
4	0.020					7.4		3.0			
5	0.020					7.4		2.1			
6	0.010					7.6		2.9			
7	0.025										
8	0.025					7.5		2.6			
9	0.020					7.5		1.9			
10	0.030					7.4		2.7			
11	0.030	151	90	4.90	1.6	7.5	1u	4.1	1.62		
12	0.010					7.4		3.4			
13	0.020					7.5		3.2			
14	0.020										
15	0.020					7.5		2.1			
16	0.020					7.5		2.3			
17	0.020					7.5		1.8			
18	0.020					7.4		2.6			
19	0.020					7.5		3.4			
20	0.020					7.4		2.7			
21	0.020					7.5		3.1			
22	0.020					7.5		2.9			
23	0.020					7.5		3.1			
24	0.020					7.5		2.4			
25	0.020					7.5		2.6			
26	0.030					7.5		2.4			
27	0.020					7.6		2.1			
28	0.030										
29	0.030										
30	0.040					7.4		2.7			
Total	0.640										
Mo. Avg.	0.021	151	90	4.9	1.6	7.5	1u	2.8	1.62		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *11/11/2010 @ 1420*

Laboratory Sample: 363944 Sample Date: 11/11/2010 Sample Time: 1220
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	151.		mg/L	SM 5210B	C. Christensen	11/11/2010	1800	2.
Total Suspended Solids	90.		mg/L	SM 2540 D	W. Smith	11/16/2010	0925	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *11/11/2010 @ 1420*

Laboratory Sample: 363945 Sample Date: 11/11/2010 Sample Time: 1225
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	4.9		mg/L	SM 5210B	C. Christensen	11/11/2010	1800	2.
Total Suspended Solids	1.6		mg/L	SM 2540 D	W. Smith	11/16/2010	0925	1.
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	T. Heath	11/11/2010	1505	1.
Nitrite Nitrogen (NO2-N)	0.01	U	mg/L	EPA 353.2	J. Cosgrave	11/11/2010	1615	0.01
Nitrate Nitrogen (NO3-N)	1.62		mg/L	Calc.	J. Cosgrave	11/18/2010	1700	0.02
Nitrate + Nitrite N (NO2+NO3)	1.62		mg/L	EPA 353.2	J. Cosgrave	11/18/2010	1700	0.02

U = Parameter was analyzed for but not detected

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SAMPLER NAME: Wendell Faircloth
SAMPLER SIGNATURE:

CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT CBOD TSS	1/2 GAL CBOD TSS NO2	250 N NO3 NOx	125 ML FC		
RAW	11/1/1	1220	STP	X	363944	1	X					
FINAL	11/1/1	1225	STP	X	363945	3		X	X	X		

COMMENTS:

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4 <2.	✓	
SAMPLES ICED TO 4C 4.0	✓	

90144

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
			11/1/10	1420

WW Blank COC.XLS 04/10/2007

CHAIN OF CUSTODY AND TRANSMITTAL FORM

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month Year of: December, 2010

A. Public Water System (PWS) Information

PWS Name:	The Woodlands of Lake Placid - Plant #1	PWS Identification Number:	6280304
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
PWS Owner:	Mr. Ronald Anthony Cozier		
Contact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
Contact Person's Mailing Address:	P.O. Box 478	City: Lake Placid	State: Florida Zip Code: 33862
Contact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	(863) 699-1890
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	The Woodlands of Lake Placid - Plant #1	Plant Telephone Number:	(863) 382-1183
Plant Address:	Shoreline Drive	City: Lake Placid	State: Florida Zip Code: 33852
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
Other Operators:	Donald P. Gavoni	C	5674	

II. Certification by Lead Chief Operator

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

01/06/11
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

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

PWS ID:	6280304	Plant Name:	The Woodlands of Lake Placid - Plant #1

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: 2010

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =		Acrylamide Level, %[t] =	

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, %[t] =	

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[t] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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

FLORIDA

e Pages 4 for Instructions.

neral Information for the Month Year of: December, 2010

ıblic Water System (PWS) Information

/S Name:	The woodlands of Lake Placid - Plant #2	PWS Identification Number:	6280304
/S Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
mber of Service Connections at End of Month:	440	Total Population Served at End of Month:	800
/S Owner:	Mr. Ronald Anthony Cozier		
ntact Person:	Mr. John Lovelette	Contact Person's Title:	Manager
ntact Person's Mailing Address:	P.O. Box 478 City: Lake Placid	State: Florida	Zip Code: 33862
ntact Person's Telephone Number:	(863) 382-1183	Contact Person's Fax Number:	
ntact Person's E-Mail Address:			

'ater Treatment Plant Information

ınt Name:	The woodlands of Lake Placid - Plant #2	Plant Telephone Number:	(863) 382-1183
ınt Address:	Shoreline Drive City: Lake Placid	State: Florida	Zip Code: 33852
pe of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
rmitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
ınt Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
ead/Chief Operator:	David W. Faircloth	C	8189	6 Days per week
ther Operators:	Donald P. Gavoni	C	5674	

ertification by Lead Chief Operator

I the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the ıformation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF ıternational Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant 'ere prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and 2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can :tain them, together with copies of this report, at a convenient location for at least ten years.

01/06/11	David W. Faircloth	8189
ignature and Date	Printed or Typed Name	License Number

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

PWS ID:	6280304	Plant Name:	The woodlands of Lake Placid - Plant #2

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: 2010

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =		Acrylamide Level, %[t] =	

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, %[t] =	

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[t] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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

Day of Month	Plant 1 Name: Plant #1	Plant 2 Name: Plant #2	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
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	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

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1993, Revised 02/2010)

Delivered By: [illegible]
Lab Receipt Date & Time: 12/15/10 1445
Analysis Date & Time: ~~12-16~~ 12-15-10 @ 1648
Sample Acceptance Criteria: 12/16/10 ok
Sample Preservation: ☒On Ice ☐Not On Ice 1.8 °C
Disinfectant Check: ☒Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Short Environmental Laboratories, Inc.

10405 US 27 S Sebring, FL 33876
PH: 863-655-4022 FAX: 862-655-5820
DOH# E85458

Report Number: 90696 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
☒Total Coliform/*E. coli* ☐Total Coliform/Fecal ☐Enterococci ☐Coliphage ☐HPC ☐Other: _____

Public Water System (PWS) Name: The Woodlands/L.P. Utilities **PWS I.D.** 6 2 8 0 3 0 4

PWS Address: P.O. Box 478, Lake Placid, 33862 **City:** Lake Placid

PWS or PWS Owner's Phone #: 863.382-1183 **Fax #:** 863.699.1890

Collector: David Faircloth **Collector's Phone #:** 863.471.1400

Type of Supply: (check only one)
☒Community Water System ☐Non-Transient Non-community Water System ☐Transient Non-community Water System
☐Limited Use System ☐Bottled Water ☐Private Well ☐Swimming Pool ☐Other: _____

Reason for Sampling: (check all that apply)
☒Distribution Routine ☐Distribution Repeat ☐Raw (triggered or assessment) ☐Raw (triggered or assessment) additional ☐Well Survey
☐Clearance ☐Replacement (also check type of sample being replaced) ☐Boil Water Notice ☐Other: _____

Sample Collection Date: 12-15-10

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type[1]	Disinfectant Residual (mg/L)	pH	Analysis Method(s)[2]: Colilert, SM9223B Non-Coliform	Total Coliform	Fecal (*E. coli*), Enterococci, Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	Men's room at pool	1145	D / F	1.2	8.1		A			365505
2	125 Lake Ridge Drive	1210	D / F	0.9	8.2		A			365506
3	Well #1	1140	R / F	0	8.4		A			365507
4	Well #2	1155	R / F	0	8.3		A			365508
			/							
			/							
			/							

Average of disinfectant residuals for distribution routine & repeat samples[5]: _____
Free chlorine, Total chlorine, or Combined chlorine (circle one)

Disinfectant Residual Analysis Method:
☒DPD Colorimetric ☐Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☒A certified operator (# C8189)
☐Supervised by certified operator (# _____)
☐Employed by a certified lab ☐Employed by DEP or DOH
☐Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date anytime PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 12/16/10
Lab Signature: [signature]
Title: Project Manager

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Short Utility Service, Inc.
P.O. Box 1088
Sebring, FL 33871-1088

DEP/DOH USE ONLY
☐Satisfactory
☐Incomplete Collection Information
☐Repeat Samples Required

[1] For Sample Types see Instructions Item I 16.
[2] For Analysis Methods see Instructions Item II 6.
[3] Please circle appropriate selection.
[4] Defined in Florida Administrative Code Rule 62-160, Table I.
[5] Complete for community &non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____
Replacement Samples Required: _____

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

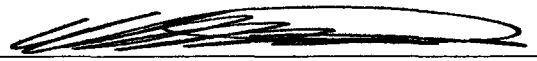
LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

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 Y Mon.Site No. FLW-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 Y Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	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 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	6.5 (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 or 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):

Permit Number: FLA014010

Three-month Average Daily Flow: 0.019

Month / Year: December-10

(TMADF/Permitted Capacity)x100: 39%

The Woodlands of Lake Placid WWTP

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	00530	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.070					7.6		1.9			
2	0.010					7.5		2.2			
3	0.030					7.5		2.6			
4	0.010					7.5		2.5			
5	0.020					7.4		3.1			
6	0.020					7.5		2.0			
7	0.020	490	372	3.90	2.6	7.5	1u	2.7	2.38		
8	0.020					7.5		2.1			
9	0.020					7.6		3.0			
10	0.020					7.5		2.5			
11	0.020					7.5		3.2			
12	0.020										
13	0.020					7.6		2.0			
14	0.030					7.5		2.7			
15	0.020					7.5		2.1			
16	0.020					7.5		2.4			
17	0.030					7.4		2.0			
18	0.020					7.6		2.6			
19	0.025										
20	0.025					7.5		2.8			
21	0.020					7.5		3.2			
22	0.020					7.5		2.0			
23	0.020					7.5		2.5			
24	0.020					7.5		2.1			
25	0.020										
26	0.020										
27	0.020					7.5		2.0			
28	0.030					7.4		2.2			
29	0.020					7.4		2.5			
30	0.030					7.4		2.2			
31	0.020					7.5		2.5			
Total	0.710										
Mo. Avg.	0.023	490	372	3.9	2.6	7.5	1u	2.4	2.38		

PLANT STAFFING:

Day Shift Operator	Class:			Name:	
Evening Shift Operator	Class:			Name:	
Night Shift Operator	Class:			Name:	
Lead Operator	Class:	C	9088	Name:	Wendell L. Faircloth

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *12/7/2010 @ 1035*

Laboratory Sample: 365053 Sample Date: 12/7/2010 Sample Time: 0840
Sample ID: Raw Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	490.		mg/L	SM 5210B	C. Christensen	12/08/2010	0843	2.
Total Suspended Solids	372.		mg/L	SM 2540 D	W. Smith	12/10/2010	0919	1.

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

Customer: *Short Utility Service, Inc.* Project Name: *Woodlands*
Attention: *Wendell Faircloth* Location: *WWTP*
Date Received: *12/7/2010 @ 1035*

Laboratory Sample: 365054 Sample Date: 12/7/2010 Sample Time: 0845
Sample ID: Final Sampled By: W. Faircloth Matrix: WA

REPORT OF ANALYSIS

Parameter	Result	Qual	Units	Method	Analyst	Date Analyzed	Time Analyzed	MDL
LABORATORY DATA								
Carbon. Biochem. Oxygen Demand	3.9		mg/L	SM 5210B	C. Christensen	12/08/2010	0843	2.
Total Suspended Solids	2.6		mg/L	SM 2540 D	W. Smith	12/10/2010	0919	1.
Fecal Coliform (MF)	1.	U	#/100 mL	SM 9222 D	T. Heath	12/07/2010	1215	1.
Nitrite Nitrogen (NO2-N)	0.02	I	mg/L	EPA 353.2	J. Cosgrave	12/08/2010	0901	0.01
Nitrate Nitrogen (NO3-N)	2.38		mg/L	Calc.	J. Cosgrave	12/10/2010	1412	0.02
Nitrate + Nitrite N (NO2+NO3)	2.40		mg/L	EPA 353.2	J. Cosgrave	12/10/2010	1412	0.02

U = Parameter was analyzed for but not detected
I = Result is less than the PQL and greater than or equal to the MDL

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 338[illegible]
(863) 655-4022 (800) 83[illegible]-4022
FAX: (863) 655-5820

SAMPLER'S NAME: Wendell Faircloth
CLIENT NAME: Short Utility Service, Inc. #8
PROJECT: The Woodlands
LOCATION: WWTP

	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES: SQUAT CBOD TSS	1/2 GAL CBOD TSS NO2	250 N NO3 NOx	125 ML FC		
	RAW	12/7	0840	STP	X	365053	1	X					
	FINAL	12/7	0845	STP	X	365054	3		X	X	X		

COMMENTS:

	YES	NO
NUTRIENT CONTAINER PRESERVED, H2SO4 <2.	✓	
SAMPLES ICED TO 4° 2.0	✓	

90536

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2		[illegible]	12/7/10	1035

WW Blank COC.XLS 04/10/2007

CHAIN OF CUSTODY AND TRANSMITTAL FORM

FLORIDA RURAL WATER ASSOCIATION
2970 Wellington Circle West, Suite 101
Tallahassee, FL 32308

WEIR OR FLUME CALIBRATION
Flow Values Obtained by Using a Weir or Flume

FACILITY NAME & ID #: CAMP FLORIDA RESORT WWTP FLA014340

FACILITY LOCATION: 1525 US HIGHWAY 27 SOUTH/ LAKE PLACID

PRIMARY DEVICE

V-NOTCH WEIR	PARSHALL FLUME	RECTANGULAR WEIR
DEGREE OF V-NOTCH	WIDTH OF THROAT (IN)	CREST LENGTH (FT)
45	NA	NA

Gauge setting comparison using yardstick or carpenters rule: X☐Satisfactory ☐Unsatisfactory

Physical inspection of primary device approach, device and discharge: X☐Satisfactory ☐Unsatisfactory

SECONDARY DEVICE

TYPE: SENSOR

MAKE/MODEL/SERIAL#: G/E

DATE OF LAST CALIBRATION: UNKNOWN

	LOW FLOW	MODERATE FLOW	HIGH FLOW
STAFF GAGE READING (IN)	0	.13	.25
ACTUAL FLOW (GPM)	0	2.83	14.52
TOTALIZER OR RECORDER READING(GPM)	0	3.0	15.0
PERCENT DIFFERENCE (%)	0%	5.67%	3.20%

Physical Inspection of Secondary Device: X☐Satisfactory ☐Unsatisfactory
Totalizer Accuracy Check Using Stopwatch: X☐Satisfactory ☐Unsatisfactory

COMMENTS: ENCLOSURE IN GOOD CONDITION BUBBLER GOOD

I hereby certify that the above test was performed in accordance with the best available technology.

TECHNICIAN SIGNATURE: _____ **DATE: 6/19/2012**

WWPUMPFORM.FRM/1/11/96

ALLEN SLATER

POLSTON ENGINEERING, INC.

PROFESSIONAL ENGINEERING CONSULTANTS
ENVIRONMENTAL SOIL SCIENTIST

LAND PLANNING
DESIGN
SOIL SCIENCE
ROADS
WATER
WASTE WATER

P.O. BOX 588, SEBRING, FLORIDA 33871-0588 * (863) 385-5564 * FAX (863) 385-2462

July 18, 2011

Drinking Water Program
Florida Department of Environmental Protection
South District
P.O. Box 2549
Fort Myers, Florida 33902-2549

Re: Camp Florida
10,000 Gallon Hydropneumatic Tank

To Whom It May Concern:

The approximate 10,000 gallon steel hydropneumatic tank at Camp Florida RV Park, located at 233 Shoreline Drive, Lake Placid was inspected by personnel under my supervision. The tank was in good condition structurally. The interior coating was in fair condition with some rust and corrosion particularly above the water line, but no severe corrosion or deep pitting was found. The exterior paint was in good condition with no noticeable corrosion or pitting.

The interior was sand blasted to near white then coated with 2 coats of Sherman Williams ANSI/NSF 61 Macropoxy 646 - PW epoxy in accordance with the manufacturers recommended specifications. It is our professional opinion that the structural condition and coating integrity are sound and that the tank should remain in good working condition until the next inspection is due on or by July 30, 2016.

If you have any questions or need any additional information, please let me know.

Sincerely,

7/18/11

Roger Dale Polston, FL PE #33222
Polston Engineering, Inc. BPE CA #5684

POLSTON ENGINEERING, INC.

PROFESSIONAL ENGINEERING CONSULTANTS
ENVIRONMENTAL SOIL SCIENTIST

LAND PLANNING
DESIGN
SOIL SCIENCE
ROADS
WATER
WASTE WATER

P.O. BOX 588, SEBRING, FLORIDA 33871-0588 * (863) 385-5564 * FAX (863) 385-2462

July 12, 2011

Drinking Water Program
Florida Department of Environmental Protection
South District
P.O. Box 2549
Fort Myers, Florida 33902-2549

Re: Camp Florida
15,000 Gallon Hydropneumatic Tank

To Whom It May Concern:

The approximate 15,000 gallon steel hydropneumatic tank at Camp Florida, located at 100 Shoreline Drive south of Lake Placid was inspected by personnel under my supervision. The tank was in good condition structurally. The interior coating was in relatively poor condition with some minor rusting mostly above the water line. The exterior paint was in good condition.

The interior was sand blasted to near white finish and recoated with two coats of Sherman Williams Macropoxy 646 PW Epoxy which is compliant with ANSI/NSF 61. It is our professional opinion that the structural and coating integrity are sound and that the tank should remain in good working condition until the next inspection is due on or by July 12, 2016.

If you have any questions or need any additional information, please let me know.

Sincerely,

7/12/11

Roger Dale Polston, FL PE #33222
Polston Engineering, Inc. BPE CA #5684

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
South District Office
P.O. Box 2549
Fort Myers, FL 33902-2549

RICK SCOTT
GOVERNOR

JENNIFER CARROLL
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

(F)

January 15, 2013

Mr. John H. Lovelette, Vice President
Harvest Corporation
7406 US 27 North
Sebring, Florida 33870
jlovelette@hotmail.com

Re: Highlands County - PW
The Woodlands of Lake Placid-Plant#1 and Plant#2
PWS I.D. Number: 6280304
Overdue Chemical Analyses Results

Dear Mr. Lovelette:

The purpose of this letter is to notify you that the Department has not yet received the laboratory analyses results for the following samples that were required to have been collected at each of The Woodlands of Lake Placid public drinking water systems during the 2012 calendar year: Primary Inorganic Contaminants Group (including Nitrate, and Nitrite), Secondary Contaminants Group, Volatile Organic Contaminants Group, and Synthetic Organic Contaminants Group (except Dioxin). In accordance with Rule 62-550.730, Florida Administrative Code, these sample results should have been submitted to the Department by no later than **JANUARY 10, 2013.**

If monitoring for the above-referenced contaminants *was* performed by each of these water systems during the 2012 calendar year, please submit the laboratory analyses results to the Department (in approved drinking water format) as soon as possible, but postmarked by no later than **JANUARY 22, 2013.** Please note that the failure to submit the above-referenced laboratory analyses results to the Department by **JANUARY 22, 2013,** will result in monitoring and reporting violations, which may also result in enforcement action.

If you have any questions, please contact Patty Baron at Patty.Baron@dep.state.fl.us, or call (239) 344-5615.

Sincerely,

O. James Oni
Professional Engineer
Water Facilities

OJO/PB/isc
cc: Mr. Ronald Anthony Cozier, highvest@hotmail.com
US Water Corp, Rhiggins@uswatercorp.com

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

FILE

CERTIFIED MAIL NO.: 7005 2570 0001 3276 7262
RETURN RECEIPT REQUESTED

June 15, 2010

Mr. John H. Lovelette
7200 US 27 North
Sebring, FL 33870
E-mail: jlovelette@hotmail.com

RE: Highlands County-PW
The Woodlands
PWS ID: 6280304
Failure to Perform Public Notice

Entered into OCULUS
South District

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 your drinking water system records indicates that violations of Florida Statutes (F.S.) and Rules may exist at the above-described facility.

> DEP Form 62-555.900(16) *PWS Certification of Notification of Lead and Copper Tap Sample Results* was due to the Department on December 19, 2009 for the tap that exceeded the lead action level on September 15, 2009. As of the date of this letter, the Department has not received this form.

The activities at your facility that may be contributing to the specified violations of the described statutes or rules should be ceased and corrected immediately.

Please contact **Philip Reed at (239) 332-6975, ext. 135,** or at the letterhead address **within 10 days** of receipt of this Warning Letter to **arrange a meeting or teleconference** to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

7005 2570 0001 3276 7262

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Mr. John H. Lovelette
7200 US 27 North
Sebring, FL 33870-1040

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. John H. Lovelette
7200 US 27 North
Sebring, FL 33870-1040

RECEIVED
JUN 21 2010
D.E.P. South District

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Leon Lutsen C. Date of Delivery 6-17-10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

☐ Express Mail
☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from 7005 2570 0001 3276 7262

Phil

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Water®
Services Corporation

FILE

Water and Wastewater Utility Operations, Maintenance, Engineering, Management

May 20, 2013

Gordon Romeis
FDEP South District
PO Box 2549
Ft Myers, FL 33902

RE: The Woodlands of Lake Placid (LP Waterworks, Inc.)
Highlands County
PWS No. 6280304

Dear Mr. Romeis:

This information is provided in response to the items addressed in your letter dated April 10,, 2013.

1. **Deficiency – There is a buildup of vegetation around the east well. Please remove the vegetation and keep the pad clean.**

   Vegetation has been cut around the east well.

2. **Deficiency – The hydro tanks have shut off valves installed between the tanks and the pressure relief valves. Please lock and seal the shutoff valves open for normal operation.**

   A lock has been installed on the Hydro tank shut off valve.

3. **Deficiency – At the time of the inspection the Department was not able to determine the date of the last inspection of the east tank. Please provide this information.**

   The 15,000 gallon hydro tank was inspected on July 12, 2011 and the 10,000 gallon hydro tank was inspected on July 18, 2011. Both were inspected, signed and sealed by Roger Dale Polston, FL PE #33222, Polston Engineering, Inc. BPE CA #5684.

4939 Cross Bayou Boulevard ≈ New Port Richey ≈ Florida 34652

Ph: 727-848-8292 ≈ Fx: 727-849-4219 ≈ Toll Free: 866-753-8292

4. **Deficiency – At the time of the inspection the Department was not able to determine the date of the last calibration check for the plant flow meter. Please provide date of the last calibration.**

   A current flow calibration could not be located and was scheduled to be done on May 16, 2013.

5. **Deficiency – At the time of the inspection the Department was not able to locate records for testing of cross connection control devices, a cross connection plant, a record of auxiliary power maintenance, or an emergency preparedness plan. Please locate these records or prepare new ones and advise the Department that they are available for inspection.**

   USWS Engineering is preparing these items and will advise the Department when they are available for review.

6. **Deficiency – At the time of the inspection there was not a self contained breathing apparatus present at the plant. Please provide or advise the Department of the location of the existing unit.**

   The self contained breathing apparatus is kept in the operator's vehicle.

If there are any questions or concerns regarding this letter, please contact me at 866-753-8292, ext. 246.

Sincerely,

Sharon Maluk
Compliance Quality Control
U.S. Water Services Corporation

CC: Gary Deremer, LP Waterworks Inc.

gave copy to Ron on 4/22

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

SOUTH DISTRICT
P.O. BOX 2549
FORT MYERS, FL 33902-2549

RICK SCOTT
GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

in database
in computer

April 10, 2013

Robin Higgins
US Water Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
rhiggins@uswatercorp.com

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

Dear Ms. Higgins:

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

If there are deficiencies listed in the Report, they may be violations of Rules 62-550 and 62-555, F.A.C. Please correct all deficiencies as soon as possible and notify the Department in writing of corrective actions completed by no later than May 10, 2013. For those deficiencies which cannot be corrected by that date, please submit a written request for a time extension that proposes specific deadlines to complete corrective actions.

If you have any questions, please contact me at the letterhead address or call 239-344-5688, or by e-mail at Gordon.Romeis@dep.state.fl.us. All correspondence must include the system name and PWS I.D. number.

Sincerely,

Gordon Romeis

Gordon Romeis
Environmental Consultant

CC: Shortutility@embarqmail.com

Compliance Inspection Form

BASIC INSPECTION AND SYSTEM INFORMATION

Water system: THE WOODLANDS OF LAKE PLACID System Type: SC System PWS #: 6280304 Date of inspection: 4/4/13

System address:

System phone: 863-382-1183 Cell:

Fax number: 863-382-6872 Email: jlovelette@hotmail.com

Owner name: JOHN H. LOVELETTE Owner title: VICE PRESIDENT

Owner address: 7406 US 27 NORTH SEBRING, FL 33870

Owner phone: 863-382-1183 Cell:

Fax number: 863-382-6872 Email: jlovelette@hotmail.com

Operator required? ☒Yes ☐No (If "No", *Operator* sections not applicable) Operator name: US WATER

Operator Email RHIGGINS@USWATERCORP.COM Phone 727-848-8292 ex. 203 Fax:

Y=Yes N=No NA=Not Applicable *=See comment below

SOURCE - WELL INFORMATION

Well Number	AAI 0057	AAI 0056	
Setbacks Complaint?	Y	Y	
Well head sealed? (Pad/conduit/openings)	Y	Y	
Well casing 12" above grade? (2002)	Y	Y	
Casing vent compliant? (2003)	NA	NA	
Check valve compliant?	Y	Y	
Tap Compliant? (Smooth/12" high/pre-check)	Y	Y	
6' x 6' x 4" pad (2002)	Y	Y	
Flow measurable?	Y	Y	
Well security measures compliant?	Y	Y	
Auxiliary power? (C/350pop/150con)	Y	Y	

TREATMENT

Cl storage compliant (no organics/acid/soda)	Y	
Treated sample tap provided?	Y	
Plant security measures compliant?	Y	
CL testing following S.O.P.	Y	
HYPO: Cl solution NSF approved?	NA	
HYPO: Solution vat compliant?(covered/etc)	NA	
HYPO: Safety: (Gloves/Apron/Eyewash/etc)	NA	
GAS: Spare chlorination compliant?	NA	
GAS: Loss of chlorine alarm compliant?	Y	
GAS: Cl room compliant?(separate/ventilation)	Y	
GAS: Scales compliant?	Y	
GAS: Auto switchover provided?	NA	
GAS: Safety:(SCBA/Gloves/Ammonia/Panic HW)		
ADDITIONAL		

STORAGE

Tank Number	H- 10,000	H - 10,000	
Inspections compliant? (annual/5yr)	Unknown	Y	
Overflow/Vents compliant?	NA	NA	
Pressure relief valve provided? (hydro)	Y	Y	
Security measures compliant?	Y	Y	

DISTRIBUTION

Flushing of dead ends compliant?	Y
Valve maintenance compliant?	Y
Distribution map (C/350/150)	Y
Distribution CL grab samples compliant ≥3300: 1 grab per day serving water or 5 days per wk (whichever less) < 3300: 1 grab per day serving water or 2 days per wk (whichever less)	Y

OPERATIONAL

[illegible] compliance plan?	Y
[illegible] (C/350/150)	Unknown
[illegible] sampling plan	Y
[illegible] performance records	NA
[illegible] cross connection control plan (C)	Unknown
[illegible] sampling plan (C/NC)	Unknown
[illegible] compliance? (C)	Unknown
[illegible] preparedness plan (C/350/150)	Unknown
O & M log compliant?	Y
Operator visits compliant?	Y
MORs submittal compliant?	Y

[illegible] LAST INSPECTION SANITARY SURVEY

Last inspection fully compliant? ☒Yes ☐No (*see below*)

Are any of the deficiencies "repeats"?

Have deficiencies been addressed?

[illegible] SAMPLE RESULTS

Plant	Distribution
1.2 Cl (mg/L)	2.0 Cl (mg/L)
Conducted By: Gordon	Conducted By: Gordon
Time: NR	Time: 1:22 pm
Location: Plant Tap	Location: Remote Tap

FDEP Test Kit # 2 Was Used During Inspection

COMMENTS

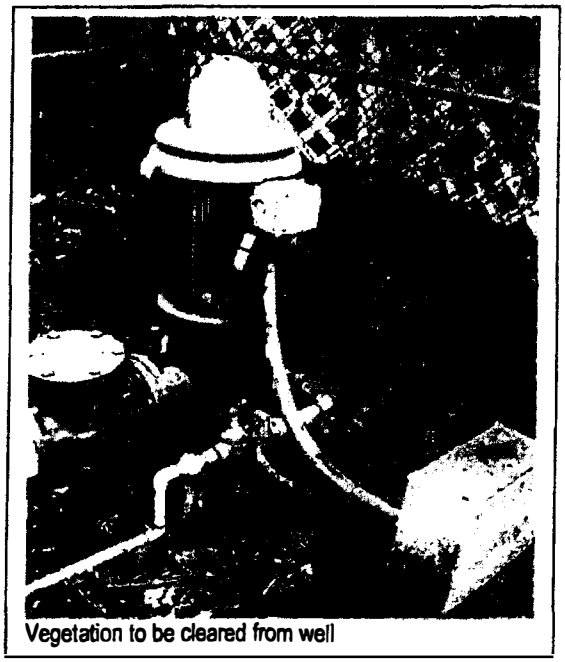
DEFICIENCIES

1. There is a buildup of vegetation around the east well. Please remove this vegetation and keep the pad clean. Florida Administrative Code Rule 62-555.350 (2)
2. The hydropneumatic tanks have shut off valves installed between the tanks and the pressure relief valves. Please lock or seal the shutoff valves open for normal operation. The O&M manual for the plants should include procedures that identify who may close the shutoff valves, instructing such person(s) to remain at the shutoff valves during the time the shutoff valves are closed and requiring them to lock or seal the shutoff valves open before leaving the shutoff valves. Florida Administrative Code Rule 62-555.350 (2)
3. At the time of the inspection the Department was not able to determine the date of the last inspection of the east hydropneumatic tank. Please provide this information. If the tank has not been inspected within the last 5 years please have the tank inspected. Florida Administrative Code Rule 62-555.350 (2)
4. At the time of the inspection the Department was not able to determine the date of the last calibration check for the plant flow meter. Please provide the date of the last calibration. If the flow meter has not been checked within the last 5 years please have the calibration checked and provide that information to the Department. Florida Administrative Code Rule 62-555.320 (8)(b)
5. At the time of the inspection the Department was not able to locate records for testing of cross connection control devices, a cross connection control plan, a record of the auxiliary power maintenance, or an emergency preparedness plan. Please locate these records or prepare new ones and advise the Department that they are available for inspection. The Department will schedule a follow up inspection at a subsequent date. Florida Administrative Code Rule 62-555.350 (2)
6. At the time of the inspection there was not a self contained breathing apparatus present at the plant. Please provide one or advise the Department of the location of the existing unit. Florida Administrative Code Rule 62-555.320 (13) (a) 10

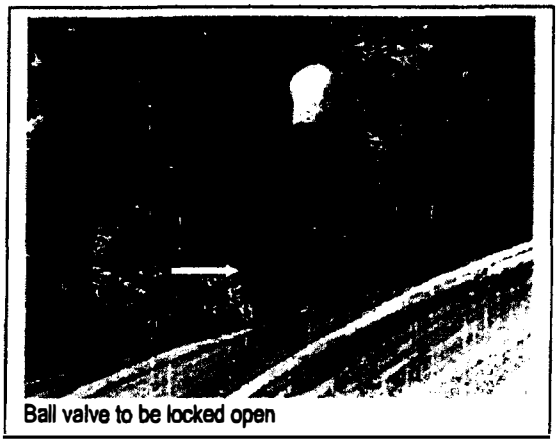
REMARKS AND RECOMMENDATIONS

1. It is strongly recommended that the disinfectant be changed from gas chlorine to liquid chlorine. If you wish to pursue this option, a permit modification from the Department will be required. For further information please contact James Oni at 239-344-5679.
2. The Department has been advised that the system has recently been purchased by US Water Corp. Please provide information for: the system owner, the system invoice contact (for DEP annual fees), and a contact person if different from the above.
3. The system operator failed to sign the MOR for March 2013. Please ensure that all MORs submitted are signed.

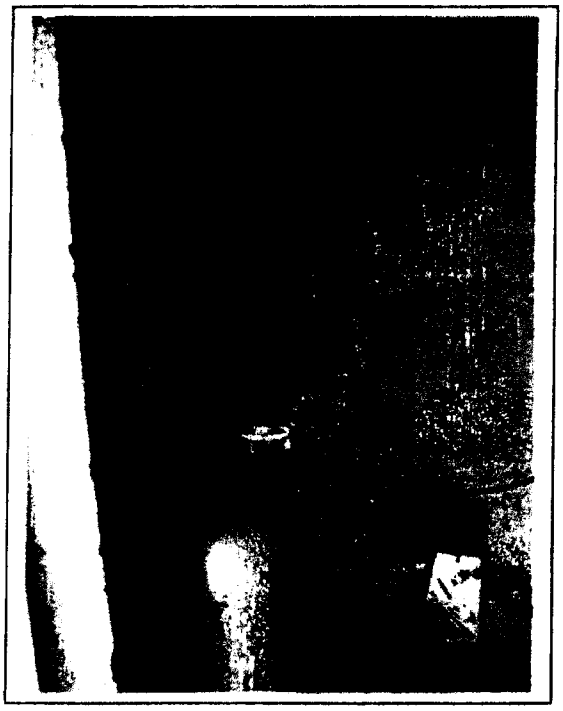
PHOTOS



Vegetation to be cleared from well



Ball valve to be locked open



INSPECTOR'S SIGNATURE Gordon Lowe TITLE EC DATE: 4/10/13

REVIEWED BY _____ TITLE ESIII DATE: 04/10/13

May 9, 2010

Re: LP Waterworks, Inc.

PWS ID Number: 6280304

Corrective Action for April 10, 2013 Compliance Inspection Report;

Deficiencies:

1) Vegetation has been cut around East Well
2) A lock has been installed on the Hydro-pneumatic tank shut off valve
3) USW cannot locate the requested document, USW will schedule an inspection for the tank and forward the results to your office.
4) We cannot locate the latest calibration check for the flow meter, USW has scheduled the calibration for 5/16/2013
5) A Cross Connection Control preparedness plan is being upgraded by USW Engineering department. As soon as it is complete we will forward a copy to the department
6) The self-contained breathing apparatus is in the operator's vehicle.

Sharon Maluk

From: Ron Derossett
Sent: Monday, May 20, 2013 9:30 AM
To: Sharon Maluk
Subject: FW: LP Waterworks - WTP tank inspections.

Please add to response. Thanks

Ron DeRossett
US Water Services
Utility Manager
904.540.9765

From: Ron Derossett [mailto:rderossett@uswatercorp.net]
Sent: Saturday, May 11, 2013 10:28 AM
To: Sharon Maluk (smaluk@uswatercorp.com)
Subject: FW: LP Waterworks - WTP tank inspections.

FYI

Ron DeRossett
US Water Services
Utility Manager
904.540.9765

From: John Lovelette [mailto:jlovelette@hotmail.com]
Sent: Saturday, May 11, 2013 9:34 AM
To: Ron Derossett
Cc: Carl Smith
Subject: RE: LP Waterworks - WTP tank inspections.

Ron:

I have a copy of the reports in my file. The 15,000 gallon tank inspected on July 12, 2011. The 10,000 gallon tank inspected on July 18, 2011. Both due in July of 2016. Inspection signed & sealed by Roger Dale Polston, FL PE #33222, Polston Engineering, Inc. BPE CA #5684.

Carl should have copies of these, if not, let me know and I will send you a copy.

From: rderossett@uswatercorp.net
Date: Fri, 10 May 2013 13:42:50 -0400
Subject: LP Waterworks - WTP tank inspections.
To: jlovelette@hotmail.com

Good Afternoon John,

I'm responding to a DEP report on the Water system, and they need the date of the last tank inspections, I cannot find it, do you know the date? Any help would be appreciated. Thank you

Ron DeRossett
US Water Services
Utility Manager
904.540.9765

LP Waterworks, Inc.

USAGE AND BILLING REPORT

	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13		
Read Period		12/28/12-01/30/13	01/31/13-02/27/13	02/28/13-03/28/13	03/29/13-04/30/13	05/01/13-06/03/13								
Billed		02/05/13	03/05/13	04/03/13	05/03/13	06/07/13							Annual Totals	Annual Averages
Total Well Withdrawal Per Calendar Month		1,778,900	1,734,800	1,912,000	1,502,100	1,572,600							8,500,400	1,700,080
Purchased Water		0	0	0	0	0	0	0	0	0	0		0	0
Total Gross Source		1,778,900	1,734,800	1,912,000	1,502,100	1,572,600	0	0	0	0	0	0	8,500,400	1,700,080
Monthly Water Revenue		$5,703.39	$4,893.75	$5,694.95	$4,501.21	$4,566.02							$25,359.32	$5,071.86
Water Gallons Used/Billed		1,565,000	1,212,000	1,565,000	1,019,000	1,081,000							6,442,000	1,288,400
Water Gallons Flushing/Maint		88,945	86,740	95,800	75,105	78,630	0	0	0	0	0	0	425,020	85,004
Estmated Use - Water Breaks		0	0	0	0	0							0	0
Total Use		1,653,945	1,298,740	1,660,600	1,094,105	1,159,630	-	-	-	-	-	-	6,867,020	1,373,404
Percentage Unaccounted For		7.02%	25.14%	13.15%	27.16%	26.26%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	19 22%	19.22%
Water Gallons Unaccounted		124,955	436,060	251,400	407,995	412,970	-	-	-	-	-	-	1,633,380	326,676
Monthly Sewer Revenue		$4,442.23	$4,197.01	$4,422.85	$3,900.73	$3,753.21							$20,716.03	$4,143.21
Sewer Gallons Used/Billed		1,322,000	1,035,000	1,390,000	857,000	863,000							5,467,000	1,093,400

LP Waterworks, Inc.
Water and Wastewater Equipment List

Item	Total	Unit
Water Treatment Plant #1		
10" Well - 1,780	1	EA
Vertical Turbine Well Pump - Goulds 10.DHLO-6; 50 HP	1	EA
15,000 Gallon Hydropneumatic Tank	1	EA
Spare Motor - 50 HP	1	EA
Gas Chlorination System - Single Tank, Single Scale, Wallace & Tiernan, Regal Vacuum Monitor	1	EA
Sentry-Pro Generator	1	EA
Land		
Water Treatment Plant #2		
6" Well - Unknown Depth	1	EA
Vertical Turbine Well Pump - Goulds 63363-5; 25 HP	1	EA
10,000 Gallon Hydropneumatic Tank	1	EA
Spare Motor - 25 HP	1	EA
Gas Chlorination System - Single Tank, Single Scale, Wallace & Tiernan, Regal Vacuum Monitor	1	EA
Land		
Water Distribution System		
8" PVC Water Main	2,790	LF
6" PVC Water Main	9,440	LF
4" PVC Water Main	1,660	LF
3" PVC Water Main	2,818	LF
2" PVC Water Main	920	LF
1" PVC Water Main	9,258	EA
5/8" Water Meter	198	EA
1" Water Meter	2	EA
2" Water Meter	4	EA
Meter Boxes	204	EA
Wastewater Treatment Plant		
One (1) Lift Station - 25 ft deep X 12 ft diameter, Two (2) Pumps 3HP Each	1	EA
WWTP 50,000 Gallon; One (1) EQ Tank w/ Two EQ Pumps; Two (2) Treatment Trains w/ Aeration and Clarification; Two (2) Blowers; One (1) Digester; Two (2) CCC's w/ One (1) Chlorine Storage Tank & One (1) Chlorine Feed Pump	1	EA
Disposal Ponds @ 3,000 sqft Bottom Area Each	2	EA
Land - WWTP		Sq Ft
Land - Lift Station		Sq Ft
Wastewater Collection System		
12" PVC Gravity Sewer	88	LF
10" PVC Gravity Sewer	1,600	LF
8" PVC Gravity Sewer	2,540	LF
6" PVC Gravity Sewer	4,520	LF
4" PVC Gravity Sewer	590	LF
4" PVC Force Main	1,760	LF
Precast Manholes	43	EA
PVC Clean-Outs	2	EA

EXHIBIT "A"

WATER PLANT No. 1

A parcel of land located in the Northeast 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, Page 93, Highlands County, Florida; thence S70° 46'35"E along the North line of said Lot 3, extended, a distance of 36.23 feet; thence N68° 40'00"E, a distance of 147.45 feet to the West line of Lot 21, Block K of said Replat; thence S08° 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° 40'00"W along the Northwesterly line of Lots 23 through 27, Block K, a distance of 147.08 feet; thence N71° 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° 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° 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° 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.

WATER PLANT No. 2

A parcel of land located in the Northwest 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 U.S. 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.

WASTEWATER TREATMENT PLANT

A Portion of the East 1/2 of the East 1/2 of the Southwest 1/4 of Section 8, Township 37 South, Range 30 East, Highlands County, Florida, being more particularly described as follows: Commence at the Southeast corner of the Southwest 1/4 of the aforesaid Section 8; thence run N89° 46'50"W along the South line of said Southwest 1/4 of Section 8 for a distance of 668.03 feet to the intersection with the West line of the East 1/2 of the East 1/2 of said Southwest 1/4; thence run N1° 09'49"W along the West line of the East 1/2 of the East 1/2 of the Southwest 1/4 for a distance of 450.01 feet to the POINT OF BEGINNING of the Tract of land hereinafter to be described; thence continue N1° 09'49"W along the last described course for a distance of 300.00 feet to a point; thence run S89° 46'50"E parallel to the South line of said Southwest 1/4 of Section 8 for a distance of 410.00 feet to a point; thence run S1° 09'49"E, parallel to the West line of the East 1/2 of the East 1/2 of said Southwest 1/4 for a distance of 300.00 feet to a point; thence run N89° 46'50"W parallel to the South line of said Southwest 1/4 of a distance of 410.00 feet to the POINT OF BEGINNING.
SUBJECT to that certain Florida Power Corporation Easement recorded in O.R. Book 261, Page 300, Public Records of Highlands County, Florida; AND the right of ingress and egress over and upon that certain easement described as the East 50.01 feet of the West 260.01 feet of the South 450.01 feet of the East 1/2 of the East 1/2 of the Southwest 1/4 of Section 8, Township 37 South, Range 30 East, Highlands County, Florida.

U.S. Water
Services Corporation

4938 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	775365
Date	2/21/2013
Due Date	3/23/2013
Account #	2554
P.O. No.	

PAID
05/14/2013

Bill To
LP Waterworks Attn: Amy Williams 4939 Cross Bayou Boulevard New Port Richey, FL 34652

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

Project
2554-06 install floats/alternator WWTP

Date	Description	Qty or Hrs	Unit	Rate	Amount
	Install floats and alternator at WWTP. Installed (2) new control floats for surge pumps, new knife valve and alternator in blower control panel.				
1/16/2013	Tradesman	8	Hours	57.91	463.28
1/16/2013	Maintenance Technician	6.5	Hours	52.01	338.07
1/2/2013	Materials to Complete Scope of Service	1	LS	179.81	179.81

Please remit payment to the above address. We appreciate your business!

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

Total	$981.16
Payments/Credits	$-981.16
Balance Due	$0.00

U.S. Water Services Corporation

4938 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	775365
Date	2/21/2013
Due Date	3/23/2013
Account #	2554
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PAID 05/14/2013

Bill To
LP Waterworks Attn: Amy Williams 4939 Cross Bayou Boulevard New Port Richey, FL 34652

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

Project
2554-06 install floats/alternator WWTP

Date	Description	Qty or Hrs	Unit	Rate	Amount
	Install floats and alternator at WWTP. Installed (2) new control floats for surge pumps, new knife valve and alternator in blower control panel. Cleaned up around WWTP.				
1/16/2013	Tradesman	8	Hours	57.91	463.28
1/16/2013	Maintenance Technician	6.5	Hours	52.01	338.07
1/2/2013	Materials to Complete Scope of Service	1	LS	179.81	179.81

Please remit payment to the above address. We appreciate your business!

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

Total	$981.16
Payments/Credits	$-981.16
Balance Due	$0.00

U.S. Water Services Corporation

4938 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	780135
Date	6/24/2013
Due Date	7/24/2013
Account #	2554
P.O. No.	

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

Bill To
LP Waterworks Attn: Amy Williams 4939 Cross Bayou Boulevard New Port Richey, FL 34652

Project
2554-07 repairs to well at WWTF

Date	Description	Qty or Hrs	Unit	Rate	Amount
	Repairs to well at WWTF. Replaced 1-1/4" brass check valve and pressure tank. Replaced guide van/diffuser and impeller for pump.				
5/23/2013	Materials and Labor to Complete Scope of Service	1	LS	558.97	558.97

Please remit payment to the above address. We appreciate your business!

Total	$558.97
Payments/Credits	$0.00
Balance Due	$558.97

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

LP WW CIP

Item					
1	PSC Fee - *Direct Payment to PSC*	2,000.00	Org Cost	PSC Fee	Feed Paid to PSC
					Note: Well at sewer plant on someone elses property - to be connected to our potable water system.
	WWTP				
2	*Direct Purchase by LP*	7,000.00	Install new non-potable well		Internal Estimate - Not Possible for Full Cost Quote from Well Drilling Co's.
3		8,000.00	Install new 5KG Digester		Install 5,000 Gallon Digester
4		7,600.00	misc. capital		i.e. Replace PV Air Header with Galvanized 3" x 96' ; Misc
5		1,300.00	Fence repair		Parameter Fence Repair
		10,000.00	Aeration System upgrade		Replace 1 blower and upgrade 1 blower
5		33,900.00			
	Master LS				
6		8,000.00	2 new pumps		Replace Two 5 HP Pumps
		8,000.00			
	WTP #1				
7		3,800.00	New gas chlorination equipment		Includes Automatic Switchover (____ Cylinder System) (Mike Budin has a W/Up on another system -VP Requested)
8		6,000.00	Misc. capital		Roof Replacement WTP#1 Building
9		1,250.00	auto dialer		Annual website contract 250.00/yr
		11,050.00			
	WTP #2				
10		10,000.00	CL2 Feed System Replacement		

11		1,250.00	Auto Dialer	
12	*Direct Purchase by LP*	2,500.00	Self Contained Breathing Apparatas	USA Blue Book (Salia orders - may have quote VP to chec
		13,750.00		
	Distribution System			
13	Meter Replacement	8,560.00	98 Meters per Year	Checking - Running Zero Reads Report
	Total System			
14	CADD Mapping	7,000.00		Confirm Utilty Infrastructure and create AutoCAD Mappir
	TOTAL PLANNED CIP	**84,260.00**		

OTHER CIP COMPLETED

WTP's	1,137.70	(1)Installed new pump stands at pressure pumps 1 & 2. (2) Installed ne #1 and #2 Hydro Tanks. (3) Installed pressure gauge on Hydro Tan Installed hardware cloth around fans in CL2 rooms. $1,137.70
WWTP	558.97	WWTP: (1) Replaced 1.25" Brass Check Valve and Pressure Tank. (2) guide van/diffuser and impeller for pump. $558.97
	981.16	(3) Installed new control floats for surge pump (4)Installed new knife alternator in blower control panel. $981.16
Sub Total	1,540.13	
CIP Pending & Complete	85,800.13	

U.S. Water Services Corporation

4939 Cross Bayou Boulevard
New Port Richey, FL 34652

Estimate

Date	6/14/2013
Estimate #	2554-04
Account #	2554
P.O. No.	
Terms	
Phone #	727-848-8292
Fax #	727-848-7701

LP Waterworks
Attn: Amy Williams
5320 Captains Court
New Port Richey, FL 34652

Project
2554-04 PLANNED CIP - Wtr & WW

Description	Qty	Rate	Total
LP WATER AND WASTEWATER UTILITY SYSTEMS - PLANNED CAPITAL IMPROVEMENTS:			
WWTP Install 5,000 Gallon Digester	1	7,854.96	7,854.96
Replace PV Air Header with Galvanized 3" x 96'; and Small Misc Repairs - not to exceed:	1	7,600.00	7,600.00
Parameter Fence Repair	1	1,294.58	1,294.58
Aeration System upgrade: Replace 1 blower and upgrade 2nd blower	1	9,823.69	9,823.69
MASTER LIFT STATION Replace Two 5 HP Pumps	2	3,956.23	7,912.46
WATER TREATMENT PLANT #1 New gas chlorination equipment - Includes Automatic Switchover / (Cylinder System)	1	3,798.00	3,798.00
Roof Replacement WTP#1 Building	1	5,846.21	5,846.21
Auto Dialer Replacement	1	1,250.00	1,250.00
WATER TREATMENT PLANT #2 CL2 Feed System Replacement	1	9,981.57	9,981.57
Auto Dialer Replacement	1	1,250.00	1,250.00
TOTAL SYSTEM Infrastructure Confirmation, Create Mapping via AutoCAD	1	7,122.05	7,122.05
Proposal as quoted represents, labor, material and project management specific to items listed. With exception of emergency circumstances, should it become necessary to perform additional services due to unforeseen circumstances, a change order will be required. Effective term is 30 days from date of proposal			
Thank you for allowing us to present this proposal. Please provide formal notification to proceed.	**Total**		$63,733.52

MAROLF ENVIRONMENTAL, INC.

4430 Erie Drive
New Port Richey, Florida 34652
Phone (727) 843-0681
Fax (727) 843-0650
License # CGC15111379

Quotation No. **Quotation Date:** June 15, 2013

Quotation To: LP Waterworks **Quotation For:** LP Water CPI Projects

Attn: Amy Williams

		Price	Total
1	WWTP- Install 5000 Gallon Digester (1)	**$ 8,926.09**	**$ 8,926.09**
2	Replace PV & Galvanized Header	**$ 8,442.00**	**$ 8,442.00**
3	Fence repair	$ 1,483.00	**$ 1,483.00**
4	RepaiExisting Blower (1), Supply install New Blower (1)	**$ 11,694.00**	**$ 11,694.00**
5	5 HP Pumps (2) @ Mater Lift Station	$ 4,303.00	**$ 4,303.00**
6	New Gas CL2 Equipment @ WTP # 1	$ 4,267.40	**$ 4,267.40**
7	Replace Roof at WTP # 1 Building	$ 6,644.00	**$ 6,644.00**
8	Replace Auto Dialer @ WTP # 1	$ 1,379.00	**$ 1,379.00**
9	CL2 Feed Rplacement @ WTP#2	$ 11,898.00	**$ 11,898.00**
10	Replace Auto Dialer @ WTP # 2	$ 1,379.00	**$ 1,379.00**
11	Confirm and Report on Infastructure with Azuto Cad Drawings	$ 9,800.00	**$ 9,800.00**
	Total		**$ 70,215.49**

Payment Terms:
net 30

Price is firm for 30 days.

Purchaser's execution of this quotation constitutes an offer to purchase the above, subject to above terms. Jurisdiction remains in Pasco County, Florida

By: Donnie Fraize **For:** *MAROLF ENVIRONMENTAL, INC.*

Date: 05/15/2013