

# FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

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LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

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# ADDITIONAL ENGINEERING INFORMATION

LAKE PLACID UTILITIES, INC.

**DOCKET NO.: 060260-WS** 

HIGHLANDS COUNTY

# **INDEX**

	<u>TAB</u>
DETAILED MAP	1
CHEMICALS USED	2
CHEMICAL ANALYSIS	3
OPERATIONS REPORT	4
INSPECTION REPORTS	5
PERMITS	6
NOTICES	7
FIELD EMPLOYEES	8
VEHICLES	9
CUSTOMER COMPLAINTS	10

ADDITIONAL ENGINEERING INFORMATION
LAKE PLACID UTILITIES, INC.
DOCKET NO.: 060260-WS
HIGHLANDS COUNTY

Test Year Ended December 31, 2005

# LAKE PLACID UTILITIES, INC.

**DOCKET NO.: 060260-WS** 

HIGHLANDS COUNTY

25.30-440 (1) Detailed Map

# LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

25.30-440 (2) Chemicals Used

Test Year Ended December 31, 2005

Dosage rates vary depending on various factors in order to produce potable water or treated effluent that meets all regulatory requirements.

LAKE PLACID UTILLITIES INC	Company	W/S	Invoice Number	Type	Quantity	Per Unit	Amount	Tax	Total
LAKE PLACID UTILITIES INC   W&S   3591	LAKE PLACID UTILITIES INC	W&S	3581	Lime	8	7.50			
LAKE PLACID UTILITIES INC   W65   3601					1	75.00			
LAKE PLACID UTILITIES INC								-	135.00
LAKE PLACID UTILITIES INC					173		198.95		
LAKE PLACID UTILITIES INC			TOTAL PROPERTY.		1	9.00			
LAKE PLACID UTILITIES INC							207.95	-	207.95
LAKE PLACID UTILITIES INC					229				
LAKE PLACID UTILITIES INC					1	8.00			
LAKE PLACID UTILITIES INC							259.90	-	259.90
LAKE PLACID UTILITIES INC   W&S   75655   Sodium Hypochlorite   140   0.85   119.00   .						0.85	136.00	•	136.00
LAKE PLACID UTILITIES INC   W&S   76012   Sodium Hypochlorite   195   0.95   185.25   .					110	0.85	93.50	-	93.50
LAKE PLACID UTILITIES INC						0.85	119.00	-	119.00
LAKE PLACID UTILITIES INC					195	0.95	185.25	-	185.25
LAKE PLACID UTILITIES INC				Sodium Hypochlorite	130	0.95	123.50	-	123.50
LAKE PLACID UTILITIES INC			78085	Lime	8	7.50	60.00		
LAKE PLACID UTILITIES INC				Stabilization	1	60.00	60.00		
LAKE PLACID UTILITIES INC   W&S   80968   Hypochloritesolutions   130   0.95   123.50   -	LAKE PLACID UTILITIES INC		78085	Total for invoice No. 78085			120.00	-	120.00
LAKE PLACID UTILITIES INC         W&S         81730         Hypochloritesolutions         155         0.95         147.25         -           LAKE PLACID UTILITIES INC         W&S         83026         Sodium Hypochlorite         155         0.95         147.25         -           LAKE PLACID UTILITIES INC         W&S         83026         Sodium Hypochlorite         55         0.95         52.25         -           LAKE PLACID UTILITIES INC         W&S         83040         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         83040         Stabilization         1         60.00         60.00           LAKE PLACID UTILITIES INC         W&S         84783         Sodium Hypochlorite         75         0.95         71.25         -           LAKE PLACID UTILITIES INC         W&S         86378         Sodium Hypochlorite         76         0.95         72.20         -           LAKE PLACID UTILITIES INC         W&S         86788         Sodium Hypochlorite         149         0.95         141.55         -           LAKE PLACID UTILITIES INC         W&S         87648         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         876				Sodium Hypochlorite	180	0.95	171.00	-	171.00
LAKE PLACID UTILITIES INC   W&S   83026   Sodium Hypochlorite   155   0.95   147.25   -	LAKE PLACID UTILITIES INC		80968	Hypochloritesolutions	130	0.95	123.50	_	123.50
LAKE PLACID UTILITIES INC         W&S         83026         Sodium Hypochlorite         55         0.95         52.25         -           LAKE PLACID UTILITIES INC         W&S         83040         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         83040         Stabilization         1         60.00         60.00           LAKE PLACID UTILITIES INC         W&S         83040         Total for invoice No. 83040         120.00         -           LAKE PLACID UTILITIES INC         W&S         84783         Sodium Hypochlorite         75         0.95         71.25         -           LAKE PLACID UTILITIES INC         W&S         86378         Sodium Hypochlorite         76         0.95         72.20         -           LAKE PLACID UTILITIES INC         W&S         87625         Sodium Hypochlorite         149         0.95         141.55         -           LAKE PLACID UTILITIES INC         W&S         87648         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         87648         Stabilization         1         75.00         75.00           LAKE PLACID UTILITIES INC         W&S         88391         Sodium Hypochlorite         71	LAKE PLACID UTILITIES INC		81730	Hypochloritesolutions	155	0.95	147.25	-	147.25
LAKE PLACID UTILITIES INC         W&S         83026         Sodium Hypochlorite         55         0.95         52.25         -           LAKE PLACID UTILITIES INC         W&S         83040         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         83040         Stabilization         1         60.00         60.00           LAKE PLACID UTILITIES INC         W&S         83040         Total for invoice No. 83040         120.00         -           LAKE PLACID UTILITIES INC         W&S         84783         Sodium Hypochlorite         75         0.95         71.25         -           LAKE PLACID UTILITIES INC         W&S         86378         Sodium Hypochlorite         76         0.95         72.20         -           LAKE PLACID UTILITIES INC         W&S         87625         Sodium Hypochlorite         149         0.95         141.55         -           LAKE PLACID UTILITIES INC         W&S         87648         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         87648         Stabilization         1         75.00         75.00           LAKE PLACID UTILITIES INC         W&S         88395         Sodium Hypochlorite         71	LAKE PLACID UTILITIES INC	W&S	83026	Sodium Hypochlorite	155	0.95	147.25	-	147.25
LAKE PLACID UTILITIES INC         W&S         83040         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         83040         Stabilization         1         60.00         60.00           LAKE PLACID UTILITIES INC         W&S         83040         Total for invoice No. 83040         120.00         -           LAKE PLACID UTILITIES INC         W&S         84783         Sodium Hypochlorite         75         0.95         71.25         -           LAKE PLACID UTILITIES INC         W&S         86378         Sodium Hypochlorite         76         0.95         72.20         -           LAKE PLACID UTILITIES INC         W&S         87625         Sodium Hypochlorite         149         0.95         141.55         -           LAKE PLACID UTILITIES INC         W&S         87648         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         87648         Stabilization         1         75.00         75.00           LAKE PLACID UTILITIES INC         W&S         87648         Total for invoice No. 87648         135.00         -           LAKE PLACID UTILITIES INC         W&S         89586         Lime         8         7.50         60.00	LAKE PLACID UTILITIES INC	W&S	83026	Sodium Hypochlorite	55	0.95		-	52.25
LAKE PLACID UTILITIES INC         W&S         83040         Stabilization         1         60.00         60.00           LAKE PLACID UTILITIES INC         W&S         83040         Total for invoice No. 83040         120.00         -           LAKE PLACID UTILITIES INC         W&S         84783         Sodium Hypochlorite         75         0.95         72.20         -           LAKE PLACID UTILITIES INC         W&S         86378         Sodium Hypochlorite         149         0.95         141.55         -           LAKE PLACID UTILITIES INC         W&S         87625         Sodium Hypochlorite         149         0.95         141.55         -           LAKE PLACID UTILITIES INC         W&S         87648         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         87648         Stabilization         1         75.00         75.00           LAKE PLACID UTILITIES INC         W&S         87648         Stabilization         1         0.95         67.45         -           LAKE PLACID UTILITIES INC         W&S         88391         Sodium Hypochlorite         71         0.95         67.45         -           LAKE PLACID UTILITIES INC         W&S         89586         Stabilization<		W&S	83040						
LAKE PLACID UTILITIES INC         W&S         83040         Total for invoice No. 83040         120.00         -           LAKE PLACID UTILITIES INC         W&S         84783         Sodium Hypochlorite         75         0.95         71.25         -           LAKE PLACID UTILITIES INC         W&S         86378         Sodium Hypochlorite         76         0.95         72.20         -           LAKE PLACID UTILITIES INC         W&S         87625         Sodium Hypochlorite         149         0.95         141.55         -           LAKE PLACID UTILITIES INC         W&S         87648         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         87648         Stabilization         1         75.00         75.00           LAKE PLACID UTILITIES INC         W&S         8844         Total for invoice No. 87648         135.00         -           LAKE PLACID UTILITIES INC         W&S         88391         Sodium Hypochlorite         71         0.95         67.45         -           LAKE PLACID UTILITIES INC         W&S         89586         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Total for invoice No. 3581         120.00 <td>LAKE PLACID UTILITIES INC</td> <td>W&amp;S</td> <td>83040</td> <td>Stabilization</td> <td>1</td> <td>60.00</td> <td></td> <td></td> <td></td>	LAKE PLACID UTILITIES INC	W&S	83040	Stabilization	1	60.00			
LAKE PLACID UTILITIES INC         W&S         84783         Sodium Hypochlorite         75         0.95         71.25         -           LAKE PLACID UTILITIES INC         W&S         86378         Sodium Hypochlorite         76         0.95         72.20         -           LAKE PLACID UTILITIES INC         W&S         87625         Sodium Hypochlorite         149         0.95         141.55         -           LAKE PLACID UTILITIES INC         W&S         87648         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         87648         Stabilization         1         75.00         75.00           LAKE PLACID UTILITIES INC         W&S         87648         Total for invoice No. 87648         135.00         -           LAKE PLACID UTILITIES INC         W&S         88391         Sodium Hypochlorite         71         0.95         67.45         -           LAKE PLACID UTILITIES INC         W&S         89586         Stabilization         1         60.00         0           LAKE PLACID UTILITIES INC         W&S         89586         Total for invoice No. 3581         120.00         -           LAKE PLACID UTILITIES INC         W&S         89657         Sodium Hypochlorite         73	LAKE PLACID UTILITIES INC	W&S	83040	Total for invoice No. 83040				-	120.00
LAKE PLACID UTILITIES INC         W&S         86378         Sodium Hypochlorite         76         0.95         72.20         -           LAKE PLACID UTILITIES INC         W&S         87625         Sodium Hypochlorite         149         0.95         141.55         -           LAKE PLACID UTILITIES INC         W&S         87648         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         87648         Stabilization         1         75.00         75.00           LAKE PLACID UTILITIES INC         W&S         87648         Total for invoice No. 87648         135.00         -           LAKE PLACID UTILITIES INC         W&S         88391         Sodium Hypochlorite         71         0.95         67.45         -           LAKE PLACID UTILITIES INC         W&S         89586         Lime         8         7.50         60.00         -           LAKE PLACID UTILITIES INC         W&S         89586         Stabilization         1         60.00         60.00         -           LAKE PLACID UTILITIES INC         W&S         89586         Total for invoice No. 3581         120.00         -         -           LAKE PLACID UTILITIES INC         W&S         894342         Sodium Hypochlorite<	LAKE PLACID UTILITIES INC	W&S	84783	Sodium Hypochlorite	<i>7</i> 5	0.95	71.25	-	71.25
LAKE PLACID UTILITIES INC         W&S         87625         Sodium Hypochlorite         149         0.95         141.55         -           LAKE PLACID UTILITIES INC         W&S         87648         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         87648         Stabilization         1         75.00         75.00           LAKE PLACID UTILITIES INC         W&S         87648         Total for invoice No. 87648         135.00         -           LAKE PLACID UTILITIES INC         W&S         88391         Sodium Hypochlorite         71         0.95         67.45         -           LAKE PLACID UTILITIES INC         W&S         89586         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Stabilization         1         60.00         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Total for invoice No. 3581         120.00         -           LAKE PLACID UTILITIES INC         W&S         89587         Sodium Hypochlorite         73         0.95         69.35         -           LAKE PLACID UTILITIES INC         W&S         91843         Sodium Hypochlorite         141         1.10 <t< td=""><td>LAKE PLACID UTILITIES INC</td><td>W&amp;S</td><td>86378</td><td>Sodium Hypochlorite</td><td>76</td><td>0.95</td><td></td><td></td><td>72.20</td></t<>	LAKE PLACID UTILITIES INC	W&S	86378	Sodium Hypochlorite	76	0.95			72.20
LAKE PLACID UTILITIES INC         W&S         87648         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         87648         Stabilization         1         75.00         75.00           LAKE PLACID UTILITIES INC         W&S         87648         Total for invoice No. 87648         135.00         -           LAKE PLACID UTILITIES INC         W&S         88391         Sodium Hypochlorite         71         0.95         67.45         -           LAKE PLACID UTILITIES INC         W&S         89586         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Stabilization         1         60.00         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Total for invoice No. 3581         120.00         -           LAKE PLACID UTILITIES INC         W&S         89587         Sodium Hypochlorite         73         0.95         69.35         -           LAKE PLACID UTILITIES INC         W&S         91843         Sodium Hypochlorite         141         1.10         155.10         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         93         1.10 <td< td=""><td>LAKE PLACID UTILITIES INC</td><td>W&amp;S</td><td>87625</td><td>Sodium Hypochlorite</td><td>149</td><td>0.95</td><td></td><td></td><td>141.55</td></td<>	LAKE PLACID UTILITIES INC	W&S	87625	Sodium Hypochlorite	149	0.95			141.55
LAKE PLACID UTILITIES INC         W&S         87648         Stabilization         1         75.00         75.00           LAKE PLACID UTILITIES INC         W&S         87648         Total for invoice No. 87648         135.00         -           LAKE PLACID UTILITIES INC         W&S         88391         Sodium Hypochlorite         71         0.95         67.45         -           LAKE PLACID UTILITIES INC         W&S         89586         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Stabilization         1         60.00         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Total for invoice No. 3581         120.00         -           LAKE PLACID UTILITIES INC         W&S         89587         Sodium Hypochlorite         73         0.95         69.35         -           LAKE PLACID UTILITIES INC         W&S         91843         Sodium Hypochlorite         141         1.10         155.10         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         93         1.10         102.30         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         114 </td <td>LAKE PLACID UTILITIES INC</td> <td>W&amp;S</td> <td>87648</td> <td>Lime</td> <td>8</td> <td></td> <td></td> <td></td> <td></td>	LAKE PLACID UTILITIES INC	W&S	87648	Lime	8				
LAKE PLACID UTILITIES INC         W&S         87648         Total for invoice No. 87648         135.00         -           LAKE PLACID UTILITIES INC         W&S         88391         Sodium Hypochlorite         71         0.95         67.45         -           LAKE PLACID UTILITIES INC         W&S         89586         Line         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Stabilization         1         60.00         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Total for invoice No. 3581         120.00         -           LAKE PLACID UTILITIES INC         W&S         89587         Sodium Hypochlorite         73         0.95         69.35         -           LAKE PLACID UTILITIES INC         W&S         91843         Sodium Hypochlorite         141         1.10         155.10         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         93         1.10         102.30         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         114         1.10         125.40         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlo	LAKE PLACID UTILITIES INC	W&S	87648	Stabilization	1				
LAKE PLACID UTILITIES INC         W&S         88391         Sodium Hypochlorite         71         0.95         67.45         -           LAKE PLACID UTILITIES INC         W&S         89586         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Stabilization         1         60.00         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Total for invoice No. 3581         120.00         -           LAKE PLACID UTILITIES INC         W&S         89687         Sodium Hypochlorite         73         0.95         69.35         -           LAKE PLACID UTILITIES INC         W&S         91843         Sodium Hypochlorite         141         1.10         155.10         -           LAKE PLACID UTILITIES INC         W&S         92287         Sodium Hypochlorite         93         1.10         102.30         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         114         1.10         125.40         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         148         1.10         162.80         -           LAKE PLACID UTILITIES INC         W&S         972	LAKE PLACID UTILITIES INC	W&S	87648	Total for invoice No. 87648					135.00
LAKE PLACID UTILITIES INC         W&S         89586         Lime         8         7.50         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Stabilization         1         60.00         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Total for invoice No. 3581         120.00         -           LAKE PLACID UTILITIES INC         W&S         89657         Sodium Hypochlorite         73         0.95         69.35         -           LAKE PLACID UTILITIES INC         W&S         91843         Sodium Hypochlorite         141         1.10         155.10         -           LAKE PLACID UTILITIES INC         W&S         92287         Sodium Hypochlorite         93         1.10         102.30         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         114         1.10         125.40         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         148         1.10         162.80         -           LAKE PLACID UTILITIES INC         W&S         97284         Sodium Hypochlorite         169         1.10         185.90           LAKE PLACID UTILITIES INC         W&S         97284         <	LAKE PLACID UTILITIES INC	W&S	88391	Sodium Hypochlorite	71	0.95			67.45
LAKE PLACID UTILITIES INC         W&S         89586         Stabilization         1         60.00         60.00           LAKE PLACID UTILITIES INC         W&S         89586         Total for invoice No. 3581         120.00         -           LAKE PLACID UTILITIES INC         W&S         89657         Sodium Hypochlorite         73         0.95         69.35         -           LAKE PLACID UTILITIES INC         W&S         91843         Sodium Hypochlorite         141         1.10         155.10         -           LAKE PLACID UTILITIES INC         W&S         92287         Sodium Hypochlorite         93         1.10         102.30         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         114         1.10         125.40         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         148         1.10         162.80         -           LAKE PLACID UTILITIES INC         W&S         97284         Sodium Hypochlorite         169         1.10         185.90           LAKE PLACID UTILITIES INC         W&S         97284         Fuelsurcharge         1         8.00         8.00           LAKE PLACID UTILITIES INC         W&S         97284	LAKE PLACID UTILITIES INC	W&S	89586	Lime	8	7.50			
LAKE PLACID UTILITIES INC         W&S         89586         Total for invoice No. 3581         120.00         -           LAKE PLACID UTILITIES INC         W&S         89657         Sodium Hypochlorite         73         0.95         69.35         -           LAKE PLACID UTILITIES INC         W&S         91843         Sodium Hypochlorite         141         1.10         155.10         -           LAKE PLACID UTILITIES INC         W&S         92287         Sodium Hypochlorite         93         1.10         102.30         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         114         1.10         125.40         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         148         1.10         162.80         -           LAKE PLACID UTILITIES INC         W&S         97284         Sodium Hypochlorite         169         1.10         185.90           LAKE PLACID UTILITIES INC         W&S         97284         Fuelsurcharge         1         8.00         8.00           LAKE PLACID UTILITIES INC         W&S         97284         Total for invoice No. 97284         193.90         -           LAKE PLACID UTILITIES INC         W&S         99185         <	LAKE PLACID UTILITIES INC	W&S	89586	Stabilization					
LAKE PLACID UTILITIES INC         W&S         89657         Sodium Hypochlorite         73         0.95         69.35         -           LAKE PLACID UTILITIES INC         W&S         91843         Sodium Hypochlorite         141         1.10         155.10         -           LAKE PLACID UTILITIES INC         W&S         92287         Sodium Hypochlorite         93         1.10         102.30         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         114         1.10         125.40         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         148         1.10         162.80         -           LAKE PLACID UTILITIES INC         W&S         97284         Sodium Hypochlorite         169         1.10         185.90           LAKE PLACID UTILITIES INC         W&S         97284         Fuelsurcharge         1         8.00         8.00           LAKE PLACID UTILITIES INC         W&S         97284         Total for invoice No. 97284         193.90         -           LAKE PLACID UTILITIES INC         W&S         99185         Sodium Hypochlorite         76         1.10         83.60	LAKE PLACID UTILITIES INC	W&S	89586	Total for invoice No. 3581				-	120.00
LAKE PLACID UTILITIES INC         W&S         91843         Sodium Hypochlorite         141         1.10         155.10         -           LAKE PLACID UTILITIES INC         W&S         92287         Sodium Hypochlorite         93         1.10         102.30         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         114         1.10         125.40         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         148         1.10         162.80         -           LAKE PLACID UTILITIES INC         W&S         97284         Sodium Hypochlorite         169         1.10         185.90           LAKE PLACID UTILITIES INC         W&S         97284         Fuelsurcharge         1         8.00         8.00           LAKE PLACID UTILITIES INC         W&S         97284         Total for invoice No. 97284         193.90         -           LAKE PLACID UTILITIES INC         W&S         99185         Sodium Hypochlorite         76         1.10         83.60	LAKE PLACID UTILITIES INC	W&S	89657		73	0.95			69.35
LAKE PLACID UTILITIES INC         W&S         92287         Sodium Hypochlorite         93         1.10         102.30         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         114         1.10         125.40         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         148         1.10         162.80         -           LAKE PLACID UTILITIES INC         W&S         97284         Sodium Hypochlorite         169         1.10         185.90           LAKE PLACID UTILITIES INC         W&S         97284         Fuelsurcharge         1         8.00         8.00           LAKE PLACID UTILITIES INC         W&S         97284         Total for invoice No. 97284         193.90         -           LAKE PLACID UTILITIES INC         W&S         99185         Sodium Hypochlorite         76         1.10         83.60	LAKE PLACID UTILITIES INC	W&S	91843						155.10
LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         114         1.10         125.40         -           LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         148         1.10         162.80         -           LAKE PLACID UTILITIES INC         W&S         97284         Sodium Hypochlorite         169         1.10         185.90           LAKE PLACID UTILITIES INC         W&S         97284         Fuelsurcharge         1         8.00         8.00           LAKE PLACID UTILITIES INC         W&S         97284         Total for invoice No. 97284         193.90         -           LAKE PLACID UTILITIES INC         W&S         99185         Sodium Hypochlorite         76         1.10         83.60	LAKE PLACID UTILITIES INC	W&S	92287					-	102.30
LAKE PLACID UTILITIES INC         W&S         94342         Sodium Hypochlorite         148         1.10         162.80         -           LAKE PLACID UTILITIES INC         W&S         97284         Sodium Hypochlorite         169         1.10         185.90           LAKE PLACID UTILITIES INC         W&S         97284         Fuelsurcharge         1         8.00         8.00           LAKE PLACID UTILITIES INC         W&S         97284         Total for invoice No. 97284         193.90         -           LAKE PLACID UTILITIES INC         W&S         99185         Sodium Hypochlorite         76         1.10         83.60	LAKE PLACID UTILITIES INC	W&S	94342						125.40
LAKE PLACID UTILITIES INC         W&S         97284         Sodium Hypochlorite         169         1.10         185.90           LAKE PLACID UTILITIES INC         W&S         97284         Fuelsurcharge         1         8.00         8.00           LAKE PLACID UTILITIES INC         W&S         97284         Total for invoice No. 97284         193.90         -           LAKE PLACID UTILITIES INC         W&S         99185         Sodium Hypochlorite         76         1.10         83.60									162,80
LAKE PLACID UTILITIES INC         W&S         97284         Fuelsurcharge         1         8.00         8.00           LAKE PLACID UTILITIES INC         W&S         97284         Total for invoice No. 97284         193.90         -           LAKE PLACID UTILITIES INC         W&S         99185         Sodium Hypochlorite         76         1.10         83.60									202,00
LAKE PLACID UTILITIES INC         W&S         97284         Total for invoice No. 97284         193.90         -           LAKE PLACID UTILITIES INC         W&S         99185         Sodium Hypochlorite         76         1.10         83.60									
LAKE PLACID UTILITIES INC W&S 99185 Sodium Hypochlorite 76 1.10 83.60						0.00			193.90
					76	1.10			175.90
	LAKE PLACID UTILITIES INC	W&S	99185	Fuelsurcharge	1	8.00	8.00		<del></del>
LAKE PLACID UTILITIES INC W&S 99185 Total for invoice No. 99185 91.60 -						0.00			91.60

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# LAKE PLACID UTILITIES, INC.

**DOCKET NO.: 060260-WS** 

HIGHLANDS COUNTY

25.30-440 (3) Chemical Analyses 4078696961

641.3.2

# PUBLIC WATER SYSTEM INFORMATION

	N-LAKES OF LAKE PLA Weathersfield Ave,		I.D. #: <u>62802</u> 32714 Phone #: <u>382</u> -3
Type (check ane): (x) Con	munity ( ) Nontransient No	oncommunity ( ) Noncommu	nnity
SAMPLE INFORMATION	(to be completed by	y sampler)	RECE!
Sample Date (MMDDYY): <u>04/1</u> Sample Location (be specif	5/03 Sample Time: 10 1c): Entry to distribution	248	U. 28 //
Sampler Name and Phone: Ot	to Krucker, (863) 465-6911		
Sampler's Signature:		Title: Operator	
( ) Clearan	ution () Recheck of MC ca () Thim Max Res 1 entry pt () Raw () Com	ime ( ) Plant Tap	nvalidated Sample -Attach a format for each site
LABORATORY CERTIFIC	CATION INFORMATION (	to be completed by ATTACH FDOH ANAI	
Lab Name: Short Environmen	:al Laboratories HRS #: EB54	58 Expiration Date: <u>D6/3</u> 0	2/Da
Address: 10405 US 27 Sout	, Sebring, FL 33876 Phone	: <u>(863) 655-4022</u>	
Subcontracted Lab DOH # EBA	129\E84100 Groups anal	yzed: <u>VDC's,SDC's\Gross a</u> l	pha. Radium 226 & 228
ANALYSIS INFORMATIO	n i	aboratory Sample I	D # <u>185043</u>
Date Sample(s) Received: 04	/15/03 Group(s) Analyzed (	Results attached for com	pliance with 62-550, F.A.C.:
( ) Nitrate Only	( ) Nitrite Only	( ) Asbestos Only	( ) Trihalomethanes
	Volatile Organics— al (x) All 21 ( ) Partial		Pesticides/PCBs ( ) All 30 (x) Partial
	Group II Unregulateds—al () All 23 () Partial		
	*Provide radio	chemical sample dates & 1	
I. Bruce Cummings, d	HERETY CERTIFY that all at	tached analytical data are	correct.
Signatura:	Zimmij	<u>&gt;</u>	
Title: <u>Labora</u>	cory Director Date: 06/	20/03	
COMPLIANCE INFORMAT	ION (to be completed	d by state)	
Resample Requested for:	Pry: Sample An		
Person notified to resample: DEP/OOH Reviewing Official:	Dar	te Notified:	
Page 1 of 6			

P.02

PAGE 03/18

SECONDARY CHEMICAL ANALYSIS 62-550.320 (PWS031)

Param	eter NAME	(MCL_mg/L)	Sample Number	Apalysis Result (mg/L)	Apalysis Method	Analysis Date	MDL	Lab ID
1002	A Tum'i num	(0.2)	185043	0.05 u	SM3111D	05-09-03	0.05	EB5458
1017	Chloride	(250)	185043	17.	EPA 325.3	04-23-03	0.5	E85458
1022	Copper	(1)	185043	0.01 u	SM31118	05-06-03	0.01	E85458
1025	Fluoride	(2.0)	185043	0.21	SM4500F C	042103	0.02	E85458
1028	Iron	(0.3)	185043	0.04	SM3111B	05-21-03	0,02	E85458
1032	Manganese	(0.05)	185043	ں 10.0	SM3111B	05-02-03	0.01	E85458
7050	Silver	(0.1)	185043	0.001 u	SM31138	05-12-03	0.001	E85458
1055	Sulfate	(250)	185043	5.0	EPA 375.4	04-24-03	1.	E85458
1095	Zine	(5)	185043	0.002	SM3711B	05-20-03	0.002	E85458
1905	Co1or	(15 CU)	185043	12.	SM2120B	041503	1.	E85458
1920	Odor	(3 TON)	185043	1. u	SM2150B	04-15-03	1.	EB545B
1925	ρΉ	(6.5-8.5)	185043	7.75	EPA 150.1	04-15-03	0.01	E85458
1930	Total Dissolved Solids	(500)	185043	174.	SM2540C	04-16-03	10.	E85458
2905	Foaming Agents	(0.5)	185043	D, 02 u	SM5540C	04-15-03	0.02	E85458

Comments: u = Parameter was analyzed for but not detected. All results meet the requirements of NELAC. Page 3 of 6

### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Parame 10	eter NAME (	MCL va/L)	Sample Number	Apalysis Result (uq/L)		Analysis Method	Analysis Date	MOL	Lab ID
2378	1,2,4-Trichlorobenzene	(70)	185043	0.5		EPA 502.2	04-19-03	0,5	E84129
2380	cis-1,2-Dichlorosthylene	(70)	185043	0.2		EPA 502.2	04-19-03	0.2	E84129
2955	Xylenes (total)	(10,000)	185043	0.5 u	ı	EPA 502,2	04-19-03	0.5	EB4129
2964	Dichloromethane	(5)	185043	0.5	J	EPA 502.2	04-19-03	0.5	E84129
2968	o-Dichlorobenzene	(600)	185043	0.5	ı	EPA 502.2	04-19-03	0.5	E84129
2969	para-Dichlorobenzene	(75)	185043	0.5 u	1	EPA 502.2	04-19-03	0.5	EB4129
2976	Vinyl Chloride	(1)	185043	0.5 u	ı	EPA 502.2	04-19-03	0.5	E84129
2977	1,1-Dichloroethylene	(7)	185043	D.5 u	:	EPA 502.2	04-19-03	0.5	E84129
2979	trans-1,2-Dichloroethylene	(100)	185043	0.5 u		EPA 502.2	04-19-03	0.5	E84129
2980	1,2-Dichloroethane	(3)	185043	0.2 u	ı	EPA 502.2	04-19-03	0.2	E84129
2981	1,1,1-Trichloroethane	(200)	185043	0.3 u	1	EPA 502.2	04-19-03	0.3	E84129
2982	Carbon Tetrachloride	(3)	185043	<b>0.3</b> υ	)	EPA 502.2	04-19-03	0.3	E84129
2983	1,2-Dichloropropane	(5)	185043	0.3 u	)	EPA 502.2	04-19-03	0.3	E84129
2984	Trichloroethylene	(3)	185043	0.2 u		EPA 502.2	04-19-03	0.2	E84129
2985	1,1,2-Trichloroethane	(5)	185043	0.3 u	!	EPA 502.2	04-19-03	0.3	E84129
2987	Tetrachlovoethylene	(3)	185043	0.2 u		EPA 502.2	04-19-03	0.2	E84129
2989	Monochlorobenzene	(100)	185043	ں 0.5		EPA 502.2	04-19-03	0.5	EB4129
2990	Benzene	(1)	185043	س 5.5		EPA 502.2	04-19-03	0.5	E84129
2991	Toluene	(1,000)	185043	0.5 u		EPA 502.2	04-79-03	0.5	E84129
2992	Ethylbenzene	(700)	185043	0.5 u		EPA 502.2	04-19-03	0.5	E84129
2998	Stryene	(100)	185043	0.5 u		EPA 502.2	04-19-03	0.5	584129

Comments: u = Parameter was analyzed for but not detected. All results meet the requirements of NELAC. Page 4 of 6

# PESTICIDE/PCB CHEMICAL ANALYSIS 62-550.310(2)(c)

50.370(2)(c (PWS029)

p <sub>arame</sub> ID	NAME	(MCL_ug/L)	Sample Number	Apalysi Result (ug/L)	5	Analysis Method	Analysis Date	MOL	Lab ID
2005	Endrin	(2)	185043	0.1	ы	EPA 525.2	04-26-03	Ď. 1	E84129
2010	Lindane	(0.2)	185043	0.05	u	EPA 525.2	04-25-03	D.06	E84129
2015	Methoxychion	(40)	185043	0.05	u	EPA 525.2	04-26-03	0.05	EB4129
2020	Toxaphene	(3)	185043	0.65	u	EPA 508.1	04-24-03		
2031	Dalapon	(500)	185043	1.	ט	EPA 515.3	04-25-03	0.5	E84129
2032	Diquat	(20)	185043	1.		EPA 549.2	04-28-03	1.	.E84129
2033	Endothal?	(100)	185043	20.	u	EPA 549.2 EPA 548.1		1.	EB4129
2034	Glyphosate	(700)	185043	70.	u	EPA 546.1	04-23-03	20.	E84129
2035	0i(2-ethylhexyl)adipate	(400)	185043	•	u		04-23-03	10.	E84129
2036	Uxamyl (Vydate)	(200)		0.3	ņ	EPA 525.2	04-26-03	0.3	E84129
2035	Simazine	. ,	185043	0.5	u	EPA 537.1	04-18-03	0.5	E84129
2037 2039		(4)	185043	0.07	Ц	EPA 525.2	04-26-03	0.07	<b>£84</b> 129
2039 2 <b>0</b> 40	Di(2-ethylhexyl)phthalate	, <i>,</i>	185043	1.0	u	EPA 525.2	04-25-03	1.0	E84129
	Picloram	(500)	185043	0.75	Ų	EPA 515.3	04-25-03	0.75	EB4129
2041	Dinoseb	(7)	185043	0.5	U	EPA 515.3	04-25-03	0.5	E84129
2042	Hexachiorocyclopentadiene	,	185043	0.2	u	EPA 525.2	04-25-03	D. 2	E84129
2046	Carbofuran	(40)	185043	0.5	u	EPA 531.1	04-18-03	0.5	EB4129
2050	Atrazine	(3)	185043	0.06	u	EPA 525.2	04-25-03	0.06	E84129
2051	Alachlor	(2)	185043	0.2	U	EPA 525.2	04-26-03	0.2	EB4129
2063	2.3.7.B-TCDD (Dioxin)	(0.00003)				EPA 1613			
2065	Heptachlor	(0.4)	185043	0.08	IJ	EPA 525.2	04-26-03	0.08	E84129
2067	Heptachlor Epoxide	(0.5)	185043	0.1	U	EPA 525.2	04-26-03	0,1	EB4129
2105	2,4-0	(70)	185043	٦.	u	EPA 515,3	04-25-03	1.	E84129
2110	2,4,5-TP (St1vex)	(50)	185043	0.25	u	EPA 515.3	04-25-03	D. 25	E84129
2274	Hexachlorobenzene	(1)	185043	0,05	U	EPA 525.2	04-25-03	0.05	E84129
2306	Benzo(a)pyrene	(0.2)	185043	0.7	υ	EPA 525.2	D4-26-03	0.1	E84129
2326	Pentach Torophenol	(1)	185043	0.1	υ	EPA 515.3	04-25-03	0.1	EB4129
2383	PCB's	(0.5)	185043	0.2	u	EPA 508-1	04-24-03	0.2	E84129
2931	Dibramochloropropane	(0.2)	185043	0.005	U	EPA 504.1	04-28-03	0.005	584129
2946	Ethylene dibromide	(0.02)	185043	0.005	u	EPA 504.1	04-28-03	0,005	E84129
295 <del>9</del>	Ch1ordane	(2)	185043	0.05	u	EPA 508.1	04-24-03	0.05	E84129

Comments:  $\nu$  = Parameter was analyzed for but not detected. All results meet the requirements of NELAC. Page 5 of 6

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4078696951

# RADIOCHEMICAL ANALYSIS

62-550.310(5) (PWS027)

Param	NAME	(pC1/L)	Sample Number	Apalysis Result (pCi/L)	Analysis Method	Analysis Date	ERROR	Lab IO
4000	Gross Alpha	5.0	185043	4.7	SM 7110 B	05-01-03	1.4	E84100
4020	Radium 226	3.0	185043	2.9	SM 7500-Ra C	05-01-03	0.2	E84100
4030	Radium 228		185043	0.3	Brooks &	05-01-03	0,6	E84100

Comments: All results meet the requirements of NELAC.

Page 6 of 6

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P DE

05/10/2005 08:09 4078696961

# PUBLIC WATER SYSTEM INFORMATION

641.3.2

	LAKES OF LAKE PLAC athersfield Ave. A		I.D. #: <u>6280273</u> <u>32714</u> Phone #: <u>382-3111</u>								
Type (check one): (x) Commun	ity ( ) Nontransient Non	community () Noncommun	nity								
SAMPLE INFORMATION (	to be completed by	sampler)									
Sample Date (MMDDYY): <u>04/15/0</u> Sample Location (be specific)		<u>B</u>									
Sampler Name and Phone: Otto	Krucker, (863) 465-6911	· ;									
Sampler's Signature: 848/	Lrude	Title: Operator									
Check Type(s): ( ) Distribution ( ) Recheck of MCL ( ) Resample of Lab Invalidated Sample ( ) Clearance ( ) Thm Max Res Time ( ) Plant Tap (x) Distrib entry pt ( ) Raw ( ) Composite of Multiple Sites—Attach a format for each site											
LABORATORY CERTIFICAT	TION INFORMATION (t	to be completed by ATTACH FDOH ANAL									
Lab Name: Short Environmental Laboratories HRS #: E85458 Expiration Date: 06/30/04											
Address: 10405 US 27 South, S	Sebring, FL 33876 Phone:	(863) 655-4022									
Subcontracted Lab DOH # E84129	Groups analys	red: VCC's, SOC's \Gross a?	pha. Radium 226 & 228								
ANALYSIS INFORMATION	La	boratory Sample I	D # <u>185043</u>								
Date Sample(s) Received: 04/15	5/03 Group(s) Analyzed &	Results attached for com	pliance with 62-550, F.A.C.;								
( ) Nitrate Only	( ) Nitrite Only	( ) Asbestos Only	( ) Trihalunsthanes								
	Volatile Organics— (x) All 21 ( ) Partial	Secondaries— (x) all 14 ( ) Partial	Pesticides/PCBs— ( ) All 30 (x) Partial								
	Group II Unregulateds— ( ) All 23 ( ) Partial										
	*Provide radioo	hemical sample dates & lo									
I, <u>Bruce Cummings</u> , do F	ERREY CERNIFY that all att	ached analytical data are	e correct.								
Signature:	Cincia de la companya della companya	_									
Title: <u>Laborator</u>	y Director Date: 06/2	0/03									
COMPLIANCE INFORMATIO	N (to be completed	by state)									
Sample Collection Satisfactory Resample Requested for:	Reason:		·								
Person notified to resample: DEP/DOH Reviewing Official:	Oatu	e Notified:									
Page 7 of 6											

#### INORGANIC ANALYSIS 62-550.310(1) (PWS030)

Parame 10	ster NATE	(MCL mg/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MOL	Lab ID
1005	Arsenic	(0.05)	185043	0.005 u	SM 3114B	06-05-03	0,005	E85458
סוטו	Bartum	(2)	185043	0.04	SM 31118	05-09-03	0.02	E85458
1015	Cadmium	(O.DO5)	185043	0.00044	SM 3113B	04-19-03	D. 0004	E85458
1020	Chromium	(0.1)	185043	0.005 µ	SM 31138	05-15-03	0.005	E85458
1024	Cyanide	(0.2)	185043	0.005 u	EPA 335.4	04-25-03	0.005	E85458
1025	Fluoride	(4)	185043	0.21	SM 4500F C	04-21-03	0,05	E85458
1030	Lead	(0.015)	185043	0-001 u	SM 31138	05-29-03	0.001	E85458
1035	Mercury	(0.002)	185043	u 100ء0	EPA 245.1	05-07-03	0.007	E85458
1036	Nfckel	(0.1)	185043	0, <b>0</b> 1 u	SM 31118	05-12-03	0.01	E85458
1038	Total Nitrate + Nitrite	(10)	185043	0.02 u	EPA 353.2	04-16-03	0.02	EB5458
1040	Nitra <b>te</b>	(10)	185043	0.02 u	Caic.	04-16-03	0.02	E85458
1041	Nitrits	(1)	185043	0.01 u	EPA 353.2	041503	0.01	E85458
1045	Selentum	(0.05)	185043	0.005 u	SM 37138	05-19-03	0.005	E85458
1052	Sodium	(16D)	185043	10.	SM 3111B	041803	1.0	E85458
1074	Antimony	(0.006)	185043	0.003 ц	SM 3113B	05-13-03	0.003	E85458
1075	Beryllium	(0.004)	195043	0.001 u	SM 311138	05-18-03	0.001	E85458
1085	Thallium	(0.002)	185043	0.002 u	SM 311138	05-14-03	0.002	E65459

Comments:  $\nu$  = Parameter was analyzed for but not detected. All results meet the requirements of NELAC, Page 2 of 6

#### SECONDARY CHEMICAL ANALYSIS 62-550.320 (PWS031)

Param	NAME.	(MCL mg/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MOL	Lab ID
1002	Aluminum	(D.2)	185043	0.05 L	מרורנים ו	05-09-03	0.05	E85458
1017	Chloride	(250)	185043	17.	EPA 325.3	3 04-23-03	0.5	E85458
1022	Copper	(1)	185043	0-01 u	SM31178	05-06-03	0.01	E85458
1025	Fluoride	(2.0)	185043	0,21	SM4500F (	C 04-21-03	0.02	E05458
1028	Iron .	(0.3)	185043	0.04	SM3111B	05-21-03	0,02	E85458
1032	Manganese	(0.05)	185043	0,01	SM31118	05-02-03	0,01	E85458
1050	Stiver	(0,1)	185043	0.001 u	\$M3113B	05-12-03	0.001	EB5458
1055	Sulfate	(250)	185043	5.0	EPA 375.4	4 04-24-03	1.	EB5458
1095	Zinc	(5)	185043	0.002	SM31118	05-20-03	0.002	E85458
1905	Color	(15 CU)	185043	12,	SM21208	041503	1,	E85458
1920	Oder	(3 TON)	185043	1. u	SM21 50B	041503	1.	E85458
1925	pH	(6.5-8.5)	185043	7. 75	EPA 150.7	04-15-03	0.01	E85458
1930	Total Dissolved Solids	(500)	185043	174.	SM2540C	041603	10.	E8545B
2905	Foaming Agents	(0.5)	185043	س 0.02	SM5540C	04-16-03	0.02	E85458

Comments:  $\mu$  = Parameter was analyzed for but not detected. All results meet the requirements of NELAC. Page 3 of 6

4078696961

# VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Parame	rter (	MCL ug/L)	Samp1e Number	Analys Result (ug/L	is 	Analysis Method	Analysis Date	MOL	Lab ID
2378	1,2,4-Trichlorobenzene	(70)	165043	0.5	u	EPA 502.2	04-19-03	0.5	E84129
2380	cis-1.2-Dichloroethylene	(70)	185043	0.2	u	EPA 502.2	04-19-03	0.2	EB4129
2955	Xylenes (total)	(10.000)	185043	0.5	u	EPA 502.2	04-19-03	0.5	E84129
2964	Dichloromethane	(5)	185043	0.5	υ	EPA 502.2	04-19-03	0.5	EB4129
2968	o-Dichlorobenzane	(600)	185043	0.5	ш	EPA 502.2	04-19-03	0.5	EB4129
2969	para-Dichlorobenzene	(75)	185043	0.5	u	EPA 502.2	04-19-03	0.5	E84129
2976	Vinyl Chloride	(1)	165043	0.5	u	EPA 502.2	04-19-03	0.5	E84129
2977	1,7-Dichloroethylene	(7)	185043	0.5	u	EPA 502.2	04-19-03	0.5	E84129
2979	trans-1,2-Dichlorpethylene		185043	0.5	U	EPA 502.2	04-19-03	0.5	EB4129
2980	1,2-Dichloroethane	(3)	185043	0.2	u	EPA 502.2	04-19-03	0.2	E84129
2981	1,1,1-Trichloroethane	(200)	185043	0.3	u	EPA 502.2	04-19-03	0.3	EB4129
2982	Carbon Tetrachloride	(3)	185043	0.3	Ü	EPA 502.2	04-19-03	0.3	E84129
2983	1.2-Dichleropropane	(5)	185043	0,3	u	EPA 502.2	04-19-03	0.3	EB4129
2984	Trichloroethylene	(3)	185043	0.2	u	EPA 502.2	D4-19-03	0.2	EB4129
2985	1,1,2-Trichloroethane	(5)	185043	0.3	u	EPA 502.2	04-19-03	0.3	E84129
2987	Tetrach lorosthy lene	(E)	185043	0.2	u	EPA 502.2	04-19-03	0.2	EB4129
2989	Monochlorobenzene	(100)	185043	0.5	U	EPA 502.2	04-19-03	0.5	£84129
2990	Benzene	(1)	185D43	0.5	Ų	EPA 502.2	0419-03	0.5	EB4129
2991	Toluene	(1,000)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129
2992	Ethylbenzene	(700)	185043	0.5	u	EPA 502.2	04~19-03	0.5	£84129
<del>29</del> 96	Stryene	(100)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129

Comments: u = Parameter was analyzed for but not detected. All results meet the requirements of NELAC. Page 4 of 6

#### PESTICIDE/PCB CHEMICAL ANALYSIS 62-550.310(2)(c) (PWS029)

garame 10	HANE	(MCL ug/L)	Sample Number	Analysi Result (ug/L)	5	Analysis Method	Analysis Date	MDL	Lab ID
2005	Endrin	(2)	185043	0.1	ŭ	EPA 525.2	04-26-03	0.1	E84129
2010	Lindane	(0.2)	185043	0.06	U	EPA 525.2	04-26-03	0.06	E84129
2015	Methoxych for	(40)	185043	0.05	u	EPA 525.2	04-26-03	0.05	EB4129
5050	Toxaphene	(3)	185043	0.5	u	EPA 508.1	04-24-03	0.5	EB4129
2031	Dalapon	(200)	185043	1.	u	EPA 515.3	04-25-03	1.	£84129
2032	Diquat	(20)	185043	1.	u	EPA 549.2	04~28-03	1.	£84129
2033	Endothall	(100)	185043	20.	u	EPA 548.1	04-23-03	20.	EB4129
2034	G1yphosate	(700)	185043	10.	u	EPA 547	04-23-03	10.	E84129
2035	Di(2-ethylhexyl)adipate	(400)	185043	0,3	u	EPA 525.2	042603	0.3	E84129
2036	Oxamyl (Vydate)	(200)	185043	0.5	u.	EPA 531.1	04-18-03	0.5	E84129
2037	Simazine	(4)	185043	0.07	μ	EPA 525.2	04-26-03	0,07	E84129
2039	D1(2-ethylhexyl)phthalate	⊋ (6)	185043	1.0	u	EPA 525.2	04-26-03	1.0	E84129
2040	Picloram	(500)	185043	0.75	u	EPA 515.3	04-25-03	0.75	EB4129
2041	Dinoseb	(7)	185043	0,5	U	EPA 515.3	04-25-03	0.5	E84129
2042	Hexach lonocyc lopentad tene	(50)	185043	0.2	U	EPA 525.2	04-26-03	0.2	E84129
2046	Carbofuran	(40)	185043	0.5	u	EPA 531.1	04-18-03	0.5	EB4129
2050	Atrazine	(3)	185043	0.06	u	EPA 525.2	04-26-03	0.06	E84129
2051	Alachlor	(2)	185043	0.2	u	EPA 525.2	04-26-03	0.2	E84129
2063	2,3,7,8-TCDD (Dioxin)	(0.00003)				EPA 1613			
2065	Heptach1or	(0.4)	185043	0.08	ษ	EPA 525.2	04-26-03	0.08	EB4129
2067	Heptachlor Epoxide	(0.2)	185043	0.1	u	EPA 525.2	04-26-03	0.1	E84129
2105	2.4-0	(70)	185043	٦.	u ·	EPA 515.3	04-25-03	1.	E84129
2110	2.4,5-TP (Silvex)	(50)	185043	0.25	U	EPA 515.3	04-25-03	0.25	£84129
2274	Hexach1orobenzene	(1)	185043	0.05	u	EPA 525.2	04-26-03	0,05	E84129
2306	Benzo(a)pyrene	(0.2)	185043	0.1	u	EPA 525.2	04-26-03	0.1	E84129
2326	Pentachlorophenol	(1)	185043	0.1	u	EPA 515.3	04-25-03	0.7	£84129
E9ES	PCB's	(0.5)	185043	0.2	ч	EPA 509.1	D4-24-03	0.2	E84129
2931	Dibromochilaropropane	(0.2)	185043	0.005	u	EPA 504.1	E0-85-40	0.005	E84129
2945	Ethylene dibromide	(0.02)	185043	0.005	u	EPA 504.1	04-26-03	0.005	E84129
2959	Chlordane	(2)	185043	0.05	n	EPA 508.1	04-24-03	0.05	E84129

Comments: u = Parameter was analyzed for but not detected. All results meet the requirements of NELAC. Page 5 of 6

# RADIOCHEMICAL ANALYSIS

62-550.310(5) (PWS027)

Param IB	NAME .	(pC1/L)	Sample Number	Analysis Result (pci/L)	Analysis Method	Analysis Date	ERROR	Lab ID
4000	Gross Alpha	5.0	185043	4.7	SM 7110 B	05-01-03	1.4	E841D0
4020	Radium 226	3.0	185043	2.9	SM 7500-Ra C	05-01-03	0.2	E84100
4030	Radium 228		185043	0.3	Brooks &	05-01-03	0.6	E84100

Comments: All results meet the requirements of NELAC.

Page 5 of 5

P 12

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

PUBLIC WAT	ER SYSTEM INFORMAT	TON ( to be completed by sampler - Plea	ase type or print legibly )
System Name:	SUN-N-LAKE LAKE PI	ACID	PWS I.D. #: 6280273
System Type (o	heck one): (x) Commu 2165 US Highway 27 So	nity ( ) NonTransient Noncommunity	( ) Transient NonCommunity
City:	Lake Placid	State: Florida ZIP Code	* SPECFIVE
Phone:		Fax #:	The state of the s
E-Mail Address			
SAMPLE INF	TORMATION (to be com	pleted by sampler)	SEP 27 2004
Sample Number:	1	Location Code (if Known):	UTILITIES, II
Sample Date:	07/07/2004	Sample Time: 1025	AM PM (circle one)
Sample Location	n (be specific): 257 Golfvie	w Drive	
Disinfectant Resid	ual (Required when reporting re	sults for trihalomethanes and haloacetic acids):	1.1 ng/L Field pH 7.7
Sample Type (C	Check Only One)	Reason(s) for Sample (	Check all that apply)
x Distribution		X Routine Compliance (with 62-550)	Quarterly ( Which Onc? )
Entry Point (to	Distribution)	Confirmantion of MCL Exceedance*	Special(not for compliance with 62-550.)
Plant Tap (not	for compliance with 62-550.)	Composite Multiple Sites**	Violation Resolution
Raw (at well in		Clearance (permitting)	Replacement (of Invalidated Sample)
Max. Residence	c Time	Other:	
Ave. Residence	Time	Sampling Procedure Used or other Comments:	
Near First Cost	umer		
	00(6) for requirements and restri 550.512(3) for additional requi exceedances.	ctions. rements for nitrate ** See 62-550 page for each	0.550(4) for requirements and attach a results site.
Sampler'sName:	Danny Holmes		
Sampler's Phor	ne #: (863)	Sampler's Fax:	(863) 465-5159
Sampler's E-Ma	iil Address:		
CERTIFICAT	ION (to be completed by	sampler)	
I	Danny Holm	25	Operator
do HEREBY C	(Print Name)	ofic water system and sample collection	(Print Title) information is complete and correct.
Signature:	Jam Jaw	<b>\</b>	Date: 07/07/2004
Reporting Format 6	2-550.730 995. Revised January 2004		

Page 1 of 3

08:09 4078696961

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

7	OD LTON	CEPTINIC LOTON	VPO PIE CONTACTOR			
L		RENT DOH ANALY		completed by	lab - Please type or print legibly)	
	Lab Name:	Short Environments	Il Laboratories		Florida Certification # :	E85458
	Address:	10405 US Highway	27 South		Certification Expiration D	ate: 06/30/05
		Sebring, FL 33876			Phone # : (863	655-4022
Ai	nalysis inf	FORMATION (to be co	impleted by lab)		Date Sample(s) Received:	07/08/2004
	PWS ID (Fron	n Page 1):	6280273		Sample Number (From Page 1):	
	Lab Assigned	Report Number or Job ID	214144	_		
	Group(s) Ans	alyzed & Results attach	ed for compliance with	Chapter 62-2	550, F.A.C. (Check all that apply	):
	organics State All 17 Partial Nitrate Nitrite Asbestos Onl	ynthetic Organics All 30 All Except Dioxin Partial Dioxin Only	Volatile Organics All 21 Partial  Radionuclides Single Sampl Qtrly Compo	e	x Tribalomethanes x Haloacetic Acid Bromate Chlorite  Secondaries All 14 Partial	•
	-	lyses subcontracted? e provide DOH certifi	(x) Yes	() No E84129	<u>.</u>	
			OR EACH SUBCONTRAC			
_			CERTIFICA	ATION		
Ī,			ummings		, Laboratory Dir	
		•	Name)		(Print Title)	
	do HEREBY	CERTIFY that all atta	ched analytical data are	correct and i	unless noted meet all requirement	ts of the
	National Env	ironmental Laboratory	Accreditation Conferen	ce (NELAC)	).	
	Signature:	1 Ruen	annino)		Date: 08/25	5/2004
	results will result result in notifical		ossible enforcement against the aboratory Services,		nt Analyte Sheet for the attached analysis system for failure to sample, and may	
$\equiv$						
			to be completed by DEP			117 ( 157
يج		on Info Satisfactory:	Yes () N	o Sample Ar		Yes ( ) No
-	Additional Man	ampie(s) Requested (circle	e or highlight group(s) above	)	Revised Report Requested	ha manuful at man
_	_		or highlight group(s) abo	ve)	A-ready	ht group(s) above)
	Reason(s):	MCL(s) Exceeded Missing Analyte She Other:	Detection(s) Location linsal	isfactory	Incomplete Report Analysis Unsatisfactory	
	Person Notifi			Date Notif	lad:	
	Comments:	····		_ Date (YUI)	ied:	
	Date Reviewe		DEDITION	wiewies Off	inial	
	Reporting Forms	·	DEP/DOH Re	viewing Offi	[CIA]	
		y 1995. Revised January 200	4 Page 2	2 of 3		

# Florida Department of Environmental Protection

	Program Laboratory Reporting Format
DISINFECTION BYPRODUCTS	Report Number / Job I
62-550.310(3)	Disinfectant Residual(mg/L)(From Page 1):

PWS ID (From Page 1): 6280273

214144

1.1

4078696961

MAY-10-2006

							_			
Comtam				Analysis		Analytical	1			
ID	Conton Mana		L I			Analytical	Lab	Analysis	Analysis	DOH Lab
	Contam Name	MCL	Units	Results	Qualifier*	Method	MDL	Date	Time	Certification#
1099	Chlorite	1000	//		- Carrier	1-100100	WIDD	Date	1 1446	Centification#
		1000	ug/L		L :		1			
1011	Bromate	10	ug/L							
					1		i			4 1

Contam		T		Anakaia	<del></del>					
ΙD	Conton None	1	[]	Analysis	)	Analytical	Lab	Analysis	Analysis	DOH Lab
	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	Certification#
	Monochtoroacetic Acid	N/A	ug/L	1	Ш	EPA552.2	[	07/15/2004	537	E84129
	Dichloroacetic Acid	N/A	ug/L	1	u	EPASS2,2	1	07/15/2004	537	E84129
2452	Trichloroscetic Acid	N/A	ug/L	1	и	EPA552.2		07/15/2004		
2453	Monobromoacetic Acid	_	ug/L		<del></del>				537	E84129
	Dibromoacetic Acid					EPA552.2		07/15/2004	537	E84129
			ug/L	1	U	EPA552.2	1	07/15/2004	537	E84129
2430	Total Haloacetic Acids (HAA5)	60	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129

				A market						
Comton ID				Analysis	ł :	Analytical	Lab	Analysis	Analysis	DOH Lab
Contam ID	- Contains Atlanta	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	Certification#
2941	Chloroform	N/A	ug/L	4.4		EPA502.2	0.10	07/14/04	1426	E84129
2942	Bromoform	N/A	ug/L	1.5		EPA502.2	0.10	07/14/04	1426	E84129
2943	Bromodichloromethane		ug/L	6,9		EPA502.2	0.10	07/14/04	1426	E84129
2944	Dibromochloromethane		ug/L	6.4		EPA502.2	0.10			
2950	Total Trihalomethanes				<del></del>			07/14/04	1426	E84129
2750	TOME TEMMEDITICATION	80	ug/L	19		EPA502.2	0.10	07/14/04	1426	E84129

Note: Do not round values. Report resiuts to the accuraccy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

3 of 3

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

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

PUBLIC WAT	ER SYSTEM INFOR	MATION ( to be co	mpleted by sa	ampler - Pleas	e type or print le	gibly)
System Name:	SUN-N-LAKE LAK	E PLACID			PWS I.D. #:	6280273
System Type (c Address:	heck one): (x)Co 2165 US Highway 2		ransient Non	community (	) Transient Nor	Community
City:	Lake Placid	State:	Florida	ZIP Code:	33852	
Phone: E-Mail Address	3	Fax #:			13	ECEIVED
SAMPLE IN	FORMATION (to be	completed by samp	ler)			SEP 27 2004
Sample Number:	2	Location C	ode (if Known):			TIES. IN
Sample Date:	07/07/			1015		· · · · · · · · · · · · · · · · · · ·
Sample Location	on (be specific): 239 G	olfview Drive				
Disinfectant Resid	ual (Required when repor	ting results for tribalome	thenes and halo	acetic acids):	i.ing/	Field pH 7.7
Sample Type (	Check Only One)		Reason(s)	for Sample (	Check all that ap	ply)
x Distribution		X Routine Con	npliance (with 6	2-550)	Quarterly ( Which	n One?)
Entry Point (to	Distribution)	Confirmanti	on of MCL Exc	ecdance*	Special(not for co	mpliance with 62-550.)
Plant Tap (not	for compliance with 62-5	50.) Composite N	Aultiple Sites**		Violation Resolut	ion
Raw (et well is	ntake)	Clearance (p	ecomitting)		Replacement (of	invalidated Sample)
Max. Resident	e Time	Other:			_	
Ave. Residenc	e Time	Sampling Proces	dure Used or oil	er Comments:		
Near First Cos	tumer					
	00(6) for requirements and -550.512(3) for additional exceedances.		:	** See 62-550.5 page for each si	, , , , , , , , , , , , , , , , , , ,	ents and attach a results
Sampler's Name	Danny Holmes					
Sampler's Pho	ne #:(	863) 465-6911	_Sampler's F	ax: _	(863)	65-5159
Sampler's E-M	ail Address:					
CERTIFICAT	TION (to be complete	ed by sampler)				
l	Danny				Operator	(a
do HEREBY C	(Print)	Name) ve public water syste	em and sampl	e collection is	(Print Title) nformation is co	
Signature:	Jan ()	had			Date:	07/07/2004
Reporting Format	62-550.730 1995 Revised January 20	04				

Page 1 of 3

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

LABORATOR' ATTACH CL	Y CERTIFICATION INFO	ORMATION (to be	completed by	lab - Please type or print	legibly)		
Lab Name:	Short Environmental L			Florida Certificati	on # :	E85458	
Address:	10405 US Highway 27		<u> </u>	Certification Expi			
	Sebring, FL 33876		<del></del>	Phone #: (863) 655-4022			
			<del></del>		(000)0		
ANALYSIS INI	FORMATION (to be comp	leted by lab)		Date Sample(s) Receive	ved :	07/08/2004	
PWS ID (From		280273		Sample Number (From F	'age 1):	2	
Lab Assigned	Report Number of Job ID:	214145					
Group(s) An	alyzed & Results attached	for compliance with	Chapter 62-5	550, F.A.C. (Check all the	nat apply):		
Inorganics S All 17 Partial Nitrate Nitrite Asbestos On	All 30 All Except Dioxin Partial Dioxin Only	All 21 Partial  Radionuclides Single Sampl Qtrly Compo	e	x Trihalomethanes  x Haloacetic Acid  Bromate  Chlorite  Secondaries  All 14  Partial			
If yes, please	lyses subcontracted?  e provide DOH certification  H ANALYTE SHEET FOR E  Bruce Cum	ACH SUBCONTRAC		Lahors	atory Direc	tor	
**	(Print Na				nt Title)		
	CERTIFY that all attached				uirements o	of the	
National Env	ironmental Laboratory Acc	reditation Conferen	ce (NELAC)				
Signature:	1/ Lame			Date:	08/25/2	2004	
results will result in notifice	vide p valid and current Florida D It in rejection of the report, possib stion of the DOH Bureau of Labor de radiological sample dates & lor	de enforcement against the tory Services.		-			
COMPLIANCE	DETERMINATION (to b	e completed by DEP	or DOH)				
	on Info Satisfactory: Sample(s) Requested (circle or			nalysis Info Satisfactory:	quested	Yes ( ) No	
	onitoring Required ( circle or !		ve)		e or highlight	group(s) above)	
Reason(s):	MCL(s) Exceeded Missing Analyte Sheet Other:	Detection(s) Location Unsa	tisfactory	Incomplete Report Analysis Unsatisfac	itory		
Person Notif			Date Notif	ied:			
Comments:							
Date Review Reporting Form	1	DEP/DOH R	eviewing Off	icial	<del></del>		
	ry 1995, Revised January 2004	Page	2 of 3				

05/10/2005

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

DISINFECTION BYPRODUCTS	Report Number / Job ID: _	2(4)45
62-550.310(3)	Disinfectant Residual(mg/L)(From Page 1):	1,l
	PWS ID (From Page 1):	6280273

- (	Comtam				Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
l	ΙD	Contam Name	MCL	Units	Results	Qualifier*	Method	MDL	Date	Time	Certification#
	1099	Chlorite	0001	ug/L							
	1011	Bromate	10	ug/L							

Contam		T		Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	Certification#
2450	Monochtoroacetic Acid	N/A	ug/L	[	Щ	EPA552.2	1	07/15/2004	550	E84129
2451	Dichloroacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	550	E84129
2452	Trichloroacetic Acid	N/A	ug/L	l_	u	EPA552.2	1	07/15/2004	550	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1	11	EPA552.2	1	07/15/2004	550	E84129
2454	Dibromoacetic Acid	N/A	ug/L	į	ш	EPA552.2	i	07/15/2004	550	E84129
2456	Total Haloacetic Acids (HAAS)	60	ug/L	1	u	EPA552.2	1	07/15/2004	550	E84129

				Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
Contam 1D	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	Certification#
2941	Chloroform	N/A	ug/L	3.7		EPA502.2	0.10	07/14/04	1455	E84129
2942	Bromoform	N/A	ug/L	1.3		EPA502.2	0.10	07/14/04	1455	E84129
2943	Bromodichloromethane	N/A	ug/L	5.9		EPA502.2	0.10	07/14/04	1455	E84129
2944	Dibromochloromethane		ug/L	5.6		EPA502.2	0.10	07/14/04	1455	E84129
2950	Total Trihalomethanes		ug/L	17		EPA502.2	0.10	07/14/04	1455	E84129

Note: Do not round values. Report resluts to the accuraccy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

3 of 3

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

			•		
9.					

# PUBLIC WATER SYSTEM INFORMATION

System Name: <u>SUN-N-I</u> Address: <u>220 Wea</u>			I.D. #: <u>6280273</u> 32714 Phone #: <u>382-3111</u>
ype (check one): (x) Commun	ity ( ) Nontransient Non-	community ( ) Noncommu	nity ،ه
SAMPLE INFORMATION (	to be completed by	sampler)	nity
Cample Date (MMDDYY): 04/15/0: Cample Location (be specific)	<del></del>	8	AZD vod
Sampler Name and Phone: Otto !	Krucker, (863) 465-6911		
Sampler's Signature:		Title: <u>Operator</u>	
	( ) Thm Max Res Ti	me ( ) Plant Tap	nvalidated Sample -Attach a format for each site
LABORATORY CERTIFICAT	TION INFORMATION (t	o be completed by ATTACH FDOH ANAL	
ab Name: Short Environmental	Laboratories HRS #: E85458	Expiration Date: 06/30	0/04
Address: 10405 US 27 South, S	Sebring, FL 33876 Phone:	(863) 655-4022	
Subcontracted Lab DOH # <u>E84129</u>	<u> </u>	zed: VOC's,SOC's\Gross a	lpha, <u>Radium 226 &amp; 228</u>
ANALYSIS INFORMATION	La	boratory Sample I	TD # <u>185043</u>
Date Sample(s) Received: 04/19	5/03 Group(s) Analyzed &	Results attached for com	npliance with 62-550, F.A.C.:
( ) Nitrate Only	( ) Nitrite Only	( ) Asbestos Only	( ) Trihalomethanes
<pre>Inorganics— (x) All 17 ( ) Partial</pre>	Volatile Organics— (x) All 21 ( ) Partial		
	Group II Unregulateds— ( ) All 23 ( ) Partial		
	*Provide radioo	chemical sample dates & 1	ocations for each quarter
I, <u>Bruce Cummings</u> , do H	EREBY CERTIFY that all att	ached analytical data ar	re correct.
Signature:	Committee of	<u> </u>	
Title: <u>Laborator</u>	y Director Date: 06/2	0/03	
COMPLIANCE INFORMATIO	N (to be completed	by state)	
Sample Collection Satisfactory Resample Requested for:		lysis Satisfactory:	
Person notified to resample:	Dat	e Notified:	

Page 1 of 6

# INORGANIC ANALYSIS

62-550.310(1) . (PWS030)

Parame <b>ID</b>	eter NAME	(MCL mg/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MDL	Lab ID
1005	Arsenic	(0.05)	185043	0.005 u	SM 3114B	06-05-03	0.005	E85458
1010	Barium	(2)	185043	0.04	SM 3111B	05-09-03	0.02	E85458
1015	Cadmium	(0.005)	185043	0.0004u	SM 31138	04-19-03	0.0004	E85458
1020	Chromium	(0.1)	185043	0.005 u	SM 3113B	05–15–03	0.005	E85458
1024	Cyanide	(0.2)	185043	0.005 u	EPA 335.4	04-25-03	0.005	E85458
1025	Fluoride	(4)	185043	0.21	SM 4500F C	04-21-03	0.05	E85458
1030	Lead	(0.015)	185043	0.001 u	SM 3113B	05-29-03	0.001	E85458
1035	Mercury	(0.002)	185043	0.001 u	EPA 245.1	05-07-03	0.001	E85458
1036	Nickel	(0.1)	185043	0.01 u	SM 31118	05-12-03	0.01	E85458
1038	Total Nitrate + Nitrite	(10)	185043	0.02 u	EPA 353.2	04-16-03	0.02	E85458
1040	Nitrate	(10)	185043	0.02 u	Calc.	04-16-03	0.02	E85458
1041	Nitrite	(1)	185043	0.01 u	EPA 353.2	04-15-03	0.01	E85458
1045	Selenium	(0.05)	185043	0.005 u	SM 3113B	06-19-03	0.005	E85458
1052	Sodium	(160)	185043	10.	SM 3111B	04-18-03	1.0	E85458
1074	Antimony	(0.006)	185043	0.003 u	SM 3113B	05-13-03	0.003	E85458
1075	Beryllium	(0.004)	185043	0.001 u	SM 31113B	05-18-03	0.001	E85458
1085	Thallium	(0.002)	185043	0.002 и	SM 31113B	05–14–03	0.002	E85458

Comments: u = Parameter was analyzed for but not detected. All results meet the requirements of NELAC. Page 2 of 6

#### SECONDARY CHEMICAL ANALYSIS

62-550.320 (PWS031)

Parame I <b>D</b>	eter NAME	(MCL mg/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MDL	Lab ID
1002	Aluminum	(0.2)	185043	0.05 u	SM3111D	05-09-03	0.05	E85458
1017	Chloride	(250)	185043	17.	EPA 325.3	04-23-03	0.5	E85458
1022	Copper	(1)	185043	0.01 u	SM3111B	05-06-03	0.01	E85458
1025	Fluoride	(2.0)	185043	0.21	SM4500F C	04-21-03	0.02	E85458
1028	Iron	(0.3)	185043	0.04	SM3111B	05-21-03	0.02	E85458
1032	Manganese	(0.05)	185043	0.01 u	SM3111B	05-02-03	0.01	E85458
1050	Silver	(0.1)	185043	0.001 u	SM3113B	05-12-03	0.001	E85458
1055	Sulfate	(250)	185043	5.0	EPA 375.4	04-24-03	1.	E85458
1095	Zinc	(5)	185043	0.002	SM3111B	05-20-03	0.002	E85458
1905	Color	(15 CU)	185043	12.	SM2120B	04-15-03	1.	E85458
1920	Odor	(3 TON)	185043	1. u	SM2150B	04-15-03	1.	E85458
1925	рН	(6.5-8.5)	185043	7.75	EPA 150.1	04-15-03	0.01	E85458
1930	Total Dissolved Solids	(500)	185043	114.	SM2540C	04-16-03	10.	E85458
2905	Foaming Agents	(0.5)	185043	0.02 u	SM5540C	04-16-03	0.02	E85458

Comments: u = Parameter was analyzed for but not detected. All results meet the requirements of NELAC. Page 3 of 6

### VOLATILE ORGANIC ANALYSIS

62-550.310(2)(b) (PWS028)

Parame I <b>D</b>	eter NAME (M	1CL ug/L)	Sample Number	Analysis Result (ug/L)		Analysis Method	Analysis Date	MDL_	Lab ID
2378	1,2,4-Trichlorobenzene	(70)	185043	0.5	u	EPA 502.2	04-19-03	0.5	E84129
2380	cis-1,2-Dichloroethylene	(70)	185043	0.2	u	EPA 502.2	04-19-03	0.2	E84129
2955	Xylenes (total)	(10,000)	185043	0.5	u	EPA 502.2	04-19-03	0.5	E84129
2964	Dichloromethane	(5)	185043	0.5	u	EPA 502.2	04-19-03	0.5	E84129
2968	o-Dichlorobenzene	(600)	185043	0.5 ι	u	EPA 502.2	04-19-03	0.5	E84129
2969	para-Dichlorobenzene	(75)	185043	0.5	u	EPA 502.2	04-19-03	0.5	E84129
2976	Vinyl Chloride	(1)	185043	0.5 t	u	EPA 502.2	04-19-03	0.5	E84129
2977	1,1-Dichloroethylene	(7)	185043	0.5	u	EPA 502.2	04-19-03	0.5	E84129
2979	trans-1,2-Dichloroethylene	(100)	185043	0.5	u	EPA 502.2	04-19-03	0.5	E84129
2980	1,2-Dichloroethane	(3)	185043	0.2 ι	u	EPA 502.2	04-19-03	0.2	E84129
2981	1,1,1-Trichloroethane	(200)	185043	0.3 ι	u	EPA 502.2	04-19-03	0.3	E84129
2982	Carbon Tetrachloride	(3)	185043	0.3 ι	u	EPA 502.2	04-19-03	0.3	E84129
2983	1,2-Dichloropropane	(5)	185043	0.3 ι	u	EPA 502.2	04-19-03	0.3	E84129
2984	Trichloroethylene	(3)	185043	0.2	u	EPA 502.2	04-19-03	0.2	E84129
2985	1,1,2-Trichloroethane	(5)	185043	0.3	u	EPA 502.2	04-19-03	0.3	E84129
2987	Tetrachloroethylene	(3)	185043	0.2	u	EPA 502.2	04-19-03	0.2	E84129
2989	Monochlorobenzene	(100)	185043	0.5 c	u	EPA 502.2	04-19-03	0.5	E84129
2990	Benzene	(1)	185043	0.5 ι	u	EPA 502.2	04-19-03	0.5	E84129
2991	Toluene	(1,000)	185043	0.5	ı	EPA 502.2	04-19-03	0.5	E84129
2992	Ethylbenzene	(700)	185043	0.5 ι	u	EPA 502.2	04-19-03	0.5	E84129
2996	Stryene	(100)	185043	0.5 L	ı	EPA 502.2	04-19-03	0.5	E84129

Comments: u = Parameter was analyzed for but not detected. All results meet the requirements of NELAC. Page 4 of 6

PESTICIDE/PCB CHEMICAL ANALYSIS 62-550.310(2)(c) (PWS029)

Parame I <b>D</b>	eter NAME	(MCL ug/L)	Sample Number	Analysis Result (ug/L)	Analysis Method	Analysis Date	MDL	Lab ID
2005	Endrin	(2)	185043	0.1 u	EPA 525.2	04-26-03	0.1	E84129
2010	Lindane	(0.2)	185043	0.06 u	EPA 525.2	04-26-03	0.06	E84129
2015	Methoxychlor	(40)	185043	0.05 u	EPA 525.2	04-26-03	0.05	E84129
2020	Toxaphene	(3)	185043	0.5 u	EPA 508.1	04-24-03	0.5	E84129
2031	Dalapon	(200)	185043	1. u	EPA 515.3	04-25-03	1.	E84129
2032	Diquat	(20)	185043	1. u	EPA 549.2	04-28-03	1.	E84129
2033	Endothall	(100)	185043	20. u	EPA 548.1	04-23-03	20.	E84129
2034	Glyphosate	(700)	185043	10. u	EPA 547	04-23-03	10.	E84129
2035	Di(2-ethylhexyl)adipate	(400)	185043	0.3 u	EPA 525.2	04-26-03	0.3	E84129
2036	Oxamyl (Vydate)	(200)	185043	0.5 u	EPA 531.1	04-18-03	0.5	E84129
2037	Simazine	(4)	185043	0.07 u	EPA 525.2	04-26-03	0.07	E84129
2039	Di(2-ethylhexyl)phthalate	(6)	185043	1.0 u	EPA 525.2	04-26-03	1.0	E84129
2040	Picloram	(500)	185043	0.75 u	EPA 515.3	04-25-03	0.75	E84129
2041	Dinoseb	(7)	185043	0.5 u	EPA 515.3	04-25-03	0.5	E84129
2042	Hexachlorocyclopentadiene	(50)	185043	0.2 u	EPA 525.2	04-26-03	0.2	E84129
2046	Carbofuran	(40)	185043	0.5 u	EPA 531.1	04-18-03	0.5	E84129
2050	Atrazine	(3)	185043	0.06 u	EPA 525.2	04-26-03	0.06	E84129
2051	Alachlor	(2)	185043	0.2 u	EPA 525.2	04-26-03	0.2	E84129
2063	2,3,7,8-TCDD (Dioxin)	(0.00003)			EPA 1613			
2065	Heptachlor	(0.4)	185043	0.08 u	EPA 525.2	04-26-03	0.08	E84129
2067	Heptachlor Epoxide	(0.2)	185043	0.1 u	EPA 525.2	04-26-03	0.1	E84129
?105	2,4-D	(70)	185043	1. u	EPA 515.3	04-25-03	1.	E84129
2110	2,4,5-TP (Silvex)	(50)	185043	0.25 u	EPA 515.3	04-25-03	0.25	E84129
2274	Hexachlorobenzene	(1)	185043	0.05 u	EPA 525.2	04-26-03	0.05	E84129
2306	Benzo(a)pyrene	(0.2)	185043	0.1 u	EPA 525.2	04-26-03	0.1	E84129
2326	Pentachlorophenol	(1)	185043	0.1 u	EPA 515.3	04-25-03	0.1	E84129
2383	PCB's	(0.5)	185043	0.2 u	EPA 508.1	04-24-03	0.2	E84129
2931	Dibromochloropropane	(0.2)	185043	0.005 u	EPA 504.1	04-28-03	0.005	E84129
2946	Ethylene dibromide	(0.02)	185043	0.005 u	EPA 504.1	04-28-03	0.005	E84129
2959	Chlordane	(2)	185043	0.05 u	EPA 508.1	04-24-03	0.05	E84129

Comments: u = Parameter was analyzed for but not detected. All results meet the requirements of NELAC. Page 5 of 6

RADIOCHEMICAL ANALYSIS 62-550.310(5) (PWS027)

Parame <b>ID</b>	eter NAME	(pCi/L)	Sample Number	Analysis Result (pCi/L)	Analysis Method	Analysis Date	ERROR	Lab ID
4000	Gross Alpha	5.0	185043	4.7	SM 7110 B	05-01-03	1.4	E84100
4020	Radium 226	3.0	185043	2.9	SM 7500-Ra C	050103	0.2	E84100
4030	Radium 228		185043	0.3	Brooks & Blanchard	05-01-03	0.6	E84100

Comments: All results meet the requirements of NELAC. Page 6 of 6

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PUBLIC WAT	ER SYSTEM	INFORMATIO	N ( to be co	mpleted by sa	ampler - Pleas	se type o	r print leg	ibly )	
System Name:	SUN-N-LA	KE LAKE PLA	CID	·····		PWS 1.	D.#:	62802	73
System Type (c		(x) Communit		ransient Non	community (	) Trans	ient Non(	Communi	ty
City:	Lake Placid		State:	Florida	ZIP Code:		33852	-	WE
Phone:			Fax #:		-		; 4 ha.	ings Vigily Francis	3 W 1
E-Mail Address	5		<del></del>					<del>e≘o                                    </del>	7-2004-
SAMPLE INF	ORMATIO	N (to be comple	ted by samp	ler)			wyse is a	المارية	· 200.
Sample Number:		<u>l</u>	_Location C	ode (if Known):		·	The state of the s	-	
Sample Date:		07/07/2004	Sample Ti	ime:	1025	AM	PM (circ	cle one)	
Sample Location	n (be specific):	257 Golfview	Drive			·	<u>-</u>	<del></del>	
Disinfectant Resid	ual (Required w	hen reporting resul	ts for trihalome	ethanes and halo	pacetic acids):	1.	1ng/L	Field pH_	7.7
Sample Type (C	Check Only C	ne)		Reason(s)	for Sample (	Check al	l that app	ly)	
x Distribution		X	Routine Cor	mpliance (with 6	52-550)	Quarter	rly ( Which	One?)	
Entry Point (to	Distribution)		Confirmanti	on of MCL Exc	eedance*	Special	(not for con	npliance wi	th 62-550.)
Plant Tap (not	for compliance	with 62-550.)	Composite N	Multiple Sites**	r	— Violatie	on Resolution	on	
Raw (at well in	itake)	Ē	 Clearance (p	•	Ī	~		ıvalidated S	ample)
Max. Residence	e Time	Γ	Other:		_	_			
Ave. Residence	e Time	S	ampling Proce	dure Used or oth	her Comments:	<del></del>			
Near First Cost	tumer	*****							
110 mm 0 44	-550.512(3) for exceedances.	ements and restrictic additional requiren		•	** See 62-550.: page for each si		requiremen	its and attac	h a results
Sampler straine:	Dailily Hol	mes .		<del></del>			<del></del>		
Sampler's Phon	ne #:	(863) 465	5-6911	_Sampler's F	ax:		(863) 46	55-5159	
Sampler's E-Ma	ail Address:						<del> </del>		
CERTIFICAT	ION (to be c	ompleted by sa	mpler)						
I,		Danny Holmes					Operator		
do HEREBY C	ERTIFY that	(Print Name) the above public	water syste	em and sampl	le collection i	(F	Print Title)	nlete and	correct
Signature:	Jum	( ) dud					On is com	07/07/20	
n	(2.660.730	) V							- <u>-</u> -

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

ATTACH CU	Y CERTIFICATION IN PRENT DOH ANALYT	FORMATION (to be a E SHEET*	completed by	lab - Please type <i>or</i> pri	nt legibly)	
Lab Name:	Short Environmental	Laboratories		Florida Certifica	ation # · F	E85458
Address:	10405 US Highway 2	<u> </u>		Certification Ex	<del></del>	06/30/05
•	Sebring, FL 33876			<del>y'</del>	(863) 655	
	<u> </u>				(003) 003	4022
ANALYSIS INI	FORMATION (to be con	npleted by lab)		Date Sample(s) Rec	eived: <u>07</u>	/08/2004
PWS ID (From	n Page 1):	6280273		Sample Number (Fron	n Page 1):	
Lab Assigned	Report Number or Job ID:	214144	_			
Group(s) An	alyzed & Results attache	ed for compliance with	Chapter 62-5	550, F.A.C. (Check all	that apply):	
Inorganics S All 17 Partial Nitrate Nitrite Asbestos On	ynthetic Organics All 30 All Except Dioxin Partial Dioxin Only ly	Volatile Organics All 21 Partial  Radionuclides Single Sampl Qtrly Compo	e	x Trihalomethanes x Haloacetic Acid Bromate Chlorite  Secondaries All 14 Partial		·
If yes, please	lyses subcontracted? e provide DOH certific H ANALYTE SHEET FOI	R EACH SUBCONTRAC		-		
		CERTIFICA	ATION			
I,	Bruce Cu				oratory Director	
do HEREBY National Env	(Print ) CERTIFY that all attace rironmental Laboratory?	hed analytical data are	correct and u ce (NELAC).	nless noted meet all r	Print Title) equirements of th	ne
Signature:	- / Rea	min		Date:	08/25/200	4
results will result result in notification	vide a valid and current Florida It in rejection of the report, position of the DOH Bureau of La	ssible enforcement against the boratory Services.	ber and a current ne public water s	t Analyte Sheet for the atta ystem for failure to sample	ched analysis , and may	
	le radiological sample dates &					
Sample Collection Replacement S Additional Mo Reason(s):	DETERMINATION (to on Info Satisfactory: Sample(s) Requested (circle onitoring Required ( circle of MCL(s) Exceeded Missing Analyte Sheel Other:	( ) Yes ( ) N or highlight group(s) above or highlight group(s) above Detection(s)	o Sample An ve)	alysis Info Satisfactor Revised Report R (cir Incomplete Report Analysis Unsatisf	equested cle or highlight grou	s() No p(s) above)
Person Notifi	ied:		_ Date Notifi	ed:		
Comments: Date Review Reporting Forms		DEP/DOH Re	viewing Offic			
	at 62-550.730 y 1995, Revised January 2004	Page 2	2 of 3			

DISINFECTION BYPRODUCTS Report Number / Job ID							nber / Job ID:	21	214144		
62-550.310	0(3)				Disinfectan	t Residual(mg	/L)(From	Page 1):		1.1	
	PWS ID (From Page 1):								62	6280273	
Comtam				Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab	
ID	Contam Name	MCL	Units	Results	Qualifier*	Method	MDL	Date	Time	Certification#	
1099	Chlorite	1000	ug/L								
1011	Bromate	10	ug/L								
										<u> </u>	
Contam			$\Gamma = I$	Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab	
ID	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	Certification#	
2450	Monochtoroacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129	
2451	Dichloroacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129	
2452	Trichloroacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129	
2453	Monobromoacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129	
2454	Dibromoacetic Acid	N/A	ug/L	1	น	EPA552.2	1	07/15/2004	537	E84129	

				Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
Contam ID	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	Certification#
2941	Chloroform	N/A	ug/L	4.4		EPA502.2	0.10	07/14/04	1426	E84129
2942	Bromoform	N/A	ug/L	1.5		EPA502.2	0.10	07/14/04	1426	E84129
2943	Bromodichloromethane	N/A	ug/L	6.9		EPA502.2	0.10	07/14/04	1426	E84129
2944	Dibromochloromethane	N/A	ug/L	6.4		EPA502.2	0.10	07/14/04	1426	E84129
2950	Total Trihalomethanes	80	ug/L	19		EPA502.2	0.10	07/14/04	1426	E84129

**Note:** Do not round values. Report resluts to the accuraccy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

3 of 3

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

PUBLIC WAT	ER SYSTEM	INFORMAT	ION ( to be co	mpleted by s	ampler - Ple	ase type or print l	egibly)
System Name:	SUN-N-LA	KE LAKE PL	ACID			PWS I.D. #:	6280273
System Type (c		( x ) Commur ghway 27 Sou	-	ransient Non	community	( ) Transient No	nCommunity
City:	Lake Placid		State:	Florida	ZIP Code		
Phone: E-Mail Address	S		Fax #:				
SAMPLE INF	FORMATIO	N (to be comp	leted by samp	ler)			SEP 27 2004
Sample Number:	; <u> </u>	2	Location C	ode (if Known):			
Sample Date:		07/07/2004	Sample Ti	me:	1015	AM PM (c	•
Sample Location	on (be specific):	239 Golfvie	w Drive				
Disinfectant Resid	ual (Required w	then reporting res	ults for trihalome	ethanes and halo	acetic acids):	1.1ng	/L Field pH 7.7
Sample Type (C	Check Only C	ne)		Reason(s)	for Sample (	Check all that ap	oply)
x Distribution			X Routine Con	npliance (with 6	52-550)	Quarterly ( Whi	ch One?)
Entry Point (to	Distribution)		Confirmanti	on of MCL Exc	eedance*	Special(not for o	compliance with 62-550.)
Plant Tap (not	for compliance	with 62-550.)	Composite N	Aultiple Sites**		Violation Resolu	ution
Raw (at well in	ntake)		Clearance (p	ermitting)	,	Replacement (of	Invalidated Sample)
Max. Residenc	æ Time		Other:	J.	l	,	
Ave. Residence	e Time		Sampling Proced	dure Used or oth	ner Comments:	_	
Near First Cost	tumer			<del> </del>			
*See 62-550.50 NOTE: See 62 or nitrite MCL Sampler'sName:	-550.512(3) for exceedances.		ctions. ements for nitrate		** See 62-550 page for each	•	nents and attach a results
Sampler's Pho	ne #:	(863) 4	65-6911	_Sampler's F	ax:	(863)	465-5159
Sampler's E-Ma	ail Address:			·			
CERTIFICAT	ION (to be c	ompleted by	sampler)				
Ι,		Danny Holme	es			Operator	
do HEREBY C	ERTIFY that	(Print Name) the above pub	olic water syste	em and sampl	e collection	(Print Title information is co	emplete and correct.
Signature:	Jam	Hall			<del></del>	Date:	07/07/2004

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

	Y CERTIFICATION I URRENT DOH ANALY		ompleted by I	ab - Please type or print legibly)	
Lab Name:	Short Environment			Florida Certification # :	E85458
Address:				-	· · · · · · · · · · · · · · · · · · ·
Address:	10405 US Highway			Certification Expiration D	
	Sebring, FL 33876			Phone # :(863)	) 655-4022
ANALYSIS INI	FORMATION (to be co	ompleted by lab)		Date Sample(s) Received:	07/08/2004
PWS ID (From	m Page 1):	6280273		Sample Number (From Page 1):	2
Lab Assigned	Report Number or Job II	): <u>214145</u>			
Group(s) An	alyzed & Results attacl	ned for compliance with	Chapter 62-5	50, F.A.C. (Check all that apply	):
Inorganics S All 17 Partial Nitrate Nitrite Asbestos On	All 30 All Except Dioxin Partial Dioxin Only	Volatile Organics All 21 Partial  Radionuclides Single Sample Qtrly Composi	e	x Trihalomethanes x Haloacetic Acid Bromate Chlorite  Secondaries All 14 Partial	
If yes, pleas	alyses subcontracted? e provide DOH certifi oH ANALYTE SHEET FO	(x) Yes cation numbers: DR EACH SUBCONTRAC  CERTIFICA		<u>-                                      </u>	
I,	Bruce (	Cummings		, Laboratory Dir	ector
		Name)		(Print Title)	
do HEREBY	CERTIFY that all atta	ched analytical data are	correct and u	nless noted meet all requirement	ts of the
National Env	vironmental Laboratory	Accreditation Conferen	ce (NELAC).		
Signature:	120	- Committee		Date:08/25	5/2004
results will resu result in notifica	vide a valid and current Flori It in rejection of the report, p ation of the DOH Bureau of de radiological sample dates	ossible enforcement against th Laboratory Services.	ber and a current ne public water sy	Analyte Sheet for the attached analysis system for failure to sample, and may	_
		to be completed by DEP			
	ion Info Satisfactory:	( ) Yes ( ) N le or highlight group(s) above)	o Sample An	alysis Info Satisfactory:	) Yes ( ) No
		e or highlight group(s) above) or highlight group(s) abov		Revised Report Requested	ht group(s) above)
Reason(s):	MCL(s) Exceeded Missing Analyte Sh	Detection(s)		Incomplete Report Analysis Unsatisfactory	Book(0) accirci
Person Notif			Date Notifi	ed·	
Comments:				ed:	
Date Review	/ed:	DEP/DOH Re	viewing Offi	cial	
Reporting Form	***************************************				
Effective Janua	ry 1995, Revised January 20	04 Page 2	2 of 3		

Page 2 of 3

DISINFECTION BYPRODUCTS	Report Number / Job ID:	214145	
62-550.310(3)	Disinfectant Residual(mg/L)(From Page 1):	1.1	
	PWS ID (From Page 1):	6280273	

Comtam			1 1	Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Results	Qualifier*	Method	MDL	Date	Time	Certification#
1099	Chlorite	1000	ug/L							
1011	Bromate	10	ug/L							

Contam				Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	Certification#
2450	Monochtoroacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	550	E84129
2451	Dichloroacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	550	E84129
2452	Trichloroacetic Acid	N/A	ug/L	1	น	EPA552.2	1	07/15/2004	550	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	550	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	550	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	1	u	EPA552.2	1	07/15/2004	550	E84129

				Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
Contam ID	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	Certification#
2941	Chloroform	N/A	ug/L	3.7		EPA502.2	0.10	07/14/04	1455	E84129
2942	Bromoform	N/A	ug/L	1.3		EPA502.2	0.10	07/14/04	1455	E84129
2943	Bromodichloromethane	N/A	ug/L	5.9		EPA502.2	0.10	07/14/04	1455	E84129
2944	Dibromochloromethane	N/A	ug/L	5.6		EPA502.2	0.10	07/14/04	1455	E84129
2950	Total Trihalomethanes	80	ug/L	17		EPA502.2	0.10	07/14/04	1455	E84129

Note: Do not round values. Report resluts to the accuraccy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

3 of 3

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

A

### LAKE PLACID UTILITIES, INC.

**DOCKET NO.: 060260-WS** 

HIGHLANDS COUNTY

25.30-440 (4) Operations Reports

Test Year Ended December 31, 2005



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

See page 4 for instructions.

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

Α.	Public Water System (	PWS) Information									
	PWS Name: Sun-n-La	akes of Lake Placid					PWS Identification No	ımber: 6280273			
	PWS Type:	Community Non-Transient Non	-Community	y Transie	nt Non-Community		nsecutive				
	Number of Service Co	onnections at End of Month:			Total Population	Served at E	and of Month:				
	PWS Owner: Utilities	, Inc. of Florida									
	Contact Person: Patric				Contact Person's						
Į	Contact Person's Mail	ing Address: 200 Weathersfield Ave.			City: Altamonte S		<u> </u>				
	Contact Person's Teler	phone Number: 800-272-1919			Contact Person's	Fax Numbe	r: 407-869-6961				
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
В.	Water Treatment Plant						_				
ı	Plant Name: Sun-n-La										
	Plant Address: 2165 U				City: Lake Placid		State: Fl	Zip Code: 33852			
	Type of Water Treated			hased Finished V	Vater						
		Day Operating Capacity of Plant, gallon	s per day: 28	38,000							
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C											
	Licensed Operators			License Class			Day(s)/Shift(	State: Fl Zip Code: 32714  -6961  Ephone Number: 465-5550  Zip Code: 33852  4), F.A.C.): C  Day(s)/Shift(s) Worked  6  As Needed  As Needed			
- 1	Lead/Chief Operator:			С	7790			6 As Needed			
	Other Operators:	Daniel Holmes		С	4335		As Nee	ded			
		Darald Pugh		С	2261						
		Chris Cilbert		С	13107		As Nee	ded			
7000							····				
						·		· · · · · · · · · · · · · · · · · · ·			
			····								
11.	Certification by Lead	I/Chief Operator									
, th	e undersigned water tre	eatment plant operator licensed in Florid	la, am the le	ad/chief operato	r of the water treatr	nent plant i	dentified in Part I of this	s report. I certify that the			
nfo	rmation provided in thi	is report is true and accurate to the best	of my know!	ledge and belief.	I certify that all di	rinking wat	er treatment chemicals u	used at this plant conform to			
NSF	International Standard	l 60 or other applicable standards refere	nced in subs	section 62-555.3	20(3), F.A.C. I also	certify that	at the following addition	al operations records for this			
olan	t were prepared each d	ay that a licensed operator staffed or vis	ited this pla	nt during the mo	onth indicated above	e: (1) record	ds of amounts of chemic	als used and chemical feed			
rates	s; and (2) if applicable,	appropriate treatment process performa	nce records.	. Furthermore, I	agree to retain thes	se additiona	Il operations records at t	he plant site for at least ten			
year	s and to make them ave	ailable for review upon request.									
6	orto m	rucker 2/4/04	Otto Kruck	cer			C-7790				
Sign	nature and Date			Typed Name			License Nun	ıber			

#### I THLY OPERATION REPORT FOR PWSs TREATING AW GROUND WATER OR PURCHASED FINISHED. TER

PWS	Identific	cation Number	er: 6280273		I	Plant Name	e: Sun-	n-Lakes o	f Lake Pl	lacid			
III. D	aily Da	ta for the M	onth/Year c	of: January 20	004								
Means	of Ach	ieving Four-l Radiation	Log Virus In	nactivation/Rem (Describe):	noval: *	⊠ Free C	hlorine		Chlorine I	Dioxide	□ O <sub>2</sub>	zone 🗌	Combined Chlorine (Chloramines)
Туре	of Disinf	fectant Resid		ned in Distribut			ree Ch				ılorine (C	(hloramines	Chlorine Dioxide
	.4.		C	T Calculations, or I	JV Dose, to De	monstrate Fo							
2.44-3				CT Calculations UV Dose									
				Lowest Residual	Disinfectant	Lowest CT Provided	127	100				Lowest Residual	
				Disinfectant	Contact Time	Before or						Disinfectant	
			S <sub>i</sub> is.	Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Concentration	
Day of	Hours	Net Quantity of Finished	13.16	(C) Before or at First Customer	Point During	Customer During	Temp.	pH of	CT Required,	Operating	UV Dose	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow.	Water.	Water, if	mg.	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
Month		Produced, gal	* Rate, gpd .*	as Flow, mg/Lss	minutes	mg-min/L	°C	Water, if Applicable	min/L	sec/cm <sup>2</sup>	sec/cm²	Distribution System, mg/L	System Components Out of Operation
11	34	35900											
2 ′		35900		20			<del> </del>	<u></u>				13	
3 4 15		38000 28000		3.0 3.1			<del> </del>			<u> </u>		1.3	
5		33400		3,0			<del> </del>			<del> </del>		1.4	
× 6		33300		3.1			<b></b>					1,'4	
4.27		41500		3.1								1,3	
8		31600		20								<u> </u>	
9 *		35400		31					<u> </u>			1.3	
**10 **	_	86600		5.3					ļ		<u> </u>		
11 **		31100 36100		20					<b></b>				
· 13 ×	-	41700		1.8								_ابع_	
14**		33900		1,8								7.2	
115		<b>WOSOP</b>		3.a								1.9	
16		194100		3.1									
9177		41700		ずつ									
183		44800											
19 -		44800		15					<b> </b>			ب٩	
20°21'		50000 55400		1:19					<b></b>			<del></del>	
22-	<del>-  </del>	<u> </u>		18								<del>\!\</del>	
23*		48900		3,0					/ <b></b>			1;1	
24 *		42400		1.9									
25		(23450)											
. 26		63420		hig								$I^{\bullet}O$	
27 · · · · · · · · · · · · · · · · · · ·		744800 39300		45								10	
29		COPPE		1.4	——				<del></del>			45	
30	1-1	331200		(13					<del></del>			73	
31 %		48000		1.10								1.2	
Total		1334100									للــــيـ	-11- <del>4</del> 1	T
Average		43035										1.2	

Da-- 2

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.

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

8 27 28 2004

see page 4 for instructions	•										
I. General Information	for the Month/Year of	February 2	004				و المنهدة				
A. Public Water System (I	PWS) Information										
PWS Name: Sun-n-La	kes of Lake Placid					PV	WS Identification N	umber: 6280273			
PWS Type:	Community Non	-Transient Non	-Community	Transie	nt Non-Community	☐ Consec	cutive				
Number of Service Co	nnections at End of Mo	nth: 200			Total Population S	Total Population Served at End of Month: 500					
PWS Owner: Utilities.	Inc. of Florida										
Contact Person: Patric	k Flynn				Contact Person's	Title: Regional	Director				
Contact Person's Maili	ng Address: 200 Weath	ersfield Ave.			City: Altamonte S	prings	State: Fl	Zip Code: 32714			
Contact Person's Teler	hone Number: 800-272	-1919			Contact Person's I	ax Number: 4	07-869-6961				
	iil Address: p.c.flynn@i	utilitiesinc-usa.	com								
3. Water Treatment Plant											
Plant Name: Sun-n-La							ant Telephone Num				
Plant Address: 2165 U					City: Lake Placid	Sta	ate: Fl	Zip Code: 33852			
Type of Water Treated		Ground Water		nased Finished V	Vater						
	ay Operating Capacity		ns per day: 28	8,000							
Plant Category (per su	bsection 62-699.310(4),	F.A.C.): V					99.310(4), F.A.C.):				
	447 Mar.	Name :::		License Class	License Number		Day(s)/Shift	(s) Worked			
Lead/Chief Operator:	Otto Krucker			C	7790		6	,			
Other Operators:	Daniel Holmes			С	4335		As Ne	eded			
A Committee of the Comm	Darald Pugh			С	2261		As Ne	eded			
	Chris Cilbert			C	13107	As Needed					
**************************************											
		<del></del>									
	<del></del>										
II. Certification by Lead	/Chief Operator										
		censed in Flori	da, am the lea	ad/chief operato	r of the water treatn	nent plant iden	tified in Part I of th	is report. I certify that the			
formation provided in thi	s report is true and accu	rate to the best	of my knowl	edge and belief.	I certify that all di	rinking water to	reatment chemicals	used at this plant conform to			
SF International Standard	60 or other applicable:	standards refere	enced in subs	ection 62-555.32	20(3), F.A.C. I also	certify that th	e following addition	nal operations records for this			
lant were prepared each da	ay that a licensed operat	tor staffed or vi	sited this plan	nt during the mo	onth indicated above	e: (1) records o	f amounts of chemi	icals used and chemical feed			
ites; and (2) if applicable,	appropriate treatment p	rocess performa	ance records.	Furthermore, I	agree to retain thes	e additional op	perations records at	the plant site for at least ten			
ears and to make the fir ava		request.				_					
Illeto.	all a	11411									
1 Horas	3	14104	Otto Kruck		· · · · · · · · · · · · · · · · · · ·		<u>C-7790</u>				
ignature and Date			Printed or T	Typed Name			License Nui	mber			

#### MUNITHLY UPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PŴS	WS Identif on Number: 6280273 Plant Name: Sun-n-Lak Lake Placid												
III. D	aily Dat	ta for the Mo	onth/Year o	f: February 2	2004								
Means	of Achi	eving Four-L Radiation	og Virus In	activation/Rem (Describe):	noval: *	Free Cl	ılorine	;	Chlorine I	Dioxide		zone 🔲	Combined Chlorine (Chloramines)
				ed in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Cl	ilorine (C	hloramines)	Chlorine Dioxide
1,,,,,	, Digini		C	Γ Calculations, or l	JV Dose, to De	monstrate Fo	our-Log	Virus Inactiv	ation, if Ap	plicable*.	* 10		
											Dose		
					and and b	Lowest CT Provided				1.0		Lowest Residual	
				Lowest Residual Disinfectant	Contact Time	Before or				100		Disinfectant	
3.2				Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Concentration	
		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		CT	Operating	UV Dose	at Remote	
Day of		of Finished		First Customer	Point During	During Peak Flow,	of	pH of			Required,		Emergency or Abnormal Operating Conditions; Repair
the Month	Plant in	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	minutes	mg-min/L	water,	Water, if Applicable	mg- min/L	mW- sec/cm <sup>2</sup>	mW- sec/cm²	System, mg/L	or Maintenance Work that Involves Taking Water . System Components Out of Operation
1	o porumon.	<i>2</i> 5300	rano, spo			3-1-B -11110-112		1 ippnouvie		000,011	- DOG OIL	5700m;m.6.	O Compension October Operation
2.4	X	853/5		1.5								1.6	
3	X	122260		1.6								1.0	
- 4 «	X	32060		1.								1.6	
. 5	X	Sinson		1.5								1.0	
- 6	X	18200		1.6					ļ			1-1	
7	_X	136100		1.6			<b></b>	<del> </del>	ļ			1.0	
8 9	<del>\</del>	83950		7.7								-	
10	$\stackrel{\circ}{\sim}$	23950 15700		1.4								1.0	
11.2	$\hat{\mathbf{x}}$	40365		1.5								1.3	
12	Ŷ	U89m		1.5			[	<del> </del>		<del></del>		1.7	
13.	X	48700		16								1: 1	
14.	X	4530		1.60								(.)	
15		27350											
16	<u> </u>	2 7260 27356 34366		1.5			ļ!					1.0	
17	X	37aw		1.5			,						
18 . 19	$\overline{\mathbf{x}}$	3960 3960		1/2									
20	$\hat{\mathbf{x}}$	33300		1.6								19	
21	$\frac{\checkmark}{}$	25/100		1.68								1:1	
-422-4-7	<del>\$</del>	02200		1.4					***			1.1	
	X	54200		1.5								1.0	
24	X	3976		16								1.1	
25	X	29600		) 5								. 8	
26	X	30500		1.5								1.	
27	$\ddot{\lambda}$	30100		1.5				<b> </b>				1. 1	
28 29	Χ	23905		1.6								1.8	
30		<del></del>					-	<b></b>					
31	<u>-</u>	<del></del>											
Total 😘		598800		1									
Average		30993										1.2	

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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



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

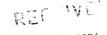
See page 4 for instructions. APR  $2\ 6\ 2004$ 

1.0							
1. General Information for the Month/Year of:	Aarch acou						
A. Public Water System (PWS) Information							
PWS Name: Sun -N- Lakes of Lake Place	cid		PWS Identification Number: 6280273				
PWS Type: XXXCommunity Non-Transi	ent Non-Community Transic	sient Non-Community Consecutive					
Number of Service Connections at End of Month: 1	66 -	Total Population Served at End of Month: 378					
PWS Owner: Utilities Inc.							
· Contact Person: Patrick Flynn		Contact Person's Title: Manager					
Contact Person's Mailing Address: 200 Weathers	sfield Avenue	City: Altamonte Spr	ings State: FL Zip Code: 32714				
Contact Person's Telephone Number: (800) 27	2-1919	Contact Person's Fax Nur	nber: (407) 869-6961				
Contact Person's E-Mail Address:							
B. Water Treatment Plant Information							
Plant Name: Sun -N- Lakes of Lake Plac	id		Plant Telephone Number: (863) 465-5550				
Plant Address: 2165 US 27 South		City: Lake Placid	State: FL Zip Code: 33852				
Type of Water Treated by Plant: XX Raw Ground		Water					
Permitted Maximum Day Operating Capacity of Plant	, gallons per day: 288,000						
Plant Category (per subsection 62-699.310(4), F.A.C.)	): <b>V</b>	Plant Class (per subsection	n 62-699.310(4), F.A.C.): C				
M Licensed Operators ( Western Marie Manager) Name N	en la company de	Ticeike Nimber	The state of the s				
Leid Glieb Operators Otto Krucker	C	7790	6				
(e) Herrepear (a) a							
Daniel Holme	es C	4335	*				
Chris Gilber	rt C	13107	*				
Darald Pugh	C	2261	*				
* - As Neede	ed						
II. Certification by Lead/Chief Operator	Elosida am the lead/abia for anno	of the water treatment place	at identified in Part Lof this report. Leastify that the				
I, the undersigned water treatment plant operator licensed in information provided in this report is true and accurate to the							
NSF International Standard 60 or other applicable standard							
plant were prepared each day that a licensed operator staffe							
rates; and (2) if applicable, appropriate treatment process pe							
	)	agree to retain these addition	onal operations recolus at the plant site for at least ten				
years and to make them revialable for review upon request.	/						
() here 5/1	NY Ones Konstant		C - 7790				
3/9	Otto Krucker						
Signature and Date	Printed or Typed Name		License Number				

#### MON. **.Y OPERATION REPORT FOR PWSs TREATING RA. GROUND WATER OR PURCHASED FINISHED WATE..** PWS Identification Number: Plant Name: 6280273 Sun -N- Lakes of Lake Placid \* Dree Chlorine III. Daily Data for the Month/Year of: APR 2 6 2004 Chlorine Dioxide Means of Achieving Four-Log Virus Inactivation/Removal: \* Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Type of Distribution System: | CT. Calculations of Uv. Dose to Demonstrate Four Log Virus Inactivation, if Applicable virus Inactivation, if L .2 37 100 31 100 ط ١. 3 3 .5 1.0 .6 7 8 · (O 9 a 10 413 12 13 *م*) ۱۰ 14 15 16 17 18 19 20 2 21. 22 23 Ò 24 -25 26 27.. 28 3 29. otal 4950 800 (verage 30800) 1-1

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

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

See page 4 for instructions.						
1. General Information for the Month/Year of: April 2004						
A. Public Water System (PWS) Information						
PWS Name: Sun -N- Lakes of Lake Placid	PWS Identification Number: 6280273					
	sient Non-Community Consecutive					
Number of Service Connections at End of Month: 166	Total Population Served at End of Month: 378					
PWS Owner: Utilities Inc.						
Contact Person: Patrick Flynn	Contact Person's Title: Manager					
Contact Person's Mailing Address: 200 Weathersfield Avenue	City: Altamonte Springs   State: FL   Zip Code: 32714					
Contact Person's Telephone Number: (800) 272-1919	Contact Person's Fax Number: (407) 869-6961					
Contact Person's E-Mail Address:						
B. Water Treatment Plant Information						
Plant Name: Sun -N- Lakes of Lake Placid	Plant Telephone Number: (863) 465-5550					
Plant Address: 2165 US 27 South  Type of Water Treated by Plant: XX Raw Ground Water Purchased Finished	City: Lake Placid State: FL Zip Code: 33852					
	Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000  Plant Category (per subsection 62-699.310(4), F.A.C.): y	Plant Class (normal and a CO COO 210/4), F. A. C.)					
Mediserone and a second of the	Plant Class (per subsection 62-699.310(4), F.A.C.): C					
Ciderone and Control C	7790 6					
	4335 *					
Daniel Holmes C Chris Gilbert C	4335 * 13107 *					
Darald Pugh C	2261 *					
Dalaid Idgii	2201					
* - As Needed						
Certification by Lead/Chief Operator						

ne 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 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 it 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 s; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten s and to make them available for review upon request,

Otto Krucker

C - 7790

Printed or Typed Name

License Number

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

WS Identific	S Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid										
I. Daily Da	ita for_the Month/Year	of April	900	<u> </u>		<del></del>					
leans of Ach	ieving Four-Log Virus In	activation/Rem	oval: *	Free C	hloring		Chlorine 1	Dioxide	O	zone	Combined Chlorine (Chloramines)
] Ultraviole		(Describe):									
ype of Disin	fectant Residual Maintair	ed in Distribut	ion System:		ree Ch	lorine	Con	nbined Cl	hlorine (C	hloramines)	Chlorine Dioxide
17.70%	中共产业中国。Wasternic	T Calculations, or	UV Dose; to D	emonstrate F	our-Log	Virus Inacti	vation, if A	pplicable;	<b>新加州</b>	Christian Control	Emergency or Abnormal Operating Conditions; Repair
17.19.7	The state of the s	ACCOUNTS OF THE	CT Calcu	lations 🧦 💈	1177			₹#¥£UV	Dose 15 (w	2.5.4.	
				Lowest C I				4.3	17.5	AP DE A	
		Disinfectant	Contact Time	Refore or	1371.54	A STATE OF		77	IN CASE	Disinfectant	Control of the second s
		Concentrations	(T) at C 3	at First	1226		24.5	Lowesi.	Minimum	Concentration	
	Net Quantity   15 15 15 15 15 15 15 15 15 15 15 15 15	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	wat Remote \$	
y of Hours	of Finished	First Customer	Point During	During	K of #	a pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair
nth Öperaliör	Produced on Base and	Flower of	RealCi-low	Peak Flow	Water	W. C.	Required.	EPV.	mV.	Distribution	or Maintenance Work that Involves Taking Water
1 विप	146000	( )	44×211100031322	ing may	TOTOTA	Expplicable.	ING-IMID C	113CC/CIII.58	ASCOCIII 85	14	SACTOR STATE OF THE STATE OF TH
2.55	31000	1,5								10	<del></del>
3 on 2	91900	1,6								1.0	
	38120									4	
	38120	عادا								10	
<del>'</del>	23300 23700	1.0								4 <del>0</del>	
<del></del>	16700	13								1:8	
9,5	23300	1.2							<b></b>	1:8	
) 1/2	20500	1,4								10	
Jag.	28000										
	<u>a</u> √000	7.9								1.0	
<u> </u>	16200	11								10 1	
	16800	13								<del>12</del>	
	12300	1/3		<del></del>						15-1	
	10000 1000C	1.9		<del></del>	—— <del> </del>					18	
	30250	118							<del></del>	-+-8	
	303.50	1,4								10	
<u> </u>	31100	19									
<del>   </del>	15800	1,4	···-							13	
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1-1-1	2830	1:0		<del></del>			<del></del>			16 1	
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	27800	1.3								7.0	
	31150					[					
	31150	1.4								<del>1</del> 2-1	
4-1-1	30,00	+->								174	
1-11	44100	1.4				<del></del> }-	<del></del>  -			<del>-1177  </del>	
T TOTAL STREET	าาฉลุ๛			<u></u>				<u>-</u>			
ALCOHOLD SE	35200									1	

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

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

See page 4 for instructions.

	General Information for the Mon		+						
A.	Public Water System (PWS) Inform								
	PWS Name: Sun -N- Lakes					PWS Identification Number	er: 6280273		
	PWS Type: XXXCommunity	Non-Transient Non-Community	Transic	nt Non-Community		nsecutive			
	Number of Service Connections at			Total Population	Served at E	nd of Month: 378			
	PWS Owner: Utilities Inc								
•	Contact Person: Patrick Fly			Contact Person's Title: Manager					
		200 Weathersfield Avenue		City: Altamont			Zip Code: 32714		
	Contact Person's Telephone Number	er: (800) 272-1919		Contact Person's l	Fax Number	r: (407) 869–6961			
	Contact Person's E-Mail Address:								
В.	Water Treatment Plant Information								
	Plant Name: Sun -N- Lakes					Plant Telephone Number:	(863) 465-5550		
	Plant Address: 2165 US 27 S	outh		City: Lake Pla	cid	State: FL	Zip Code: 33852		
	Type of Water Treated by Plant:		hased Finished \	Water					
-	Permitted Maximum Day Operating		288,000						
-	Plant Category (per subsection 62-6			Plant Class (per si	bsection 62	2-699.310(4), F.A.C.):	C		
1	Multiplication of the property	and the second state of the second	License Class	License Number		<b>建和外域Day(BySbift(B))W</b>			
	teld/chiefoberalors	Otto Krucker	С	7790		6	A STATE OF THE PARTY OF THE PAR		
	ioli Lione, idi, il								
	<b>经和联系编码</b>	Daniel Holmes	С	4335		*			
		Chris Gilbert	C	13107	*				
1		Darald Pugh	C	2261	*				
	WWW. Osala Miss								
1		* - As Needed			<del></del>				
	Control of the statement of the statemen								
	Certification by Lead/Chief Oper.				•				
		operator licensed in Florida, am the lea							
		e and accurate to the best of my knowle							
ISF	International Standard 60 or other a	pplicable standards referenced in subse	ection 62-555.32	20(3), F.A.C. I also	certify that	the following additional ope	erations records for this		
lan	it were prepared each day that a licen	sed operator staffed or visited this plan	t during the mor	th indicated above	(1) records	s of amounts of chemicals us	ed and chemical feed		
		realment process performance records.	Furthermore, I	agree to retain these	additional	operations records at the pla	int site for at least ten		
ear:	s and to make them wailable for see	ew upon request.							
	(V) All	i							
	O Musica	6/4/01 Otto 1	Krucker			C - 7790			
ign	sture and Date	Printed or T	yped Name			License Number			

#### MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER N PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid III. Daily Data for the Month/Year of: MOLL 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.Chlctlattons of UV/Dose to Demonstrate Four Log Virus machination of Applicable UV. Dose Disinfectant Disin As Lowest and Associated Association Concentration **34** 19000 1.3 1.77 ~.Ž : 1460 1.5 v.a ·0 . ~ 21200 . `` 16100 10 حا. 1890 م) n 12 18 100 28900 28000 13 16 18885 17 ) 18 1600 2940 34160 1.4 . 19 しめ 020 1.10 1.0 121 2000 i . 22/23 *\$*3350 1.10 1.60 19100 1900 1.58

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

nage was 16 667

		s.		



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

See page 4 for instructions.

	General Information for the Month/Year of: June 2004						
A.	Public Water System (PWS) Information						
	PWS Name: Sun -N- Lakes of Lake Placid	PWS Identification Number: 6280273					
		sient Non-Community Consecutive					
	Number of Service Connections at End of Month: 166	Total Population Served at End of Month: 378					
	PWS Owner: Utilities Inc.						
-	Contact Person: Patrick Flynn	Contact Person's Title: Manager					
	Contact Person's Mailing Address: 200 Weathersfield Avenue	City: Altamonte Springs   State: FL   Zip Code: 32714					
	Contact Person's Telephone Number: (800) 272-1919	Contact Person's Fax Number: (407) 869-6961					
_	Contact Person's E-Mail Address:						
B.	Water Treatment Plant Information						
	Plant Name: Sun -N- Lakes of Lake Placid	Plant Telephone Number: (863) 465-5550					
	Plant Address: 2165 US 27 South	City: Lake Placid State: FL Zip Code: 33852					
	Type of Water Treated by Plant: XX Raw Ground Water Purchased Finished						
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000						
	Plant Category (per subsection 62-699.310(4), F.A.C.): y	Plant Class (per subsection 62-699.310(4), F.A.C.): C					
	Ancense lope and the later of t						
		7790 6					
	College Filling	4335 *					
	Daniel Holmes C						
	Chris Gilbert C	13107					
	Darald Pugh C	2261 *					
	* - As Needed						
11.	. Certification by Lead/Chief Operator						

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

Signature and Date

Otto Krucker

C - 7790

or Typed Name License Number

#### MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: Sun -N- Lakes of Lake Placid PWS Identification Number: 6280273 III Daily Data for the Month/Year of: Dune 2004 Means of Achieving Four-Log Virus Inactivation/Removal: Chlorine Dioxide Combined Chlorine (Chloramines) Free Chlorine Ozone Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide vation; if Applicable vation; if Residual vation; if R | Combined Chlorine (Chlorantines) | Free Chlorine | Combined Chlorine (Chlorantines) | Chlorantines (Chlorantines) | Chlorantines (Chlorantines) | Chlorantines (Chlorantines) | Chlorines (Chlorantines) | Chlorantines (Chlorantines) | Chlora Lowest Residual Disinfectant Provided Disinfectant Contact Time Before or Concentration (C) Before or at First Castomer Point During During Operation Produced gat Rate gpd Flowing (1) and Peak Flow Maler Applicable Contact Time Before or A at First Contact Time Before or A photos Time Time Before or A at First Contact Time Before nA Day Required: mW. | mW. | Distribution | 1, or Maintenance Work that Involves Taking Water mg-min/L | Sec/cm | Sec/cm | System mg/b | W. | System Components Out of Operation the Mou 23900 1.9 8. 14600 31800 3 1:0 13 34100 4 1.0 30800 -5 1.2 10800 .6 14800 7 1.8 1. 14,300 1.9 1.0 9 1.0 10 14000 $\cdot$ 11 0968 . a - 12 **2440**0 5 :13 20100 14 17000 1.8 18 1460D 15 1.8 $\cdot \circ$ 16 14900 9 17 1.8 1.9 1.17 1660D 18 22200 1.0 19 13900 صا. 20 32400 حا ١٠ ס א 21 14650 22 - 23 24700 28500 .8 : 24 18400 - 25 13900 ..26 - 27 3900 28 29 18900 1.0

101000 600,500

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Page 2

Total 201500

-30 31

Average 23383 Maximum 1 43900 \* 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 FILE COPY

See page 4 for instructions.

dee page 4 for mandedons.			
I. General Information for the Month/Year of: Dudy SC	POC		
A. Public Water System (PWS) Information	,		
PWS Name: Sun -N- Lakes of Lake Placid			PWS Identification Number: 6280273
PWS Type: XXCommunity Non-Transient Non-Com	nmunity Transie	nt Non-Community	Consecutive
Number of Service Connections at End of Month: 166		Total Population	Served at End of Month: 378
PWS Owner: Utilities Inc.			
· Contact Person: Patrick Flynn		Contact Person's	Fitle: Manager
Contact Person's Mailing Address: 200 Weathersfield Av	enue	City: Altamont	e Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: (800) 272-1919		Contact Person's I	Fax Number: (407) 869-6961
Contact Person's E-Mail Address:			
B. Water Treatment Plant Information			
Plant Name: Sun -N- Lakes of Lake Placid			Plant Telephone Number: (863) 465-5550
Plant Address: 2165 US 27 South		City: Lake Pla	cid State: FL Zip Code: 33852
Type of Water Treated by Plant: XX Raw Ground Water	Purchased Finished V	Vater	
Permitted Maximum Day Operating Capacity of Plant, gallons per	day: 288,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): y		Plant Class (per su	ubsection 62-699.310(4), F.A.C.): C
A Licensed Operators at the law was a Name of the law o	License Class	License Number	能力學的學術學的學Day(s)/Shift(s) Worked 和表示。
Lead Chief Operators Otto Krucker	C	7790	6
Quer Operators (1)			
Daniel Holmes	С	4335	*
Chris Gilbert	С	13107	*
Darald Pugh	С	2261	*
* - As Needed			
II. Certification by Lead/Chief perator	Al-le-Makinformanton	of the water treatm	and plant identified in Part I while annual I continue that the
, the undersigned water treatment plant operator licensed in Florida, am information provided in this report is true and accurate to the best of my	the lead/chief operator	Of the water treatm	is the support of the state of
NSF International Standard 60 or other applicable standards referenced			
visited the prepared each day that a licensed operator staffed or visited t			
ates; and (2) if applicable, appropriate treatment process performance r			
	coids. Fullicinioic, 1	agree to retain thes	e additional operations records at the plant site for at least tell
ears and to make them available for review upon request.			
() / less chulas	Otto Vanalage		C - 7790
5404	Otto Krucker		
Signature and Date Prin	nted or Typed Name		License Number

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid													
III. Daily Data for the Month/Year of: Tuly 3004													
Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
	Ultraviolet Radiation Other (Describe):												
Туре	Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide												
	Type of Disinfectant Residual Maintained in Distribution System:    CT Calculations									L.			
, i	1	W. C.	7. 3624D X	27 7240	2.002	Lowest CT	3.8%	<b>37</b>	1974 R.	( et a.)	200	i Lowest	No. 10
	1.65	100		Lowest Residual	Disinfectant	Provided	39		The Park	1446		Residual (	
4.	1	35 700	1119	Concentration	Contact Time	at First	11.	4 32.5		Lowest	Minimum	Concentration	
	1977	Net Quantity	300	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UY Dose	≈al Remote	TO THE STATE OF TH
the	Plantin	of Irmshed	Peak Flower	First Customer	Point During	During :	of	pHof	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair
Month.	Operation	Produced, gal	Rate gpd	Flow, mg/L	ratminutes as	mg-min/L	A.C.	Applicable	mg-min/L	sec/cm	sec/em²	System me/L	System Components Out of Operation
	<u> </u>	6750C		1.8									
3	X	1550C 9800		1.8				ļ	ļ			1.0	
4	<del>-/-</del> - -	13760		1.0	ļ <del></del> -				<del> </del>			1-0	
5 .	X	12800		1.6								1.0	
6	4	16300										1.0	
8	\$1	12300		7.5				ļi				1-1-	
9	$\times$ 11	& FM		1-3								-1.4-	
10	叉	2950C 1837.C 1683S		1.7								7.0	
11	$\overline{\mathcal{A}}$	1880											
13	<del>\$</del> 11	5300		1.8								(S)	
14	×. \	47600		1.3								1.65	
15	Z II	23100		1:62								1-1	
16	\$	5700 24700		23.3								13	
18	<del></del>	14000		<del></del>								1.0	
19	$\mathbf{z}$	14100		82								12	
20	<b>≯</b>	1746 15306		33.33								1.4	
22	211	12200		3.0	· ·		$\longrightarrow$					1.3	
23 .	X	19600		1.9								1.8	
24	<del>.,   </del>	16900											
25 26		1980	<u></u>	99							——-	1.3	
27	$\leq 11$	1030		1.6		<del></del>						1.9	
28	× 11	XXV										1.7	
29 30	$\sim$	14900		1.8								1.3	
30		500		1.7								1-5	
Total - 3.3	170	578270	<u>l.</u> .				1	<del>-</del>		P	Ł_		
Average	verage Will 1865												

Page 2

Average 18652

Maximum 30 6 500

\* 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**

FILE COPY SFP 27 200

SFP 27 2004

See page 4 for instructions.

					- ILO. I						
. General Information for the		<del>2004</del>			7 1						
. Public Water System (PWS)					DWG Line Gastion Number 6280273						
	akes of Lake Placid	·	PWS Identification Number: 6280273								
PWS Type: XXXComn		nity   Trans	sient Non-Community								
	ions at End of Month: 166		Total Population	Total Population Served at End of Month: 378							
PWS Owner: Utilitie	s Inc.		15	TV-1 1/-							
· Contact Person: Patric			Contact Person's Title: Manager City: Altamonte Springs   State: FL   Zip Code: 32714								
	ddress: 200 Weathersfield Aven										
Contact Person's Telephone			Contact Person's	Contact Person's Fax Number: (407) 869-6961							
Contact Person's E-Mail Ad			<del></del>		·						
. Water Treatment Plant Information					Plant Telephone Number: (863) 465-5550						
Plant Name: Sun -N- L	akes of Lake Placid		-Tai : : : :	<del></del>	The state of the s						
Plant Acdres: 2165 US			City: Lake Pla	icid	State: FL Zip Code: 33852						
Type of Water Treated by P		urchased Finishe	d Water		·						
	perating Capacity of Plant, gallons per day	288,000	Diant Class (see a	b4i 6	2-699.310(4), F.A.C.): C						
	ion 62-699.310(4), F.A.C.): <b>v</b>	Halleston and Hi	Plant Class (per s		2-699.310(4), F.A.C.): C						
distantia de la como d	Statile				6						
	Otto Krucker	C	7790	<del> </del>	V						
Collins ( ) and			/ 225	<del> </del>	*						
	Daniel Holmes	<u>C</u>	4335 13107		*						
<b>经验</b>	Chris Gilbert	<u>c</u>	2261		*						
	Darald Pugh	C	2201								
				<u> </u>							
· · · · · · · · · · · · · · · · · · ·											
6.3				<del></del>							
maken beleeft with the profit seems decembed.	* - As Needed			<u> </u>							
. Certification by Lead/Chie	ef Operator										
he undersigned water treatmen	nt plant operator licensed in Florida, am the	e lead/chief opera	tor of the water treatment	nent plant i	dentified in Part I of this report. I certify that the						
ormation provided in this repo	ort is true and accurate to the best of my kn	owledge and belie	ef. I certify that all di	rinking wat	er treatment chemicals used at this plant conform to						
F Internatic nal Standard 60 o	r other applicable standards referenced in s	subsection 62-555	5.320(3), F.A.C. I als	o certify tha	at the following additional operations records for this						
at were prepared each day that	at 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										
		rds. Furthermore	e, I agree to retain the	se additiona	al operations records at the plant site for at least ten						
rs and to make them available	rs and to make them available for review thon request.										
11/1/h/	alalari a				2 7700						
19 4 /10	CII.)IOCI 08	to Krucker			<u>C - 7790</u>						
ature and Date	Printed	or Typed Name			License Number						

MONIALY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: Plant Name: 6280273 Sun -N- Lakes of Lake Placid 2004 III. Dasy Data for the Month/Year of: AUGUST Combined Chlorine (Chloramines) Means of Achieving Four-Log Virus Inactivation/Removal: \* Free Chlorine Chlorine Dioxide Ozone Ultraviolet Radiation Other (Describe): Chlorine Dioxide Combined Chlorine (Chloramines) Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine of Disinfectant Residual Maintained in Distribution System:

| Cr. Calculations/oc.UV.Dose to Demonstrate Four. Log Virus Inactivation; if Applicable; | Cr. Calculations | Cr. Calculat Day of Hours of Finished the Explicit Water Month of Erabusi Produced Ea 14000 27000 .2 ... 3 13500 4 a -5 77300  $\cap$ 18600 23300 6 7 ۱. A 8 9 10 -2C500 11 4 **2130**0 12 13 Q 14 15 16 32800 17 18 BOG W 19 27510 . 20 396W 21. 22 2000 23 126700 : 24 : 1391/2 0 25 25300 26: 24911) 27 31600 a

Page 2

1.1

Average 20803

28 29.2 34300

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.

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

See page 4	for	instructions.
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_								
Ų.	General Information for the Month/Year of:	1000 300-1	<del> </del>					
А.	Public Water System (PWS) Information							
	WS Name: Sun -N- Lakes of Lake Placid PWS Identification Number: 6280273							
i	PWS Type: XXCommunity Non-Transient Non-Community Transient Non-Community Consecutive							
	Number of Service Connections at End of Month: 166		Total Population S	erved at End of Month: 378				
	PWS Owner: Utilities Inc.							
•	Contact Person: Patrick Flynn Contact Person's Title: Manager							
	Contact Person's Mailing Address: 200 Weathersfiel		City: Altamonte Springs   State: FL   Zip Code: 32714   Contact Person's Fax Number: (407) 869-6961					
	Contact Person's Telephone Number: (800) 272-191	.9						
_ {	Contact Person's E-Mail Address:			<u> </u>				
	Water Treatment Plant Information							
	Plant Name: Sun -N- Lakes of Lake Placid			Plant Telephone Number				
	Plant Address: 2165 US 27 South		City: Lake Plac	id State: FL	Zip Code: 33852			
	Type of Water Treated by Plant: Raw Ground Water		Vater					
ļ	Permitted Maximum Day Operating Capacity of Plant, gallor	ns per day: 288,000						
١	Plant Category (per subsection 62-699.310(4), F.A.C.): v		Plant Class (per subsection 62-699.310(4), F.A.C.):					
ı	A THE STREET OF STREET	Licenso Class		權可能不能對于Day(B)/Shift(B)。	Worker 20 States States			
ı	Otto Krucker	C	7790	6				
	to literal territories							
ı	Daniel Holmes		4335	*				
Į.	Chris Gilbert	C	13107	*				
	Darald Pugh	С	2261	*				
Į.								
Ė	* - As Needed		<u></u>					
П	Certification by Lead/Chief Operator							
	e undersigned water treatment plant operator licensed in Flori	da am the lead/chief operator	of the water treatme	ent plant identified in Part I of this re	port I certify that the			
	rmation provided in this report is true and accurate to the best							
	International Standard 60 or other applicable standards refere							
	t were prepared each day that a licensed operator staffed or vi							
	; and (2) if applicable, appropriate treatment process perform							
	s and to make them available for review upon request.	milet restrain a militarillority in	-6.13 10 1014111 111000	and the state of t	france and we some soil			
J-144 1	713							
	111111111111111111111111111111111111111	Otto Krucker		C - 7790				
iar	stare and Date	Printed or Typed Name	<del></del>	License Numbe				
TKII	oct 0 4 28%	I I I I I I I I I I I I I I I I I I I		Dicembe 14mmoe				

#### Maximumismed 56 40 0 17 0 1. 18 Mode this information. \* Refer to the instructions for this report to determine which plants must provide this information. 0.1 31 61 30 67 OD CONE 0 82 ·LZ · 99,819 00,53 00,53 <u>אותרו נפוחפ שפתסחפ</u> 97 81 57 / حام 77 ज्युक्त उत्पुद्ध १४०७८ 23 77 12 90( \$8° 91.28 20 61 07hE & 07E E G 0708JE 0708JE 0). 81. 14 b' <del>7</del> 7 91 . SI 0018 71 05015 ्रधः 2(020 71 00/150 211 00000 E -01 6 ٠,٢ CA) CXE 8 3000 999ec 9. ς HUCTICOIN LONDER $\odot$ 9116 Þ SULL ٤ ...2... | Concentration | Concentratio J. D. SOLE Type of Disinfectant Residual Maintained in Distribution System: | Applicable System | Content of Principle | Con Type of Disinfectant Residual Maintained in Distribution System: Chlorine Dioxide Combined Chlorine (Chloramines) Free Chlorine Ultraviolet Radiation Other (Describe): Means of Achieving Four-Log Virus Inactivation/Removal: \* Combined Chlorine (Chloramines) Ozone Chlorine Dioxide eninoldD esr4 III. Daily Data for the Month/Year of: Sun -N- Lakes of Lake Placid Plant Name: PWS Identification Number: 6280273 MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Page 2

# FILE COPY





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

	akes of Lake Placid			PWS Identification	Number: 6280273
PWS Type: XXXComm		nunity 🔲 Trans	ient Non-Community		
	ons at End of Month: 166		Total Population	Served at End of Month: 378	
PWS Owner: Utilitie:	Inc.				
Contact Person: Patric				Fitle: Manager	
	dress: 200 Weathersfield Ave	nue	City: Altamont		Zip Code: 32714
Contact Person's Telephone			Contact Person's I	Fax Number: (407) 869-69	161
Contact Person's E-Mail Add					
Vater Treatment Plant Inform					
Plant Name: Sun -N- L	akes of Lake Placid			Plant Telephone Nu	
Plant Address: 2165 US	27 South		City: Lake Pla	cid State: FL	Zip Code: 33852
Type of Water Treated by Pl		Purchased Finished	Water		
	perating Capacity of Plant, gallons per d	ay: 288,000	In the		
Plant Category (per subsection	on 62-699.310(4), F.A.C.): y		Plant Class (per su	ubsection 62-699.310(4), F.A.C.)	: C
ta Manistanieria	Service Representation of the service of the servic				n(8) Worked (8) Warrant Castal
	Otto Krucker	C	7790	6	
dillengt state		<del>-  - ,</del>	/225	*	
	Daniel Holmes	<u> </u>	4335 13107	*	
	Chris Gilbert	C	2261	*	
	Darald Pugh		2201		
		<del></del>	<del>- </del> -		
	<del></del>	<del></del> }	<del></del>		
Complete Street Street Street	* - As Needed	<del>-   </del>	<del></del>		
Constitution and the state of the state of	As Needed	· · · · · · · · · · · · · · · · · · ·			
Certification by Lead/Chie		### ##			
undersigned water treatmen	rlant operator licensed in Florida am	the lead/chief operat	or of the water treatm	ent plant identified in Part I of th	is report. I certify that the

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

0.4	24

Otto Krucker

C - 7790

Signature and Date

Printed or Typed Name

License Number

Dwe		THLY OF cation Numb											CHASED FINISHED WATER
				80273		lant Nam	e: :	<u> Sun -N-</u>	Lakes	of La	ke Pla	<u>icid</u>	
III. D	ally Da	ta for the N	lonth/Year (	of: Octo	Dev 3	CCH							
Means	of Ach	ieving Four-	Log Virus In	activation/Ren	noval: *	Free C	hlorine	: [](	Chlorine	Dioxide	По	zone	Combined Chlorine (Chloramines)
וט 🔲 וו	traviole	Radiation	Other	(Describe):				_					•
1	C TO	C			ion System:		Free Ch	lorine	Con	bined Cl	blorine (C	Chloramines)	Chlorine Dioxide
- 4	No.	1447200	AL STATE C	L'Calculations or	UV Dose to De	monstrate i	our Log	Virus Inacti	vation, if A	pplicable*	22 10 27 N	(A) (A)	Emergency or Abnormal Operating Conditions: Repair of Maintenance Work that Involves Taking Water
	ir in	rei len kez	in bull and the	in the state of	-₩-KCT Calcu	lations 🐉 🥫	i esta	in the state of	20 X	¥∮€2UY.	Dose of		Vantage West, and a second sec
	100		340		100	Lowest CT	388	MA X		<b>P</b>	<b>37.4</b>	in Lowest	
***		A The A	1 3 3 7 7 7 1	Lowest Residual	Disinfectant	Provided	100	A STATE	7 7 7	100		Residual	A CONTRACTOR OF THE PARTY OF TH
-c. ( )	7			Concentrations	Contact Time	Mar Firet	1728	333				Concentration	
1.1	45 77 1	Net Quantity	10000	(C) Before or at	Measurement	Customer	Tanin	<b>323</b>	Minimim	Onerating	IV	Stat Remote	
Day of	Hours	of Finished	200	First Customer	Point During	During	Vol 1	2 pH of	CT -	UV Dose	Required	Point in	Emergency or Abnormal Operating Conditions: Repai
Month	Chapt in	Water	Peak Flow	During Peaking	aPtakiFlow &	Peak Flow	Waler,	Walet, II	Required;	nW.	#mWa	Distribution	Tor Maintenance Work that involves Taking Water
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	34	25700	素 Kate#gpt 表	AC Flow Fing 1938	A minutes with	ing-min/C	W.C.	Applicable	mg-min/L	sec/cm#	4sec/cm <sup>2</sup>	Systemsing/Is	XXXXX System Components Out of Operation
.2	-1-1	23500	<del> </del>	1.8			<del> </del>		<b></b>	<u> </u>	ļ	<del>                                     </del>	
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Mariann	100 100	50100											

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.

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

See page 4 for instructions.				•		
1. General Information for the Mot	ith/Year of: NOVe	Mber 2004				
A. Public Water System (PWS) Inform	nation				<del></del>	
PWS Name: Sun -N- Lakes	of Lake Placid			<del></del>	PWS Identification	Number: 6280273
PWS Type: XX Community	Non-Transient No	n-Community T	ransient Non-Commun	ity Co	onsecutive	Trumoci, 0200273
Number of Service Connections at	End of Month: 166				and of Month: 378	
PWS Owner: Utilities Inc				on bei ved at D	ald of Month. 570	
· Contact Person: Patrick Fly	nn	<del></del>	Contact Person	's Title: Mar	nager	
Contact Person's Mailing Address:	200 Weathersfiel	d Avenue	City: Altamor			Zip Code: 32714
Contact Person's Telephone Number	er: (800) 272-191		Contact Person'			
Contact Person's E-Mail Address:				21441441100	(407) 003 0.	201
B. Water Treatment Plant Information						
Plant Name: Sun -N- Lakes	of Lake Placid				Plant Telephone Nu	imber: (863) 465-5550
Plant Address: 2165 US 27 S	outh		City: Lake P1	lacid	State: FL	Zip Code: 33852
Type of Water Treated by Plant:	Raw Ground Water	Purchased Finis	shed Water	<del></del>		12.5 0000. 33832
Permitted Maximum Day Operating	Repacity of Plant, gallor	ıs per day: 288,00	0	<del></del>	<del></del>	
Plant Category (per subsection 62-6	699.310(4), F.A.C.): v			subsection 62	2-699.310(4), F.A.C.)	): <b>C</b>
inleshoothomes the	Number of the second		Diss District College		D.Waysh	FIVE DEVIATION OF THE PARTY OF
Beathailte innesitie	Otto Krucker	С	7790		6	And the second of the second second second second second second second
William Proposition is						
	Daniel Holmes	C	4335		*	
	Chris Gilbert	C	13107		*	The second state of the second state of
	Darald Pugh	C	2261		*	System Country
						The same of the sa
						OEC 27 2004
عمرفت والمراجون والمراج المراج	* - As Needed				) }	
I. Certification by Lead/Chief Opera	itor "	<u> </u>			Å	
the undersigned water treatment plant of	pperator licensed in Floric	a, am the lead/chief one	rator of the water treat	ment plant ide	antified in Part I of th	is separt. I partify that the
formation provided in this report is true	and accurate to the best	of my knowledge and be	lief. I certify that all d	lrinking woter	treatment chemicals	used at this plant conform to
or international otandard by or other ap	pplicable standards refere	nced in subsection 62-5	55.320(3). F.A.C. Tal	so certify that	the following addition	anal operations records for this
ant were prepared each day that a licens	sed operator staffed or vis	sited this plant during the	e month indicated abov	ve: (1) records	of amounts of chemi	icals used and chemical feed
tes; and (2) if applicable, appropriate tr	eatment process pertorma	nce records. Furthermo	re. I agree to retain the	ese additional	operations records at	the plant site for at least ten
ars and to make them available jor fevi	ew upon request.				operations records at	and plante site for at least tell
C1 /////						
Dellem	12/3/04	Otto Krucker			C - 7	790
gnature and Date		Printed or Typed Name	C		License Nu	ımber

MON LY OPERATION REPORT FOR PWSs TREATING RA.. GROUND WATER OR PURCHASED FINISHED WATER

	PWS	Identific	ation Numb	er: 62	280273		Plant Nam	e:	Sun -N-	Lakes	of La	ke Pla	cid	
•	111.	Daily Da	ta for the N	lonth/Year	of: NOVE	MOUV	STNI							
	Meai	ns of Ach	ieving Four-	Log Virus Ir	nactivation/Rei	noval: *	Free (	hlorin	e 🔲 (	Chlorine	Dioxide		zone	Combined Chlorine (Chloramines)
			Radiation		(Describe):							·		· ·
	I ypc	of Disin	fectant Resid	lual Maintair	ned in Distribu	tion System:		Free Cl	hlorine	Con	nbined Cl	hlorine (C	(hloramines	Chlorine Dioxide
•				CALCON C	I Calculations of	UV Dose, to D	emonstrate F	our-Log	Virus Inacti	vation, if A	pplicable*	Dass and		Chlorine Dioxide  Chlorine Dioxide  Emergency or Abnormal Operating Conditions; Repair  Cor Maintenance Work that Involves Taking Water  Components Out of Operation
			Att a street	A DOMEN	WE SEEM	30-34 P-33	Lowest CT	3,000	MARKA CE C	100 and 1	200	NAME OF	1 Lowest	
		1477	143117	PARTY.	Lowest Residua	Disinfectant	Provided		100		18.04		# Residual	
ı	43.4	2 13,	AL VALUE	1.5 101.5	Disinfectant Concentration	Contact Time	Before or	150		25.44	4.7.7.		Disinfectant	
ı		1	Net Quantity	100	(C) Before or a	Measurement	Clistomer	Temp.	W	Minimum	Operating	UV Dose	Fat Remote	
	Day of	Hours	of Finished		First Customer	Point During	During	of g	ZipH of [	CT	UV Dose,	Required,	Point in 😽	Emergency or Abnormal Operating Conditions; Repair
	Month	Operation	Produced gal	Raid	Flow me/l	t calcillow	Peak Flow	Vale	然语语	Required.	<b>建設料</b>	<b>APPY</b>	Distribution	or Maintenance Work that Involves Taking Water
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4	9	<b></b>	33250		10									
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	12		40300										1.5	
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<b>}</b> -	18		32000		1.9									
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IV	aximu	HARRAGE SA	Lele Sta	<b>)</b>										

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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.

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

PWS Owner Contact Pers Contact Pers Contact Pers Contact Pers Contact Pers Plant Name: Plant Addres Type of Wat Permitted M	XXXCommunity Non-Transient Non-Control of Month: 166  T: Utilities Inc. Son: Patrick Flynn Son's Mailing Address: 200 Weathersfield Son's Telephone Number: (800) 272-1919 Son's E-Mail Address: The Plant Information Sun -N- Lakes of Lake Placid SS: 2165 US 27 South		Total Population  Contact Person's  City: Altamont Contact Person's	Served at E Title: Mar e Spring	s State: FL	Zip Code:	
PWS Owner Contact Pers Contact Pers Contact Pers Contact Pers Contact Pers Plant Name: Plant Addres Type of Wat Permitted M	r: Utilities Inc. son: Patrick Flynn son's Mailing Address: 200 Weathersfield son's Telephone Number: (800) 272-1919 son's E-Mail Address: nent Plant Information Sun -N- Lakes of Lake Placid	Avenue	Contact Person's City: Altamont	Title: Mar e Spring	nager gs   State: FL		32714
Contact Pers Contact Pers Contact Pers Contact Pers Contact Pers Plant Name: Plant Addres Type of Wat Permitted M	son: Patrick Flynn son's Mailing Address: 200 Weathersfield son's Telephone Number: (800) 272-1919 son's E-Mail Address: nent Plant Information Sun -N- Lakes of Lake Placid	Avenue	City: Altamont	e Spring	gs State: FL		32714
Contact Pers Contact Pers Contact Pers Contact Pers B. Water Treatn Plant Name: Plant Addres Type of Wat Permitted M	son's Mailing Address: 200 Weathersfield son's Telephone Number: (800) 272-1919 son's E-Mail Address: nent Plant Information  Sun -N- Lakes of Lake Placid	Avenue	City: Altamont	e Spring	gs State: FL		32714
Contact Pers Contact Pers B. Water Treatm Plant Name: Plant Addre Type of Wat Permitted M	son's Telephone Number: (800) 272-1919 son's E-Mail Address: nent Plant Information Sun -N- Lakes of Lake Placid	Avenue					32714
Contact Pers  Water Treatm  Plant Name:  Plant Addre:  Type of Wat  Permitted M	son's E-Mail Address: nent Plant Information Sun -N- Lakes of Lake Placid		Contact Person's	Fax Number	: (407) 869-6961		
Plant Name: Plant Addres Type of Wal Permitted M	nent Plant Information Sun -N- Lakes of Lake Placid					·	
Plant Name: Plant Addres Type of Wat Permitted M	Sun -N- Lakes of Lake Placid						
Plant Address Type of Wat Permitted M	Sun -N- Lakes of Lake Placid ss: 2165 US 27 South						
Type of Wat Permitted M	ss: 2165 US 27 South				Plant Telephone Number		
Permitted M			City: Lake Pla	ıcid	State: FL	Zip Code:	33852
Plant Categor		Purchased Finished	d Water	<del></del>			
	aximum Day Operating Capacity of Plant, gallons p	per day: 288,000	15.				
3113213212	ory (per subsection 62-699.310(4), F.A.C.): y	A COUNTRY OF THE PROPERTY OF THE	Plant Class (per s	ubsection 62	2-699.310(4), F.A.C.):	С	
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Fallife Helicali				<del></del>			<del></del>
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	Chris Gilbert	C	13107	<del> </del>	*		
	Darald Pugh	C	2261		*		
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	* - As Needed	<del> </del> -		ļ			
Wednesday and a constant	* - As Needed			L			
	n by Lead/Chief Operator						
the undersigned	l water treatment plant operator licensed in Florida,	am the lead/chief operat	tor of the water treatm	nent plant id	entified in Part I of this	report. I certify	v that the

iti. Cerimication by Lead/Chief Of	ocrator

Y the surface of the state of t
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
the result of the result is the second to the second religion to the
NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this
plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten
years and to make them available for review upon request.

Signature and Date

115105

Otto Krucker

C - 7790

Printed or Typed Name

License Number

MONTHLY OPERATION REPORT FOR PWSS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER	:: Sun -N- Lakes of Lake Placid	
WSs TREA	Plant Name:	
ATION REPORT FOR P	6280273	
MONTHLY OPER	Identification Number:	

International Activation Presented   Chromised Chlorine Dioxide   Combined Chlorine Chloramines)   Chromised Chlorine Chloramines   Chromised Chloramines   Chromised Chlorine Chloramines   Chromised Chloramines   Chromised Chlorine Chloramines   Chromised Chloramines   Chro	PW	S Identific	PWS Identification Number:				Plant Name:	Sun -N-	-N- Lakes of Lake Placid	Lake P1	acid	Plant Name: Sun -N- Lakes of Lake Placid
Type of Distinction   Other Imacity altonible   Other Chlorine   Other C	1	Dativ Da	ta for the Mc	outh/Year	1 20c	SOCIA	100C					
Type of Distinfectant Registrant Registran	ξ□	Ins of Achi	Radiation	og Virus In	activation/Re (Describe):	noval: *	Free Chlor		horine Dioxid		_	Combined Chlorine (Chloramines)
Continued   Cont	Typ	c of Disinf	fectant Residu	ıal Maintair	ed in Distribu	tion System:	Free	Chlorine	Combined	Chlorine (	Chloramines)	Chlorine Dioxide
Continued   Cont	- ::		11.5	O Market	T Calculations; o	r.UV.Dose; to De	monstrate Four-	og Virus Inactiv	ation, if Applicabl	Contraction of the Contraction o	10.55 -14.55 T	からない かんしょう しゅうしゅう かんしゅう はんしゅう はんしゅう はんしゅう はんしゅう はんしゅう はんしゅう はんしゅう はんしゅう しゅうしゅう しゅう
Day of House, Street, Street		4	311 14 646			A SAME LEAKING	ations	A THE PERSON		UV.Dose		というというというないのではないではないできませんできます。
Desire Communication   Continuation   Continuatio	-				Lowest Residua		Provided (				Lowest FResidual	
Day of Figure   Continue   Cont	, de la companya de l				Disinfectant Concentration	Contact Time	Before or		9	St. 58 Minimus	infectant	
		Hours	of Finished		First Customer	Measurement Point During	Customer Ter	do de de	TE SO MENTINE	ing UV Dos	Remote.	
1 24 (42-25)   12-25		D THE PERSON	Water Todiced	Perk Flow	During Peals	Test Day	Peak Flow		Required		ribution	Constitution of the control of the c
1   25.000   2.1   3.1   3.1   3.2	- X	20	1300		00	Section Indiana	NAME OF THE PARTY	See Applicable	mg-min/L     Sec/cn	n esec/cm	System amp/15	Sex (A. S.) ystem Components Our of Operation /
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10   24720   2.9   11   2.500   2.9   11   2.5000   2.0   2.0   11   2.0000   2.0   2.0   11   2.0000   2.0   1.0   2.0   1.0   2.	م ×		28900		8					-		
11	2		つなりと		,						1	
112   20200   2.00   1.00	اۃ		35840		! ~!							
13   27200   2.0   1.9   1.1   1.2   1.1   1.2   1.1   1.2   1.1   1.2			22200									
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SOUTH   SOUT			18 ST		8-1					-	7-7	
32880   233.40   30440   30440   30470   34500   3600 	E X		20/00		75.					1	2:1	
233.45   18   18   18   18   18   18   18   1	61		いろので								3 23	
1300   18   18   18   18   18   18   18	جا اج		222.50		8:1						) 7	
Service   2-3	7		2300		12						1.7	
23/05 24/75 24/75 24/75 24/75 24/75 24/75 24/75 25	12	1	8/18/10 10/10/10		200			1			0	
24950 24950 24950 2500 2500 251000 25100 25100 25100 25100 25100 25100 25100 25100 251	7.		20000									
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\$950 2000   2000   2500   2	C 27		798/NO		٦.						17	
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25/00   2·(	30		33330		[ . I						7.7	
	į.	,	25100	1	3.(						7.4	
	Total	_	<u> </u>	``							-	
	Maxim	+	2007					,			?	
	* 0.6	40.00		A. C.	A-damina							

DEP Form 62-555 900(3)



# FILE COPY



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

BUTCHUM			"AILII	~1	(111)
				MAX	641
See page 4 for instructions.	j	. ^		The state of the s	011
1. General Information for the	Name of the Control o	ALCON L. JY	1	011	
A. Public Water System (PWS) In		manyau			<u> </u>
PWS Name: Sun -N- Lal		<i>U</i>	<del></del>	Inviore in	
PWS Type: XXXCommu		C	4N G		n Number: 6280273
Number of Service Connection		Community 1 ransie	nt Non-Communit		
PWS Owner: Utilities		· · · · · · · · · · · · · · · · · · ·	Total Population	Served at End of Month: 378	
Contact Person: Patrick	Flynn		10		
	ress: 200 Weathersfield	A		Title: Manager	15: 0 1 2071/
Contact Person's Telephone N	lumber: (800) 272-1919	Avenue	City: Altamon		
Contact Person's E-Mail Addr			Contact Person's	Fax Number: (407) 869-6	5961
B. Water Treatment Plant Informa			<del></del>		
Plant Name: Sun -N- Lal		· · · · · · · · · · · · · · · · · · ·		Diant Talantana N	lumber: (863) 465-555(
Plant Address: 2165 US			City: Lake Pla	Plant Telephone N acid State: FL	
Type of Water Treated by Pla		Purchased Finished V		icid State: FL	Zip Code: 33852
	rating Capacity of Plant, gallons		valci		
Plant Category (per subsection	162-699.310(4) FAC): W	200,000	Plant Class (par s	ubsection 62-699.310(4), F.A.C	1).
M Incensed to the state of the	THE REAL PROPERTY OF THE PARTY		Train Class (per s	1.000 (4), F.A.C	C.): C
Lend/Chief Decarding	Otto Krucker	C	7790	6	III(S): WOLKED: 350 1350 1370 1375 1375
OHE TOPERION PROPERTY	OLLO KINCKEI		7790		
	Daniel Holmes	C	4335	*	
	Chris Gilbert	C	13107	*	
	Darald Pugh	C	2261	*	
	Dalaid Lugii		2201		
			· · · · · · · · · · · · · · · · · · ·		
	* - As Needed				
				1	
1. Certification by Lead/Chief (		CARL HIS COLD SANCE COLD IN ME ST. COLD SANCE			
the undersigned water treatment p	olant operator licensed in Florida,	am the lead/chief operator	of the water treatr	nent plant identified in Part I of	this report. I certify that the
formation provided in this report	is true and accurate to the best of	my knowledge and belief.	I certify that all di	inking water treatment chemical	ls used at this plant conform to
SF International Standard 60 or o	ther applicable standards reference	ed in subsection 62-555.32	0(3), F.A.C. I als	o certify that the following addit	ional operations records for this
ant were prepared each day that a	licensed operator staffed or visite	ed this plant during the mon	th indicated above	e: (1) records of amounts of cher	micals used and chemical feed
tes; and (2) if applicable, appropr	iate treatment process performand	ce records. Furthermore, I	agree to retain the	se additional operations records	at the plant site for at least ten
ars and to make them available fo	r review upon request.				
	The same of the sa				
14000	<i></i>	Otto Krucker			
gnature and Date	FEB 0 4 2005 F	Printed or Typed Name		License N	lumber

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

PWS Identi	fication Number		80273		Plant Name		Sun -N-					!
III. Daily I	Data for the M	onth/Year		nuau		<u> 30</u>						
Means of A	chieving Four-	Log Virus In	activation/Ren		Hree C			Chlorine I	Dioxide	О	zone	Combined Chlorine (Chloramines)
Ultravio	let Radiation	Other	(Describe):						· · · · - ·	-		,
Type of Dis	infectant Resid	ual Maintain	ed in Distribu	ion System:		ree Cl	lorine	Con	nbined Cl	nlorine (C	Chloramines)	Chlorine Dioxide
	Net Quantity	BORES C	T Calculations; or	UV Dose, to D	emonstrate F	our-Log	Virus Inacti	vation, if A	pplicable*			
	N Tables See	96.74.99.74	20 3 3 45 46	CALCULATION SEA	Lauons : 1	Tristes.	HARRIES	Service .	SUV.	Dose // ·	Six Lowest	
			Lowest Residual	Disinfectant	Provided	13.5	100		10.00	8717	n Residual	
		l distribe	Disinfectant	Contact Time	Before or		\$300 PM \$100	100 6 K () 10 10 K () 10	32.79.223		Disinfectant	
10.3	Net Quantity	17.61	(C) Before or at	Measurement	Customer	Temp.	Mark.	Minimum	Operating	Minimum UV Dose	at Remote	
Day of Hour	s of Finished		First Customer	Point During	During	of	pH of	CT .	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair
Month Operati	on Produced oal	Peak Flowar	During Peaks	⊀Peak Flow, €	Peak Flow	Water,	Water if	Required,	mW-	mW.	Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
		× Maw, Khasy	2 D	Secument (2.43)	emg-muvic	460043	Аррисавие	mg-muvl	Sec/cm %	*sec/cm	2 / / /	255 22 System Components Out of Operation
2	22500											
3 4	37500		31								1.3	
	305CD 323DD		3.1								11.3	
5 6	29450		9.0								-1,1	
7	1229450		1.8								1.2	
8 9	23800 351600		1.9								1.3	
10	27600		3.1								1.0	
11-00	19700		3.0								1:2	
12	respon		2.3								1.1	
13	37550											
15	2)550 3590		3:3								1.4	
16	1314001		2, 3								1,4	
17	134900		3.3								1.3	
18	3330		3.3								- 1.4	
20	39100		3.3								1.10	
21	121900		1.8								7.1	
22	33100		_3.3_								1.55	
23 24	333(0)		-3.1								1,0	
25	1336					<del> </del>					1.3	
26	4 i ACC		.2.3								1.1	
27	3250		34								40	
28 29	29400		3.0	<del></del>							1.1	
30 /	33650											
31	135105		3.3								1.3	
otal AND	MONTO D											
verage :	3 7390		ili 🗼	305								

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

### FLUSHING & WATER LOSS RECORD

641

Include service lines, mains, hydrants, tanks, etc.

Month/Year 1-05

		Land to the state of	Cigronico (secondo			The state of the s
**************************************		RETURNS		TUP		ON TIME BRENK  STOCKLICK OF
DATE	HINE	EEEGPN.	SIZE	PLUSHED	GALLONS	OR LINE BREAK
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#### MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER YOUNG RECEIVED 1-41

See	e page 4 for instructions.	1	064		MAR 2 8 700	5	Ø 11
1.	General Information for the Month/Year of: Feb. 2005						
A.	Public Water System (PWS) Information						
	PWS Name: Sun -N- Lakes of Lake Placid			PWS Id	lentification Numl	ber: 62802	73
	PWS Type: XXXCommunity Non-Transient Non-Community Transi	ent Non-Community	Co	nsecutive			
	Number of Service Connections at End of Month: 166	Total Population Ser	ved at E	nd of Mo	onth: 378		
	PWS Owner: Utilities Inc.						
•	Contact Person: Patrick Flynn	Contact Person's Titl	e: Man	ager			
	Contact Person's Mailing Address: 200 Weathersfield Avenue	City: Altamonte	Spring	s	State: FL	Zip Code:	32714
	Contact Person's Telephone Number: (800) 272-1919	Contact Person's Fax	Number	: (407	7) 869-6961		
	Contact Person's E-Mail Address:						
В.	Water Treatment Plant Information						

Plant Name: Sun -N- Lakes of Lake Placid Plant Telephone Number: (863) 465-5550 Plant Address: 2165 US 27 South City: Lake Placid Zip Code: 33852 State: FL Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000

Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.):				
Licensed Operators	報答師論は世界的特別の Warne 体理体に 2019年 1999年	License Class	License Number	通過機能與機能與例如 Day(8)/Shift(8)/Worked 可是非常用表的工作			
Lead/Chief Operatori	Otto Krucker	С	7790	6			
Cotter Operators 1981							
	Daniel Holmes	C	4335	*			
	Chris Gilbert	С	13107	*			
	Darald Pugh	C	2261	*			
	* - As Needed						

#### 11. Certification by Lead/Chief Operator

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

MON. ALY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

÷	PWS			ation Numbe		80273		Plant Nam		Sun -N-					RECEIVED
-	111.	Daily	Da	ta for the M	onth/Year	of Feb	2005								MAR 2.8 7005
	Mear	is of A	Achi	eving Four-I	og Virus In	activation/Ren		Free C	hlorin	· 🛛 (	Chlorine	Dioxide	O	zone	Combined Chlorine (Chloramines)
				Radiation		(Describe):									
	Type	of D	isini	ectant Resid	ual Maintair	ed in Distribu	tion System:		ree Cl	lorine	Con	bined Cl	nlorine (C	'hloramines)	Chlorine Dioxide
•		1.00		Total Control	1482 (2324) C	T Calculations; or Lowest Residual Disinfectant	UV Dose, to D	lations	our-Log	Virus Inacti	vation, if A	pplicable?	Dose		
		123			* ****	V 11440	ACHE :	Lowest CT	300	<b>网络</b>	in the	S. STATE OF	201	Lowest 5	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
		33			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Lowest Residua	Disinfectant)	Provided	10.0	<b>一种</b>	1.15	35.46		# Residual	A Part of the second of the se
	, ;	٠ <u>٠</u>	;		in the	Concentration	Contact Time	at First	1113	26.	- T. S.	Lowest	Minimum	Concentration	
				Net Quantity	37.1	(C) Before of at	Measurement	Customer	Temp	Mr. Fr	Minimum	Operating	UV Dose	at Remote	
	the	Plan	urs t in	of Finished	TPeak Flow a	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair
٤	Month	Op <del>ci</del>	tiòn	Produced, gal	Rate; gpd	Flow, mg/L	minutes W	mg-min/L	%C.	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	System Components Out of Operation
×	2	2	4	32000 30500		23									
$\times$	3	1	<u>'</u>	26900		3:4								12	
	4		_	24100		23								1.3	
×	6			LLUOCO		2.1								1.1	
>	7			31950 31950		2.3	l							. 1	
5	8			D6900		33								13	
Z	9			354(C		2.								11	
5	10 11			378 CC		33									
5	12		$\Box$	24100		31			<u>-</u> -					12	
	13			33350											
◁	15			33350		2.2								1.6	
Я	16			31500		3.1								1.3	
K	17			36350		3.3								1.3	
$\langle$	18			523(i 603(i)		22								1:1	
1	20		$\vdash$	39050		a d								13	
k	21			39450 39450		3 4								1.3	
$\langle \! \rangle$	22			39116		7.1			—-					101	
$\langle$	24	-+		348(0)		23								111	
K	25	$\perp$	[	-11100		2.3								16	
7	26		1	40H00 L		31								1.1.	
1	27 -	-+	+	142(0)		2.1								12	
7	29			,,,,,,,											
	30		/												
-	31 Fotal	<u> </u>	$\perp$	361.100	0(2) = :							L			
}	Average	· ~ (74)	2.0	341412	457600										
н			-	2,1517	7032										

<sup>\*</sup> 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

Se	e page 4 for instructions.							641
81	General Information for	the Month/Year of: March	2005	·	<del></del>			<u> </u>
	Public Water System (PWS							
		Lakes of Lake Placid		· · · · · · · · · · · · · · · · · · ·		PWS Identification No	umber: 62802	73
	PWS Type: XXXCon		unity 🔲 Transi	ent Non-Communit		nsecutive		
		ctions at End of Month: 166		Total Population	Served at Er	nd of Month: 378		
	PWS Owner: Utiliti	es Inc.						
•	Contact Person: Patri			Contact Person's				
		Address: 200 Weathersfield Aver	nue	City: Altamont			Zip Code:	32714
	Contact Person's Telephor			Contact Person's	Fax Number	: (407) 869-696	1	
_	Contact Person's E-Mail A				····			
В.	Water Treatment Plant Info		<del></del>					
	Plant Name: Sun -N-	Lakes of Lake Placid	<del></del>	T		Plant Telephone Numb		) 465–5550
	Plant Address: 2165 U			City: Lake Pla	cid	State: FL	Zip Code:	33852
	Type of Water Treated by		Purchased Finished	Water				
	Plant Catagorium Day	Operating Capacity of Plant, gallons per day	<u>y: 288,000</u>	12:				
	Mant Category (per subsection)	tion 62-699.310(4), F.A.C.): V	O CONTRACTOR OF THE OWNER O	Plant Class (per si	ubsection 62	-699.310(4), F.A.C.):	С	
	IPERIONATA DE 187			*License Number			) Worked 海域	
		Otto Krucker	C	7790	<b></b> _	6		
		Daniel Holmes	C	4335	 	*.		
		Chris Gilbert	C	13107		*		
		Darald Pugh	C	2261	<u> </u>	*		
					<u> </u>			<del></del>
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						· · · · · · · · · · · · · · · · · · ·		
ĺ		A 37 1 1						
	And the said that Anna Before and and the first for	* - As Needed			<del></del>	<del></del>		
Hi.	Certification by Lead/Chi	ef Operator						
I, the	undersigned water treatme	nt plant operator licensed in Florida, am the	e lead/chief operator	of the water treatm	ent plant ide	entified in Part I of this	report. I certify	y that the
infor	mation provided in this repo	ort is true and accurate to the best of my kn	owledge and belief.	I certify that all dri	nking water	treatment chemicals use	ed at this plant	conform to
NSF	International Standard 60 o	or other applicable standards referenced in s	subsection 62-555.32	20(3), F.A.C. I also	certify that	the following additional	l operations rec	cords for this
plant	were prepared each day that	at a licensed operator staffed or visited this	plant during the mo	nth indicated above	: (1) records	of amounts of chemical	ls used and che	mical feed
		opriate treatment process performance reco	rds. Furthermore, I	agree to retain these	additional c	operations records at the	e plant site for	at least ten
years	and to make them available	for review upon request.						
	NI III							
	W"		to Krucker			C - 779	0	
Sign	ature and Date	415/05 Printed	or Typed Name			License Numb	per	

#### MON HLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PW	S Identif	ication Numb	er: 62	280273		Plant Nam	ie:	Sun -N-	Lakes	of La	ike Pla	cid	
Ш	Daily D	ata for the M	lonth/Year	of: Mil	16h 31	105_							•
Me	ans of Ac	hieving Four-	Log Virus Ir	nactivation/Ren		Free (	Chlorin	e 🔲 (	Chlorine	Dioxide		zone	Combined Chlorine (Chloramines)
		et Radiation	Other	(Describe):									,
Тур	e of Disi	nfectant Resid	lual Maintair	ned in Distribu	tion System:		Free Cl	nlorine	Con	nbined C	hlorine (C	Chloramines)	Chlorine Dioxide
		[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	Historia C	T Calculations; or	UV Dose, to D	emonstrate I	our-Log	Virus Inacti	vation, if A	pplicable*	\$\$.047X	The Carlo	
ł			50 Sept 19	Lowest Residual Disinfectant Concentration (C) Before of al First Customer During Peaks Flow, ing/B	Calculate Calculate	lations	Tribber	Tarmen )	Tanasalan	OUV.	Dosc	7.7	
	1 20 集		1、《新聞》	Lowest Residual	Disinfectant	lt Provided	17.3					% Residual	
				Disinfectant	Contact Time	Before or	1386	A STATE OF THE STA	1000000	170	100世末	Disinfectant	
- 1		Net Ouznity		Concentration	(T) at C	at First	2436	104.		Lowest	Minimum	Concentration	
Day	of Hours	of Finished		First Customer	Point During	Customer.	lemp.		Minimum	Operating	UV Dose	Point in	Emergency or Abnormal Operating Conditions; Repair
the	Plant ii	Water	Peak Flow	During Peak	Peak Flow	Peak Flow,	Water.	Water; if	Required.	mW-	mW.	Distribution	or Maintenance Work that Involves Taking Water
Mont	h (Operatio	on Produced gal	Rate, gpd	* Flow, mg/L	minutes	mg-min/L	SeC.	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	System Components Out of Operation
1 2	JY X	130300 3300		ज्ये जे	<b> </b>		ļ					1 113	
3	x	30800		3.3							<b></b>	1.3	
4	χ	137300		3.1			l					1.1	
5	$\lambda$	184700		3.3 3.3 3.1 3.1 3.0								13	
6	-	13750											
7 8	$\frac{X}{X}$	13 150		<u> </u>								1.3	
9	$+\frac{\Lambda}{x}$	3710C		3.T					I			1.1	
10	X.	25700		5.5							}	1.3	
11	X	4540C		3.1								1.0	
12		142.000		3.0		- <u>-</u>						1.1	
13	<b> </b>	31200											
14		373(C)		2.3								1.1	
16	X	294cc 465co		-31		ļ.						7:0	
17	Î	35(0)		3.9 3.1								19	
18	X	3550		3.3								1: 1	
19	X	3550 53400 25850		3.3								1.7	
20	<del>-</del>	258SQ											
21	$\frac{X}{X}$	25850 23400 28800 40300	·	-중기								1.3	
23	X	13636		3.3								1.2	
24	X	40300		-2.3								1.2	
25	X	35300		3,0								1.3	
26	_X	W7100		311								1.3	
27 28		15.850 15.850											
28	$\frac{X}{\lambda}$	33600		3.6			-	<b></b>	_		-	10	
30	$\hat{X}$	32400		311								1:51	
31	/x	20100		3.0					}-			1:21	
Total 👑	and the same of	1176300				<del></del>	1				1		
Average		3794C											

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.

Readings

951287 334877 956644

334081

#### 2005 Total Water Pumped/Wastewater Flow Data

TO: OPERATIONS	ATTN: LEAH	FAX: 407-869-6961
Facility Name:	Lake Placid Utilities, Inc.	
Submitted by:	righ Utilities	

PLEASE FILL IN THE INFORMATION BELOW AND SEND TO LEAH BY THE 3RD working day of each month. Thank you

	WATER	PENNIKE SE	
Month	Total Month	Total	YTD
2005	Volume	Flushed	Total**
JANUARY	1.0041	4	1.0041
FEBRUARY	.9561	المناسبة الم	1.9602
MARCH	1.1763	8	3,1365
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

WASTEWA						
Avg. Daily Flow	Peak Daily					
	Flow					
.074	. 155					
<b>.</b> ○.)3	100					
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<sup>\*\*</sup> THE YEAR TO DATE (YTD) COLUMN IS OPTIONAL, IT'S THERE FOR YOUR REFERENCE.

# FILE COP.



# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER $\left( \begin{array}{c} \mathcal{U}_{i} \\ \end{array} \right)$

See page 4 for instructions.						
1. General Information for the Month/Year	1: 405					ì
A. Public Water System (PWS) Information						,
PWS Name: Sun -N- Lakes of Lal	ce Placid				PWS Identification Number	er: 6280273
PWS Type: XXXCommunity No	on-Transient Non-Community	☐ Transie	nt Non-Community	Co	onsecutive	
Number of Service Connections at End of M	onth: 166 -		Total Population	Served at E	and of Month: 378	
PWS Owner: Utilities Inc.						
· Contact Person: Patrick Flynn			Contact Person's	Title: Ma	nager	,
Contact Person's Mailing Address: 200 W	eathersfield Avenue		City: Altamont	e Sprin	gs State: FL	Zip Code: 32714
Contact Person's Telephone Number: (8)	00) 272-1919		Contact Person's I	Fax Numbe	r: (407) 869-6961	
Contact Person's E-Mail Address:						
B. Water Treatment Plant Information						
Plant Name: Sun -N- Lakes of Lake	Placid				Plant Telephone Number:	(863) 465-5550
Plant Address: 2165 US 27 South			City: Lake Pla	c1d	State: FL	Zip Code: 33852
Type of Water Treated by Plant: Rav	Ground Water Purch	ased Finished V	Water			
Permitted Maximum Day Operating Capacity		288,000				
Plant Category (per subsection 62-699.310(4					2-699.310(4), F.A.C.):	С
A Highlight of the strong and the st	Nullic Live and Castle County	License Class	License Number		的解析器	OI KELLER THE PROPERTY OF THE PARTY OF THE P
Lead Chier Operators Otto	Krucker	C	7790		6	
foliational and a						
Danie	Holmes	С	4335		*	
	G1lbert	С	13107		*	
	l Pugh	С	2261		*	
學是學學學的學學						
* - A	s Needed					
II. Certification by Lead/Chief Operator						
, the undersigned water treatment plant operator						
nformation provided in this report is true and acc						
NSF International Standard 60 or other applicable						
plant were prepared each day that a licensed opera						
ates; and (2) if applicable, appropriate treatment		Furthermore, I	agree to retain thes	e additiona	I operations records at the p	ant site for at least ten
rears and to make them tyrildble for review upon	request.					
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>(5/05</u> 0tto:	Krucker			C - 7790	
Signature and Dain	Printed or T	yped Name			License Number	

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

			ation Numbe		80273	F	lant Name	): (	Sun -N-	Lakes	of La	ke Pla	cid	
			a for the Me											!
Me	ans	of Achi	eving Four-L	og Virus In	activation/Rem	ioval: *	Free C	hlorine	: 🗀 c	Chlorine I	Dioxide	□ o:	zone 🗌	Combined Chlorine (Chloramines)
			Radiation	Other	(Describe):									
וע י					ed in Distribut			ree Ch					hloramines)	
		V-1-2-1		lace and see C	Calculations or	UV Dose; to Do	monstrate F	our-Log	Virus Inactiv	ation, if A	pplicable*	STORY	133.55	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
ļ			tall of the	ACCUPATE	2	STORY CALCULATION	lations	1000	Santana Car	100	SUSSESSES	Dose	SEI nwest	
		17. 27.4			Lowest Residual	Disinfectant	Provided				1	17.27	Résidual	
	. }	an		10000000	Disinfectant,	Confact Time	Before or		30.100				Disinfectant	
		6.34	Nei Ouanii.	100	Concentration	(Date)	at First		icts.		Lowest	Minimum	Concentration	
Day the Mot	of	Hours	of Finished		Piret Customer	Point During	Customer	1 cmp.			Operating	UV Dose	Point in	Emergency or Abnormal Operating Conditions; Repa
the	•	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow.	Water	Water: if a	Required	*mW-	emW. s	Distribution	or Maintenance Work that Involves Taking Water
	uth (	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes w	mg-mi√L	MeC:	Applicable	mg-mio/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	System Components Out of Operation
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31:	<u>;-</u>					i							-1:-1	
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



Form 62-555.900(3)

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

See page 4 for instructions.			641
1. General Information for the Month/Year of:	m 2005	·······	•
A. Public Water System (PWS) Information			
PWS Name: Sun -N- Lakes of Lake Placi	d		PWS Identification Number: 6280273
PWS Type: XXCommunity Non-Transien	t Non-Community Train	nsient Non-Communit	
Number of Service Connections at End of Month: 166			Served at End of Month: 378
PWS Owner: Utilities Inc.	·	,	
Contact Person: Patrick Flynn		Contact Person's	Title: Manager
Contact Person's Mailing Address: 200 Weathersf	ield Avenue	City: Altamon	
Contact Person's Telephone Number: (800) 272-		Contact Person's	
Contact Person's E-Mail Address:			
3. Water Treatment Plant Information			
Plant Name: Sun -N- Lakes of Lake Placid			Plant Telephone Number: (863) 465-5550
Plant Address: 2165 US 27 South		City: Lake Pla	acid State: FL Zip Code: 33852
Type of Water Treated by Plant: Raw Ground W		ed Water	
Permitted Maximum Day Operating Capacity of Plant, g			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per s	ubsection 62-699.310(4), F.A.C.): C
at lieuwellone films	Miles Burney License Cla	BE ILICENSE NUMBER	Day(e)/Shin(e)/Worksdawayanin-sarey
Otto Krucker	С	7790	6
Feliligiotication and a			
Daniel Holmes	C	4335	*
Chris Gilbert	c	13107	*
Darald Pugh	C	2261	*
* - As Needed		<u> </u>	
. Certification by Lead/Chief Operator		18	
the undersigned water treatment plant operator licensed in F	lorida, am the lead/chief opera	tor of the water treatm	nent plant identified in Part I of this report. I certify that the
formation provided in this report is true and accurate to the	est of my knowledge and beli	ef. I certify that all dr	inking water treatment chemicals used at this plant conform to
F International Standard 60 or other applicable standards re	eferenced in subsection 62-555	5.320(3), F.A.C. I also	o certify that the following additional operations records for this
int were prepared each day that a licensed operator staffed o	r visited this plant during the r	nonth indicated above	e: (1) records of amounts of chemicals used and chemical feed
es: and (2) if applicable appropriate treatment process perfe	ormance records. Furthermore	. I agree to retain thes	e additional operations records at the plant site for at least ten
urs and to make them available for review upon request.		. 0	•
	Otto Krucker		C - 7790
mature and Date	Printed or Typed Name		License Number
INSTINC SING TYPIC	THE OF THE PARTIES		JUN 0 7 2005
		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NA	W. JUN V 1 (PH)

### MONTHL SPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

WS Identif	WS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid											
I. Daily I	1. Daily Data for the Month/Year of: May 2005											
leans of Ac	hieving Four-l	og Virus In	activation/Ren	oval: *	Free C	hlorine	. 110	Chlorine I	Dioxide	По	zone	Combined Chlorine (Chloramines)
] Ultraviol	let Radiation		(Describe):				٠ اسما					Comoranio (Cinoraninos)
ype of Disi	infectant Resid	ual Maintain	ed in Distribut	ion System:	F	ree Ch	lorine	Con	bined Cl	nlorine (C	hloramines)	Chlorine Dioxide
1999	<b>学学》等等等</b>	WE WHITE	L'Calculations for	UV Dose to D	emoustrate F	our-Log	Virus Inacti	vation, if A	pplicable;	क्षां प्रदेशका एक स्थापन	15 Yo 46 Y	Emergency or Abnormal Operating Conditions; Repair
7.3	2 1 2 2 2 mg	A STATE OF THE STA		CT Calcu	lations 25 1		it is the second	77413	₹¥¥UV	Dose is (in	32.4	1002
					Lowest C.						W.Lowest	
, , , , , , , , , , , , , , , , , , ,			Disinfectant	Contact Time	Before or	K3.4€C+F	KAN TEN	A. C. C.	100	100	Disinfectant	
			Concentration	OFC	a First &	1	arder.	25 2 C	Lowesi.	Minimum	Concentration	
y of Hos	Manual Quantity		(C) Before or at	Measurement	Customer	Temp.	<b>********</b>	Minimum	Operating	UV Dose	-al Remote \$	
hete Plant	BY WALL AND		Pirst Customer	Point During	During :	10	PH OF	E mi	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair
mith Operati	in Boolies in	<b>FRIENDS</b>	Flower 心思	<b>建</b> 品品度像		CC.	Athlebie	高端流	Second Second	<b>医</b>	System in E/E	System Components Out of Operation
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3	18000 21500		वं व								1.1	
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* V	44600		1,5				i.		l	L	1,4	
I A MARKET	6074700											

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

#### WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

TO: Jackie

SYSTEM/SUB #: Lake Placid Utilities pws# 6280273

From : Clay Shrum

MONTH/YEAR: May-05

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12		_				
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30	1 1/2" & 2"	2	see below *	see below *	3,250	Dead end blow offs
31						

Type Code

- 4) Construction
  5) Other

### FLUSHING & WATER LOSS RECORD

641

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM: Lake flacid MONTHMEAR: May 2005

3				FILIQUINAL	Yanzan Sanahar Nasa		
DATE	SIZE	START TIME	STOP TIME	BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LIN BREAK
1							
2							
3							
4							
5							
6							
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8							
9							
10							
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30							
31	2"			180	200	36,000	blow-off opened



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

FLORIDA /			WAILI		1
					641
e page 4 for instructions.	1	^ ~·			<b>♥</b> ( (
General Information for	the Month/Year of: \UNL	2005			
Public Water System (PWS					
PWS Name: Lake Pl	acid Utilities Inc.			PWS Identification Num	ber: 6280273
PWS Type: XXXCon	nmunity Non-Transient Non-Comm	unity 🔲 Tran	sient Non-Community	Consecutive	
Number of Service Conne	ctions at End of Month: 166		Total Population Se	erved at End of Month: 378	
PWS Owner: Utiliti	es Inc.				
Contact Person: Patri			Contact Person's Ti	ille: Realand Director	
	Address: 200 Weathersfield Aven	nue	City: Altamonte		Zip Code: 32714
Contact Person's Telephor	ne Number: (800) 272-1919		Contact Person's Fa	x Number: (407) 869-6961	
Contact Person's E-Mail A	Address: D.c. flynno utilities inc	-Usa, com			
Water Treatment Plant Info					
	Lakes of Lake Placid			Plant Telephone Number	
Plant Address: 2165 U			City: Lake Plac	id State: FL	Zip Code: 33852
Type of Water Treated by		Purchased Finishe	ed Water		
	Operating Capacity of Plant, gallons per day	y: 288,000			
	ction 62-699.310(4), F.A.C.): y		Plant Class (per sub	section 62-699.310(4), F.A.C.):	С
harden	يد فعرون سازيمته موقفان سفور بالسائل أن مسروسيس بدور مريس بريس			DLY(DESTING)	WOLKER WASHINGTON
and the state of the state of	Otto Krucker		7790	6	
The second second					
	Daniel Holmes		4335	*	
	Chris Gilbert		13107	*	
	Darald Pugh	c	2261	×	
ablificati inche selbe delettabet destabli	* - As Needed				
Certification by Lead/Cl	nief Operator				
and reigned water treatm	ent plant operator licensed in Florida, am th	e lead/chief oper	ator of the water treatme	ent plant identified in Part I of this r	eport. I certify that the
	more in terms and accurate to the hest of my ki	nowledge and beli	ief. I certify that all drit	iking water treatment chemicals use	a at this plant conform to
City and Chandred 60	or other applicable standards referenced in	subsection 62-55	5.320(3). F.A.C. I also	certify that the following additional	operations records for this
	to a time of execution and find on violant this	e alast during the	month indicated above.	I I I records of amounts of chemical	5 used and chemical reco
s: and (2) if applicable, app	propriate treatment process performance reco	ords. Furthermor	e, I agree to retain these	additional operations records at the	piant site for at least ten
rs and to make them availab	ole so feetew upon request.				
X XIII				0 770	n
UM N		tto Krucker		<u>C - 779</u>	
nature and Date	Printer	d or Typed Name		License Numb	er

### MONTHL OPERATION REPORT FOR PWSs TREATING RAW GHOUND WATER OR PURCHASED FINISHED WATER

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Energency of Abnormal Operating Conditions: Repa	Distribution	12/10	200	Redmied	DE JAN	<b>STEW</b>	<b>200 3193</b>	L'incrivice.	Concentration of the concentra	1000	OOD THE STATE OF T		
Encreçucy or Abnormal Operating Conditions, Repa	al inlog 🛴	Required	Dood VU	CTD.	10 Hg /	#IO.	* SahuQ F	Point During	Third Customer		pourium 10	LINOL	10 (1)
	Wal Remote	UV Doct	Sapirago	MEDICAL		dear	Tamoisia)	Measurentent	(C) Belore or at	**************************************	ajer (nanuri)	a day	
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The state of the s	Distofectant	n dia n	daca.	100	a de la vita	1000	no molad	Contact Time	Disinfectini	12441	<b>14. 44. 34.</b> 5		
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combined Chlorine (Chloramines)	) [] ain:	юΠ	anixor	hlorine D	<b>¬</b> П	ساما اللاد	n aan r Em	. 1940	יייני גמנויסוו <i>א</i> ניכוווו יייני גמנויסוו <i>א</i> ניכוווו		Radiation	mor: :: •alnivær	ant [
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

FILE	COP	A
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I. General Information for the Month/Year of: Ja De	.>^~				
A. Public Water System (PWS) Information					
PWS Name: Lake Placid Utilities Inc.		······································		PWS Identification Num	her: 6280273
PWS Type: XXXCommunity Non-Transient Nor	n-Community   Tr	ansient Non-Communi	tv TCo	onsecutive	DC1. 0200273
Number of Service Connections at End of Month: 166				and of Month: 378	
PWS Owner: Utilities Inc.		1 our I opulation	i boi voa ut L	and of Months. 3.0	
Contact Person: Patrick Flynn		Contact Person's	Title: Bea	licant Director	
Contact Person's Mailing Address: 200 Weathersfield	d Avenue	City: Altamon	te Sprin	gs State: FL	<b>Zip Code</b> : 32714
Contact Person's Telephone Number: (800) 272-191	9			er: (407) 869-6961	<u> 12.5 6000:</u> 32721
Contact Person's E-Mail Address: D.C. flyon@ utilit	ies inc -usa, com			2 (.07)_ 003_03_03	
3. Water Treatment Plant Information					
Plant Name: Sun -N- Lakes of Lake Placid				Plant Telephone Number	(863) 465-5550
Plant Address: 2165 US 27 South		City: Lake P1	acid	State: FL	Zip Code: 33852
Type of Water Treated by Plant: Raw Ground Water	Purchased Finis	hed Water		<del></del>	1 1 3 3 3 5 2
Permitted Maximum Day Operating Capacity of Plant, gallon	s per day: 288,00	0			
Plant Category (per subsection 62-699.310(4), F.A.C.): v		Plant Class (per	subsection 62	2-699.310(4), F.A.C.):	С
A DESIGNATION OF THE PROPERTY	上icense C	lass   License Number	- 新州对州东	Day(s)/Shift(s)	Worked
Beld/Gillehore Bork Otto Krucker	C	7790		6	
Callidate to the last					
Daniel Holmes	C	4335		*	
Chris Gilbert	C	13107		*	
Darald Pugh	C	2261		*	
			<u> </u>		
* - As Needed	<u></u>		1		
. Certification by Lead/Chief Operator					
he undersigned water treatment plant operator licensed in Florid	la am the lead/chief one	erator of the water treat	ment plant id	lantified in Part Lof this re-	port Learlify that the
ormation provided in this report is true and accurate to the best of	of my knowledge and be	lief Leertify that all d	rinking wate	retreatment chemicals used	at this plant conform to
F International Standard 60 or other applicable standards refere					
nt were prepared each day that a licensed operator staffed or vis					
es; and (2) if applicable appropriate treatment process performa	ince records. Furthermo	ore, I agree to retain the	se additional	l operations records at the	plant site for at least ten
irs and to make them a ailable review upon request.					
irs and to make them a ailable to review upon request.					
AUG C 7 1975	Otto Krucker			C - 7790	
nature and Date	Printed or Typed Nam	e		License Numbe	r

### MONTHL. OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid										
II. Daily Data for the Month/Year of:										
Ultraviolet Radiation   Other (Describe)	nloramines)									
Compact Division and Division a										
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxic	de									
CT-Calculations The Control of the C										
Lowest CT Lowest										
Lowest Residual Disinfectant Provided Residual Tresidual Residual										
Disinfectant Concentration (CT) is C Disinfectant										
(C) Before or at Measurement Chistomer Terms 200 Minimum Concentration	1.7.									
the Planting Water Peak Flows Peak Flows Peak Flows Water Water Water 18 Peak Flows Peak Flows Peak Flows Water Water 18 Peak Flows Peak Flows Water 18 Peak Flows Peak Flows Water 18 Pea										
tonth Operation Produced gal Rate and Flow moult a result of Maintenance Work that	t Involves Taking Water									
1 (1) (10900) System Components   Mg-min/L   Sec/cm   System System Components	Out of Operation									
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5 742.										
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14, 15800 / 2										
19300 1.3										
d A 2000 (2 CV ) (1										

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

### FLUSHING & WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM: Locke Placed

MONTHMEAR: July 2005

				FLUSHING	. A		
DATE	SIZE	START TIME	STOP TIME	BREAKTIME (MIN):	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
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29							
30						200	240 Coverry Club
31						300	118 Fairway





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

See page 4 for instructions.

I. General Information for t	he Month/Year of: Quajest -	CCS_		,	
A. Public Water System (PWS)					
PWS Name: Lake Pla	icid Utilities Inc.			PWS Identification Number: 6280273	
PWS Type: XXXComr		inity Trans	ent Non-Communit	ty Consecutive	
	tions at End of Month: 166		Total Population	n Served at End of Month: 378	
PWS Owner: Utilitie	s Inc.				
Contact Person: Patrick Flynn			Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Avenue			City: Altamonte Springs   State: FL   Zip Code: 32714		
Contact Person's Telephone Number: (800) 272-1919			Contact Person's Fax Number: (407) 869-6961		
Contact Person's E-Mail Ad	dress: D.C. flynn@ utilities inc	-USEL COIN			
B. Water Treatment Plant Infor	mation				
Plant Name: Sun -N- L	akes of Lake Placid			Plant Telephone Number: (863) 465-5550	
Plant Address: 2165 US 27 South			City: Lake Pla	acid State: FL Zip Code: 33852	
Type of Water Treated by Plant: XX Raw Ground Water Purchased Finished Water					
Permitted Maximum Day O	perating Capacity of Plant, gallons per day	288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C					
	THE PROPERTY Name WITH THE PROPERTY	License Class	License Number	斯/特諾馬通過音等 Day(s)/Shift(s) Worked	
188 Alcentaronestor	Otto Krucker	С	7790	6	
โอ้กับสอนอสเกา					
	Daniel Holmes	C	4335	*	
	Chris Gilbert	С	13107	*	
	Darald Pugh	C	2261	*	
		′			
area the fee william games of the paper H	* - As Needed				
II. Certification by Lead/Chic				Manager and the section of the secti	
, the undersigned water treatmen	it plant operator licensed in Florida, am the	lead/chief operato	or of the water treatr	ment plant identified in Part I of this report. I certify that the	
mormation provided in this repo	rt is true and accurate to the best of my kno	owledge and belief	. I certify that all di	frinking water treatment chemicals used at this plant conform to	
Nor international Standard of Or	other applicable standards referenced in s	udsection 62-555.2	20(3), F.A.C. Tais	so certify that the following additional operations records for this	
stant were prepared each day that	rainte treatment management for visited this	prant during the mo	onth indicated above	ve: (1) records of amounts of chemicals used and chemical feed	
ears and to make them available	for action	ras. Furthermore,	agree to retain the	ese additional operations records at the plant site for at least ten	
cars and to make ment available					
	SEP 07 2005	. 17 1		0 7700	
1 78	UE1	to Krucker	<del>,</del>	C - 7790	
Signature and Date	Printed	or Typed Name		License Number	

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or Maintenance Work that Involves Taking Water	Name maley?	Jaccicini,	EW3/225	Mg-min/J	5105511qqA	独の意味	Thum-8m	44 Salbaim Sal	MAN THE WOLL	Kyre! Sbq x	IESE DOUBLE I	TOURNOO	mporer
Same Beney or Applying Operating Conditions, Repair	noitudittaid	Wm3	Wms.	Required.	Ti mus WA	-DigW	Peak Flow,	* WOTHERS	P. During Peaks	KESK LIOWA	Pri Tingici		dinoM
Emergency or Abnormal Operating Conditions; Repair	+ Johnson an	Bennined	Sent VII	CT	Jo Ha S	-10.r	annu <b>d</b> 🐉	Point Daio9	First Customer:	<b>发展型记录</b>	or Finished	STUDIT	10 (ra
	Bonamag is	IIIVDA.	aniterano	MinniniM	***	Temp	:Simoisil9]	Measurement	(C) Before or all	Const die	Met Quantity	31.31.274	, , , , ,
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(sammatonia) amatonia pomenea		<del></del>			_				(Describe):	1 Other	t Radiation	litaviole	ח ח
Combined Chlorine (Chloramines)	∐ <sup>əuoz</sup>	$\odot$	-sbixoiC	I snivold			O əərA 🔲	* :lsvol	activation/Ren	og Virus In	I-nuoA gnivəir	ns of Ach	Mean
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\* Refer to the instructions for this report to determine which plants must provide this information.

Maximum

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



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×	1977	3	Darald Pugh	
*	70181	<u> </u>	Chris Gilbert	
*	5887	3	samlel Holmes	
q	0627	5	Otto Krucker	THE FORESCHAR
Day(s)/Shift(s) Worked	License Number			ad/Chief Operatori
bsection 62-699.310(4), F.A.C.): C	Plant Class (per sul	19	cion 62-699.310(4), F.A.C.): V	Scous 134) Yingaisa ina Bilisinikian hashani
		000,882	Operating Capacity of Plant, gallons per day:	rmitted Maximum Day
7.000	Valer	/ bodzini4 bozri	Plant: XX Raw Ground Water Purch	pe of Water Treated by
id State: FL   Zip Code: 33852	City: Lake Plac		13 27 South	ant Address: 2165 t
Plant Telephone Number: (863) 465-55			Lakes of Lake Placid	
		(מינפיונ)	Adress: Die Halle Backters : 200 : 2	iter Treatment Plant Infi
1969-698 (407) зэдшпу хе	Contact Person's F		ne Number: (800) 272–1919	ontact Person's Telepho
e Springs State: FL Zip Code: 32714	City: Altamonte		Address: 200 Weathersfield Avenue	ontact Person's Mailing
ille: निस्वाद्याती प्रियाविक	Contact Person's 7		гск Ејуnn	ontact Person: Patr
			.onl se	WS Owner: Utilit
Served at End of Month: 378			ections at End of Month: 166	
PWS Identification Number: 6280273	nt Non-Community	eizner [ ]	C(c) childen Line Community Non-Community	WS Type: XXXCor

Printed or Typed Name

Offo Krucker

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0672 = 3

Signature and Date

OCL O 4 5002

and to Jul

# MO. ILY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

			itication Numb		280273		Plant Nan	ne:	Sun -N-	- Lake	s of I	ako Di	2011	TOTALED THUSTLED WATER
	111.	Daily I	Data for the N	Ionth/Vear	of:	123 123 3	<i>-</i>			HONC	S OT IV	ake FI	1010	
	Mea	ns of A	chieving Four.	Log Virue I	nactivation/Re	TOOK X								
	l Tu	Itravio	let Radiation		(Describe):	moval: *	Free (	Chlorin	ne 📙	Chlorine	Dioxide		zone	Combined Chlorine (Chloramines)
	Type	of Die	infectant Pagis	Under	(Describe):								<u> </u>	2 = 1 movine (emoratimes)
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5	Day of	House	Net Quantity	30	(C) Before or a	Measurement	Customer	Temp		Minim	Lowest	Minimum	Concentration	
Š	the	Plánti	of rinished		First Customer	Point During	During	of	oH of	CT	IIV Does	Deciliose	Point in	Emergency or Abnormal Operating Conditions; Repair
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X	1	24	19400	× Kate, gpu	riow; mg/U	minutes vi	mg-min/L	W.C.	Applicable	mg-min/L	sec/cm1	sec/cm <sup>2</sup>	System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
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	tal	- ,	483400											
	erage		33780	OC.	T 0 4 2005									
	aximum		42000											

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information

## WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

TO: Jackie

SYSTEM/SUB #: Lake Placid Utilities pws# 6280273

From: Clay Shrum

MONTH/YEAR: Sep-05

DATE	SIZE	(see	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
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11						
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18						
19						
20	2"	2	10	10 gpm	100	quarterly flushing
21						
22						
23						
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29						
30						
31						

- Type Code 1) Water breaks
  - 2) Flushing hydrants
  - 3) Meter defect
  - 4) Construction
  - 5) Other

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

See page 4 for instructions.

	General Information for the Month/Year of: OCTOOR A 2005			
A.	Public Water System (PWS) Information			
	PWS Name: Lake Placid Utilities Inc.			PWS Identification Number: 6280273
	PWS Type: XXKCommunity Non-Transient Non-Community Tran	sient Non-Community	y 🔲 Con	secutive
	Number of Service Connections at End of Month: 166	Total Population	Served at En	nd of Month: 378
	PWS Owner: Utilities Inc.			
•	Contact Person: Patrick Flynn	Contact Person's	Title: Regi	and Director
	Contact Person's Mailing Address: 200 Weathersfield Avenue	City: Altamont		
	Contact Person's Telephone Number: (800) 272-1919	Contact Person's	Fax Number:	: (407) 869-6961
	Contact Person's E-Mail Address: D.C. flyna@ utilities inc -usa.com			
B.	Water Treatment Plant Information			
	Plant Name: Sun -N- Lakes of Lake Placid			Plant Telephone Number: (863) 465-5550
	Plant Address: 2165 US 27 South	City: Lake Pla	icid	State: FL Zip Code: 33852
	Type of Water Treated by Plant: Raw Ground Water Purchased Finishe			
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
	Plant Category (per subsection 62-699.310(4), F.A.C.): v	Plant Class (per s	ubsection 62	-699.310(4), F.A.C.): C
	Licensed Operators at August Mane Name Company of License Cla	ss   License Number	能够满种	Day(s)/Shift(s) Worked the Shift Shift
	Lead Grief Cheratoria Otto Krucker C	7790		6
	Politic Topic at this section is			
	Daniel Holmes C	4335		*
	Chris Gilbert C	13107		*
	Darald Pugh C	2261		*
1			!	
	* - As Needed		1	
•				
	Certification by Lead/Chief Operator			COLUMN TO A COLUMN
, th	e undersigned water treatment plant operator licensed in Florida, am the lead/chief opera	tor of the water treats	nent plant id	entitled in Part I of this report. I certify that the
nto	rmation provided in this report is true and accurate to the best of my knowledge and beli	er. I certify that all di	rinking water	r treatment chemicals used at this plant conform to
121	F International Standard 60 or other applicable standards referenced in subsection 62-555	1.320(3), F.A.C. 1 als	o certify that	and amounts of chamicals used and chamical food
Har	nt were prepared each day that a licensed operator staffed or visited this plant during the	nonth indicated above	e: (1) record:	operations records at the plant site for at least ten
ate	s; and (2) if applicable, appropriate treatment process performance records. Furthermore	e, i agree to retain the	se additional	operations records at the plant she for at least ten
eai	s and to make them available to review upon request.			
				C - 7790
	Otto Krucker			
igi	nature and Date Printed or Typed Name			License Number

Means of Achievating Four-Log Virus Inactivation/Removal: *   Free Chlorine   Chlorine Dioxide   Ozone   Combined Chlorine (Chloramines   Ultraviolet Radiation   Other (Describe):   Free Chlorine   Combined Chlorine (Chloramines)   Type of Distinectant Residual Maintained in Distribution System:   Free Chlorine   Combined Chlorine (Chloramines)   Chlorine Dioxide   Chlorine Chlorine Dioxide   Chlorine	[PW:	Sidentif	ication Numb	er: 62	280273		Plant Nam	e:	<u> Sun -N-</u>	Lakes	of La	ke Pla	<u>cid                                    </u>	
Means of Achieving Four-Log Virus Inactivation/Removal: *   Free Chlorine   Chlorine Dioxide   Combined Chlorine (Chloramines)   Chlorine Dioxide	111	Daily D	ata for the N	lonth/Vear	of OC to	mr D	<u> </u>				···		<del></del>	
Ultraviolet Radiation	Mea	ns of Ac	hieving Four	Log Virue In	activation/Pan	Der Ox	France (	`hlorin	. 170	'hlorine l	Diovide	По	7000	Combined Chloring (Chloramines)
Type of Disinfection Residual Maintained in Distribution System:    Combined Chlorine (Chloramines)   Chlorine Dioxide						iovai.		11101111	י וייו	JIIIOI IIIC I	DIOXIGC		2011C [_]	Combined Choime (Choidinnes)
Lowest Regidal   Data   Data   Freedom   Data   D		of Diei	nfectant Dacid	dual Maintair	and in Distribut	ion Crato-		Cara CI	-la-i-a	Пс	-hi	h.i	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Chloring Diouida
Dowel Residual   Dissilication   Dissilication   Dissilication   Dissilication   Dissilication   Dissilication   Constitution   Constitutio	1.75	- 4 34 3	alection Resid	iuai iviaiinali	T Calculations for	IIV Dore to D	èmonetento E	riee Ci	Mino Vonction	L CON	nomea C	morme (C	morammes)	
Dowel Residual   Dissilication   Dissilication   Dissilication   Dissilication   Dissilication   Dissilication   Constitution   Constitutio				2233955	A Carculations, of	O C Calen	lations	Out-TOR	etales Macu	MITOU, ILA	ppiicable,	Dose	<b>建设建</b> 业	
Day of Home   Net Quantity   Concentration   Charles   Section   Concentration   Charles   Cha		2		26 13 13	130000	SCAMP NA	Lowest CT	300	1479.C	in and	2324	247:3-1	Lowest	The state of the s
Day of Home   Net Quantity   Concentration   Charles   Section   Concentration   Charles   Cha		N. S.	为 人口学说		Lowest Residual	Disinfectant)	Provided		10000	1	1	100	1 Residual	
3   67 00   1.0				1.00	Disinfectant	Contact Time	Before or	200 7.00	Control of the		2007WC203	The Source	Disinfectant	
3   67 00   1.0		10.5%	Net Ouantity	1	(C) Refore or at	Measurement	Chelome	Time	he los	Minimim	Lowest	Minimum	Concentration	Territoria (C. C.)
3   67 00   1.0		f Hours	of Finished	13.53	First Customer	Point During	During	of	DH of	CT	UV Dose	Required	Point in	Emergency or Abnormal Operating Conditions: Ren
3   67 00   1.0		Plant ir	Water	Peak Flow	During Peaks	Peak Flow 4	Peak Flow,	Water,	e Water if	Required,	: mW-	mW.	Distribution	or Maintenance Work that Involves Taking Water
3   67 00   1.0	<del></del>	Operation	n Produced@gal	Rate, gpd	元 Flow, ing/D梁	in minutes via	mg-min/L	#Cti	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm	System, mg/L	System Components Out of Operation
3		137	27100	1	1 7	<b></b>						ļ	1,6	
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9   \$7600   1.3   .9   .9   .13   .9   .11   .960   .12   .12   .15500   .13   .14   .15   .14   .15		<del>                                     </del>	276CC											
9   \$7600   1.3   .9   .9   .13   .9   .11   .960   .12   .12   .15500   .13   .14   .15   .14   .15	/	-	27600	<b></b>	i. Z								ঠি	
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Total 2002 782860			782864					1		1	1	1	4.61	
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Maximum 3 5720	Maxim	om 🤼	5 7200		nur O	,								

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

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.

## **H**3TAW MONTHLY OPERATION REPORT FOR PWSs That AING RAW GROUND WATER OR PURCHASED FINISHED



FILE COPY

License Number

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				e for review upon request.	vears and tempake them availabl
additional operations records at the plant site for at least ten	agree to retain these	Furthermore, 1	e records.	opriate treatment process performan	ates; and (2) if applicable, appr
(1) records of amounts of chemicals used and chemical feed	indicated above:	rom off gnirub tr	ed this plan	at a licensed operator staffed or visit	plant were prepared each day th
certify that the following additional operations records for this	20(3), F.A.C. 1 also	2£.222-20 noitos	edus ni bəc	e other applicable standards reference	OSF International Standard 60
nking water treatment chemicals used at this plant conform to	I certify that all dri	dge and belief.	my knowle	No is a frue and accurate to the best of	gər zidt ni bəbivorq noitsmrotni
ent plant identified in Part I of this report. I certify that the	of the water treatm	roteriano Taido/br	on the lea		
				anterad() lai	II. Certification by Lead/Ch
				bebeek - *	Her designation and arrived
	ļ				
	ļ		<del></del>		
*	1977	<u> </u>		Darald Pugh	
*	13107	5		Chris Gilbert	
*	5887	<del></del>		Daniel Holmes	
					Other Operators
9	0677	C		Otto Krucker	Lead/Chief Operator:
Day(s)/Shift(s) Worked	License Number	License Class	<b>的时间的</b>	where the state of Name and State of the State of State o	
bsection 62-699.310(4), F.A.C.):	Plant Class (per su	0001007	7	tion 62-699.310(4), F.A.C.): V	Plant Category (per subsec
en e	Par	788,000	ner dav:	Operating Capacity of Plant, gallons	
7 State: FL   Zip Code: 33852	City: Lake Plac	hased Finished /	·/"d		Plant Address: 2165 1) Type of Water Treated by
Plant Telephone Number: (863) 465-5550	14 1 75		<del></del>	Lakes of Lake Placid	
	·····		· · · · · · · · · · · · · · · · · · ·	emation	B. Water I reatment Plant Into
		(0.05.50	<u> </u>	address: Destriction	Contact Person's E-Mail A
ях Дишрен: (407) 869-6961	Contact Person's F			ie Number: (800) 272-1919	Contact Person's Telephor
ide: P <u>CCLED   Janes CLED Code: 32714</u> Springs State: FL   Zip Code: 32714	City: Altamont		Avenue	Address: 200 Weathersfield	
्रा १८४ जाए	Contact Person's			ck Flynn	
Served at End of Month: 318	nongindo a igio i I				PWS Owner: UELLIE
	Zinummo D-no M in:	Vision I I I	minimino 5	unuity   1 Non-Transient Non- ctions at End of Month: 166	
(1908) o modimin noticed time black of 1908.			· · · · · · · · · · · · · · · · · · ·	acid Utilitles Inc	
	• •			nothernotal (2	A. Public Water System (PW)
		5008	NOTO	the Month Year of:	101 noitemalalleanett , Le

Printed or Typed Name Ofto Krucker

DEC 0 3 %

Maximum 49/00 \* Refer to the instructions for this report to determine which plants must provide this information.

DEC 03 2

of the above the second

Total ....

27

28

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31

Average -

2:2900

22900

28500

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806 900

26897

# FILE GUPY



# Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

See page 4 for instructions											
I. General Information for											
A. Public Water System		······	I DYLIG TI LIG LI AT								
PWS Name: Lake Placid U			PWS Identification Nu								
PWS Type: XX Com		Transient Non-Co									
Number of Service Connec	tions at End of Month: 166	1 Total Population	n Served at End of Month: 37	78							
PWS Owner: Utilities Inc.											
Contact Person: Patrick Fly			s Title: Regional Director								
	Address: 200 Weathersfield Avenue	City: Altamonte									
Contact Person's Telephon		Contact Person	s Fax Number: 407-869-696	1							
	ddress: p.c.Flynn@utilitiesinc-usa.com										
B. Water Treatment Plan											
Plant Name: Sun -N- Lake				ımber: 863-465-5550							
Plant Address: 2165 US 27			City: Lake Placid State: Florida Zip Code: 33852								
Type of Water Treated by I		rchased Finished Water									
	Operating Capacity of Plant, gallons per day: 288,0										
	tion 62-699.310(4), F.A.C.): V		subsection 62-699.310(4), I								
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked							
Lead/Chief Operator:	Otto Krucker	C	7790	6							
Other Operators											
Į.	Daniel Holmes	C	4335	*							
	Chris Gilbert	С	13107	*							
	Darald Pugh	С	2261	*							
	* As Needed										
II. Certification by Lead/Cl			<u> </u>								
the information provided conform to NSF Internat operations records for this chemicals used and abor	reatment plant operator licensed in Florida, am to in this report is true and accurate to the best of ional Standard 60 or other applicable standard is plant were prepared each day that a licensed of inical feed rates; and (2) if applicable, appropriately site for at least 10 years and to make them a	my knowledge and belief. I Is referenced in subsection perator staffed or visited th iate treatment processed p	certify that all drinking wa 62-555.320(3), F.A.C. I a is plant during the month in erformance records. Furthe	ter treatment chemicals used at this plant also certify that the following additional addicated above: (1) records of amounts of							
	Otto Krue		<u>C</u>	<del>- 7790</del>							
Signature and Date	Printed o	r Typed Name	L	icense Number							

JAN 05 2006

Monthly Operation Report for PWSs Treating Kaw Ground Water or Purchased Finished Water

Manusor   Administration   Four-Low yrus in antivitation   Control   Part   Control   Control	PWS Ident	ification N	umber: 6	280273		Plant Name: Sun -N- Lakes of Lake Placid									
Type of Dismirectant   Residual Maintained in Distribution   System   Proc Chlorine   Commission   Chlorine (Chloramine)   Chloramine (Chloramine)															
Type of Districtant Residual Maintained in Distribution System:   Free Chlorine   Conditional Conditional Conditional Plant   Conditional Plant	Means of A	Achieving F	our-Log	Virus Inactivation	on/Remova	il: * Free	Chlorine	Chlorine Di	oxide _	Ozone	e Co	ombined Chl	orine (Chlora	mines)	
CT   Calculations   CT   CT   CT   CT   CT   CT   CT   C	Ui	traviolet Ra	diation	Other	(Describe	):									
Day   Day   Day   Plant   Day   Da	Type of Di	sinfectant l	Residual	Maintained in D	istribution	System:	Free Chlorine	Comb	ined Chlor	ine (Chlora	mines)	Chlorin	e Dioxide		
Part						CT Calc	ulations, or UV Do	se, to Demonstra	te Four-Log	Virus Inactiva	ation, if applical	ole*			Emergency or
Plate   Suffer   Plate   Pla			1				CT C	alculations				UV	Dose	1	abnormal operating
Staffer   Hours   Net quantity   Peak   Offinished   Flow   Water   Water   Peak   Offinished   Flow   Peak   Pe			1								1				
Days of Month   Plat   Plat												Tames	1		
Days of   Visited   Plate   Off finished   Off					Peak				Temp	1			Minimum	,	
Copt					1					PH of	Minimum				
X	Month											ľ			operation.
1       X       24       43200       1.3       8       9         3       X       24       21000       1.5       8         4       24       42150       8       8         5       X       24       42150       1.4       8         6       X       24       31800       1.5       4       4         7       X       24       32000       1.3       5       5       3       5       5         8       X       24       34000       1.3       4       4       5       5       1       4       4       9       3       5       5       1       4       4       4       9       3       5       5       1       4       4       4       4       4       4       9       1       4       4       4       9       5       5       1       4		Оры.	oper.	1 10duccu, gai	gpa	Flow, mg/L	Minutes		C	If appl.	mg-min/L	sec/cm2	sec/cm2	system, mg/L	
1	1	X	24	43200	<u> </u>	1.3		mg-nuir.	<del> </del>	<del> </del>	<del> </del>		<del> </del>	8	
3	2	X	24	38800		1.4		<del> </del>					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
5         X         24         42159         1.4         8           6         X         24         31800         1.5         4           7         X         24         32000         1.3         5           8         X         24         34000         1.3         4           9         X         24         26000         1.4         5           10         X         24         21900         1.5         6           11         24         31000         1.5         7           12         X         24         31000         1.4         7           13         X         24         31000         1.4         7           14         X         24         10200         1.5         8           15         X         24         10200         1.5         9           16         X         24         10200         1.5         9         6           17         X         24         10200         1.5         9         6           18         24         10200         1.5         9         6         9           18	3	X				1.5			<del>                                     </del>			t	<del>                                     </del>		
6         X         24         31800         1.5         4           7         X         24         32000         1.3         5         5           8         X         24         36000         1.4         6         4         4           9         X         24         26000         1.4         5         6         6           11         2.4         31000         1.5         6         6         1           12         X         24         31000         1.4         7         7           13         X         24         62000         1.4         8         8           14         X         24         10200         1.5         6         1         7           15         X         24         10200         1.5         6         1         7         7         1         6         1         7         7         1         7         1         7         1         1         6         1         7         1         1         6         6         1         1         1         6         1         1         1         1         1         1         <													<del></del>		
7         X         24         32000         1.3         1.5         3         4         4         8         3         4         4         8         4         8         3         4         4         8         3         4         4         8         3         1         4         8         3         1         1         4         4         8         3         1         1         4         4         8         3         1         1         2         4         31000         1         4														.8	
8         X         24         34000         1.3														.4	
9       X       24       26000       1.4       .5         10       X       24       21900       1.5       .6         11       24       31000           12       X       24       31000       1.4           13       X       24       62000       1.4            13       X       24       10200       1.5															
10															
11															
12		X				1.5	ļ				ļ			.6	
13       X       24       62000       1.4       8.8         14       X       24       10200       1.5       6.6         15       X       24       12200       1.4       7.7         16       X       24       10000       1.5       7.7         17       X       24       11200       1.5       6.6         18       24       18000       1.6       8.8         19       X       24       21000       1.6       8.8         20       X       24       41400       1.5       7.7         21       X       24       23100       1.6       9.9         22       X       24       13100       1.5       8.8         23       X       24       19100       1.6       9.9         24       X       24       12000       1.5       9.9         25       24       11350       9.9         26       X       24       11350       1.7       1.0         27       X       24       18100       1.1       8.8         29       X       24       11350       1.1       3.8		V				1.4			ļ			ļ			
14       X       24       10200       1.5       .6       .6         15       X       24       12200       1.4       .7       .7         16       X       24       10000       1.5       .6       .7         17       X       24       11200       1.5       .6       .6         18       24       18000       .6       .8          19       X       24       21000       1.6							<del> </del>			ļ			ļ		
15							<b> </b>		<u> </u>		<b></b>	<u> </u>			
16       X       24       10000       1.5       7         17       X       24       11200       1.5       6         18       24       18000       1.6       8         19       X       24       21000       1.6       8         20       X       24       41400       1.5       7         21       X       24       23100       1.6       99         22       X       24       13100       1.5       8         23       X       24       19100       1.6       99         24       X       24       11350       99         25       24       11350       1.7       1.0         26       X       24       11350       1.7       1.0         27       X       24       18100       1.1       8         29       X       24       18100       1.1       9         30       X       24       10100       1.1       9         31       24       1000       1.2       8         31       24       1000       1.2       8         31       23781									<del> </del>		<u> </u>				
17       X       24       11200       1.5       6         18       24       18000       8       8         19       X       24       21000       1.6       8         20       X       24       41400       1.5       77         21       X       24       23100       1.6       9         22       X       24       13100       1.5       8         23       X       24       19100       1.6       9         24       X       24       12000       1.5       9         25       24       11350       9       9         25       24       1350       1.7       1.0       1.0         27       X       24       10100       1.6       1.0       1.0         28       X       24       18100       1.1       8       8         29       X       24       1900       1.2       8       9         30       X       24       10100       1.1       9       9         31       24       1000       1.2       8       9         31       24       1000 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><del> </del></td> <td></td> <td><del> </del></td> <td><del> </del></td> <td></td> <td><del></del></td> <td></td> <td></td> <td></td>							<del> </del>		<del> </del>	<del> </del>		<del></del>			
18     24     18000 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>l</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									l						
19       X       24       21000       1.6       8         20       X       24       41400       1.5       .7         21       X       24       23100       1.6       .9         22       X       24       13100       1.5       .8         23       X       24       19100       1.6       .9         24       X       24       12000       1.5       .9         25       24       11350            26       X       24       11350            27       X       24       10100       1.6            28       X       24       10100       1.6              29       X       24       10100       1.6						- <del></del>						<b> </b>	<u> </u>		
20       X       24       41400       1.5       .7         21       X       24       23100       1.6       .9         22       X       24       13100       1.5       .8         23       X       24       19100       1.6       .9         24       X       24       12000       1.5       .9         25       24       11350      7           26       X       24       11350            27       X       24       10100       1.6              28       X       24       18100       1.1		X				1.6						<del> </del>		8	· · · · · · · · · · · · · · · · · · ·
21       X       24       23100       1.6       9         22       X       24       13100       1.5       8         23       X       24       19100       1.6       9         24       X       24       12000       1.5       9         25       24       11350       9       1.0         26       X       24       11350       1.7       1.0         27       X       24       10100       1.6       1.0         28       X       24       18100       1.1       8         29       X       24       10100       1.2       8         30       X       24       10100       1.1       9         31       24       10000       1.2       8         Total       737200         Average       23781										l ——					<del></del>
23       X       24       19100       1.6       9         24       X       24       12000       1.5       9         25       24       11350       1.7       1.0         26       X       24       11350       1.7       1.0         27       X       24       10100       1.6       1.0         28       X       24       18100       1.1       8         29       X       24       17900       1.2       8         30       X       24       10100       1.1       9         31       24       10000       1.2       8         Total       737200         Average       23781	21	X	24	23100		1.6								.9	
24     X     24     12000     1.5     9       25     24     11350     1.7     1.0       26     X     24     11350     1.7     1.0       27     X     24     10100     1.6     1.0       28     X     24     18100     1.1     8       29     X     24     17900     1.2     8       30     X     24     10100     1.1     9       31     24     10000     1.2     8       Total       Average       23781		X	24			1.5			]					.8	
25     24     11350     1.7     1.0       26     X     24     11350     1.7     1.0       27     X     24     10100     1.6     1.0       28     X     24     18100     1.1     8       29     X     24     17900     1.2     8       30     X     24     10100     1.1     9       31     24     10000     1.2     8       Total       Average       23781														.9	
26     X     24     11350     1.7     1.0       27     X     24     10100     1.6     1.0       28     X     24     18100     1.1     8       29     X     24     17900     1.2     8       30     X     24     10100     1.1     9       31     24     10000     1.2     8       Total       Average     23781		X				1.5								.9	
27     X     24     10100     1.6     1.0       28     X     24     18100     1.1     8       29     X     24     17900     1.2     8       30     X     24     10100     1.1     9       31     24     10000     1.2     8       Total       737200       Average     23781		L													
28     X     24     18100     1.1     8       29     X     24     17900     1.2     8       30     X     24     10100     1.1     9       31     24     10000     1.2     8       Total       Average     23781															
29     X     24     17900     1.2     8       30     X     24     10100     1.1     9       31     24     10000     1.2     8       Total     737200       Average     23781															
30 X 24 10100 1.1 9 31 24 10000 1.2 9 8  Total 737200  Average 23781							ļ	<del></del>		ļ			<b></b>		
31 24 10000 1.2 8 Total 737200 Average 23781										ļ					
Total         737200           Average         23781		X					<del> </del> -			<u> </u>					<del></del>
Average 23781		L	L4			1.2			L	<u> </u>	L	L	L	8.	
		<del></del>													
		<del></del>													

JAN 0 5 2006

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

TO: Jackie

SYSTEM/SUB #: Lake Placid Utilities pws# 6280273

From : Clay Shrum

MONTH/YEAR: Dec-06

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1		<u> </u>				
2		<u> </u>				
3						
4		<u> </u>		<u> </u>		
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	<u> </u>					
17						
18						
19						
20		<u> </u>				
21						
22						
23					·	
24	2 X 2"	2	10	10 gpm	200	quarterly flushing
25						
26						
27						
28						
29						
30						
31						

Type Code

- 1) Water breaks
- 2) Flushing hydrants
  3) Meter defect
  4) Construction
  5) Other

		,

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME:

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

Monthly

MAILING ADDRESS: 200 Weathersfield Ave.

LIMIT:

CLASS SIZE:

REPORT:

FACILITY:

COUNTY:

Sun & Lakes of Lake Placid WWTP

Altamonte Springs, Florida 32714

DISCHARGE POINT NUMBER:

Type of Effluent Disposal

GROUP:

Domestic

LOCATION:

Brevard Ave

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

III/C []

Final

FILE COPY

Lake Placid, Florida

Highlands

MONITORING PERIOD

Perk Pond From: 1/1/04

To: 1/31/04

Parameter		Quantity	or Loading		tion		No. Ex.	Frequency of Analysis	Sample Type		
		Average	Maximum	Units	Minimum	Average	Maximum	Units		<del></del>	<del> </del>
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.01 3.05					
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement		•			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				·······	4.3	4.3	† — —		<del></del>	
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement				-	Report (Mo, Ave,)	60.0 (Max)	mg/L	1	Monthly	Став
Solids, Total Suspended	Sample Measurement					3.8	(1/12.11)				
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.4	2.4				
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	nig/L		Monthly	Grab
PH	Sample Measurement				6.7		6.9				
PARM Code 00400 1 Mon. Site NEFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	8.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					1.9				a week	
ARM Code 74055 Y  Jon. Site No. EFA - 1  ertify under penalty of law that I ha	Permit Requirement					200 (An. Avc)		#/100 ml		Monthly	Grab

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

	SIGNATURE OF PRINCIPAL EXECUTIVE OFFI	CER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	11.14-16		(863)	
	(Milletter		465-6911	2/2/10/1
			L	

FACILITY NAME: Sun & Lakes of Lake Placid WWTP Month/Year: January 2004 COUNTY: Highlands

PERMIT NUMBER; FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity o	r Loading		Qual	ity or Concentra		No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal	Sample Measurement				<1.0		<1.0				
PARM Code 74055 1 Mon. Sitc No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.5						
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						.18				
PARM Code 00620 ] Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.022 by								<u></u>	
PARM Code50050 Y Mon, Site No. FLW - 1	Permit Requirement	0,090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow	Sample Measurement	.0176 02.4									T. COLUMN
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Avc.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					400.0					
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					262.0					
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	Odlene -	(863) 465-6911	2/21/04

#### DAILY SAMPLE RESULTS - PART B

Sun & Lakes of Lake Placid WWTP Permit Number: Facility Name:

FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year:

January 2004

County: Highlands

Three M	onth Average Da	ily Flow:	.0265				Daily Flo	w % of Perm	itted Capaci	ty:   30%	•
	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time o Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
ī	.031										
2	.031				<u> </u>	6.7		.8			
3	.021					6.7		.8			
4	.034					6.7		.7			
5	.026					6.7		.9			
6	.027	4.3	400.0	2.4	262.0	6.7	<1.0	.8	.18	G	1030
7	.028		<del> </del>	]		6.8	<del> </del>	.9			
8	.025	<del>                                     </del>	<b>†</b>	-		6.7		.8			
9	.020		<u> </u>			6.7	<del> </del>	.9			
10	.029	+				6.7	<del>                                     </del>	.8			
11	.031	-					<del> </del>	<del>-</del>			
12	.031	+				6.7	<del>                                     </del>	.8			
13	.037	+				6.7	<del>                                     </del>	.9			
14	.022	<del> </del>			-	6.7		.8			
15	.024	+	<u> </u>	<del> </del>		6.7	<del>                                     </del>	.7			
16	.031		-			6.8	<del> </del>	.8			
17	.029	<del>                                     </del>	<del> </del>	-		6.8		.8			
18	.030	<u> </u>									
19	.031					6.9		.5			
20	.033					6.9		.8			
21	.034	+	<del>                                     </del>			6.8	<del> </del>	.6			
22	.023		1			6.8	ļ <del></del>	.6			
23	.026	1	<del> </del>			6.7	-	.7			
24	.031	+			<u> </u>	6.7		.9	<del></del>		
25	.035	<del> </del>	<del> </del>								
26	.036	-	<del> </del>	!		6.7	<del> </del>	.خ.			
27	.024	<del> </del>				6.7	<del>                                     </del>	.7			
28	.027	+	<del> </del>			6.7	-	.6			
29	.027		<del>                                     </del>			6.7		.6			
30	.031		-			6.7	-	.5	-		
31	.022	<del></del>		ļ		6.7		.6			

Limited Wet Weather Disc				If yes cumula	tive days of wet	weather discharge:	
Type of Effluent Disposal of	r Reclaimed	Water Rous	c:				
Lead Operator	Class:	С	Certificate No:	8619	Name:	Otto Krucker	
Night Shift Operator	Class:		Certificate No:		Name:		
Evening Shift Operator	Class:		Certificate No:		Name:		
Day Shift Operator	Class:		Certificate No:		Name:		
PLANT STAFFING:							

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

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

NAME:

LIMIT:

Final

III/C

REPORT:

Monthly

MAILING ADDRESS: 200 Weathersfield Ave. Altamonte Springs, Florida 32714

CLASS SIZE:

GROUP:

Domestic

FACILITY: LOCATION:

COUNTY:

Sun & Lakes of Lake Placid WWTP

Brevard Ave

Highlands

Lake Placid, Florida

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE: Type of Effluent Disposal

**MONITORING PERIOD** 

[] Perk Pond

From: 2/1/04

To: 2/29/04

Parameter		Quantity	or Loading		Qua	lity or Concentr	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			<del> </del>
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.1		mg/L		Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement	٠	•			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 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.85		mg/L		Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.6	2.6	mg/L		Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
РН	Sample Measurement				6.7		6.9	s.u.		5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					1.9	····	#/100 ml		Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (An. Ave)		#/100 ml		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	9-1 ( )	(863) 465-6911	February 22, 2004

FACILIT \ME: Sun & Lakes of Lake Placid WWTP PERMIT NUMBER: 014386 DISCHARGE POINT NUMBER: R-001 Month/Year: February 2004\_\_\_ COUNTY: Highlands

Parameter	:	Quantity	or Loading	APA	ECE/VEQual 26 200 Millinum <1.0	ity or Concentra	ation		No. Ex.	Frequency of Analysis	Sample Type
	1	Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal	Sample Measurement				<1.0		<1.0	#/100ml		Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.5			mg/L		5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						3.30	mg/L		Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.022		mg/L						5 days a week	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd			•			5 days a week	Flow meter /
Flow	Sample Measurement	.019		mg/L						5 days a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd			•	•		5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					174.0		mg/L		Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement	ı				Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					99.0		mg/L		Mnthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OF CER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	Office I	(863) 465-6911	February 22, 2004

#### VAIL I SAMPLE RESULTS - PART B

Facility !	Name: Sun &	Lakes of I	ake Placid	WWTP	Perm	it Number:	FLA01	4386	DISCH	IARGE PO	INT NUMI	BER: R-001.
Month/Y	ear:	February 2	004	-			County:	Highlands				
Three Mo	onth Average Dail	y Flow:	020_				Daily Flo	w % of Perm	itted Capaci	ity:	22%_	
	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample	
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620			
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	.041			<del> </del>	<u> </u>	<del> </del>						
2	.041	<b></b>	<del></del>	<del> </del>		6.7	}	.6	<del> </del>	<u> </u>		
3	.010					6.7		.6	<del> </del>			
4	.045			<del> </del>		6.7	<del> </del>	.5	<del> </del>			
5	.031		<u> </u>		<del> </del>	6.7		.5				
6	.026	<del> </del>			<del> </del>	6.7		.6				1
7	.031	<del> </del>		-	<u> </u>	6.7		.5				
8	.085		<del>                                     </del>					<u> </u>	}			
9	.089					6.7		.5				
10	.059			<del></del>		6.7		.6	<del>                                     </del>			
11	.015			<u> </u>	<del>                                     </del>	6.7		.6				
12	.037					6.7		.5				
13	.044				<u> </u>	6.7		.6				
14	.023	<del>                                     </del>				6.7		.5				
15	.042	<b> </b>				1		<del> </del>				}
16	.041					6.7		.5				
17	.043	3.1	174.0	2.6	99.0	6.7	<1.0	.6	3.30	G	1150	
18	.031											
19	.031					6.8		1.8				
20	.03					6.7		2.0				
21	.039					6.7		2.2				
22	.044					6.7		2.3				
23	.027					6.9		2.0				
24	.027					6.8		1.7				
25	.028					6.8		1.0				
26	.050					6.8		1.2				
27	.049	<u> </u>				6.9		1.0				
28	.023					6.9		1.1				
29												
30												
31				<u> </u>								
Day Shi Evening Night Sl Lead Op		Class: Class: Class: Class:	C	Certificat Certificat Certificat Certificat	e No:	8619	Name Name Name Name	o:	Krucker			
Limited	Effluent Disposal of Wet Weather Disc	harge Activate	ed: Yes: N		oplicable:	If yes, cumul	ative days of	wet weather	discharge:			

FLA012996-002-DW3P DMR Form Date 03/2003 MECE App 26

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc.

Lake Placid, Florida

PERMIT NUMBER:

FLA014386

NAME:

MAILING 200 Weathersfield Ave.

LIMIT:

Final

REPORT:

Monthly

ADDRESS:

Altamonte Springs, Florida 32714

CLASS SIZE:

GROUP:

Domestic

FACILITY: LOCATION:

COUNTY:

Sun & Lakes of Lake Placid WWTP Brevard Ave

RECEIVED APR 2 6 2004

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

III/C 11

NO DISCHARGE FROM SITE: Type of Effluent Disposal

**MONITORING PERIOD** 

Perk Pond From: \_3/1/04\_

To: 3/31/04

Highlands Parameter Quantity or Loading **Quality or Concentration** Sample Type Frequency of No. **Analysis** Ex. Average Maximum Units Minimum Average Maximum Units BOD, Carbonaceous 5 day, 20C Sample 2.77 mg/L Monthly Grab Measurement PARM Code 80082 Y Permit 20.0 mg/L Monthly Grab Mon Site No. EFA - 1 Requirement (An. Avg.) BOD, Carbonaceous 5 day, 20C Sample 2.0u 2.0u mg/L Monthly Grab Measurement PARM Code 80082 1 Permit Report 60.0 mg/L Monthly Grab Mon Site No. EFA - 1 Requirement (Mo. Ave.) (Max) Solids, Total Suspended Sample 2.77 mg/L Monthly Grab Measurement PARM Code 00530 Y Permit 20.0 mg/L Monthly Grab Mon. Site No. EFA - 1 Requirement (An. Avg.) Solids, Total Suspended Sample 1.0u 1.0u mg/L Monthly Grab Measurement PARM Code 00530 1 Permit Report 60.0 mg/L Monthly Grab Mon. Site No. EFA - 1 Requirement (Mo Ave.) (Max) PH Sample 6.9 7.4 5 days s.u. Grab Measurement a week PARM Code 00400 1 Permit 6.0 8.5 s.u. 5 days Grab Mon. Site No. EFA - 1 Requirement (Min) (Max) a week Coliform, Fecal Sample 1.9 #/100 ml Monthly Grab Measurement PARM Code 74055 Y Permit 200 #/100 Monthly Grab Mon. Site No. EFA - 1 Requirement (An. Ave)

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

Otto Krucker / Operator (863) 465-6911 4/20/04	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
	Otto Krucker / Operator	O. Albert	` '	4/20/04

## DISCHARGE MONITORING REPORT - PART A (Continued)

DISCHARGE POINT NUMBER: R-001

PERMIT NUMBER: 1.2 A014386

Month/Year: March 2004 COUNTY: Highlands FACILITY AME: Sun & Lakes of Lake Placid WWTP

न्यामध्य ताद प्राप्ताच्या	o lot ator	rately respons	nalibin eggenteritai.	som to Ambut Am n	d netent, and based o	none non	france terroiding is or	summi um oum van s ezedt tedt ezewe	musa viisioeisy sv	britted information is true, accurate
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Monthly	1	ា/និយ	•		}	]		1		PARM Code 00530 G
1 11/1-1/	<del> </del>	1/	<del> </del>		<del> </del>	<del> </del>	<del> </del>	-}		D 0500 cho Nava
Monthly		7/ <b>3</b> w		1		ľ		1		Solids, Total Suspended
<del>                                     </del>	<del>                                     </del>	<del> </del>	<del> </del>	(Mo. Ave.)	<del> </del>	<del> </del>	<del> </del>	<del></del>		Mon Site No. INF - I
Monthly	1	7/8w	[				j	ł		PARM Code 80082 G
	<del>                                     </del>	<del></del>		<u> </u>			<del> </del>	+	<del></del>	5 60000 - 571444
Monthly	1	7/8w	ĺ	i	ĺ	ļ	Į.	}	1	BOD, Carbonaceous 5 day, 20C
				<del> </del>	<del> </del>		<del> </del>	(SVA GMI)		Mon. Site No. FLW - 1
· · ·	1			Į.	Į.	pgu	ł			PARM Code50050 1
	<del>                                     </del>	<del>                                     </del>		<del> </del>		<del></del>	<del> </del>	1		1 03003-1-374444
	(	[		1	1	pStu	}	100.		Flow
	<del> </del>			<del> </del>	<u> </u>	<del></del>	<del> </del>			Mon. Site No. FLW - 1
sysb c	}	}		1	[	pgur	l			PARM Code50050 Y
a week						<del></del>		+		11 0,000, 0,7,4,4
sysb c	1	1 1		!		pStu	ł	EZO.	Sample	Flow
			(max)						Requirement	Mon. Site No. EFA - 1
Monthly	l		0.21	ł			l	į.	Permit 12 mg/L	PARM Code 00620 1
	1								Measurement	(Trequired in the permit)
Monthly		J/gm	88.				}	1	Sample	Nitrogen, Nitrate, Total (as N)
a week	T				(nim)				Requirement	Mon. Site No. EFA - 1
sysb č	1	<b>√</b> 2/28tm			2.0				Permit 1	PARM Code 50060 A
a week								1	Measurement	(for disinfection)
sysb č	L	<b>√</b> /gm		<u>L</u>	<b>c</b> .		Ĺ	Í	Sample	Total Residual Chlorine
			(Max)		(Mo.Geo. Mean)			1	Requirement	Mon. Site No. EFA - 1
Monthly	<u></u> :	lm001/#	008	<u></u>	Report				Permit	PARM Code 74055 1
Monthly	<u> </u>	[W 001/#	0.1>		0.1>			i	Sample	Coliform Fecal
		stin.U	mumixsM	Average	muniniM	atinU	mumixsM	Average		
elegibin.	Ex.							_		
	ì		иоп	иу ог Сопсепиз	[eu9]		guibeo.1 ro	Quantity o	l	Parameter
	5 days a week Monthly Adouthly Adouthly a week Adouthly b days a week b days a week c days a week b days a week c days a week b days a week c	E.X. Analysis  Monthly  Monthly  J days  a week  Adays  Adays	H. Monthly  Thinks  Wonthly  Wonthly  Wonthly  Wonthly  The coporable for obtaining the informs  Linite A week  A week	wind with the property of the	Average Maximum Units and Prints Analysis (Mo. Ave.)    20	Mainimum Merage Maximum Minimum Minimu	sinU mumixaM system    Solution   Solution	Maximum Units Maximum Average Maximum Units Monthly  Report (Mo. Chee.) Mean)  Report (Mo. Chee.) Monthly  Report (Mo. Ave.)  Report (Mo. Ave.)	Sin   Sin	staylard. A stand mumikak ogaroyk mumim stand mumikak ogaroyk stand mumikak ogaroyk mumimik stand mumikak ogaroyk mumimik stand mumikak ogaroyk ogaroyk ogaroyk mumimik stand mumikak ogaroyk mumimik stand mumikak ogaroyk mumimikak ogaroyk mumimikak ogaroyk mumimikak ogaroyk mandra standar ogaroyk mandra standar ogaroyk mumimikak ogaroyk mandra standar ogaroyk mandra standar ogaroyk mumimikak mumimika mumimikak mumimik

HISOloy 1169-594 (893) Otto Krucker / Operator PHONE NO: DATE: YY/MM/DD NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT

## RECEIVED

#### DAILY SAMPLE RESULTS - PART B

APR 2 6 2004 Sum & Lakes of Lake Placid WWTP

Permit Number:

FT A01/1386

DISCHARGE POINT NUMBER: R-001

vionth/Yea	ar:M	arch 2004	_				•	Highlands			
Three Mon	ith Average Dai	ly Flow:	029				Daily Flo	w % of Perm		ty:3	
	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	TO THE RESERVE TO THE					6.9		1.1			
2 .0	031					6.9		.6			
3 .0	037					6.9		.6			
4 .0	038					6.9		.5			
5 .0	026				T	6.9	1	.6			
6 .0	021				T	6.9		1.5			
7 .0	040		<del>                                     </del>							,	
8 .	040			1	<u> </u>	6.9		3.0			
9 .1	028					7.1		2.0			
10 .	023					7.2		3.0			<u> </u>
11	035	1		1		7.2		2.5	<del> </del>		<u> </u>
12	.009					7.2		2.5	<u> </u>		
13	034		1			7.3		2.8			-
14 .	.037					1	<u> </u>		<del> </del>	<del> </del>	
15 .	.037	<del>                                     </del>	1	1		7.3	<b></b>	2.6	1	<b></b> -	
16 .	.034	1				7.3	<del>                                     </del>	2.5		<del>                                     </del>	
17 .	.030	<del>                                     </del>	<del> </del>	<b>†</b>		7.2	<del>                                     </del>	2.6	<del> </del>	<del> </del>	<u> </u>
18 .	.031	2.0u	159.0	1.0u	187.0	7.2	<1.0	2.5	.88	G	0820
19 .	.041	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	7.2	<del>                                     </del>	2.5	<del>                                     </del>	<del> </del>	
20 .	.031	<del> </del>		<del>                                     </del>	<del>                                     </del>	7.2	<del> </del>	2.1	<del> </del>	<del>                                     </del>	
21	.0285	+	1	+	<del> </del>	<del> </del>		<del> </del>	<del>}</del>	-	<del>                                     </del>
22 .	.0285	+	1	<del> </del>	<del> </del>	7.3	<del>                                     </del>	2.1	<del> </del>		
23 .	.031	<del>                                     </del>	<del></del>	<del>                                     </del>	<del> </del>	7.3	<del> </del>	2.8	<del> </del>		<del> </del>
24 .	.032		<del> </del>	<del> </del>	<del> </del>	7.4	<del> </del>	3.0			<del> </del>
25	.020	-	<del>                                     </del>	<del>                                     </del>	<del> </del>	7.4	+	3.0	<del> </del>	-	<del> </del>
26	.030	<del> </del>	1	<b>-</b>	1	7.4	-	3.0	<del> </del>	<del> </del>	
27	.030	-	+	<del> </del>	1	7.3	1	2.5	1		<del> </del>
28	.027	+	+	<del>                                     </del>	-	-	<del> </del>	<del>                                     </del>	<del> </del>		<del> </del>
	.026	<del> </del>	+	<del> </del>	<del>                                     </del>	7.3	<del> </del>	2.3	<del> </del> -		
	.024	-	+	+	<del> </del>	7.3		2.5			
	.021	+	+	+	+	7.3	<del> </del>	2.2			
	STAFFING:	L	ــــــــــــــــــــــــــــــــــــــ	<u></u>			<u></u>	1		<u> </u>	<u></u>
Day Shift	d Operator	Class:		Certifica	~	<u>.</u>	Nam				
	Shift Operator	Class: Class:		Certifica Certifica	_		Nam Nam				
	Night Shift Operator Lead Operator		C	_ Certifica		8619	Nam		Krucker		

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

When Completed mail this report to: Department of Environmental Protection

FILE COPY PERMITTEE Lake Placid Utilities, Inc. PERMIT NUMBER: FLA014386 NAME: MAILING 200 Weathersfield Ave. LIMIT: Final REPORT: Monthly ADDRESS: Altamonte Springs, Florida 32714 CLASS SIZE: GROUP: Domestic DISCHARGE POINT NUMBER: FACILITY: Sun & Lakes of Lake Placid WWTP PLANT SIZE/TREATMENT TYPE: III/C LOCATION: Brevard Ave NO DISCHARGE FROM SITE: [] Lake Placid, Florida Type of Effluent Disposal Perk Pond MONITORING PERIOD From: \_4/1/04 To:4/30/04 COUNTY: Highlands

Parameter		Quantity	or Loading		Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	EX.	<del></del> _	<del> </del>
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.66		mg/L		Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement		•			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.2	2.2	mg/L		Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Pennit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.87		mg/L		Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An, Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					10.0	10.0	mg/L		Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
РН	Sample Measurement				7.1		7.4	s.u.		5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					1.9		#/100 ml		Monthly	Grab
PARM Code 74055 Y  Mon. Site No. EFA - 1  certify under penalty of law that I ha	Pennit Requirement					200 (An. Ave)		#/100 ml		Monthly	Grab

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	() [[]]	(863)	
	() Office	465-6911	120/03/63

FACILITY NAME: Sun & Lakes of Lake Placid WWTP

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: April 2004\_\_ COUNTY: Highlands

Parameter		Quantity of	or Loading		Quali	ty or Concentr	ation		No. Ex.	Frequency of Analysis	Sumple Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal	Sample Measurement				<1.0		<1.0	#/100 ml		Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				2.3			mg/L		5 days a weck	Grah
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a weck	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						7.36	mg/L		Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	رو <mark>ر 23</mark> 0.	ν,	mgd						5 days a weck	Flow meter / a totalizer
PARM Code50050 Y Mon, Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd			-			5 days a week	Flow meter / a totalizer
Flow	Sample Measurement	.019		mgd						5 days a week	Flow meter / a totalizer
PARM Code50050 t Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaccous 5 day, 20C	Sample Measurement					308.0		mg/L		Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					172.0		mg/I.		Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	O Muse	(863) 465-6911	5/20/04

#### DAILY SAMPLE RESULTS - PART B

DISCHARGE POINT NUMBER: R-001 Permit Number: Facility Name: Sun & Lakes of Lake Placid WWTP FLA014386 \_\_April 2004\_\_ County: Highlands Month/Year: Daily Flow % of Permitted Capacity: Three Month Average Daily Flow: .030 \_33% Nitrogen, Type of TRC Time of CBOD5 CBOD5 TSS PH Fecal Flow TSS (MGD) (mg/l) (mg/l) (mg/l) (mg/l) (s.u.) Coliform (lor Nitrate, Sample Sample Bacteria disinfect) Total G=grab (#/100) (as N C=Comp (mg/l)mg/l) Code 50050 80082 80082 00530 00530 00400 74055 50060 00620 FLW-1 INF-1 INF-I EFA-1 EFA-1 Mon EFA-1 EFA-1 EFA-1 EFA-1 Site .034 7.3 2.3 1 2 .024 7.3 2.4 7.2 2.8 .040 3 .022 4 5 .023 7.4 3.0 1023 6 .021 2.2 308.0 10. 172.0 7.3 <1.0 3,0 7.36 G 7.3 3.0 7 .019 .014 7.3 3.0 8 .020 7.3 9 3.0 7.3 10 .020 3.0 .023 11 .022 7.2 3.0 12 7.2 13 .015 3.0 7.2 14 .019 3.0 15 .014 7.3 3.0 .017 7.3 3.0 16 17 .021 7.2 3.0 .020 18 .020 19 7.1 3.0 20 .009 7.2 3.0 21 .016 7.3 3.0 22 .016 7.3 3.0 .020 23 7.3 3.0 24 .009 7.2 3.0 .0115 25 7.3 3.0 7.2 3.0 .016 26 .015 27 28 .015 7.2 3.0 .011 29 7.2 3.0 30 .012 7.2 3.0 31 PLANT STAFFING: Day Shift Operator Class: Certificate No: Name: **Evening Shift Operator** Class: Certificate No: Name: Night Shift Operator Class: Certificate No: Name: Lead Operator Class: Certificate No: Name: Otto Krucker 8619 Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

FLA012996-002-DW3P DMR Form Date 03/2003

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

Page 3 of 3

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PAREA EDE

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

NAME: **MAILING**  200 Weathersfield Ave.

LIMIT:

Final

III/C

REPORT:

GROUP:

Domestic

FACILITY: LOCATION:

ADDRESS:

Sun & Lakes of Lake Placid WWTP

Altamonte Springs, Florida 32714

Brevard Ave

Lake Placid, Florida

CLASS SIZE:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

Type of Effluent Disposal

[]

Perk Pond

COUNTY:

Highlands

**MONITORING PERIOD** 

From: 5/1/04

To: 5/31/04

Parameter		Quantity	or Loading		Qua	lity or Concentra	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			<del> </del>
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.66		mg/L		Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.0u	2.0u	mg/L		Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.12		mg/L		Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.0u	1.0u	mg/L		Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
РН	Sample Measurement				7.1		7.3	s.u.		5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					1.9		#/100 ml		Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1 ertify under penalty of law that I ha	Permit Requirement					200 (An. Ave)		#/100 ml		Monthly	Grab

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	()-Messe	(863) 465-6911	6/18/04
			<del></del>

#### **DISCHARGE MONITORING REPORT - PART A (Continued)**

PERMIT NUMBER: FL. 1014386

**DISCHARGE POINT NUMBER: R-001** 

Month/Year: May 2004\_\_ COUNTY: Highlands

Parameter	,	Quantity	or Loading	Quality or Concentration					No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			<del> </del>
Coliform Fecal	Sample Measurement				<1.0	<1.0		#/100 ml		Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				3.0			mg/L		5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement							mg/L		Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.02225		mgd						5 days a week	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd			•			5 days a week	Flow meter / a totalizer
Flow	Sample Measurement	.0099		mgd		<del></del>				5 days a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd			•			5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					65,0		mg/L		Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)	, , , , , , , , , , , , , , , , , , , ,	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					72.0		mg/L		Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	Office Contraction of the Contra	(863) 465-6911	6/18/04

## DAILY SAMPLE RESULTS - PART B

Facility l	Name: Sun &	Lakes of L	ake Placid	WWTP	Permi	it Number:	FLA014	386	DISCH	IARGE PO	NT NUMBER: R-0
Month/Y	ear: M	1ay 2004					County:	Highlands			
	onth Average Dail		027				-	v % of Perm	itted Capaci	ty:	_30%
	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.021					7.2		3.0			
2	.014										
3	.014					7.3		3.0			
4	.010					7.3		3.0			
5	.014					7.3		3.0			
6	.010					7.3		3.0			
7	.012					7.3		3.0			
8	.010	1			<del> </del>	7.2		3.0			
9	.010	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>				
10	.011		<u> </u>	<del>                                     </del>	<del> </del>	7.2	<del>                                     </del>	3.0	<del> </del>		
11	.008	<del>                                     </del>		<del> </del>		7.1		3.0			
12	.010			<del> </del>	-	7.1	-	3.0	<del> </del>	<u> </u>	<del>  </del>
13	.012		<del> </del> -	<del>                                     </del>	<del> </del>	7.1		3.0	<del> </del>	<del> </del>	<del>  </del>
14	.011	2.0u	65.0	1.0u	72.0	7.1	<1.0	3.0	<del> </del>	G	1217
15	.016	+	<del> </del>		<del> </del>	7.1	<del> </del>	3.0	<del> </del>	<del> </del>	<del>├</del> ──┫
16	.011	<del> </del>		<del> </del>			+	<del> </del>	<del> </del>	<del> </del>	<del>  </del>
17	.011				<del></del>	7.1	<del></del>	3.0	<del> </del> -	<del> </del> -	<del>                                     </del>
18	.011		<del> </del>	<del> </del>	<del> </del>	7.1	<del> </del>	3.0			<del>                                     </del>
19	.016		<del> </del>			7.1	-	3.0	-		
20	.002	<del> </del>		<del> </del>		7.1	<del> </del>	3.0		<b></b>	
21	.009				<del> </del>	7.2	<del> </del>	3.0	<del> </del>	<del> </del>	<del>  </del>
22	.012		<del> </del>			7.2		3.0			<del> </del>
23	.012		<del> </del>	<b></b>		'·	<u> </u>	-	<del></del>	ļ	
L		<u> </u>		<del> </del>		7.2	<del> </del>	3.0	<del> </del>	<del> </del>	
24	.012			<del> </del>	<del> </del>	7.1	<u> </u>	3.0	+		
25	.002				4	7.1	<del> </del>	.L	<del> </del>		
26	.007	1						3.0	ļ	<u> </u>	
27	.005	<u> </u>			1	7.2		3.0	<u> </u>		
28	.009					7.2		3.0			
29	.003					7.3		3.0		1	
30	.0029					7.3		4.9			
31	.009										
	r staffing:	C1		Certifica	ita No:	•	N.				
	nift Operator g Shift Operator	Class: Class:		Certifica	_		Nam				
Night S	Shift Operator	Class:		_ Certifica	ite No:		Nam	e:			
	perator	Class:	C	Certifica	ite No:	8619	Nam	e: Otto	o Krucker		
Limite	f Effluent Disposa d Wet Weather Dis	i or Keciaimed scharge Activa	ı water keti ited: Yes:	No: Not A	Applicable:	If yes, cum	ulative days o	f wet weather	r discharge:		

FLA012996-002-DW3P DMR Form Date 03/2003

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

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc.

PERMIT NUMBER: FLA014386

NAME: MAILING

200 Weathersfield Ave.

LIMIT:

Final

REPORT:

Monthly

ADDRESS:

Altamonte Springs, Florida 32714

CLASS SIZE:

GROUP:

Domestic

FACILITY: LOCATION:

COUNTY:

Sun & Lakes of Lake Placid WWTP

Brevard Ave

Lake Placid, Florida

JUL 29 2004

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: UTILITIES, INC NO DISCHARGE FROM SITE:
Type of Effluent Disposal

III/C 

From: 6/1/04

Perk Pond

Highlands

MONITORING PERIOD

To: 6/30/04

Parameter		Quantity	or Loading		Qua	ality or Concent	ration		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1		<del> </del>
BOD, Carbonaceous 5 day, 20C	Sample Measurement	.0133	ماده.			2.66		mg/L	Ø.	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement	·	•			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.0u	2.00س	mg/L		Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L	1	Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.87		mg/L		Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.0u	1.00	mg/L		Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement				7.0	(333 33.37)	7,4	s.u.	1	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					1.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	#/100 ml		Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1 ertify under penalty of law that I ha	Permit Requirement					200 (An Ave)		#/100 ml		Monthly	Grab

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator		(863) 465-6911	7/16/04
	141100-111		

## DISCHARGE MUNITURING REPORT - PART A (Continued)

FACII NAME: Sun & Lakes of Lake Placid WWTP PERMIT NUMBE. . LA014386

**DISCHARGE POINT NUMBER: R-001** 

Month/Year: Time 2009 COUNTY: Highlands

Parameter		Quantity	or Loading		Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal	Sample Measurement				210		41.0	#/100 ml		Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				1.0			mg/L		5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement							mg/L		Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	·033		mgd						5 days a week	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd			<b>,</b> .			5 days a week	Flow meter / a totalizer
Flow	Sample Measurement	18133		mgd						5 days a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					73.0		mg/L		Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					53.0		mg/L		Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1 certify under renalty of law that I h	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
		mentano.	DITTE. T THEODE
Otto Krucker / Operator		(863)	D (i) [-1]
1		·	1/116/04
i	Hillian	465-6911	, , ,
	17000		1

Facility !	Name: Sun &	t Lakes of I	ake Placid	WWTP	Permi	it Number:	FLA01	4386	DISCI	HARGE PO	INT NUMBER: R-0
Month/Y	ear: JU	NE 2004					County:	Highlands			
	onth Average Dai						=	w % of Perm	itted Capac	ity:  1	6%
	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)		Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon.	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
Site 1	.0039					7.3		4.9			
2	.012					7.2		5.0			
3	.017	<del> </del>	<del></del>			7.2	-	5.0			
4	.019		ļ		ļ	7.4	ļ	5.0			
5	.011				<del> </del>	7.4		5.1		<u> </u>	<del>  </del>
6	.008	<del> </del>					<del> </del>				
7	.008	<del> </del>				7.3		4.8			
8	.018	2.0u	73.0	1.0u	52.0	7.3	<1.0	4.9		G	1200
9	.012					7.3	<del></del>	4.5		-	
10	.012	<del> </del>	<del> </del>	<u> </u>	<del> </del>	7.4		4.1		<del> </del>	
11	.008	<del> </del>				7.4		1.8		<b></b>	<del>  </del>
12	.012	<del> </del>	<del> </del>	ļ		7.4	<del> </del>	2.8			
13	.018	<del> </del>		ļ	<u> </u>		<u> </u>				<del></del>
14	.017		<u> </u>		ļ ———	7.3	<del> </del>	2.9			<b></b>
15	.007	<del> </del>	<del> </del>			7.3		3.1			
16	.011	<del> </del>	<del> </del>	<u></u>	<del> </del>	7.2		2.6			<del></del>
17	.012	<del> </del>	<del> </del>			7.2	<del> </del>	2.6			
18	.013		<del> </del>		<del> </del>	7.2	<del> </del>	2.7			
19	.021	<del> </del>	<del> </del>		<del> </del>	7.2		1.8			<del></del>
20	.009			<b></b>		7.2	<del> </del>	2.3			<del> </del>
21	.015						<del>                                     </del>				
22	.014				<u> </u>	7.2		1.8			
23	.009					7.2	<del> </del>	1.9			
24	.004	<del> </del>	<del>                                     </del>		<del>                                     </del>	7.2	<del> </del>	1.8			
25	.026	<del> </del>	<del> </del>			7.2		1.9			
26	.016		<b> </b>			7.2		1.8			
27	.003	<del> </del>			<u> </u>	<u> </u>	<del> </del>				
28	.003	1	<del>                                     </del>			7.1	<b> </b>	1.6		_	
29	.005				<u> </u>	7.1	1	2.1			
30	.005	<u> </u>	<u> </u>			7.0	<del>                                     </del>	2.3			
31	<del>                                     </del>	<del>                                     </del>			<u> </u>						
	STAFFING:		1		<u></u>	L	<u> </u>	1			
	ft Operator Shift Operator	Class: Class:		Certificat Certificat			Name Name				<del></del>
Night Sl	nift Operator	Class:		Certificat	e No:		Name				
Lead Op		Class:	C	Certificat	e No:	8619	Name	: Otto	Krucker		
Type of Limited	Effluent Disposal Wet Weather Disc	or Reclaimed charge Activat	Water Reuse ed: Yes: N	io: Not A	oplicable:	If yes, cumul	ative days of	wet weather	lischarge:		
	lditional sheets if r				,	_ / - / - / - / - / - / - / - / - / - /			50.		

FLA012996-002-DW3P DMR Form Date 03/2003



#### 

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc.

LIMIT:

FLA014386

REPORT:

Monthly

NAME: MAILING ADDRESS:

200 Weathersfield Ave. Altamonte Springs, Florida 32714

CLASS SIZE:

GROUP:

Domestic

FACILITY: LOCATION: Sun & Lakes of Lake Placid WWTP

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

III/C []

Final

FILE COPY

Brevard Ave Lake Placid, Florida

Type of Effluent Disposal

DISCHARGE POINT NUMBER:

**MONITORING PERIOD** 

**PERMIT NUMBER:** 

Perk Pond From: 7/1/04

To: \_7/31/04

COUNTY:

Highlands

Parameter		Quantity	or Loading		Qua	lity or Concentra	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units		<del></del>	<del> </del>
BOD, Carbonsceous 5 day, 20C	Sample Measurement					2.775		mg/L		Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement	٠	•			20.0 (An. Avg.)	·	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.4	3.4	mg/L		Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		·			2.87		mg/L		Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.0U	1.0U	mg/L		Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement	·			7.0		7.3	8.U.		5 days a wook	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					1.0		#/100 ml		Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (An. Ave)		#/100 ml		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	(B)	(863)	8/19/04
		465-6911	

### PART A (Continued)

FACILITY N E: Sun & Lakes of Lake Placid WWTP

PERMIT NUMBER: FL. 4386

**DISCHARGE POINT NUMBER: R-001** 

Month/Year: JULY 2004\_ COUNTY: Highlands

Parameter		Quantity	or Loading		Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal	Sample Measurement				1.0		1.0	#/100 ml		Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				1.4			mg/L		5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						.07	mg/L		Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - I	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.021		mgd						5 days a week	Flow meter /
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter /
Flow	Sample Measurement	.0098		mgd						5 days a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd			•	·		5 days a week	Flow meter /
BOD, Carbonaceous 5 day, 20C	Sample Measurement					62.0		mg/L		Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				·	100.0		mg/L		Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement	3				Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	0	(863) 465-6911	8/19/04

DAILY SAMPLE RESULTS - PART B Permit Number: DISCHARGE POINT NUMBER: R-001 Facility Name: Sun & Lakes of Lake Placid WWTP FLA014386 Month/Year: \_JULY 2004\_\_ County: Highlands Three Month Average Daily Flow: \_.0116\_ Daily Flow % of Permitted Capacity: 13% TRC Nitrogen, CBOD5 CBOD5 TSS PH Type of Time of TSS Fecal Flow (MGD) (mg/l)(mg/l) (mg/l)(mg/l)(s.u.) Coliform (for Nitrate, Sample Sample G=grab Bacteria disinfect) Total C=Comp (#/100) (mg/l)(as N mg/l) 50050 80082 80082 00530 00530 00400 74055 50060 00620 Code Mon. FLW-1 EFA-1 INF-1 EFA-1 INF-1 EFA-1 EFA-1 EFA-1 EFA-1 Site 7.2 .002 2.6 7.2 .003 2.8 2 7.1 2.7 .003 3 .015 .015 7.2 3.0 5 .010 3.4 62.0 26.0 100.0 7.2 1.0 1225 3.0 6 7 .011 7.1 3.0 .015 7.1 3.0 8 .009 7.1 3.1 9 7.0 4.2 10 .013 .012 11 12 .012 3.6 1.0U 13 .011 7.3 2.6 .04 G 1242 .010 7.3 2.5 14 15 .009 7.3 2.4 .007 7.2 16 1.8 .009 7.3 17 2.2 18 .010 .009 7.2 19 1.6 20 .005 7.3 1.8 .006 7.2 1.5 22 .007 7.2 1.6 .011 7.2 23 1.4 .008 24 25 .009 7.2 1.6 .006 7.2 26 1.5 27 .009 7.2 1.6 .017 28 7.1 1.3 .013 7.1 29 1.5 30 .015 7.1 1.6 31 .015

Limited Wet Weather Disci	harge Activate	d: Yes: 1	vo: Not Applicable:	If yes, cumula	tive days of wet	weather discharge:	
Type of Effluent Disposal of	r Reclaimed \	Water Reus	e:		<del></del>		
Lead Operator	Class:	С	Certificate No:	8619	Name:	Otto Krucker	
Night Shift Operator	Class:		Certificate No:		Name:		
Evening Shift Operator	Class:		Certificate No:		Name:		
Day Shift Operator	Class:		Certificate No:		Name:		
PLANT STAFFING:							

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

Monthly

### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mall this report to: Department of Environmental Protection

FLA014386 **PERMIT NUMBER:** Lake Placid Utilities, Inc. **PERMITTEE** 

Altamonte Springs, Florida 32714 ADDRESS: REPORT: Final :TIMIJ 200 Weathersfield Ave. MAILING

Domestic GROUP: CLASS SIZE:

EIFE COPY TO: \_8/31/04\_ Perk Pond From: \_8/1/04\_ Type of Effluent Disposal Lake Placid, Florida [] NO DISCHVEGE LEON SILE: Brevard Ave LOCATION: PLANT SIZE/TREATMENT TYPE: D/III Sun & Lakes of Lake Placid WWTP FACILITY: DISCHARGE POINT NUMBER:

sbnsidgiH COUNTY: **WONILORING PERIOD** 

, in 11 1, 11, 11, 11, 11, 11, 11, 11, 11,	J	1 - 3 - (4:			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	posoin: and bosod o	sottiendrip no	tearrolni adt divy a	eilimet me hae ba		sertify under penalty of law that I hav
	<b>6</b>	1	- fm	ì	(An, Ave)	1	l		1	Requirement	Mon. Site No. EFA - 1
Grab	Monthly	<del> </del>	001/#	<u></u>	700		<u> </u>	<u> </u>	<u> </u>	Permit	PARM Code 74055 Y
		}	1	}	]		[		1	Measurement	1
Grab	Monthly		lm 001/#		0.1		1	ļ	}	Sample	Coliform, Fecal
	a week	ł	}	(Max)		(miM)				Requirement	Mon. Site No. EFA - 1
Grab	syab č	<u> </u>	.u.e	2,8		0.9	I	ţ		Permit	PARM Code 00400 1
	a week					[	T			Measurement	
бязЮ	sγsb ζ		n.s	I.7	1	9.9	1		}	Sample	на
				(Max)	(Mo Ave.)					Requirement	Mon. Site No. EFA - 1
Grab	Monthly	1	7/3m	0.09	Report	ł	1	1	<b>}</b>	Permit	PARM Code 00530 1
								<u> </u>	1	Measurement	1 33303 , 37,41,4
Grab	Monthly		J/gm	2.2	7.2	1	į.		1	Sample	Solids, Total Suspended
					(An Avg.)				1	Requirement	Mon. Site No. EFA - 1
Grab	Monthly	1	J/gm		0.02		1	1		Permit	PARM Code 00530 Y
							T		1	Measurement	
dr <sub>1</sub> O	Monthly	<u></u>	J/gm		6.2		4	<u> </u>		Sample	Solids, Total Suspended
	_			(Max)	(Mo. Ave.)		1	l		Requirement	Mon Site No. EFA - 1
Grab	Monthly	11	J\gm	0.08	Report		1	} <sub></sub>	1	Permit	PARM Code 80082 1
		1					1			Measurement	
Grab	Wonthly		7/8ш	2.0U	U0.2		ł	ĺ		Sample	BOD, Carbonaceous 5 day, 20C
		1			(.gvA.nA)					Requirement	Mon Site No. EFA - 1
Grab	Монту		<b>√</b> /3m		0.02	<u></u>	1	•	) ·	Permit	PARM Code 80082 Y
										Measurement	
draD	Monthly	l	<b>7/8</b> m		2.78	{	ł	ĺ	]	Sample	BOD, Carbonaceous 5 day, 20C
			alinU	mumixaM	Average	muminiM	stinU	mumixsM	Average		, 5 404
	and the same	Ex.				<u>.                                    </u>		<del> </del>	•		
Sample Type	Trequency of Analysis	.oV		noite	ity or Concentra	(Sus)		or Loading	Quantity (		Рагатеест

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

i		1169-591	MM/10/1	
	<b>⊅</b> 0/17/6	(893)		Otto Krucker / Operator
	DATE: YY/MM/DD	PHONE NO:	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

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

: NAME:

## DISCHARGE MONITORING REPORT - PART A (Continued)

DISCHARGE POINT NUMBER: R-001

PERMIT NUMBER: FLA014386

FACILIT AME: Sun & Lakes of Lake Placid WWTP Month/Year: AUGUST 2004 COUNTY: Highlands

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Огар	Monthly	ł	7/8tu		(Mo. Ave.)	j	1	l	1	Requirement	Mon Site No. INF - 1
4030	yldtachl	╂	1/Bttt		Report	ļ	ļ	ļ		Permit	PARM Code 00530 G
OBIO	Amptions	1	~ A		1	ľ	1	1	1	Measurement	_
Grab	Monthly	<del> </del>	1/gm	<del></del>	0.06	<u> </u>	L	<u> </u>		Sample	Solids, Total Suspended
anto	Curmena	1			(Mo. Ave.)	j	ļ		1	Requirement	Mon Site No. 1NF - 1
Grab	Monthly	4	J/gm		Report	<u> </u>	<u> </u>	<u> </u>		Permit f	PARM Code 80082 G
		1	1 . 1				1			Measurement	
Grab	Monthly		J\gm		0.48	1	<u>l</u>			Sample	BOD, Carbonaccous 5 day, 20C
a totalizer	a week	1	!!		1				(Mo. Ave.)	Requirement	Mon. Site No. FLW - 1
Flow meter /	sysb č	<u> </u>	<u> </u>	•			bgm	Ì	Report	Permit	PARM Code50050 1
a totalizer	a weck									Measurement	
Flow meter /	eyab c	1	i			1	bgm		910.	Sample	Flow
a totalizer	a week	1	}						(An Ave)	Requirement	Mon. Site No. FLW - 1
Flow meter /	sysb c	<u> </u>	<u> </u>	•			pBua		060.0	Permit	PARM Code50050 Y
razilatot a	a week	]							1	Measurement	11 02007, 0714,4
Flow meter /	sγsb ζ						pgm		7020.	Sample	Flow
	_			(xem)					<del>                                     </del>	Requirement	Mon. Site No. EFA - 1
Grab	Monthly	<u>l</u>	√1/gm	12.0		1			1	Permit 12 mg/L	PARM Code 00620 1
		1							† <del></del>	Measurement	(If required in the permit)
Grab	Monthly	<u> L</u>	J\gm }	<b>b</b> \$.		}			1	Sample	Nitrogen, Nitrate, Total (as N)
	a week	[				(nim)			1	Requirement	Mon. Site No. EFA - I
danD	гувь с	1	_ე/ <b>∂</b> ա			2.0				Permit	PARM Code 50060 A
	a week								<del> </del>	Measurement	(for disinfection)
Grab	sysb c	l I	J/gm {			0			1	Sample	Total Residual Chlorine
				(XsM)		(Mo.Geo. Mean)			<del> </del>	Requirement	Mon. Site No. EFA - 1
Grab	Monthly	1	[W001/# ]	008		Report			ļ	Permit	PARM Code 74055 1
		1							<del> </del>	Measurement	. 33072 -F-571dvd
Grab	Monthly	1	[uz 001/# ]	0.1>		0.1>			l	Sample	Coliform Fecal
		1	stinU	mumixsM	Average	muminiM	stinU	munixeM	Average		133;1-5
		Ex.			L	· · · · · · · · · · · · · · · · · · ·				<del> </del>	
	zizylsnA		} }	****	17117001700 to fa-	~~~ ×		8nn	· faranan >		
Sample Type	Frequency of	No.	1	noite	ity or Concentra	lenO		gnibso.1 re	viting		Parameter

submitted information is true, accurate and complete. I am aware that there are against their information including the possibility of the and imprisonment.

<b>≯</b> 0/1 <b>Z</b> /6	1169-594	DAME.	Iomirdo / rayan uz ano
		LUGOVI GIGINIONI OVI NO PROVINCIA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CO	Otto Krucker / Operator
DATE: YY/MM/DD	ON ANOHA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OR AUTHORIZED AGENT	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Facility Name: Sun & Lakes of Lake Placid WWTP Permit Number: DISCHARGE POINT NUMBER: R-001 FLA014386 Month/Year: \_AUGUST 2004 County: Highlands Three Month Average Daily Flow: \_.013 Daily Flow % of Permitted Capacity: 14% Flow CBOD5 CBOD5 TSS TSS PH Fecal TRC Nitrogen, Type of Time of (MGD) (mg/l)(mg/l)(mg/l) (mg/l)(s.u.) Coliform Nitrate, (for Sample Sample Bacteria disinfect) Total G=grab (#/100) C=Comp (mg/l) (as N mg/l) Code 50050 80082 80082 00530 00530 00400 74055 50060 00620 Mon. FLW-1 EFA-1 INF-1 EFA-1 INF-1 EFA-1 EFA-1 EFA-1 EFA-1 Site 1 .015 7.1 1.7 2 .025 7.1 1.0 3 .015 7.1 1.0 4 .013 7.0 1.0 5 .018 7.1 .9 .015 6 7.1 1.1 .011 7.1 1.2 .028 8 9 .027 7.1 1.0 10 .017 7.2 1.1 11 .011 7.2 1.1 12 .016 7.2 1.5 \*13 .018 7.1 1.9 \*14 7.1 0 \*15 \*16 .021 6.6 0 17 .018 6.6 .8 18 .009 6.8 .6 19 .011 6.7 .7 20 .007 2.0U 84.0 2.2 90.0 6.7 <1.0 .6 .44 1252 21 .010 6.7 1.0 22 .010 23 .010 6.7 1.0 .010 24 6.7 1.1 25 .012 6.7 1.0 26 .015 6.8 10 27 .021 6.8 .6 28 .030 6.8 3.0 29 .033 30 .033 6.7 .6 31 .031 6.7 .8 PLANT STAFFING: Day Shift Operator Class: Certificate No: Name: **Evening Shift Operator** Class: Certificate No: Name: Night Shift Operator Certificate No: Class: Name: Lead Operator Class: Certificate No: 8619 Name: Otto Krucker Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge: POWER OUT DUE TO HURRICANE CHARLEY

FLA012996-002-DW3P DMR Form Date 03/2003

From: \_9/1/04\_

Perk Pond

[]

D/III

**Isni**3

When Completed mall this report to: Department of Environmental Protection

CLASS SIZE:

LIMIT

NAME: FLA014386 PERMIT NUMBER: Lake Placid Utilities, Inc. PEKMITTEE

200 Weatherafield Ave.

ADDRESS: MAILING

Altamonte Springs, Florida 32714

Brevard Ave Sun & Lakes of Lake Placid WWTP

sbasidgiH

Lake Placid, Florida LOCATION:

COUNTY:

FACILITY:

NO DISCHVEGE FROM SITE: PLANT SIZE/TREATMENT TYPE:

DISCHARGE POINT NUMBER:

Type of Effluent Disposal

**WONILORING PERIOD** 

FILE COPYTO:9/30/04

GROUP:

REPORT

Domestic

Monthly

		1	lan		(SVA AVE)					Requirement	Mon. Site No. EFA - 1
Grab	Monthly		001/#		200	l	<u> </u>		1	Permit	PARM Code 74055 Y
		1					}			Measurement	
Grab	Monthly	1	lm 001/#		1.0	1	<u> </u>		l	Sample	Coliform, Fecal
	a week	1	1 1	(Max)	1	(miM)	1			Requirement	Mon. Site No. EFA - 1
darD	eysb č	<u> </u>	.u.8	₹.8		0.9				tim:sq.	PARM Code 00400 1
anio	a week	Į			1	1	1			Measurement	
danD	eysb c	<del> </del>	.u.s	T.T	<b> </b>	9'9	L	<u> </u>	<u></u>	Sample	Hd
0710	Criminovas	1		(xsM)	(Mo Ave.)	l ·	1			Requirement	Mon. Site No. EFA - 1
danĐ	Monthly	<b>}</b>	√1/8tm	0.09	Report	<u> </u>	J		<u> </u>	Permit 1	PARM Code 00530 1
anio.	CHENTRONAL	}	اسما			}	1		}	Measurement	
danO	Monthly		7/8tu	8.1	8.1	<u> </u>	1		<u> </u>	Sample	Solids, Total Suspended
OPIO	fummora	]			(An. Avg.)	1				Requirement	Mon. Site No. EFA - 1
danO	Monthly	<del> </del>	J/gm	<del></del>	20.0		1			Permit 1	PARM Code 00530 Y
Grab	france and	1			}	1				Measurement	
4630	Monthly	ļ	J/8m		L67			<u> </u>		Sample	Solids, Total Suspended
Огар	APPRICATE		- A	(xsM)	(Mo. Ave.)	į	{	1		Requirement	Mon Site No. EFA - 1
4-5	Morthly		J\gm	0.09	Report		<u> </u>	<u> </u>	1	Permit	PARM Code 80082 1
Grab	Молтруу	1 1	7/8w				ì			Мевзитет	
1-5	yldmold	<del>}</del>	1/801	Z.0U	2.00		<b></b>	<u> </u>		Sample	BOD, Carbonaceous 5 day, 20C
draD	Monthly	1 1	7/8w		(AvA.nA)		ì			Requirement	Mon Site No. EFA - 1
1-0	l-damoM	<del> </del>	1/800		0.02		<b></b>	·		Permit	PARM Code 80082 Y
Grab	Monthly	1	7/8w		TO:-	· ·		1		Measurement	
	- Mars M	<del> </del>		Transporter manage	7.61					Sample	BOD, Carbonaceous 5 day, 20C
<b></b>		<del> </del>	<b>stin</b> U	munixaM	Average	muminiM	atinU	mumixsM	Average		
1	eisylanA	Ex.	1								
Sample Type	Frequency of	.oV		Quality or Concentration		]	gnibso.1 ro	Quantity		Parameter	

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

Otto Krucker / Operator		(£98) 465-591	<b>₽</b> 0/\$1/01
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE AFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD

DISCHARGE POINT NUMBER: R-001

14386 PERMIT NUMBER: F

Month/Yea. \_\_September 2004\_\_COUNTY: Highlands ME: Sun & Lakes of Lake Placid WWTP FACILITY.

Requirement Mon Site No. INF - 1 Monthly **J/8m** Report PARM Code 00530 Measurement **Grab** Monthly 7/8m Sample Solids, Total Suspended (Mo. Ave.) Requirement Mon Site No. INF - 1 Grab Monthly **J/8m** Report 1immsq PARM Code 80082 G Measurement 7/8w Monthly **derab** Sample 0.88 BOD, Carbonaceous 5 day, 20C razilatot a a week (Mo. Ave.) Redunement Mon. Site No. FLW - I Flow meter / S days pStu Report Permit PARM Code50050 1 TOSILATOR R A Week Measurement Flow meter / вувЬ ₹ pSu Sample 620. Taxilatot a A Week Requirement Mon. Site No. FLW - 1 (SVA AA) Flow meter / eyab č pSu 060.0 1immif PARM Code50050 Y Taxilatof a a week Measurement Flow meter / S days pStu Sample 2020. (xxm) Requirement Mon. Site No. EFA - I Grab Monthly 7/8w 12.0 Permit 12 mg/L PARM Code 00620 Measurement (If required in the permit) Grab Monthly 7/8w 92. Sample Nitrogen, Nitrate, Total (as N) (mim) Requirement Mon. Site No. EFA - 1 **drn**O sγsb ζ 7/8m **č.**0 Permit PARM Code 50060 A B Weck Measurement (for disinfection) Grab eysb c 7/8w Sample Total Residual Chlorine (Max) Requirement (Mo.Geo. Mean) Mon. Site No. EFA - 1 denO Monthly [W001/# 008 Report Permit PARM Code 74055 1 Measurement Grab Monthly lm 001/# Sample Coliform Fecal mumixaM **etinU** Average muminiM **etinU** mumixaM Average Ex. **eieylanA** No. Sample Type Quality or Concentration Quantity or Loading Parameter Frequency of

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

	1169-591		
\$0/\$ <b>1</b> /01	(£98)		Otto Krneker / Operator
DATE: YY/MM/DD	PHONE NO:	SIGNATURE OF PRINCIPAL EXECUTIVE OPERCER OR AUTHORIZED AGENT	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

The Explanation for extunators.

(Mo. Ave.)

Facility Name:

Sun & Lakes of Lake Placid WWTP

Permit Number:

FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year:

\_September 2004\_

County: Highlands

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.030					6.7		.6			
2	.027					6.7		.7			
3	.031					6.7		.7			
4	.047					6.7		.9			
5	.040										
6	.040					6.7		1.1			
7	.011					6.7	<u> </u>	1.0			
8	.008					6.6		.7			
9	.039					6.7		.6			
10	.030					6.8		.7			
11	.032					6.8		.9			
12	.016					<b></b>					
13	.017	<del>                                     </del>	<del>                                     </del>		<del> </del>	6.8	-	1.1	1		
14	.025	<del>                                     </del>	<del> </del>	<del> </del>	<del>                                     </del>	6.8	<del>  - ·</del>	1.0	<del> </del>		
15	.021	+	<b> </b>		<del> </del>	6.8	<del> </del>	1.1			
16	.018	2.0U	58.0	1.8	43.0	6.8	<1.0	1.3	.26	G	1136
17	.023		<del> </del>	<del> </del>		6.9	<del>                                     </del>	1.5	<u> </u>		
18	.020		<del>                                     </del>		<u> </u>	6.9		1.4			
19	.018	-	<del>                                     </del>	<del> </del>	-		+		<del> </del>		
20	.019	-	<del> </del>	<del> </del>		6.9	<del> </del>	1.4	<del> </del>		
21	.013	<del> </del>	<del> </del>		<u> </u>	7.1	+	1.0	<del> </del>		
22	.034		<del> </del>	-		7.1		1.0			
23	.014	+		<del> </del>	<del> </del>	7.2		1.3	<del> </del>		
24	.023	+	<del> </del>			7.2	<del> </del>	1.4	<del> </del>		
25	.044		<u> </u>		<del> </del>	7.2	<del> </del>	1.5	<del> </del>	ļ	
26	.044	<del> </del>	<del> </del>			ļ. <u>.</u>		ļ	<del> </del>		
			<b> </b>			7.2	<del> </del>	1	<del>                                     </del>	<b> </b>	
27	.044		<u> </u>					.4			
28	.038		<u> </u>			6.5		.5	ļ		
29	.032					6.6		.5			
30	.029					6.7		.6			
31											

Day Shift Operator	Class:		Certificate No:		Name:		
Evening Shift Operator	Class:		Certificate No:		Name:		
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class:	С	Certificate No:	8619	Name:	Otto Krucker	
Type of Effluent Disposal o	r Reclaimed \	Water Reus	e:				
Limited Wet Weather Disch	arge Activate	d: Yes:	No: Not Applicable:	If yes, cumula	tive days of wet	weather discharge:	
Attach additional sheets if ne	cessary to list	all certifie	d operators.			<del></del>	



641

#### When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

FILE LOPY

NAME:

MAILING

200 Weathersfield Ave.

Altamonte Springs, Florida 32714

LIMIT:

Final

REPORT:

Monthly

CLASS SIZE:

DISCHARGE POINT NUMBER:

GROUP:

Domestic

FACILITY: LOCATION:

COUNTY:

ADDRESS:

Sun & Lakes of Lake Placid WWTP

Brevard Ave

Highlands

Lake Placid, Florida

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

III/C [ ]

Type of Effluent Disposal

Perk Pond

MONITORING PERIOD

From: 10/1/04

TO IDISIOU

Parameter		Quantity	or Loading		Qua		No. Ex.	Frequency of Analysis	Sample Type		
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1		
BOD, Carbonaceous 5 day, 20C	Sample Measurement	800,	,042			2.6/1		mg/L	Ø	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement	•	,			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					··		mg/L		Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2,97	· · · · · · · · · · · · · · · · · · ·	mg/L		Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement						·	mg/L		Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement				4.51		7.2 ✓	s.u.		5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					1.0		#/100 ml		Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1 certify under penalty of law that I ha	Permit Requirement					200 (An. Ave)		#/100 ml		Monthly	Grab

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

	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	Offfeed)	(863) 465-6911	11120104

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

RECEIVED

MOV 2 3 2004

UTILITIES, INC

**DISCHARGE POINT NUMBER: R-001** 

386410A.

*PERMIT NUMBE!* 

FACIL. NAME: Sun & Lakes of Lake Placid WWTP Month. Lat: 004.3004 COUNTY: Highlands

ation, I believe the	भूतशामार्थ त्रान् व्यान	iple for o	ately respons prisonment.	d individuals umment sibility of fine and im	on including the pos	o nerein; and pased o nitting false informati	ndus not seit	are significant penal	ned and am there	e and complete. I am	I certify under penalty of law that I ha submitted information is true, accurat
	ì	T	Ĭ	j	(Mo. Ave.)	1	1	l oli oli oli oli oli oli	liming and part per	Requirement	Mon Site No. INF - 1
Grab	Monthly	<del>}</del>	7/3m	<del> </del>	Report					tirrr:sq	PARM Code 00530 G
ario	Cumora	1	a e	1	}	•		į	1	Measurement	
dertO	Monthly	<del> </del>		<del> </del>						Sample	Solids, Total Suspended
anto	Cuminorus	1	~ 8	1	(Mo. Ave.)	1	1	}	]	Requirement	Mon Site No. INF - 1
dertO	Monthly	<del> </del>		<del> </del> -	Report	<u> </u>	<u> </u>		<u> </u>	1jmr194	PARM Code 80082 G
anto	C	1			ł	l	İ	{	}	Measurement	
darO	Monthly	<b> </b>	7/8m	<u> </u>		<u> </u>	L			Sample	BOD, Carbonaceous 5 day, 20C
a totalizer	a week	1			}				(Mo. Ave.)	Requirement	Mon. Site No. FLW - 1
Flow meter /	sysb č	<b> </b>	ļ	<u> </u>			pBtu		Report	Permit	PARM Code50050 1
a totalizer	a week	i	l .	ļ				7	800.	Measurement	
Flow meter /	sysb č	<u> </u>	<b> </b>	<u> </u>		<u> </u>	pgu		ا ا	Sample	Flow
a totalizer	a week	]	1						(An. Ave)	Requirement	Mon. Site No. FLW - 1
Flow meter /	sysb &	<b></b>		<u> </u>		<u></u>	bgm		060.0	1irma 9	PARM Code50050 Y
a totalizer	a week	ł	1	1				7	p10,	Measurement	
Flow meter /	sysb č	ļ	<u> </u>				рВш	/	.510	Sample	Flow
anto	C			(max)		}				Requirement	Mon. Site No. EFA - 1
Grab	Monthly		7/8tu	12.0						Permit 12 mg/L	PARM Code 00620 1
anio	C	Ì	_ a_			į .				Measurement	(If required in the permit)
Grab	VidinoM		J\gm		<u> </u>					Sample	Nitrogen, Nitrate, Total (as N)
anio	a week	1	O			(nim)				Requirement	Mon. Site No. EFA - 1
Grab	sysb č		<b>J/8m</b>			2.0				Permit	PARM Code 50060 A
· anso	a week				,	5,				Measurement	(for disinfection)
Grab	syab č		7/8w	A-,-						Sample	Total Residual Chlorine
200.0	C	1		(Max)	:	(Mo.Geo. Mean)				Requirement	Mon. Site No. EFA - 1
Grab	Monthly		[ttt00]/#	008		Кероп				Permit	PARM Code 74055 1
	C									Measurement	
Grab	Monthly		[m 001/#							Sample	Coliform Fecal
	<del></del>		stinU	mumixsM	эдвтэчА	muminiM	stinU	mumixeM	Average		
1	sisylanA	Ex.									
Sample Type	Frequency of	.oN		noite	ity or Concentr	lsuQ		or Loading	Quantity		Parameter

130/15:1	1169-594	The state of the s	Orto Krucker / Operator
E: AA\WW\DD	PHONE NO: DA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FLA014386

DISCHARGE POINT NUMBER: R-001

Permit Number:

Month/Y	ear:	<u> </u>	t. 20			_			C	ounty:	Highlands			_	
Three Mo		erage Dail	·	103					Da	aily Flo	w % of Permi	tted Capaci	ty:	13°Y	0
	(M	low IGD)	CBOD5 (mg/l)	CBOD5 (mg/l)		SS g/l)	TSS (mg/l)	PH (s.u.)	Col Ba	ecal iform cteria (100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample	
Code	50	050	80082	80082	00:	530	00530	00400	74	055	50060	00620			
Mon. Site	FL	W-1	EFA-1	INF-1	EF	A-1	INF-1	EFA-1	EF	7A-1	EFA-1	EFA-1			
1	ίO	42						6,0			15				
2		23_						6.7			<i>-</i> 5				
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PLANT	STAFF	NG <sup>,</sup>	<u> </u>		7	_			_\_						!
Day Shi	ft Opera	tor	Class:			tificat				Name	:				
Evening Night Sh			Class: Class:			tificat tificate				Name:					
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Facility Name:

Sun & Lakes of Lake Placid WWTP

		i		

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc.

PERMIT NUMBER:

CLASS SIZE:

FLA014386

NAME: MAILING ADDRESS:

200 Weathersfield Ave. Altamonte Springs, Florida 32714 LIMIT:

Final

III/C

REPORT: GROUP:

Monthly

Domestic

FACILITY: LOCATION:

COUNTY:

Sun & Lakes of Lake Placid WWTP

Brevard Ave

Highlands

Lake Placid, Florida

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

Type of Effluent Disposal

 $\mathbf{I}$ 

Perk Pond

**MONITORING PERIOD** 

From: 11/1/04

To: 11/30/04

Parameter		Quantity	or Loading		Qua	lity or Concentra	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	<del>                                     </del>		
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.33		mg/L		Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement		·			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.0u	2.0u	mg/L		Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement		·			Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.13		mg/L		Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					5.8	5.8	mg/L		Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement				6.6		7.3	s.u.		5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					.92	<u></u>	#/100 ml		Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1 certify under penalty of law that I ha	Permit Requirement					200 (An. Ave)		#/100 ml		Monthly	Grab

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Otto Krucker / Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
	O Marine	(863) 465-6911	12/16/04
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments	here):	CCE	VE

DEC 27 2004
UTILITIES, INC.

#### DISCHARGE MUNITURING REPURI - PART A (Continued)

FACILITY N E: Sun & Lakes of Lake Placid WWTP

PERMIT NUMBER: FL. .4386

**DISCHARGE POINT NUMBER: R-001** 

Month/Year: Nov. 2004 COUNTY: Highlands

Parameter		Quantity (	or Loading		Qual	ity or Concentr	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal	Sample Measurement				<1.0		<1.0	#/100 ml		Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.5			mg/L		5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						.06	mg/L		Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.045		mgd						5 days a week	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow	Sample Measurement	.0322		mgd						5 days a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd				·		5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					41.0		mg/L		Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					64.0		mg/L		Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	() Messer	(863) 465-6911	12/16/04

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

DEC 27 2004 UTILITIES, INC.

Facility Name: Sun & Lakes of Lake Placid WWTP Permit Number: FLA014386 DISCHARGE POINT NUMBER: R-001

Month/Year: \_\_Nov. 2004\_\_ County: Highlands

Three Month Average Daily Flow: \_\_.023\_\_ Daily Flow % of Permitted Capacity: \_\_.26%\_\_

Three M	ree Month Average Daily Flow:		023			Daily Flow % of Permitted Capacity:26%					6%
	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.038					7.2		.6			
2	.031					7.3		,6			
3	.035					7.3		.5			
4	.031					7.3		,6			
5	.030					7.2		1.0			
6	.035					7.3					
7	.011	1						.6			
8	.012					6.7	1	.9			
9	.037	<b>†</b>			ļ	6.6	<del></del>	.8			
10	.031					6.7		.6			
11	.039	2.0u	41.0	5.8	64.0	6.5	<1.0	.6		G	0615
12	.039	1			<u> </u>	6.5		.7			
13	.0185		1			6.6					
14	.0185	1					-	.5			
15	.036					6.6		.7			
16	.028					6.7		1.0	İ		
17	.048					6.7		1.1	<u> </u>	<u> </u>	
18	.056					6.8		1.8			
19	.021					6.6		2.0	.06	G	1107
20	.029					6.7		<u> </u>			
21	.054	1						1.9			
22	.045					6.7		.6			
23	.020		1			6.9		.5			
24	.030				<u> </u>	6.9		<u> </u>			
25	.027					<del> </del>	1	.9			
26	.027				1	6.8		1.1	<b>†</b>		
27	.031	· · · · · · · · · · · · · · · · · · ·				6.8		.8		1	
28	.019			<b> </b>		6.9		1.1		<b>†</b>	
29	.030	<del>                                     </del>	1			6.9		.7	<b>†</b>		
30	.059	1	†	<b>†</b>	1	6.8		<b> </b>	<del>                                     </del>		
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31					.1		<b>_</b>	
PLANT STAFFING:								
Day Shift Operator	Class:		Certificate No:		Name:			
<b>Evening Shift Operator</b>	Class:		Certificate No:		Name:			
Night Shift Operator	Class:		Certificate No:		Name:			·
Lead Operator	Class:	С	Certificate No:	8619	Name:	Otto Krucker		
Type of Effluent Disposal								
Limited Wet Weather Dis	charge Activate	d: Yes:	No: Not Applicable:	If yes, cum	ulative days of we	et weather discharge:		
'Attach additional sheets if	necessary to list	all certific	ed operators.					

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

Final

FILE COPY

REPORT:

GROUP:

RECEIVED JAN 27 2005

NAME: MAILING ADDRESS:

200 Weathersfield Ave.

Altamonte Springs, Florida 32714

LIMIT:

CLASS SIZE: DISCHARGE POINT NUMBER:

**MONITORING PERIOD** 

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

Type of Effluent Disposal

III/C Perk Pond

From: 12/1/04

Domestic

To: 12/31/04

FACILITY: LOCATION:

COUNTY:

Sun & Lakes of Lake Placid WWTP Brevard Ave

Lake Placid, Florida

Highlands

Parameter		Quantity	or Loading		Qua	lity or Concentra	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.25		mg/L		Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.0u	2.0u	mg/L		Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	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 - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.2	1.2	mg/L		Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
РН	Sample Measurement				6.7		6.9	s.u.		5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement		<u> </u>			.92		#/100 ml		Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (An. Ave)		#/100 ml		Monthly	Grab

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

NAME/ITILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	The former	(863) 465-6911	1/18/05

## **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY Nave: Sun & Lakes of Lake Placid WWTP
Month/Year: December 2004 COUNTY: HIGHLANDS

PERMIT NUMBER: FLAU14386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity	or Loading		Qual	ity or Concentr	ration		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal	Sample Measurement				<1.0	- · · · · ·	<1.0	#/100 ml		Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.5			mg/L		5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement					····	.79	mg/L		Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.0239		mgd						5 days a week	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)	<u></u>	mgd						5 days a week	Flow meter / a totalizer
Flow	Sample Measurement	.062		mgd						5 days a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd				·		5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					69.0		mg/L		Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					202.0		mg/L		Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURA OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	Otto Illine	(863) 465-6911	1/18/05

DAILY SAMPLE RESULTS - PART B DISCHARGE POINT NUMBER: R-001 Facility Name: Sun & Lakes of Lake Placid WWTP Permit Number: FLA014386 County: Highlands \_\_\_December 2004\_\_\_ Month/Year: Three Month Average Daily Flow: \_.047 Daily Flow % of Permitted Capacity: 52% TRC CBOD5 CBOD5 TSS TSS PH Fecal Time of Flow Nitrogen, Type of (MGD) (mg/l)(mg/l)(mg/l)(s.u.) Coliform (for Nitrate, Sample Sample (mg/l) Bacteria disinfect) Total G=grab (#/100) (mg/l) (as N C=Comp mg/l) 00530 80082 00530 00400 74055 00620 50050 80082 50060 Code Mon. FLW-1 EFA-1 INF-1 EFA-1 INF-1 EFA-1 EFA-1 EFA-1 EFA-1 Site .065 6.8 .062 6.7 .5 2 .072 6.7 .8 3 4 .076 6.8 1.0 .070 5 .070 6.8 1.0 6 6.8 1.5 7 .062 .073 6.9 1.0 8 9 .056 6.9 1.1 6.9 1.0 10 .065 .067 6.9 1.0 11 .0635 .0635 6.8 1.1 13 6.8 .8 14 .054 15 .075 6.8 .8 .055 2.0u 69.0 202.0 <1.0 1.2 6.8 .5 .79 1100 16 G .084 6.8 .8 17 18 .031 6.8 .9 .0385 19 .0385 3.0 20 3.0 .054 6.8 21 .064 6.9 3.0 22 .053 6.9 .6 6.9 .052 .8 24 .085 25 26 .080 6.9 3.0 .032 6.9 3.1 27 .067 6.9 3.0 28 .061 6.9 3.0 29 6.9 30 .068 3.0 31 .059 6.8 2.2

			<u> </u>				1	L
PLANT STAFFING:								
Day Shift Operator	Class:		Certificate No:		Name:			
Evening Shift Operator	Class:		Certificate No:		Name:			
Night Shift Operator	Class:		Certificate No:		Name:			
Lead Operator	Class:	C	Certificate No:	8619	Name:	Otto Krucker		
Type of Effluent Disposal	or Reclaimed '	Water Reus	- e:		<del></del>			

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

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable:

If yes, cumulative days of wet weather discharge:

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

FILE CUPY

NAME:

MAILING

200 Weathersfield Ave.

Altamonte Springs, Florida 32714

MONITORING PERIOD

Final

REPORT:

GROUP:

Monthly

CLASS SIZE:

LIMIT:

DISCHARGE POINT NUMBER:

Domestic

FACILITY: LOCATION:

ADDRESS:

Sun & Lakes of Lake Placid WWTP Brevard Ave

Lake Placid, Florida

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: Type of Effluent Disposal

III/C

Perk Pond

From: 1/1/95

To: 1/31/05

COUNTY:

Highlands

Parameter		Quantity or Loading			Qua	lity or Concentra	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.53		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.6	7.6	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.97		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					20.0	20.0	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement				6.6		6.9	s.u.	0	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					.92		#/100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement				, , , , , , , , , , , , , , , , , , , ,	200 (An. Ave)		#/100 ml		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PROVIDED EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO: DATE: YY/MM/DD
Otto Krucker / Operator		(863) 2/18/05
<u>,                                    </u>		465-6911

AME: Sun & Lakes of Lake Placid WWTP FACILI Month/Year: JANUARY 2005 COUNTY: Highlands

PERMIT NUMBER

A014386

**DISCHARGE POINT NUMBER: R-001** 

Parameter		Quantity or Loading			Qual	ity or Concentr	ation		No. Ex.	Frequency of Analysis	Sample Type
	<u> </u>	Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.5			mg/L	0	5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						.47	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.0286		mgd					0	5 days a week	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd			·			5 days a week	Flow meter / a totalizer
Flow	Sample Measurement	.074		mgd					4	5 days a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					161.0		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement		-			Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					138.0		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator		(863) 465-6911	2/18/05

DISCHARGE POINT NUMBER: R-001 Sun & Lakes of Lake Placid WWTP Permit Number: Facility Name: FLA014386

\_JANUARY 2005\_ County: Highlands Month/Year:

Three Month Average Daily Flow: .058\_ Daily Flow % of Permitted Capacity: 64%\_ Nitrogen, Flow CBOD5 CBOD5 TSS TSS PH TRC Time of Fecal Type of Nitrate, (MGD) Coliform Sample Sample (mg/l)(mg/l)(mg/l)(mg/l)(s.u.) (for disinfect) G=grab Bacteria Total (#/100)(as N C=Comp (mg/l)mg/l) 50050 80082 80082 00530 00530 00400 74055 50060 Code 00620 FLW-1 EFA-1 INF-1 EFA-1 INF-1 EFA-1 EFA-1 EFA-1 EFA-1 Mon. Site .042 6.8 2 .070 3 .070 6.9 4 .072 6.9 5 .055 6.8 6 .070 7 .070 6.7 8 .061 6.7 9 .098 6.7 .059 10 6.6 11 .070 6.7 12 .081 6.7 13 .063 14 .063 6.9 15 .092 6.9 16 .068 6.8 17 .072 6.8 18 .073 7.6 161.0 20.0 138.0 6.7 <1.0 .42 0949 G 19 .070 6.7 20 .060 6.7 21 .053 6.8 22 .049 7.1 23 .155 24 .155 7.1 25 .067 7.2 26 .069 7.2 27 .074 6.8 .072 28 6.8 .067 29 6.8 30 .0765 .0765 31 6.8 PLANT STAFFING:

Day Shift Operator	Class:		Certificate No:		Name:			
Evening Shift Operator	Class:		Certificate No:	<del></del>	Name:	<del></del>		-
Night Shift Operator	Class:		Certificate No:		Name:			_
Lead Operator	Class:	C	Certificate No:	8619	Name:	Otto Krucker	=	— (5) 
Type of Effluent Disposal o	r Reclaimed V	Water Reus	se:					
Limited Wet Weather Disch	narge Activate	d: Yes:	No: Not Applicable:	If yes, cumula	tive days of wet	weather discharge:		

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

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

FILE COFT

NAME: MAILING

200 Weathersfield Ave.

Altamonte Springs, Florida 32714

LIMIT:

Final

CLASS SIZE:

DISCHARGE POINT NUMBER:

RECEIVEDIP: Domestic

FACILITY: LOCATION:

COUNTY:

ADDRESS:

Sun & Lakes of Lake Placid WWTP

Brevard Ave

Highlands

Lake Placid, Florida

NO DISCHARGE FROM SITE: Type of Effluent Disposal

III/C []

MAR 28 2005

Perk Pond

**MONITORING PERIOD** 

PLANT SIZE/TREATMENT TYPE:

From: 2/1/05

To: 2/28/05

Parameter		Quantity	or Loading		Qua	lity or Concentra	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			<del> </del>
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.57		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement		•			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.6	3.6	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.57		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An, Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.8	1.8	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement				6.7		7.3	s.u.	0	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					<1.0		#/100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1 certify under penalty of law that I ha	Permit Requirement				-	200 (An. Ave)		#/100 ml		Monthly	Grab

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	0.111	(863) 465-6911	3/18/05

FACIL NAME: Sun & Lakes of Lake Placid WWTP Month, .ar: FEBRUARY 2005 COUNTY: Highlands

PERMIT NUMBE

LA014386

**DISCHARGE POINT NUMBER: R-001** 

RE'

IVFD

MAR 2 8 2005

Parameter		Quantity or Loading			Qual	ity or Concentr	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units		<del>, , , , , , , , , , , , , , , , , , , </del>	
Coliform Fecal	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.8			mg/L	0	5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						.82	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.039		mgd					0	5 days a week	Flow meter /
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd			·			5 days a week	Flow meter /
Flow	Sample Measurement	.072		mgd					0	5 days a week	Flow meter /
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd			•	•		5 days a week	Flow meter /
BOD, Carbonaceous 5 day, 20C	Sample Measurement					322.0		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					290.0		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	Q.Mans	(863) 465-6911	3/18/05

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

\012996-002-DW3P - R Form Date 03/2003

Facility Name:

Sun & Lakes of Lake Placid WWTP

Permit Number:

FLA014386

DISCHARGE POINT NUMBER: R-001

RECEIVE

Month/Year:

FEBRUARY 2005\_

County: Highlands

Daily Flow % of Permitted Capacity: 80%\_

MAR 2 8 2003

	Flow	CBOD5	CBOD5	TSS	TSS	PH	Fecal	TRC	TRC Nitrogen, Type of Time of			
	(MGD)	(mg/l)	(mg/l)	(mg/l)	(mg/l)	(s.u.)	Coliform Bacteria (#/100)	(for disinfect) (mg/l)	Nitrate, Total (as N mg/l)	Sample G=grab C=Comp	Sample	
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620			
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	.065					6.9		3.0				
2	.079					6.9		3.3				
3	.060					6.9		3.0				
4	.071					6.9		3.4				
5	.073					6.9		3.1				
6	.085						<del>                                     </del>					
7	.085					7.3	<del>                                     </del>	3.0				
8	.063					6.7	T	.8				
9	.067					6.8		3.0				
10	.072					6.9		2.2				
11	.083					6.8		1.8				
12	.066	<del> </del>	<del> </del>	<del> </del>	<del> </del>	6.8	<u> </u>	1.9				
13	.0825	<del> </del>	<del> </del>	<u> </u>	<del> </del>	<del> </del>	<del> </del>		ļ			
14	.0825	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	6.8	<del> </del>	1.6				
15	.066		<del> </del>	<u> </u>		6.9	<del>                                     </del>	1.8		<del> </del>		
16	.079	3.6	322.0	1.8	290.0	6.9	<1.0	3.0	.82	G	1318	
17	.052	<del> </del>	<b> </b>	<del> </del>	<del> </del>	6.9		3.1	<del> </del>	<del> </del>		
18	.100	<u> </u>		<del> </del>	<del> </del>	6.9	<del> </del>	2.8	<del> </del>	<b></b>		
19	.062	<del> </del>	<del> </del>	<del> </del>		6.9	<del>                                     </del>	2.9	<del> </del> -	<del> </del>		
20	.069	<del> </del>	<del>                                     </del>	-					<del> </del>	<del> </del>		
21	.066		+	<b></b>		6.9		2.5				
22	.062	1	<del>                                     </del>			6.9	<del> </del>	3.1				
23	.092		+	<del> </del>		6.9	<del> </del>	2.9	<del></del>			
24	.062	<del>                                     </del>		<del> </del>	<del> </del>	6.9	<del> </del>	2.7	<del> </del>	<del> </del>		
25	.092	-	<del> </del>	<del> </del>	<del> </del>	6.9	<del> </del>	3.4	<del> </del>	<del> </del> -		
26	.052		-	<del> </del>		6.9	+	3.1				
27	.070	<del> </del>	+	<del> </del>	<del> </del>	+			<del> </del>	<del> </del>		
28	.070	<del> </del>	<del> </del>	<del> </del>	<del> </del>	6.9		3.0	<del> </del>	<del> </del>	<del> </del>	
29	<del> </del> ,	+	+	<del> </del>	<del> </del>	+		<del> </del>	<del> </del>	<del> </del>		
30	-	-		-	<del> </del>		+		<del> </del>			
31				+	<del> </del>		-	-				
	T STAFFING:	1						<u></u>	<u> </u>	L	L	
Day Sh	nift Operator	Class:		Certifica			Nam					
	g Shift Operator Shift Operator	Class:		Certifica Certifica			Nam Nam					
	Smit Operator Operator	Class:	C	Certifica	_	8619	Nam Nam		Krucker			

FLA012996-002-DW3P DMR Form Date 03/2003

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

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME:

Lake Placid Utilities, Inc.

200 Weathersfield Ave.

MAILING ADDRESS:

Altamonte Springs, Florida 32714

PERMIT NUMBER-

FLA014386

Final

REPORT-GROUP:

Monthly Domestic

FACILITY:

COUNTY;

Sun & Lakes of Lake Placid WWTP

LOCATION:

Highlands

Brevard Ave

Lake Placid, Florida

DISCHARGE POINT NUMBER: PLANT SIZE/FREATMENT TYPE:

CLASS SIZE:

LIMIT:

III/C []

NO DISCHARGE FROM SITE: Type of Effluent Disposal

Perk Pond

MONITORING PERIOD

From: 3/1/05

To: 3/31/05

Parameter		Quantity	or Loading		Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units		·····	
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.82		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement		,			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					17.0	17.0	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Pennit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					8.32		ing/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.74	54.0	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grah
PH	Sample Measurement				6.7		6.9	S.U.	0	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a weck	Grab
Coliform, Fecal	Sample Measurement					<1.0		#/100 ml	0	Monthly	Grah
PARM Code 74055 Y  Mon. Site No. EFA - 1  ertify under penalty of law that I ha	Permit Requirement					200 (An. Ave)	·	#/100 ml		Monthly	Grab

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	T PHONE NO:	DATE: YY/MM/DD	٦
Otto Krucker / Operator	13HI Muse	(863)	4/18:05	1
	(All )	465-6911		

# DISCHARGE MONITURING REPORT - PART A (Continued)

FACILITY NAME: Sun & Lakes of Lake Placid WWTP

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Mor	nth/Yea	r: MAR	CH 2005	COUNTY:	Highla	nds

Parameter		Quantity of	or Loading		Qual	ity or Concentu	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			<del> </del>
Coliform Fecal	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.8			mg/L	0	5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						.28	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	tng/L		Monthly	Grab
Flow	Sample Measurement	.035		mgd					σ	5 days a week	Flow meter /
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd			•			5 days a week	Flow meter /
Flow	Sample Measurement	.077		mgd					2	5 days a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd			•			5 days a week	Flow meter /
BOD, Carbonaceous 5 day, 20C	Sample Measurement					270.0		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		•			136.0		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Avc.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	Man Man	(863) 465-6911	4/18/05

DISCHARGE POINT NUMBER: R-001 Facility Name: Sun & Lakes of Lake Placid WWTP Permit Number: FLA014386

1.4 - -- 4 la / N - a -- 1

MARCH 2005

Country Wightenda

Month/Year:	MARCH	2005					County:	Highlands			
Three Month.	Average Daily I	flow:	.083				Daily Flo	w % of Pe <del>rm</del>	itted Capaci	ty:   92%	b
	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PII (s.u.)	Fecal Coliform Bacteria (#100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time Samp
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1 .065						6.9		3.1			
2 .077						6.7		3.0			
3 .070						6.7		2.8			
4 .085						6.7		3.8			
5 .073						6.8		4.1			
6 .111					i						
7 .110	<del></del>					6.8	<del> </del>	3.9			
8 .061			<del>-</del>			6.8		3.3	<del>                                     </del>		<b></b>
9 .090	<del>   -</del>					6.8		3.6	<u> </u>		
10 .077	,					6.9		3.0	<u> </u>		
11 .085						6.9		4.1			
12 .071						6.9		1.5			<del> </del>
13 .054						<del>                                     </del>			-		
14 .053						6.8		1.0	<u> </u>	<b></b>	-
15 .065	<del></del>					6.8		.8			
16 .086	,					6.8		.9			
17 .084	1	7.0	270.0	54.0	136.0	6.8	<1.0	.8	.28	G	1317
18 .096	,					6.9		1.1			
19 .085	;					6.9		1.0			<del> </del>
20 .081										-	-
21 .080	)					6.9		3.0	-	<del> </del> -	
22 .081						6.7		1.9	<del> </del>	<del> </del>	-
23 .072	2					6.7		1.8		<del> </del>	<del> </del>
24 .069			-			6.7	-	1.9	<del> </del>	-	
25 .080				<del> </del>		6.7	-	1.8	<u> </u>	<del> </del>	
26 .063				-		6.7	<del> </del>	3.1	<del> </del>		
27 .076											
28 .076						6.8		2.3	-		-
29 .07:						6.7		.8	-	-	
30 .069				<del> </del>	<del> </del>	6.7		.9		<del> </del>	
31 .059						6.7	-	.8	<del> </del>		
PLANT STA						1	<u> </u>	<u> </u>	<u> </u>		L
Day Shift Op		Class:		Certificat	e No:		Name	::			
<b>Evening Shift</b>	Operator	Class:		Certificat	_		Name	:			
Night Shift C		Class:		Certificat			Name				

8619 Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

<sup>\*</sup>Attach additional sheets if necessary to list all certified operators.

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc. NAME:

MAILING ADDRESS:

200 Weathersfield Ave. Altamonte Springs, Florida 32714 PERMIT NUMBER:

Type of Effluent Disposal

LIMIT:

FLA014386

REPORT:

GROUP:

Monthly Domestic

CLASS SIZE: DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

III/C []

Final

Perk Pond

From: 4/1/05

To: 4/30/05

FACILITY: LOCATION:

COUNTY:

Sun & Lakes of Lake Placid WWTP Brevard Ave

Lake Placid, Florida

MONITORING PERIOD

Highlands

Parameter		Quantity	or Loading		Qua	lity or Concentra	ation		No. Ex.	Frequency of Analysis	Sample Typ
	<b></b>	Average	Maximum	Units	Minimum	Average	Maximum	Units			
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.9		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement	•	-			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.2	3.2	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					7.57		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - I	Permit Requirement					20.0 (An. Avg.)	7	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.0U	1.0U	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Avc.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement	. ,			6.7		7.4	s.u.	0	5 days a week	Grab
PARM Cade 00400 1 Mon, Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	6.U.		5 days a week	Grab
Coliform, Fecal	Sample Measurement				<u> </u>	<1.0		#/100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (An. Ava)	1	#/100 ml		Monthly	Grab

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	01	(863) 465-6911	5/18/05

# DISCHARGE MON). AING REPORT - PART A (Continued)

FACILITY NAME: Sun & Lakes of Lake Placid WWTP

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: APRIL 2005 COUNTY: Highlands

Parameter		Quantity of	or Loading		Quali	ity or Concentr	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			<del> </del>
Coliform Fecal	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo,Geo, Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.6			mg/L	O	5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						.55	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.038		tngd					0	5 days a week	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - I	Permit Requirement	0.090 (An. Ave)		mgd			•			5 days a week	Flow meter / a totalizer
Flow	Sample Measurement	.056		mgd					2	5 days a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					248.0		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					206.0		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	O Aller	(863) 465-6911	5/18/05

Facility Name: Sun & Lakes of Lake Placid WWTP Permit Number:

FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year:

APRIL 2005

County: Highlands

Three Month Average Daily Flow:

Daily Flow % of Permitted Capacity: 91% .082 CBOD5 CBOD5 Flow TSS TSS PH Fecal TRC Nitrogen, Type of Time of (MGD) (mg/l)(mg/l) (mg/l)Nitrate, (mg/l)(s.u.) Coliform (for Sample Sample disinfect) Bacteria Total G=grab (#/100)(mg/l) (as N C=Comp mg/l) Code 50050 80082 80082 00530 00530 00400 74055 50060 00620 Mon. FLW-1 EFA-1 INF-1 EFA-1 INF-1 EFA-1 EFA-1 EFA-1 EFA-1 Site 1 .066 6.7 .9 .073 2 6.8 1.0 3 .114 4 .115 6.8 1.9 .061 5 6.8 1.8 6 .072 6.8 1.6 .050 3.2 248.0 1.0U 206.0 6.8 <1.0 1.7 .55 0945 G .085 6.9 8 2.0 9 .052 6.9 3.2 10 .050 .050 11 7.1 3.8 12 .036 7.2 4.1 .049 13 7.2 3.3 14 .037 7.2 1.0 15 .037 1.2 16 .060 7.1 1.3 .053 17 18 .054 1,0 19 .039 7.2 .6 .046 20 7.2 1.1 21 .039 7.3 1.9 22 .054 7.3 2.8 .055 23 7.2 2.9 24 .050 .050 25 7.3 3.2 26 .037 7.3 3.0 27 .039 7.3 3.1 28 .072 7.3 3.0 .051 7.4 3.5 .025 30 7.4 3.6

PLANT STAFFING:							 
Day Shift Operator	Class:		Certificate No:		Name:		
Evening Shift Operator	Class:		Certificate No:		Name:		
Night Shift Operator	Class:		Certificate No:		Name:		 
Lead Operator	Class:	С	Certificate No:	8619	Name:	Otto Krucker	 
Type of Effluent Disposal of	or Reclaimed	Water Reuse	:				
Limited Wet Weather Disc	harge Activate	ed: Yes: N	o: Not Applicable:	If yes, cumulat	ive days of wet	weather discharge:	

<sup>&#</sup>x27;Attach additional sheets if necessary to list all certified operators.

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

NAME:

MAILING ADDRESS:

200 Weathersfield Ave.

Altamonte Springs, Florida 32714

LIMIT:

REPORT:

Monthly

CLASS SIZE: DISCHARGE POINT NUMBER: GROUP:

Domestic

FACILITY: LOCATION:

COUNTY:

Sun & Lakes of Lake Placid WWTP

Brevard Ave

Highlands

Lake Placid, Florida

NO DISCHARGE FROM SITE:

III/C []

Final

Type of Effluent Disposal

Perk Pond

**MONITORING PERIOD** 

PLANT SIZE/TREATMENT TYPE:

From: 5/1/05

To: 5/31/05

Parameter		Quantity	or Loading		Qua	lity or Concentra	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			<b></b>
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement	·				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					5.3	5.3	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					7.6		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.6	1.6	mg/l.	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
РН	Sample Measurement				6,0		7.4	s.u.	0	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					<1.0		#/100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (An. Ave)		#/100 ml	·	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	M Albert	(863)	6/18/05
		465-6911	

#### **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY .ME: Sun & Lakes of Lake Placid WWTP

PERMIT NUMBER: 1...014386

DISCHARGE POINT NUMBER: R-001

Month/Year: MAY 2005 COUNTY: Highlands

Parameter		Quantity of	or Loading		Qual	ity or Concentr	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			I
Coliform Fecal	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.5			mg/L	0	5 days a weck	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						.38	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.053		mgd					0	5 days a week	Flow meter - a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter
Flow	Sample Measurement	.040		mgd					2	5 days a week	Flow meter
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd			•	·		5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					128.0		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					68.0		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATULE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	VIII.	(863) 465-6911	6:18 05

Facility Name:

Sun & Lakes of Lake Placid WWTP

Permit Number:

FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year:

MAY 2005

County: Highlands

Three Month Average Daily Flow: .058 Daily Flow % of Permitted Capacity: CBOD5 CBOD5 TSS TSS PH TRC Flow Fecal Nitrogen, Time of Type of (MGD) (mg/l)(mg/l)(mg/l) (mg/l)(s.u.) Coliform (for Nitrate. Sample Sample disinfect) Bacteria Total G=grab (#/100)(mg/l) (as N C=Comp mg/l) 50050 80082 80082 00530 00530 74055 Code 00400 50060 00620 Mon. FLW-1 EFA-1 INF-1 EFA-1 INF-1 EFA-1 EFA-1 EFA-1 EFA-1 Site .066 .067 7.4 2 2.6 3 .037 7.4 .6 4 .028 7.4 1.0 5 .072 7.4 3.0 .049 6 7.4 3.1 7 .038 7.3 3.8 .044 8 7.3 3.5 .043 9 7.3 3.1 10 .038 7.5 3.0 .042 11 .043 12 7.5 2.2 13 .038 6.0 .6 .045 14 6.5 .6 .039 15 16 .039 6.6 .5 17 .031 6.6 .6 18 .046 6.8 .6 19 .036 6.8 .7 128.0 68.0 20 .036 5.3 1.6 6.7 <1.0 3.0 .38 G 1136 21 .038 6.7 3.1 .037 23 .036 6.7 3.8 24 .035 6.7 3.5 25 .031 6.7 3.1 26 .022 6.8 3.2 27 .037 6.8 3.0 .037 28 6.8 2.9 29 .029 30 .029 6.7 2.3 31 .014 6.7 2.1 PLANT STAFFING: Day Shift Operator Class: Certificate No: Name: **Evening Shift Operator** Class: Certificate No: Name: Night Shift Operator Class: Certificate No: Name: Class: Certificate No: Otto Krucker Name: 8619 Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: Yes: No: Not Applicable:

FLA012996-002-DW3P DMR Form Date 03/2003

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

If yes, cumulative days of wet weather discharge:

# EASTLAKE WATER SERVICE, INC.

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440 Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

# Fax Transmittal

Attn:	Rick Retz	Date	e: 	6/30/2005 10:29 AM (813) 626-1030				
Company:	Lake Placid Utilities, Inc.	Fax	#:					
From:	Michael Dunn	Pag	jes:	4 including this cover page.				
Subject:	May DMR							
URGENT		□ For your Information		lease Reply	Original:	will not be sent via U.S. Mail		



# Messages:

The DMR shows excursions for flow. I asked Scott to contact Pugh Utilities concerning this item. I did not see any excursions.

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately mail the transmission to the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

#### ....... LAVIECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEL\_

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

FILE COPY

NAME:

ADDRESS:

MAILING

200 Weathersfield Ave.

Altamonte Springs, Florida 32714

LIMIT:

Final

REPORT:

GROUP:

Domestic

FACILITY: LOCATION:

COUNTY:

Sun & Lakes of Lake Placid WWTP

Brevard Ave

Highlands

Lake Placid, Florida

CLASS SIZE: DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE: Type of Effluent Disposal

[]

Perk Pond

III/C

**MONITORING PERIOD** 

From: 6/1/05

To: 6/30/05

Parameter		Quantity	Quantity or Loading		Quality or Concentration					Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.		
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.57		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement	·				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.2	2.2	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					8.3		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.0u	1.0u	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grah
PH	Sample Measurement				6.7		6.9	s.u.	0	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)	·	8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					<1.0		#/100 ml	0	Monthly	Grah
PARM Code 74055 Y  Mon. Site No. EFA - 1  certify under penalty of law that I ha	Permit Requirement					200 (An. Ave)		#/100 ml		Monthly	Grab

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

Otto Krucker / Operator (863) 7/15/05	
465-6911	ļ

FACILITY 4E: Sun & Lakes of Lake Placid WWTP Month/Year: JUNE 2005 COUNTY: Highlands

PERMIT NUMBER: F. 14386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity	or Loading		Qual	ity or Concentra	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units		· · · · · · · · · · · · · · · · · · ·	
Coliform Fecal	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.5			mg/L	0	5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						.19	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.041		mgd					0	5 days a week	Flow meter /
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd			·			5 days a week	Flow meter
Flow	Sample Measurement	.021		mgd						5 days a week	Flow meter
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd			·			5 days a week	Flow meter /
BOD, Carbonaceous 5 day, 20C	Sample Measurement					71.0		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					82.0		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY MM/DD
Otto Krucker / Operator		(863) 465-6911	7.15 05

Facility Name: Sur

Sun & Lakes of Lake Placid WWTP

Permit Number: FT

FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year:

JUNE 2005

County: Highlands

.039 Three Month Average Daily Flow: Daily Flow % of Permitted Capacity: 43% Flow CBOD5 CBOD5 TSS TSS PH Fecal TRC Nitrogen, Type of Time of (MGD) (mg/1)(mg/l)(mg/l)(mg/l)(s.u.) Coliform (for Nitrate, Sample Sample Bacteria disinfect) Total G=grab (#/100) (mg/1)(as N C=Comp mg/l) 50050 80082 80082 00530 00530 00400 74055 Code 50060 00620 FLW-1 Mon. EFA-1 INF-1 EFA-1 INF-1 EFA-1 EFA-1 EFA-1 EFA-1 Site 020 6.7 1.5 1 .022 2 6.7 1.4 3 .041 6.8 1.0 4 .022 6.8 1.0 5 .037 .036 6 6.8 1.1 7 .026 6.8 1.0 .032 8 6.8 1.5 9 .029 2.2 71.0 1.0U 82.0 6.7 <1.0 .9 .19 G 0850 10 .027 6.8 1.0 11 .038 6.9 1.1 12 .010 13 .010 6.9 .6 14 .017 6.9 .7 15 .019 6.9 .9 6.9 16 .021 .9 17 .014 6.9 .6 18 .023 6.9 7 19 .019 20 .018 6.8 .6 21 .018 6.8 .5 22 .019 6.8 3.0 23 .023 6.9 3.2 24 .021 6.9 2.8 .008 25 6.9 2.0 26 .010 27 .010 6.8 1.8 28 .006 6.9 1.9 29 .012 6.9 1.8 30 .013 6.8 1.9 31 PLANT STAFFING: Day Shift Operator Class: Certificate No: Name: **Evening Shift Operator** Class: Certificate No: Name: Night Shift Operator Certificate No: Class: Name: Lead Operator Class: Certificate No: Name Otto Krucker 8619 ype of Effluent Disposal or Reclaimed Water Reuse: If yes, cumulative days of wet weather discharge: Limited Wet Weather Discharge Activated: Yes: No: Not Applicable:

Attach additional sheets if necessary to list all certified operators.

		•	
	•		

#### DEPARAMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

NAME:

MAILING

Lake Placid Utilities, Inc.

200 Weathersfield Ave.

ADDRESS: Altamonte Springs, Florida 32714 PERMIT NUMBER:

LIMIT:

FLA014386

Final

III/C

GROUP

Domestie

FACILITY: LOCATION: Sun & Lakes of Lake Placid WWTP

Brevard Ave

Lake Placid, Florida

NO DISCHARGE FROM SITE: Type of Effluent Disposal

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

CLASS SIZE:

Pcrk Pond

MONITORING PERIOD

From: 7/1/05

To: 7/31/05

COUNTY:

Highlands

Parameter		Quantity or Loading			Qua		No. Ex.	Frequency of Analysis	Sample Type		
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.13		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.6	2.6	mg L	()	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60,0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					7.87		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg·L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				-	10	4.0	mgT	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg-L		Monthly	Grab
PH	Sample Measurement				6.8		6.9	s.u.	0	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					1.0		# 100 ml	()	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (An. Ave)		# 100 ml		Monthly	Grab

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

			4		area and a contract of the con	
N.	METITLE OF PRINCIPALEMECT TIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PR	NCIPAL PAG	CULIVE OFFICER OR AUTHORIZED AC	#Z1 BHOZEZO	DAIL VA MM 50
Ot	o Kruek a Operator	1 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/			(80,1)	8 12 42
1					465-6911	

(DUBBURNESS AND ARREST OF THE PARTY OF THE P

FACILITY ME: Sun & Lakes of Lake Placid WWTP Month/Year: JULY 2005 COUNTY: Highlands

PERMIT NUMBER: 1 .014386

DISCHARGE POINT NUMBER: R-001

Parameter	-	Quantity	or Loading		Qual	lity or Concenti	ration	1	No.	Frequency of	Sample Type
						-			Ex.	Analysis	Í
		Average	Maximum	Units	Minimum	Average	Maximum	Units			1
Coliform Fecal	Sample Measurement				· 1.0		<1.0	#.100 ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	# 100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement		_		.7			mg/L	0	5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mgL		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						.16	mg L	()	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.0412		mgd					0	5 days a week	Flow meter a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter
Flow	Sample Measurement	.0072		mgd		<del></del>				5 days a week	Flow meter
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					36.0		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					74.0		mg.L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

Mon Site No. INF-1 Requirement (Mo. Ave.)

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

-				
	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF TRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE YY MM DD
	Otto Krucker Operator	SIGNATURE OF RINCIPAL ENCLOSES OF AUTHORIZED AGENT	(863) 465-6911	8 15 05
L.			1	1

Facility Name:

Sun & Lakes of Lake Placid WWTP

Permit Number:

FLA014386

DISCHARD FORST NUMBER: R-001

Month Year:

ЛПХ 2005

Three Month Average Daily Flow. . .0177

County: Highlands

Daily Flow of Permitted Capacity

20%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg·l)	PH (s.u.)	Fecal Coliform Bacteria (= 100)	TRC (for disinfect) (mg/l)	Nitrogen. Nitrate. Total (as N mg I)	Expending Sample Gigrab Comp	Time o Sampl
Code Mon.	50050 FLW-1	80082 EFA-1	80082 INF-1	00530 EFA-1	00530 INF-1	00400 EFA-1	74055 EFA-1	50060 EFA-1	00620 EFA-1		
Site 1	.008				<u> </u>	6.9	<del> </del>	2.3	<del> </del>		ļ
2	.009		<del> </del>	<del> </del>		6.9		2.5			<del> </del>
3	.013			<del>                                     </del>	<del> </del>	6.9		1.9			·
4	.005	+		<b>-</b>		<del> </del>			<del> </del>		
5	.005 -			<del> </del>	-	6.9		1.3			-
6	.009	<del>                                     </del>	<del> </del>			6.8		1.1	<del> </del>		
7	.005	2.6	36.0	4.0	74.0	6.8	1.0	1.8	.16	G	0925
8	.008	+	<del>                                     </del>		}	6.9		1.1			
9	.007	+	<del> </del>			6.9		1.8		<del></del>	<u> </u>
10	.007	+				-					
11	.007		<u> </u>			6.8	<del> </del>	1.1			
12	.005	1				6.8		1.3			
13	.008		-			6.8	-	1.0			
14	.006					6.8		1.5			
15	.007					6.8		1.3			
16	.012					6.8	<del> </del>	1.4			
17	.003	1				<del> </del>				-	
18	.003	1				6.8		.6			
19	.006	1				6.9		1.4			<del></del>
20	.006	<del> </del>				6.8		1.2			
21	.007	+				6.9		.8			<del></del> _
22	.007	<del> </del>				6.8		.7			
23	.007	<del>                                     </del>				-					
24	.006	<del> </del>				6.8		1.1			
25	.007	<del> </del>				6.8		1.2			
26	.008	1	-			6.8		.9			
27	.011	<del>                                     </del>				6.8		1.3		<u> </u>	
28	.009	<del> </del>				6.9		1.6			
29	.011	<del> </del>				6.8		1.4			
30	.012				<del></del>	6.8		1.7		<del></del>	
.31										<del></del>	
ay Shi	STAFFING: ft Operator Shift Operator	Class:		Certificate Certificate			Name:				

			<del></del>				
PLANT STAFFING:							
Day Shift Operator	Class:		Certificate No:		Name:		
Evening Shift Operator	Class:		Certificate No:		Name:		
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class:	C	Certificate No:	8619	Name:	Otto Krucker	
Type of Effluent Disposal	l or Reclaimed V	Vater Reu	se:		<del></del>		
Limited Wet Weather Dis	scharge Activate	d: Yes:	No: Not Applicable:	If yes, cumula	ative days of wet	weather discharge	
				•			

Attach additional sheets if necessary to list all certified operators.

#### DEFARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

FILE COPY W

NAME: MAILING ADDRESS:

200 Weathersfield Ave.

LIMIT:

CLASS SIZE:

Final

GROUP:

Domestic

FACILITY: LOCATION:

COUNTY:

Sun & Lakes of Lake Placid WWTP

Altamonte Springs, Florida 32714

Brevard Ave

Highlands

Lake Placid, Florida

NO DISCHARGE FROM SITE:

PLANT SIZE/TREATMENT TYPE: III/C [1

Type of Effluent Disposal

Perk Pond

MONITORING PERIOD

DISCHARGE POINT NUMBER:

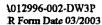
From: 8/1/05

To: 8/31/05

Parameter		Quantity	or Loading		Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			<del></del>
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.68		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement	·	·			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.7	8.7	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					7.77		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.0	1.0	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement				6.7		6.9	s.u.	0	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					<1.0		#/100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1 certify under penalty of law that I ha	Permit Requirement					200 (An. Ave)	<u> </u>	#/100 ml		Monthly	Grab

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Otto Krucker / Operator (863) 9/19/05 465-6911	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNAL SIGNOLIA	EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
465-6911	Otto Krucker / Operator	111111111111111111111111111111111111111		. ,	9/19/05
The second of th		1801 1		465-6911	anamas a n. A servicio Saleino.



#### DISCHARGE MONITURING REPURT - PART A (CONTINUED)

FACILITY: \_\_\_ AE: Sun & Lakes of Lake Placid WWTP Month/Year: AUGUST 2005 COUNTY: Highlands

PERMIT NUMBER: F. J14386

DISCHARGE POINT NUMBER: R-001

. Parameter		Quantity	or Loading		Qual	ity or Concentra	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal	Sample Measurement	_			<1.0		<1.0	#/100 ml	0	Monthly	Grab
PARM Code 74055 1	Permit			1	Report		800	#/100ml		Monthly	Grab
Mon. Site No. EFA - 1	Requirement				(Mo.Geo. Mean)		(Max)				
Total Residual Chlorine	Sample				.5			mg/L	0	5 days	Grab
(for disinfection)	Measurement			1			l	İ	<u> </u>	a week	
PARM Code 50060 A	Permit				0.5			mg/L		5 days	Grab
Mon. Site No. EFA - 1	Requirement				(min)					a week	İ
Nitrogen, Nitrate, Total (as N)	Sample			•			2.87	mg/L	0	Monthly	Grab
(If required in the permit)	Measurement			i							
PARM Code 00620 1	Permit 12 mg/L						12.0	mg/L		Monthly	Grab
Mon. Site No. EFA - 1	Requirement						(max)	l	ł		
Flow	Sample	.041		mgd					0	5 days	Flow meter /
	Measurement			1				1	L	a week	a totalizer
PARM Code50050 Y	Permit	0.090		mgd						5 days	Flow meter /
Mon. Site No: FLW - 1	Requirement	(An. Ave)						l	L	a week	a totalizer
Flow	Sample	.014		mgd						5 days	Flow meter /
	Measurement							<u> </u>		a week	a totalizer
PARM Code50050 1	Permit	Report		mgd	ŀ					5 days	Flow meter /
Mon. Site No. FLW - 1	Requirement	(Mo. Ave.)		<u>.</u>				<u> </u>		a week	a totalizer
BOD, Carbonaceous 5 day, 20C	Sample					32.0		mg/L	0	Monthly	Grab
	Measurement			l			Í			İ	L
PARM Code 80082 G	Permit					Report		mg/L		Monthly	Grab
Mon Site No. INF - 1	Requirement	i				(Mo. Ave.)		1			l
Solids, Total Suspended	Sample					32.0		mg/L	0	Monthly	Grab
•	Measurement			ļ					İ		]
PARM Code 00530 G	Permit					Report		mg/L		Monthly	Grab
Mon Site No. INF - 1	Requirement			ł		(Mo. Ave.)		1	L		

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator		(863) 465-6911	9/19/05

Permit Number: DISCHARGE POINT NUMBER: R-001 Sun & Lakes of Lake Placid WWTP Facility Name: FLA014386 AUGUST 2005 County: Highlands Month/Year:

Three M	onth Average Dai	ly Flow:	.0157				Daily Flo	w % of Perm	itted Capac	ity:   17%	6
•	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon.	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
Site 1	.014					6.8		.8			
2	.008					6.8		.7			
3	.015					6.8		.9			
4	.014					6.9		1.8			
5	.015					6.9		2.0			
6	.010					6.9		1.9			
7	.041										
8	.040					6.9		1.5			
9	.010					6.9	1	1.0	<del> </del>		
10	.009		1	<del> </del>		6.7	<b></b>	1.0	<del>                                     </del>	· ·	
11	.009	<del> </del>	<del>                                     </del>			6.7		1.0	<del>                                     </del>		
12	.006	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	6.8	<del>                                     </del>	1.1			
13	.009					6.9		1.0			
14	.018	<del> </del>	†	<del> </del>	<del> </del>	†	<del> </del>		<u> </u>		
15	.018	<del> </del>		<u> </u>		6.7	<del> </del>	.5			$\vdash$
16	.007					6.7		.6			
17	.021	<del> </del>				6.7		.7			
18	.012	8.7	32.0	1.0	32.0	6.7	<1.0	.6	2.87	G	1020
19	.008	<del></del>		<u> </u>		6.7		.9			
20	.009				<b></b>	6.7		.8	ļ		
21	.008					†			<del> </del>		
22	.008		<del>                                     </del>	<del>                                     </del>		6.7	<del>†</del>	.8	<del> </del>		
23	.008	†	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	6.7		.9			
24	.014	<del>                                     </del>		<del> </del>		6.7	<del>                                     </del>	.8			
25	.011	<del> </del>	<del> </del>			6.7	<del>                                     </del>	.9	-		
26	.018					6.8		.7	<del> </del>		
27	.003					6.8		.8			
28	.022			<del>                                     </del>		<u> </u>					
29	.022		<b> </b>			6.8	<u> </u>	.7			
30	.018					6.9		.5			
31	.009	<del></del>	<u> </u>			6.9	<del> </del>	.6			
	STAFFING:	<del></del>	<del></del>	·	<del></del>	1		<del></del>	L		
	ft Operator	Class:		Certificat			Name				
	Shift Operator	Class:		Certificat			Name				
Night Sl Lead Op	hift Operator	Class: Class:		Certificat Certificat		0/10	Name Name		Krucker		
	Effluent Disposal		C Water Reus	_		8619			Mucket		<del></del>

Limited Wet Weather Disch	arge Activate	ed: Yes: 1	No: Not Applicable:	If yes, cumula	tive days of wet	weather discharge:	
Type of Effluent Disposal o	r Reclaimed	Water Reus	e:				
Lead Operator	Class:	С	Certificate No:	8619	Name:	Otto Krucker	
Night Shift Operator	Class:		Certificate No:		Name:		
Evening Shift Operator	Class:		Certificate No:		Name:		
Day Shift Operator	Class:		Certificate No:		Name:		
PLANT STAFFING:							

<sup>&#</sup>x27;Attach additional sheets if necessary to list all certified operators.

8634655159

When Completed mail this report to: Department of Environmental Protection

, PERMITTEE

Lake Placid Utilities, Inc.

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

FLA014386

NAME:

MAILING ADDRESS: 200 Weathersfield Ave. Altamonte Springs, Florida 32714

REPORT: GROUP:

Domestic

FACILITY: LOCATION:

COUNTY:

Sun & Lakes of Luke Placid WWTP

Brevard Ave Lake Placid, Florida PLANT SIZE/TREATMENT TYPE:

III/C

Final

NO DISCHARGE FROM SITE: Type of Effluent Disposal **MONITORING PERIOD** 

DISCHARGE POINT NUMBER:

Perk Pond

Highlands

From: 9/1/05

To: 9/30/05

Parameter		Quantity of	or Loading		Quality or Concentration				No. Ex	Frequency of Analysis	Sample Type
		/:::::252		1.77		4	``	77.72			
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.72		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement	·	-			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.4	2.4	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					7.72		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.2	1.2	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement				6,8		6.9	s.u.	0	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6,0 (Min)		8.5 (Max)	S.U.		5 days u week	Grab
Coliform, Fecal	Sample Measurement					<1.0		#/100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (An. Ave)		#/100 mt		Monthly	Grab

submitted information is true, accurate and complete. I am aware that there are significant penaltics for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATION	E OF R	RINCUMEXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator			/////	(863) 465-6911	10/18/05
	1/11			463-6911	

# DISCHARGE MONITOI REPORT - PART A (Continued)

FACILITY NAME: Sun & Lakes of Lake Placid WWTP Month/Year: SEPTEMBER 2005 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity of	or Loading		Quali	ity or Concentra	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.5			mg/L	0	5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen Nitrate Total (20 N)	Sample	! !		!			9 14	mg/L	()	Monthly	t Cirab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.039		mgd					0	5 days a week	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd			•			5 days a week	Flow meter / a totalizer
Flow	Sample Measurement	.0097		mgd						5 days a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					170.0		mg/L	0	Monthly	Став
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					54.0		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	Att the	(863) 465-6911	10/18/05

Facility Name: Sun & Lakes of Lake Pincid WWTP

Permit Number:

FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year:

SEPTEMBER 2005

County: Highlands

Three Month Average Daily Flow: 0 0 Daily Flow % of Permitted Capacity: 11%

	Flow	CBOD5	CFO15	TSS	TSS	PH	Fecal	TRC	Nitrogen,	Type of	Time of
	(MGD)	(mg/l)	(r.ig.)	(mg/l)	(mg/l)	(s.u.)	Coliform Bacteria	(for disinfect)	Nitrate, Total	Sample G-grab	Sample
	}		1	}			(#/100)	(mg/l)	(as N	C-Comp	
Code	50050	80082	38 0013	00530	00530	00400	74066	50050	mg/l)		
Mon.	FLW-1	EFA-1	1 0 F	EFA-1	INF-1	EFA-1	74055 EFA-1	50060 EFA-1	00620 EFA-1		
Site 1	.010		<del> </del>		<del> </del>	6.9	-	.6			
2	.007		<del> </del>	<del> </del>		6.8	<del> </del>	.6			
3	.008	ļ		ļ	<del> </del>	6.8	<del> </del>	.9			
4	.017		<u> </u>	<u> </u>	ļ	0.8	<del> </del>	,,,			
5	.017		<b></b>		<del> </del>	6.8	<u> </u>	.7			
6	.006		<b></b>	<del> </del>	ļ	6.9	<del> </del>	.7			
7	.007	<del>-</del>	<del> </del>	<u> </u>				ļ., 			
			<u> </u>			6.9					
8	.011	2.4	175.5	1.2	54.0	6.9	<1.0	.5	9.34	G	1017
9	.010		L			6.9		.6			
10	.012					6.8		3.0			
11	.0074		T								
12	.0075		T			6.8		3.2			
13	.0021					6.8		1.0		-	
14	.016					6.8		.6			· · · · · · · · · · · · · · · · · · ·
15	.005					6.8		.5			
16	.004					6.8		.8			
17	.005					6.9	†	.9			
18	.002										
19	.002	1			1	6.9		.6			
20	.006					6.9		.8			
21	.006					6.9		.9			
22	.011					6.9		1.1		<del></del>	
23	.026					6.9		1.0		<del></del> -	·
24	.011		<b></b>			6.9		1.0			
25	.015				<u> </u>	<del> </del>					
26	.015					6.9		1.0			i
27	.007				<u> </u>	6.9		1.1			
28	.012					6.9		1.1			
29	.008				<del></del>	6.9		1.0			
30	.011	† <u> </u>				6.9		1.1			·
31		<del>                                     </del>			<del></del>						

		<del></del>			L			
PLANT STAFFING:								
Day Shift Operator	Class:		Certificate No:		Name:			
Evening Shift Operator	Class:		Certificate No:		Name:			
Night Shift Operator	Class:		Certificate No:	<del></del>	Name:			
Lead Operator	Class:	C	Certificate No:	8619	Name:	Otto Krucker		
Type of Effluent Disposal	or Reclaimed	Ware Franse	:		<del></del>		· · · · · · · · · · · · · · · · · · ·	
Limited Wet Weather Dis-	charge Activat	ed Yes: N	o: Not Applicable	: If yes, cumul	ative days of wet	weather discharge:		

'Attach additional sheets if necessary to list all cer fied operators.

FLA012996-002-DW3P DMR Form Date 03/2003

Page 3 of 3

		·		
				•
				•
				,
·				

#### When Completed mail this report to: Department of Environmental Protection

FILE COPY

PERMITTEE

Lake Placid Utilities, Inc.

PERMIT NO JOSEP

FL \014386

NAME:

MAILING

200 Weathersfield Ave.

HMIT:

Final

REPORT

Monthly

ADDRESS:

Altamonte Springs, Horida 32714

CLASS SIZE DISCHARGE POINT NUMBER: GPOUP

Domestic

FACILITY:

Sun & Lakes of Lake Placid WWTP

PLANT SIZE TREATMENT TYPE.

LOCATION

Breyard Ave

Lake Placid, Florida

NO DISCHARGE FROM SITE:

HI C 

Aspent Ethert Disposal. MONITORING PERIOD Perk Pond

From: 10/1/05

To 10/31/05

COUNTY:

Highlands

Parameter		Quantity	or Loading		Qua	lity or Concentra	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
BOD, Carbonaceous 5 day, 20C	Sample Measurement					5.13		mg I	()	Monthly	Grab
PARM Code 80082 Y	Permit			1		20.0		mg I		Monthly	Grah
Mon Site No. EFA - I	Requirement					(An. Avg.)					
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.9	4.9	mg I	ŋ	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					7.98		mg I	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - I	Permit Requirement					20,0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.2	3.2	mg-L	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg I		Monthly	Grab
PH	Sample Measurement				6.0		6.9	s.u.	0	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	S.U.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					1.0		" 100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (An. Ave)		# 100 ml		Monthly	Grab

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXISOLUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YV MM DD
Otto Krucker / Operator		(863) 465-6911	11 15 05



Parameter		Quantity	or Loading		Qual	ity or Concent	ration		No Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal	Sample Measurement				1.0	<u> </u>	.1.0	# 100 ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#.100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.3			mg/L	1	5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg L		5 days a week	Grah
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						.93	mg'L	0	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.0398		mgd					()	5 days a week	Flow meter a totalizer
PARM Code50050 Y Mon. Site No. FLW - I	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter
Flow	Sample Measurement	.012		mgd						5 days a week	Flow meter
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					50.0		mg L	0	Monthly	Grah
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement		4. **. <u></u>			Report (Mo. Ave.)		mg-L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					51.0		mgT	()	Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg·l.		Monthly	Grah

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

<b></b>	CTITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PROCEPAL EXECUTIVE OFFICER OR APPHORIZED AGENT	PHONE NO:	DATE, YY MM DD
Otto Kı	rucker / Operator		(863) 465-69]]	11 15 05

DISCHVEGENOIZE ACMIRER PLOOF

Facility Same: Sun & Lakes of Lake Placed WWTT Permit Sumber: FLA014386

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Month hear OCYOBER 2005

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	Zype of	Nitrogen. Vitrate	LEC (for	Fecal amoliloD	Hd Hd	्रिताम्) SS.L	्। इत्या) SS.L	CBOD2	CRODS	Flow (MOD)	

#### When Completed mail this report to: Department of Environmental Protection

PERMITTÉE

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

FILE CUPY

NAME: MAILING ADDRESS:

200 Weathersfield Ave.

Altamonte Springs, Florida 32714

LIMIT:

Final

III/C

REPORT:

GROUP:

Monthly

Domestic

FACILITY:

Sun & Lakes of Lake Placid WWTP

LOCATION: Brevard Ave

Lake Placid, Florida

CLASS SIZE:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE: Type of Effluent Disposal

[]

Perk Pond

MONITORING PERIOD

From: 11/1/05

To: 11/30/05

COUNTY:

Highlands

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			<del> </del>
BOD, Carbonaceous 5 day, 20C	Sample Measurement					5.14		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement		•			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.2	2.2	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					7.63		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.6	1.6	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
РН	Sample Measurement				6.8		7.2	s.u.	0	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					<1.0		#/100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1 certify under penalty of law that I ha	Permit Requirement					200 (An. Ave)		#/100 ml		Monthly	Grab

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTED OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator		(863) 465-6911	12/19/05

FACILITY ME: Sun & Lakes of Lake Placid WWTP Month/Year. NOVEMBER 2005 COUNTY: Highlands

PERMIT NUMBER:

.014386

**DISCHARGE POINT NUMBER: R-001** 

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.7			mg/L	0	5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						2.08	mg/L,	0	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.0386		mgd					0	5 days a week	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow	Sample Measurement	.0184	6k	mgd						5 days a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					270.0	<del></del>	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					244.0		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	Vally Men	(863) 465-6911	12/19/05

### DAILY SAMPLE RESULTS - PART B

Facility Name:

Sun & Lakes of Lake Placid WWTP

Permit Number:

FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year:

NOVEMBER 2005

County: Highlands

Three Month Average Daily Flow: .014

Daily Flow % of Permitted Capacity: | 16%

	Flow	CBOD5	CBOD5	TSS	TSS	PH	Fecal	TRC	Nitrogen,	Type of	Time o
	(MGD)	(mg/l)	(mg/l)	(mg/l)	(mg/l)	(s.u.)	Coliform	(for	Nitrate,	Sample	Sample
				}			Bacteria (#/100)	disinfect) (mg/l)	Total (as N	G=grab C=Comp	
	<u> </u>	<del></del>		<u> </u>			1	<u> </u>	mg/l)	Comp	
Code Mon.	50050 FLW-1	80082 EFA-1	80082 INF-1	00530 EFA-1	00530 INF-1	00400	74055	50060	00620		
Site		EFA-I	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	<u> </u>	
1	.010					6.9		1.0			
2	.014					6.8		1.0			
3	.015										
4	.014					6.8		1.1			
5	.019					6.8	<del> </del>	1.1			
6	.027		1				<del>                                     </del>	<del>                                     </del>	<del> </del>		
7	.027					6.8		1.0	<b></b>		
8	.0274		<del>                                     </del>			6.8	<del>                                     </del>	1.1			
9	.023					6.8	<del>                                     </del>	1.0			
10	.014	1				6.9	<del> </del>	1.0			
11	.005					6.9	<del> </del>	1.1			
12	.011				<u> </u>	6.9	<del> </del>	1.0			
13	.013		1	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>					
14	.013			<u> </u>	<del> </del>	6.9		1.0			, , , , , , , , , , , , , , , , , , ,
15	.010	<del> </del>	<del> </del> -			6.8	<del> </del>	1.1			
16	.025	†	<del> </del>		<del> </del>	6.8	-	1.0			
17	.033	2.2	270.0	1.6	244.0	6.8	<1.0	1.0	2.08	G	1130
18	.026	<del> </del>	<u> </u>	<del> </del>		6.8	<del> </del>	1.1			
19	.019	<del>                                     </del>	-	<u> </u>		7.1	<del> </del>	.7			
20	.020	<del>                                     </del>		<del>                                     </del>	<del>                                     </del>	<del> </del>	<del> </del>	L			
21	.021	<del></del>	<del> </del>	<del> </del>	<del></del>	7.1	<del> </del>	.8			
22	.024	+	<del> </del>	<del> </del>		7.2	-	.7			
23	.008	+	<del>                                     </del>	<del> </del>	<del> </del>	7.2		.9			
24	.006			<del>                                     </del>		7.2		1.0			
	.021	<del> </del>			-	<u> </u>					
26	.006	<del>                                     </del>		<del> </del> -		7.2		1.3			
27	.0065	<del> </del>				/.1		.9			
28	.0065	-				7.2					
29	.022	<del> </del>				7.2	L	1.0			
						7.2		1.1			
30	.011					6.8		.8			

Limited Wet Weather Discl				If yes, cumula	tive days of wet	weather discharge:	
Type of Effluent Disposal of	or Reclaimed \	Vater Reus	<del>-</del> se:				<del></del>
Lead Operator	Class:	C	Certificate No:	8619	Name:	Otto Krucker	
Night Shift Operator	Class:		Certificate No:		Name:		
Evening Shift Operator	Class:		Certificate No:		Name:		
Day Shift Operator	Class:		Certificate No:		Name:		
PLANT STAFFING:							

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

## UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC. 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714



Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 florida@utilitiesinc-usa.com

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440

# Fax Transmittal

Attn:	Otto Krucker		Date:	1/6/2006 14:04 PM
Company:	Lake Placid		Fax #:	941-453-5356
From:	Jackie Tappan		Pages:	3 including this cover page.
Subject:	Nov Lake Placid DMR			
URGENT As Requ	For Your Review uested Please Comment	For your Information	-	Please Original:  will not be sent via U.S. Mail
		on the DMR.	Could yo	on my spreadsheet does not ou please let me know where it is ake Placid.

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

**Thanks** 

Jackie Tappan

## LAKE PLACID DMR

	NOV	
1	0.0100	
2	0.0140	
3	0.0150	
4	0.0140	
5	0.0190	
6	0.0270	
7	0.0270	
8	0.0274	
9	0.0230	
10	0.0140	
11	0.0050	
12	0.0110	
13	0.0130	
14	0.0130	
15	0.0100	
16	0.0250	•
17	0.0330	
18	0.0260	
19	0.0190	
20	0.0200	
21	0.0210	
22	0.0240	
23	0.0080	
24	0.0060	
25	0.0210	
26	0.0060	
27	0.0065	
28	0.0065	
29	0.0220	
30	0.0110	
31		Value shown on DMR
Total	0.4974	
Avg	0.0166	0.0184
Max	0.0330	alatan arana arang arang arang arang arang arang arang arang arang arang arang arang arang arang arang arang a

#### When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

FILE COTY

NAME: MAILING

200 Weathersfield Ave.

Highlands

LIMIT:

Final

REPORT:

ADDRESS:

Altamonte Springs, Florida 32714

CLASS SIZE:

GROUP:

Domestic

FACILITY: LOCATION:

COUNTY:

Sun & Lakes of Lake Placid WWTP

PLANT SIZE/TREATMENT TYPE:

III/C

Brevard Ave Lake Placid, Florida NO DISCHARGE FROM SITE:

Type of Effluent Disposal

Perk Pond

MONITORING PERIOD

DISCHARGE POINT NUMBER:

From: 12/1/05

To: 12/31/05

Parameter		Quantity or Loading			Qua	lity or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			<del> </del>
BOD, Carbonaceous 5 day, 20C	Sample Measurement					5.17		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement		·			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.0u	2.0u	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					7.92		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					4.6	4.6	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement				6.8		6.9	s.u.	0	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					<1.0		#/100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (An. Ave)		#/100 ml		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF TRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator		(863) 465-6911	1/17/06
		105 03.1	

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

1012996-002-DW3P R Form Date 03/2003 Page 1 of 3

the first for a constant of the

Parameter	ł	Quantity (	or Loading		Qual	ity or Concentr	ation		No.	Frequency of	Sample Type
				1					Ex.	Analysis	
		Average	Maximum	Units	Minimum	Average	Maximum	Units		<del></del>	<del>                                     </del>
Coliform Fecal	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				.7			mg/L	0	5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						.06	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow	Sample Measurement	.036		mgd					0	5 days a week	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow	Sample Measurement	.0267		mgd						5 days a week	Flow meter /
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					121.0		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					128.0		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

Mon Site No. INF - 1 Requirement (Mo. Ave.)

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator		(863) 465-6911	1/17/06

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

JAN 27 2006

#### DAILY SAMPLE RESULTS - PART B

Facility Name:

Sun & Lakes of Lake Placid WWTP

Permit Number:

FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year:

December 2005

County: Highlands

ee Month Average Daily Flow: .0213 Daily Flow % of Permitted Capacity: 24%

ee M	Ionth Average Da	ily Flow:								ity: 24º	24%
	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sampl
Code _ Mon.	50050 FLW-1	80082 EFA-1	80082 INF-1	00530 EFA-1	00530 INF-1	00400 EFA-1	74055 EFA-1	50060 EFA-1	00620 EFA-1		
Site	121	LIA	1,11-1	LIAM	1141-1	El A-1	EFA-1	EFA-1	ErA-1		
1	.024					6.9		.9			
2	.021		<u> </u>	<u> </u>		6.9		.8			
3	.013				<del> </del>	6.8		.9			
4	.056		<u> </u>		<del> </del>	<u> </u>	<del> </del>	<del> </del>			
5	.056					6.8	<del> </del>	.9		<del></del>	<u> </u>
6	.047			<del> </del>	<del> </del>	6.8	<u> </u>	1.0			
7	.048					6.8	<del> </del>	.8			
8	.029			<b> </b>	<b>†</b>	6.9	<del> </del>	1.1	<b></b>		
9	.070					6.9	<del> </del>	1.0			
10	.014		<del>                                     </del>	<del> </del>	<del> </del>	6.8		1.1			
11	.041		<b> </b>	<del> </del>	<del> </del>	<del>                                     </del>					
12	.030				<u> </u>	6.8	1	.5			
13	.031			<del> </del>		6.8		.7			
14	.020	1			<del> </del>	6.8	<del> </del>	.7			
;	.031	2.0u	121.0	4.6	128.0	6.8	<1.0	.8	.06	G	1044
16	.030					6.8		.9			
17	.033					6.9	1	1.1			
18	.011					<del> </del>	<del> </del>				
19	.010					6.8		2.0			
20	.007				<del>                                     </del>	6.8	<del> </del>	1.1			<del></del>
21	.011					6.8	<del> </del>	1.2			
22	.015				<b></b>	6.8		1.2			
23	.012			<u> </u>	<del> </del>	6.9	<del>                                     </del>	.6			
24	.024				<del>                                     </del>	6.9	<b> </b>	.7			
25	.025			<u> </u>	<b>†</b>						
26	.024	1			<del>                                     </del>	6.9	<del> </del>	.9			
27	.016				<del>                                     </del>	6.8	ļ · · · · · ·	.8			
28	.018					6.8		.9	<del></del>		
29	.011			1		6.8	<del> </del>	1.0			
30	.027					6.8	<del>                                     </del>	.6			
31	.022	1		<del> </del>	<del>                                     </del>	6.8	<del> </del>	.7	<del>  </del>		

31	.022				6.8		.7			
PLANT	STAFFING:							<del></del>	<del></del>	
	d Operator	Class:		Certificate No:		Name	<b>;</b> :			
Evening	Shift Operator	Class:		Certificate No:		Name	:			
Night Sh	ift Operator	Class:		Certificate No:		Name	::			
7 ¹Op	erator	Class:	Ċ	Certificate No:	8619	Name	: Otto	Krucker		
of.	Effluent Disposal o	or Reclaimed V	Vater Reus	se:		<del></del>			<del></del>	
Limited	Wet Weather Disch	harge Activate	d: Yes:	No: Not Applicabl	e: If yes, cumi	lative days of	wet weather	discharge:		
Attach ad	ditional sheets if ne	ecessary to list	all certifie	d operators.		-		•		

## LAKE PLACID UTILITIES, INC.

**DOCKET NO.: 060260-WS** 

HIGHLANDS COUNTY

25.30-440 (5) Inspection Reports

Test Year Ended December 31, 2005



# Department of **Environmental Protection**

leb Bush Governor

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

Colleen M. Castille Secretary

April 14, 2005

Ingora de

Mr. Patrick Flynn, Regional Director Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, Florida 32714

Re:

Highiands County - PW Sun-N-Lakes of Lake Placid PWS I.D. Number: 6280273 Compliance Inspection Report

Dear Mr. Flynn:

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

The deficiencies listed in the Report may be a violation of Rule 62-555, F.A.C. Preventative maintenance programs per 62-555.350(2) F.A.C. were required to have been in place as of August 28, 2003 when the rule revisions went into effect. The equipment manufacturer's recommendations or a written preventive maintenance program was to have been established by the supplier of water for electrical or mechanical equipment, including ... exercising of isolation valves. A written flushing program for dead end mains was to have been established by the supplier of water. Dead-end water mains conveying finished drinking water were to be flushed quarterly or in accordance with a frequency in a written flushing program. Documentation of exercising valves and flushing dead end mains were to be maintained.

The system is to submit copies of both plans to the Department within 14 days of the date of this letter that the programs are in place and that recordkeeping is to be maintained. Failure to correct deficiencies in a Sanitary Survey/Compliance Inspection Report that do not meet applicable standards or treatment techniques in Chapters 62-550 and 62-555 is a prohibited act under Chapter 62-560.310(1). The Department can take enforcement and assess administrative penalties.

Comments are included in the Report.

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

Sincerely.

Engineering Specialist II

RWK **Enclosures** 

cc: Mr. Mike Durin (w/encs)

Mr. Danny Holmes (w/encs)

Mr. Mark Charneski - Florida DEP (wolenes) pro Protection, Loss Protess'

Printed on recycled paper.

### State of Florida Department of Environmental Protection South District

#### WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:

Sun N Lakes of Lake Placid

County:

Highlands PWS: 6280273

Address:

2163 US 27 South, Lake Placid FL 33870

Contact:

Otto Krucker

(Behind the Ramada Inn)

Phone:

(863) 465-6911

Owner Name:

Lake Placid Utilities

Contact:

Patrick Flynn, Regional Director

Owner Address:

200 Weathersfield Avenue

Phone:

Altamonte Springs, Fl 32714

(407) 869-1919

This Inspection Date:

Apr 14, 2005

Last C.I. Date: Jun 24, 2004

Last Sanitary Survey Date:

May 14, 2003

PWS Type:

Community

Service Area Characteristics:

Motel, Residential Homes, Condominiums

No. of Service Connections:

125

Served Population:

438

## **OPERATION AND MAINTENANCE**

Certified Operator: Yes

Required Coverage: 5/visits per week and 1 weekend visit Operator & Certification Class-Number: Otto Krucker C 7790

O&M Log:

Yes

Condition of Plant? Good

### WELLS

Number of Wells:

2 (inside - AAH9348; outside - AAH9349)

Check Valve:

Yes Yes

Fence/Housing:

Νo

Sanitary Hazards: Auxiliary Power:

Yes

Tested Weekly?

Yes (record not being kept)

DESIGN CAPACITY

0.288 MGD 0.005 MG

STORAGE CAPACITY

**CHLORINATION** 

Chlorinator Type: Cl2 Residual:

Hypo

Plant:

 $2.3 \, \text{mg/l}$ 

Remote:

2.5 mg/l

Location:

247 Golfview Dr

PAGE 19/25

PRESSURE .

Plant:

56 psi

Remote:

50 psi

**AERATION** 

No

PWS: 6280273 Date: 04/14/05

### OTHER TREATMENT PROCESSES: None

#### **OTHER**

Flow Measuring Device:

Meter

Backflow Prevention Device:

Yes

Cross-connection Observed?

No

(G) Ground (C) Clearwell (E) Elevated

(B) Bladder (H) F	lydropneu	matic/flo	w-through	h
Tank type	н			
Capacity gal	5,000			
Gravity drain	Y			
By-pass piping	Y			
Pressure gauge	Y			
Or/Off pressure	40-60			
Sight glass	Y			
Fittings for sight glass	Y	· · · · · · · · · · · · · · · · · · ·		
Air release valve	Y			
Pressure relief valve	Y			<del>                                     </del>
Access padlocked	Y	1		

#### **DEFICIENCIES:**

- 1. The system is not documenting that the standby power is exercised on a weekly basis (the control system automatically operates the standby generator for an hour once a week). Record the running hour meter reading once a week to document that the generated is operated. Rule 62-555.350(2) F.A.C.
- 2. The system does not have a written isolation valve exercising program and is not documenting that the isolation valves are being exercised. Isolation valves must be exercised in accordance with the equipment manufacturer's recommendations or in accordance with a frequency in a written preventative maintenance program and a record of exercising the isolation valves is to be maintained. "Preventive maintenance on electrical or mechanical equipment including exercising...of isolation valves shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their isolation valves are being exercised...in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Enclosed is information on isolation valve exercising and recordkeeping.
- 3. The system is not flushing dead end water mains and is not documenting the flushing. In addition, a method of flushing at the north end of Country Club Dive must be provided. Dead end water mains must be flushed quarterly or in accordance with a written flushing program and a record of the flushing is to be maintained. "Dead-end water mains conveying finished drinking water shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water; additionally, dead-end or other water mains conveying finished water shall be flushed as necessary whenever legitimate water quality complaints are received." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that ... their water mains conveying finished drinking water are being flushed, in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Enclose is information on dead end main flushing and recordkeeping.

PAGE 20/25

PWS: 6280273 Date: 04/14/05

## **COMMENTS:**

1. Start preparation of an operation and maintenance manual, which is due to be completed by December 31, 2005. "Suppliers of water shall provide an operation and maintenance manual for each of their drinking water treatment plants by no later than December 31, 2005, and shall update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection." F.A.C. 62-555.350(13)

- 2. Start preparation of an emergency preparedness plan, which is due to be completed by December 31, 2004. "Suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall develop a written emergency preparedness/response plan in accordance with Emergency Planning for Water Utilities, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C., by no later than December 31, 2004, and shall update and implement the plan as necessary thereafter. Said suppliers of water shall coordinate with their Local Emergency Planning Committee and their Florida Department of Law Enforcement Regional Security Task Force when developing their emergency plan and shall include in their plan all of the information in paragraphs (a) through (e) below.
  - (a) A communication chart as described in Chapter 5 of AWWA Manual M19.
  - (b) Written agreements with other agencies, utilities, or response organizations.
  - (c) A disaster-specific preparedness/response plan as described in Chapter 5 of AWWA Manual M19 for each of the following disasters: vandalism or sabotage; a drought; a hurricane; a structure fire; and if applicable, a flood, a forest or brush fire, and a hazardous material release. Each disaster-specific preparedness/response plan shall incorporate the results of a vulnerability assessment; shall include actions and procedures, and identify equipment, that can obviate or lessen the impact of such a disaster; and shall include plans and procedures that can be implemented, and identify equipment that can be utilized, in the event of such a disaster.
  - (d) Details about how the water system meets the standby power requirements under subsection 62-555.320(14), F.A.C., and, if applicable, recommendations regarding the amount of fuel to maintain on site, and the amount of fuel to hold in reserve under contracts with fuel suppliers, for operation of auxiliary power sources.
  - (e) If applicable, recommendations regarding the amount of drinking water treatment chemicals, including chemicals used for regeneration of ion-exchange resins or for onsite generation of disinfectants, to maintain in inventory at treatment plants." Rule 62-555.350(15) F.A.C.
- 3. Start preparation of an up-to-date map of the drinking water distribution system, which is due to be completed by December 31, 2005. "By December 31, 2005, suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall have, and thereafter maintain, an up-to-date map of their drinking water distribution system. Such a map shall show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems." Rule 62-555.350(14) F.A.C.
- 4. Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or

PAGE 21/26

PWS: 6280273 Date: 04/14/05

inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the inspection report should be signed and sealed by the PE in responsible charge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record should be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pit-depth gauges and ultrasouic thickness gauges should be made in addition to visual inspections when inspecting a finished-water storage tank for structural and coating integrity. However, it is up to the PE in responsible charge, who presumably has expertise in the design/construction/evaluation of structures and the application/evaluation of coatings, to decide exactly what must be done in order for him/her to make a professional determination regarding the structural and coating integrity of a finished-water storage tank. The cleaning and inspection must be completed by August 28, 2008.

## 5. Recordkeeping Requirements

Suppliers of water need to keeps records at the facility or convenient to the facility for review during an inspection. Rule 62-550.720, F.A.C.

- "Suppliers of water shall retain on their premises, or at a convenient location near their premises, the following records:
- (1) Records of bacteriological analyses made under this chapter shall be kept for not less than 5 years. Records of physical, chemical, or radiological analyses made under any portion of this chapter other than Rule 62-550.800, F.A.C., shall be kept for not less than 10 years. Actual laboratory reports may be kept, or data may be transferred to tabular summaries, provided that the information required in Rule 62-550.730, F.A.C., is included.
- (2) Records of action taken by the system to correct a violation of primary drinking water regulations shall be kept for a period not less than 3 years after the last action taken with respect to the particular violation involved.
- (3) Copies of any written reports, summaries, or communications relating to cross connection control program or sanitary surveys of the system conducted by the system itself, by a private consultant or by any local, State, or Federal agency, shall be kept for a period not less than 10 years after completion of the sanitary survey.
- (4) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than 5 years following the expiration of the variance and exemption.
- (5) Monthly operation reports shall be kept for a period of not less than 10 years.
- (6) Any system subject to the requirements of Rule 62-550.800, F.A.C., shall retain, for no fewer than 12 years, original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, Department determinations, and any other information required by Rule 62-550.800, F.A.C."

Suppliers of water need to keeps operation and maintenance logs at the facility or convenient to the facility for review during an inspection. Rule 62-555.350(12)(a) F.A.C.

- "(12) Suppliers of water shall keep and submit operation and maintenance logs, reports, and records as described below.
- (a) All suppliers of water shall keep operation and maintenance logs at their drinking water treatment plants. For plants that are part of a transient non-community water system using only ground water and serving only businesses other than public food service establishments, the operation and maintenance logs shall contain a minimum of three months of data at all times and shall contain the date and type of all maintenance performed and the date and results of all sampling and analyses performed unless the sampling or analyses are documented on a laboratory sheet. For all other plants, the operation and maintenance logs shall contain the information listed in, and shall be maintained as described in, subsection 62-602.650(4), F.A.C."

Suppliers of water need to maintain operation and maintenance logs at the facility or convenient to the facility for review during an inspection. Rule 62-602.650(4) F.A.C.

PAGE 22/25

PWS: 6280273 Date: 04/14/05

- "(4) Maintain operation and maintenance logs for each plant, on site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed. The logs shall be maintained in hard bound books with consecutive page numbering, and shall contain a minimum of the previous three months of data at all times. Alternative logs or partial electronic logging are acceptable if approved by the appropriate Department district office or the local regulatory agency. The logs shall contain:
  - (a) Identification of the plant;
  - (b) The signature and license number of the operator and the signature of the persons making any entries;
  - (c) Date and time in and out;
  - (d) Specific operation and maintenance activities and any repairs made;
  - (e) Results of tests performed and samples taken, unless documented on a laboratory sheet.
  - (f) Performance of preventive maintenance and repairs or requests for repair of the equipment."

### Suppliers of water are to maintain lead and copper records. 40 CFR 141.91 as incorporated by Rule 62-550.800

The requirements contained in the July 1, 2000, edition of 40 CFR 141, subpart I (sections 80 through 91), are adopted and incorporated herein by reference and are enforceable under this rule.

40 CFR 141.91 Recordkeeping Requirements

Any system subject to the requirements of this subpart shall retain on its premises original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, State determinations, and any other information required by 40 CFR 141.81 through 40 CFR 141.88. Each water system shall retain the records required by this section for no fewer than 12 years.

**RECOMMENDATIONS:** None

Inspector : Raymond W. Kenney Page	mercled Kenny	Engineering Specialist II	Date 4 , 14	4 2005
	Tames On!	P.E. III	Date 4, 124	/ / 2005

#### Dead End Main Flushing

The rule requires that dead end water mains must be flushed quarterly or in accordance with a schedule in a written flushing program and a record of the flushing is to be maintained. An effective written flushing program should have a list of the dead end mains to be flushed and identify the location of the dead end water mains. The quality of the water (e.g. disinfectant residual) should be the determining factor in selecting the frequency of flushing as well as the duration of the flush. An initial chlorine residual below the required minimum level at a flushing location would require the system to change the frequency of flushing to a more frequent frequency to maintain an adequate residual. The Department suggests that a separate page be maintained for each dead end main flush location. The separate pages can be placed in a 3-ring binder. The Department suggests that the binder be divided with tabs for quarterly, monthly, weekly etc. flushings. At a minimum, there should be a column for the date the flushing was performed, the frequency of flushing, the start chlorine residual reading, the end chlorine residual reading, the duration of the flush, the person performing the flush and a column for comments. There should be a row for each time a dead end main is flushed. This will enable the system to see the history of flushing at the location and what changes in frequency or duration may have been made. For those dead end mains that might require daily or weekly flushings, the Department suggests that the system consider the installation of an automatic flushing device. For those locations where the system has installed an automatic flush device, a record needs to be maintained on the frequency and duration that is set on the device. In addition, at some specified frequency the initial chlorine reading should be measured to determine if the. frequency and/or duration would need to be changed. Other water mains (e.g. looped lines) will need to be flushed as necessary if legitimate water complaints are received. "Dead-end water mains conveying finished drinking water shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water; additionally, dead-end or other water mains conveying finished water shall be flushed as necessary whenever legitimate water quality complaints are received." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that ... their water mains conveying finished drinking water are being flushed, in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C.

97%

05/09/2006

16:01

PAGE 24/25

System Name :	XYZ Utility		_PWS ID No.:	0000000				
Dead End Main Lo	calion:	End of Judson Street				٠	-	
Frequency:	Quartierly				•			

Date	Personnel	Initial Chlorine	Final Chlodae	Flush Duration, Minutes	Frequency	Comment
10/22/03	John Smith	0.5	2.2	15	quarterty	
	lohn Smith	0.6	2.0		quarterly	
	lohn Smith	0.5	2.0		quarterly.	
	Paul Jones	0.1	2.2			changed frequency to monthly since residual < 0.2
	Paul Jones	0.3	2.0		monthly	
	aul Jones	0.4	2.2		monthly	
	lohn Smith	0.4	2.0		monthly	
	ohn Smith	0.4	2.2		monthly	
12/15/04 J	ohn Smith	0.4	2.0	15	monthly	
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## **Exercising Isolation Valves**

Isolation valves, including those at the water treatment plant, must be exercised in accordance with the equipment manufacturer's recommendations or in accordance with a frequency in a written preventative maintenance program and a record of exercising the isolation valves is to be maintained. The program needs have a listing of the isolation valves with their location identified and an up-to-date map, by December 31, 2005, of the distribution system that shows the location of the isolation valves. The list of the isolation valves should identify at what frequency a particular valve or group of valves are to be exercised (for example, if a system indicates that it is to exercise all isolation valves annually and will perform the exercising in January, it would more effective to separate the valves into four groups and exercise one group each quarter - committing to performing all the exercising in a single month and not being able to do it could leave the system open to possible enforcement for not following the plan). A record that the valve has been exercised must be maintained. An effective preventative maintenance valve-exercising program would document when the valve is to be (or was) exercised, who are the personnel performing the exercising, and in some instances the number of turns required to open and close the valve. The valve exercising records need to be maintained in such a manner that the supplier of water can determine when an isolation valve is to be exercised and that it has been exercised in accordance with the frequency in the written preventative maintenance valve-exercising program. "Preventive maintenance on electrical or mechanical equipment including...exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their isolation valves are being exercised...in accordance with subsection 62-555.350(2). F.A.C." Rule 62-555.350(12)(c) F.A.C.

isolation Valve Exercising

System Name: XYZ Utility	PWS ID No:	0000000
Valve Area: Grid 1	Frequency:	Annually - during first guarter

Date	Personnel	#Tums Close	# Turns Open	Comment
01/05/05	John Smith	20	20	
01/05/05	John Smith	20		
01/05/05	John Smith	50		
01/05/05	John Smith	20	20	
			<b> </b>	
			13	
02/15/05	John Smith			
02/15/05	John Smith		15	
	<u></u>			
			<del> </del>	
	<del> </del>		-	
			-	
	<del></del>			
	J			
<u> </u>			<del></del>	
<b></b>	ļ			
ļ	<del></del>		<del></del>	
<del> </del>	<del></del>	<del>-  </del>	-	
<del> </del>	<del></del>		+	
	01/05/05 01/05/05 01/05/05 01/05/05 01/05/05	01/05/05 John Smith 01/05/05 John Smith 01/05/05 John Smith 01/05/05 John Smith 02/15/05 John Smith	01/05/05 John Smith 20 01/05/05 John Smith 20 01/05/05 John Smith 20 01/05/05 John Smith 20 02/15/05 John Smith 12 02/15/05 John Smith 12	01/05/05 John Smith 20 20 20 01/05/05 John Smith 20 20 20 01/05/05 John Smith 20 20 20 01/05/05 John Smith 20 20 20 20 20 20 20 20 20 20 20 20 20

	·		

Jun 13 05 12:55p

Pugh Utilities

863 465 5159

p. 1

Pugh Utilities Service, Inc. 760 Henscratch Road Lake Placid, Florida 33852 (863) 465-6911

Rick Retz Utilities, Inc. of Florida 200 Weathersfield Ave. Altamonte Springs, Florida 32714

June 13, 2005

Reference: Sum & Lakes of Lake Placid

Water and Wastewater Treatment Plant

Dear Mr. Retz.

#### Water Plant:

The following are the dates and readings of the generator at the water plant.

 April 26, 2005
 424.1

 May 3, 2005
 425.6

 May 9, 2005
 426.6

 May 17, 2005
 427.7

 May 24, 2005
 428.7

 May 31, 2005
 429.8

 June 7, 2005
 430.8

A copy of the logbook pages will be enclosed with this letter.

The MOR's DMR's and lab we have the following numbers for faxing:

(407) 869-6961, 468-3268 and (813) 626-1030.

The DMR's for the month of May are not finished. All information is faxed to your office as soon as all reports are ready.

In reference to the June 1, 2005 DEP letter, we have put a preventive maintenance plan in place at the water plant. The flushing program and valve exercise programs we do not do.

#### Wastewater Plant:

In reference to the June 2, 2005 DEP letter, item #2.

On August 14–16, 2005 a zero reading for chlorine was logged. During this time Hurricane Charlie had came through the area.

On September 27, 2005 a 0.4 reading for chlorine was logged. During this time Hurricane Jeanne had came through the area.

If you have any further questions please do not hesitate to call.

Lisa Holmes

Pugh Utilities

Enclosures



# Department of Environmental Protection



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

Colleen M. Castille Secretary

April 14, 2005

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Mr. Patrick Flynn, Regional Director Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, Florida 32714

Re:

Highlands County - PW Sun-N-Lakes of Lake Placid PWS I.D. Number: 6280273 Compliance Inspection Report

Dear Mr. Flynn:

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

The deficiencies listed in the Report may be a violation of Rule 62-555, F.A.C. Preventative maintenance programs per 62-555.350(2) F.A.C. were required to have been in place as of August 28, 2003 when the rule revisions went into effect. The equipment manufacturer's recommendations or a written preventive maintenance program was to have been established by the supplier of water for electrical or mechanical equipment, including... exercising of isolation valves. A written flushing program for dead end mains was to have been established by the supplier of water. Dead-end water mains conveying finished drinking water were to be flushed quarterly or in accordance with a frequency in a written flushing program. Documentation of exercising valves and flushing dead end mains were to be maintained.

The system is to submit copies of both plans to the Department within 14 days of the date of this letter that the programs are in place and that recordkeeping is to be maintained. Failure to correct deficiencies in a Sanitary Survey/Compliance Inspection Report that do not meet applicable standards or treatment techniques in Chapters 62-550 and 62-555 is a prohibited act under Chapter 62-560.310(1). The Department can take enforcement and assess administrative penalties.

Comments are included in the Report.

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

Sincerely,

Raymond W. Kenney
Engineering Specialist II

RWK Enclosures

cc: Mr. Mike Dunn (w/encs)

Mr. Danny Holmes (w/encs)

Mr. Mark Charneski - Florida DEP (wo/encs) and Project on, Local Projects of

## State of Florida Department of Environmental Protection South District

## WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name: Address:

Sun N Lakes of Lake Placid

2163 US 27 South, Lake Placid FL 33870

(Behind the Ramada Inn)

County: Contact: Highlands PWS: 6280273

Otto Krucker (863) 465-6911

Owner Name:

Lake Placid Utilities

Phone: Contact:

Patrick Flynn, Regional Director

Owner Address:

200 Weathersfield Avenue

Phone:

Altamonte Springs, Fl 32714

This Inspection Date:

Apr 14, 2005

(407) 869-1919

Last Sanitary Survey Date:

May 14, 2003

Last C.I. Date: Jun 24, 2004

PWS Type:

Service Area Characteristics:

Community

No. of Service Connections:

Motel, Residential Homes, Condominiums

Served Population:

125 438

#### **OPERATION AND MAINTENANCE**

Certified Operator: Yes

Required Coverage: 5/visits per week and 1 weekend visit Operator & Certification Class-Number: Otto Krucker C 7790 Yes O&M Log: Condition of Plant? Good

WELLS

Number of Wells:

2 (inside - AAH9348; outside - AAH9349)

Check Valve:

Yes Yes

"ence/Housing:

nitary Hazards:

No Yes

Auxiliary Power: Tested Weekly?

Yes (record not being kept)

**DESIGN CAPACITY** 

0.288 MGD

STORAGE CAPACITY

0.005 MG

**CHLORINATION** 

Chlorinator Type:

Hypo

Cl2 Residual:

2.3 mg/l

Plant: Remote:

2.5 mg/l

Location:

247 Golfview Dr

PRESSURE ·

Plant:

56 psi

Remote:

50 psi

**AERATION** 

No

OTHER TREATMENT PROCESSES: None

#### **OTHER**

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

(G) Ground (C) Clearwell (E) Elevated

(B) Bladder (H) Hydropneumatic/flow-through

Tank type	Н		
Capacity gal	5,000		
Gravity drain	Y		
By-pass piping	Y		
Pressure gauge	Y		
On/Off pressure	40-60		
Sight glass	Y		
Fittings for sight glass	Y		
Air release valve	Y		
Pressure relief valve	Y		
Access padlocked	Υ		

#### **DEFICIENCIES:**

1. The system is not documenting that the standby power is exercised on a weekly basis (the control system automatically operates the standby generator for an hour once a week). Record the running hour meter reading once a week to document that the generated is operated. Rule 62-555.350(2) F.A.C.

PWS: 6280273

Date: 04/14/05

- 2. The system does not have a written isolation valve exercising program and is not documenting that the isolation valves are being exercised. Isolation valves must be exercised in accordance with the equipment manufacturer's recommendations or in accordance with a frequency in a written preventative maintenance program and a record of exercising the isolation valves is to be maintained. "Preventive maintenance on electrical or mechanical equipment -- including exercising...of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their isolation valves are being exercised...in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Enclosed is information on isolation valve exercising and recordkeeping.
- 3. The system is not flushing dead end water mains and is not documenting the flushing. In addition, a method of flushing at the north end of Country Club Dive must be provided. Dead end water mains must be flushed quarterly or in accordance with a written flushing program and a record of the flushing is to be maintained. "Dead-end water mains conveying finished drinking water shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water; additionally, dead-end or other water mains conveying finished water shall be flushed as necessary whenever legitimate water quality complaints are received." Rule 62-

7.350(2) F.A.C. "All suppliers of water shall keep records documenting that ... their water mains conveying shed drinking water are being flushed, in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Enclose is information on dead end main flushing and recordkeeping.

PWS: 6280273 Date: 04/14/05

#### **COMMENTS:**

1. Start preparation of an operation and maintenance manual, which is due to be completed by December 31, 2005. "Suppliers of water shall provide an operation and maintenance manual for each of their drinking water treatment plants by no later than December 31, 2005, and shall update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection." F.A.C. 62-555.350(13)

- 2. Start preparation of an emergency preparedness plan, which is due to be completed by December 31, 2004. "Suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities*, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C., by no later than December 31, 2004, and shall update and implement the plan as necessary thereafter. Said suppliers of water shall coordinate with their Local Emergency Planning Committee and their Florida Department of Law Enforcement Regional Security Task Force when developing their emergency plan and shall include in their plan all of the information in paragraphs (a) through (e) below.
  - (a) A communication chart as described in Chapter 5 of AWWA Manual M19.
  - (b) Written agreements with other agencies, utilities, or response organizations.
  - (c) A disaster-specific preparedness/response plan as described in Chapter 5 of AWWA Manual M19 for each of the following disasters: vandalism or sabotage; a drought; a hurricane; a structure fire; and if applicable, a flood, a forest or brush fire, and a hazardous material release. Each disaster-specific preparedness/response plan shall incorporate the results of a vulnerability assessment; shall include actions and procedures, and identify equipment, that can obviate or lessen the impact of such a disaster; and shall include plans and procedures that can be implemented, and identify equipment that can be utilized, in the event of such a disaster.
  - (d) Details about how the water system meets the standby power requirements under subsection 62-555.320(14), F.A.C., and, if applicable, recommendations regarding the amount of fuel to maintain on site, and the amount of fuel to hold in reserve under contracts with fuel suppliers, for operation of auxiliary power sources.
  - (e) If applicable, recommendations regarding the amount of drinking water treatment chemicals, including chemicals used for regeneration of ion-exchange resins or for onsite generation of disinfectants, to maintain in inventory at treatment plants." Rule 62-555.350(15) F.A.C.
- 3. Start preparation of an up-to-date map of the drinking water distribution system, which is due to be completed by December 31, 2005. "By December 31, 2005, suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall have, and thereafter maintain, an up-to-date map of their drinking water distribution system. Such a map shall show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems." Rule 62-555.350(14) F.A.C.
- 4. Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with

section 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or

PWS: 6280273 Date: 04/14/05

inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the inspection report should be signed and sealed by the PE in responsible harge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record hould be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pit-depth gauges and ultrasonic thickness gauges should be made in addition to visual inspections when inspecting a finished-water storage tank for structural and coating integrity. However, it is up to the PE in responsible charge, who presumably has expertise in the design/construction/evaluation of structures and the application/evaluation of coatings, to decide exactly what must be done in order for him/her to make a professional determination regarding the structural and coating integrity of a finished-water storage tank. The cleaning and inspection must be completed by August 28, 2008.

## 5. Recordkeeping Requirements

<u>Suppliers of water need to keeps records at the facility or convenient to the facility for review during an inspection.</u> Rule 62-550.720, F.A.C.

- "Suppliers of water shall retain on their premises, or at a convenient location near their premises, the following records:
- (1) Records of bacteriological analyses made under this chapter shall be kept for not less than 5 years. Records of physical, chemical, or radiological analyses made under any portion of this chapter other than Rule 62-550.800, F.A.C., shall be kept for not less than 10 years. Actual laboratory reports may be kept, or data may be transferred to tabular summaries, provided that the information required in Rule 62-550.730, F.A.C., is included.
- (2) Records of action taken by the system to correct a violation of primary drinking water regulations shall be kept for a period not less than 3 years after the last action taken with respect to the particular violation involved.
- (3) Copies of any written reports, summaries, or communications relating to cross connection control program or sanitary surveys of the system conducted by the system itself, by a private consultant or by any local, State, or rederal agency, shall be kept for a period not less than 10 years after completion of the sanitary survey.
- ) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than 5 years following the expiration of the variance and exemption.
- (5) Monthly operation reports shall be kept for a period of not less than 10 years.
- (6) Any system subject to the requirements of Rule 62-550.800, F.A.C., shall retain, for no fewer than 12 years, original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, Department determinations, and any other information required by Rule 62-550.800, F.A.C."

Suppliers of water need to keeps operation and maintenance logs at the facility or convenient to the facility for review during an inspection. Rule 62-555,350(12)(a) F.A.C.

- "(12) Suppliers of water shall keep and submit operation and maintenance logs, reports, and records as described below.
- (a) All suppliers of water shall keep operation and maintenance logs at their drinking water treatment plants. For plants that are part of a transient non-community water system using only ground water and serving only businesses other than public food service establishments, the operation and maintenance logs shall contain a minimum of three months of data at all times and shall contain the date and type of all maintenance performed and the date and results of all sampling and analyses performed unless the sampling or analyses are documented on a laboratory sheet. For all other plants, the operation and maintenance logs shall contain the information listed in, and shall be maintained as described in, subsection 62-602.650(4), F.A.C."

Suppliers of water need to maintain operation and maintenance logs at the facility or convenient to the facility for review during an inspection. Rule 62-602.650(4) F.A.C.

PWS: 6280273 Date: 04/14/05

- "(4) Maintain operation and maintenance logs for each plant, on site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed. The logs shall be maintained in hard bound books with consecutive page numbering, and shall contain a minimum of the previous 'hree months of data at all times. Alternative logs or partial electronic logging are acceptable if approved by the 'ppropriate Department district office or the local regulatory agency. The logs shall contain:
  - (a) Identification of the plant;
  - (b) The signature and license number of the operator and the signature of the persons making any entries;
  - (c) Date and time in and out;
  - (d) Specific operation and maintenance activities and any repairs made;
  - (e) Results of tests performed and samples taken, unless documented on a laboratory sheet.
  - (f) Performance of preventive maintenance and repairs or requests for repair of the equipment."

## Suppliers of water are to maintain lead and copper records. 40 CFR 141.91 as incorporated by Rule 62-550.800

The requirements contained in the July 1, 2000, edition of 40 CFR 141, subpart I (sections 80 through 91), are adopted and incorporated herein by reference and are enforceable under this rule.

40 CFR 141.91 Recordkeeping Requirements

Any system subject to the requirements of this subpart shall retain on its premises original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, State determinations, and any other information required by 40 CFR 141.81 through 40 CFR 141.88. Each water system shall retain the records required by this section for no fewer than 12 years.

**RECOMMENDATIONS: None** 

Inspector: Raymond W. Kennex	murder Kenny	Engineering Specialist II	Date 4 / 14/2005
	3/-Tames On!	P.E. III	Date 4 / 14/2005

#### Dead End Main Flushing

The rule requires that dead end water mains must be flushed quarterly or in accordance with a schedule in a written flushing program and a record of the flushing is to be maintained. An effective written flushing program should have a list of the dead end mains to be flushed and identify the location of the dead end water mains. The quality of the water (e.g. disinfectant residual) should be the determining factor in selecting the frequency of flushing as well as the duration of the flush. An initial chlorine residual below the required minimum level at a flushing location would require the system to change the frequency of flushing to a more frequent frequency to maintain an adequate residual. The Department suggests that a separate page be maintained for each dead end main flush location. The separate pages can be placed in a 3-ring binder. The Department suggests that the binder be divided with tabs for quarterly, monthly, weekly etc. flushings. At a minimum, there should be a column for the date the flushing was performed, the frequency of flushing, the start chlorine residual reading, the end chlorine residual reading, the duration of the flush, the person performing the flush and a column for comments. There should be a row for each time a dead end main is flushed. This will enable the system to see the history of flushing at the location and what changes in frequency or duration may have been made. For those dead end mains that might require daily or weekly flushings, the Department suggests that the system consider the installation of an automatic flushing device. For those locations where the system has installed an automatic flush device, a record needs to be maintained on the frequency and duration that is set on the device. In addition, at some specified frequency the initial chlorine reading should be measured to determine if the frequency and/or duration would need to be changed. Other water mains (e.g. looped lines) will need to be flushed as necessary if legitimate water complaints are received. "Dead-end water mains conveying finished drinking water shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water; additionally, dead-end or other water mains conveying finished water shall be flushed as necessary whenever legitimate water quality complaints are received." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that ... their water mains conveying finished drinking water are being flushed, in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C.

System Name: XYZ Utility PWS ID No.: 0000000

Dead End Main Location: End of Judson Street

Frequency: Quartlerly

Date	Personnel	Initial Chlorine	Final Chlorine	Flush Duration, Minutes	Frequency	Comment
10/22/03	John Smith	0.5	2.2	15	quarterly	
	John Smith	0.6	2.0		quarterly	<del></del>
	John Smith	0.5	2.0		quarterly	
	Paul Jones	0.1	2.2		monthly	changed frequency to monthly since residual < 0.2
	Paul Jones	0.3	2.0		monthly	onling to medianly to monthly since residual \ v.z
	Paul Jones	0.4	2.2		monthly	
	John Smith	0.4	2.0		monthly	
	John Smith	0.4	2.2		monthly	
	John Smith	0.4	2.0	أحدمها والمنازع والمناون المنازع	monthly	
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## **Exercising Isolation Valves**

Isolation valves, including those at the water treatment plant, must be exercised in accordance with the equipment manufacturer's recommendations or in accordance with a frequency in a written preventative maintenance program and a record of exercising the isolation valves is to be maintained. The program needs have a listing of the isolation valves with their location identified and an up-to-date map, by December 31, 2005, of the distribution system that shows the location of the isolation valves. The list of the isolation valves should identify at what frequency a particular valve or group of valves are to be exercised (for example, if a system indicates that it is to exercise all isolation valves annually and will perform the exercising in January, it would more effective to separate the valves into four groups and exercise one group each quarter - committing to performing all the exercising in a single month and not being able to do it could leave the system open to possible enforcement for not following the plan). A record that the valve has been exercised must be maintained. An effective preventative maintenance valve-exercising program would document when the valve is to be (or was) exercised, who are the personnel performing the exercising, and in some instances the number of turns required to open and close the valve. The valve exercising records need to be maintained in such a manner that the supplier of water can determine when an isolation valve is to be exercised and that it has been exercised in accordance with the frequency in the written preventative maintenance valve-exercising program. "Preventive maintenance on electrical or mechanical equipment -including...exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their isolation valves are being exercised...in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C.

## Isolation Valve Exercising

System Name:	XYZ Utility	'PWS ID No:	0000000	
Valve Area:	Grid 1	Frequency:	Annually - during first quarter	

Valve #	Date	Personnel	# Tums Close	# Turns Open	Comment
V-1	01/05/05	John Smith	20	20	
V-2	01/05/05	John Smith	20	20	
V-3	01/05/05	John Smith	20	20	
V-4	01/05/05	John Smith	20	20	
		,			
V-22	02/15/05	John Smith	12	12	
V-23	02/15/05	John Smith	12	12	
etc					
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## LAKE PLACID UTILITIES, INC.

**DOCKET NO.: 060260-WS** 

HIGHLANDS COUNTY

25.30-440 (6) Permits

Test Year Ended December 31, 2005



# Department of Environmental Protection

South District

Jeb Bush P.O. Box 2549

Governor Fort Myers, Florida 33902-2549

Colleen M. Castille Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

PA FILE NUMBER: ISSUANCE DATE:

**EXPIRATION DATE:** 

FLA014386-003-DW3P

October 17, 2005 October 16, 2010

#### **RESPONSIBLE AUTHORITY:**

Mr. Patrick Flynn Regional Director 200 Weathersfield Avenue Altamonte Springs, FL 32714

(407) 869-1919

#### **FACILITY:**

Sun 'n' Lake of Lake Placid WWTP Brevard Avenue Lake Placid, FL 33852 Highlands County

Latitude: 27° 13' 50" N Longitude: 81° 19' 01" 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.). The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

#### TREATMENT FACILITIES:

An existing 0.090 MGD annual average daily flow (AADF) permitted capacity extended aeration activated sludge secondary domestic wastewater treatment plant consisting of 100,226 gallons total aeration, 16,900 gallons of final sedimentation, 2,626 gallons of chlorination and 6,913 gallons of sludge digestion.

#### REUSE:

**Land Application:** An existing 0.090 MGD annual average daily flow (AADF) permitted capacity rapid infiltration basin system (R-001). R-001 consists of two percolation ponds located approximately at latitude 27° 13′ 51" N, longitude 81° 19′ 01" W.

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

Page 1 of 19

FACILIT Sun 'n' Lake of Lake Placid WWTP
PERMIT Lake Placid Utilities, Inc.

Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714 P 'T NUMBER: FLA014386

P A LE NUMBER:

FLA014386-003-DW3P

### 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.6:

	Reclaimed Water Limitations									
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.090	·	-	-	5 Days/Week	Meter	FLW-01	See Cond.I.A.3
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report	-	-	Monthly	Calculated	CAL-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-01	See Cond.I.A.6
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-01	See Cond.I.A.6
рҢ	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.6
Coliform, Fecal	#/100ML	Maximum		See Permit Condition I.A.4.			Monthly	Grab	EFA-01	See Cond.I.A.6
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	<del>-</del>	-	0.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.5, 6
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Monthly	Grab	EFA-01	See Cond.l.A.6

Sun 'n' Lake of Lake Placid WWTP

Lake Placid Utilities, Inc. PERMITTEE:

200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER:

FLA014386 P A FILE NUMBER:

FLA014386-003-DW3P

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

Monitoring Location Site Number	Description of Monitoring Location
FLW-01	Flow meter at effluent V-notch weir with strip chart recorder and totalizer.
CAL-01	Calculated from flow measurements.
EFA-01	At effluent V-notch weir at discharge from chlorine contact tank.

- 3. Flow meter shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
- 4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.510 and 62-600.440(4)(c)]
- 5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]
- 6. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. [62-600.740(1)(a)2]

FACILIT PERMIT..

Sun 'n' Lake of Lake Placid WWTP

Lake Placid Utilities, Inc.

200 Weathersfield Avenue Altamonte Springs, FL 32714 I TT NUMBER:

FLA014386

P F. LE NUMBER:

FLA014386-003-DW3P

### 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.6:

			Limitations				Limitations Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Monthly	Grab	INF-01	See Cond.I.B.3
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Monthly	Grab	INF-01	See Cond.I.B.3

Sun 'n' Lake of Lake Placid WWTP

PERMITTEE: Lake Placid Utilities, Inc.

Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: P A FILE NUMBER:

FLA014386

FLA014386-003-DW3P

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

Monitoring Location Site Number	Description of Monitoring Location
INF-01	Sample tap on influent pipe before discharge to first aeration tank.

- 3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
- 4. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
- 5. 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)]
- 6. 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's South District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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

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. 7 by the twenty-eighth (28th) of the month following the month of operation.

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

Sun 'n' Lake of Lake Placid WWTP

PERMITTEE: Lake Placid Utilities, Inc.

200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER:

MBER: FLA014386

P A FILE NUMBER:

FLA014386-003-DW3P

7. 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:

South District Office Florida Department of Environmental Protection P O Box 2549 Ft. Myers, Florida 33902-2549

Phone Number - 239-332-6975 FAX Number - 239-332-6969

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

### II. RESIDUALS MANAGEMENT REQUIREMENTS

- 1. The method of residuals use or disposal by this facility is land application and/or transport to Application Materials Services MJ Ranch Facility (Facility no. FLA190284), or Nordgren Ranch Residuals Management Facility (Facility no. FLA280348), or disposal in a Class I or II solid waste landfill.
- 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 will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit. [62-640.300(5)]
- 4. 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)]
- 5. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
- 6. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s), and the requirements of Chapter 62-640, F.A.C. [62-640]
- 7. The domestic wastewater residuals for this facility are classified as Class B.
- 8. The permittee shall achieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(3) (Use of PSRP (Process to Significantly Reduce Pathogens) Lime Stabilization) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(1)(b)]
- 9. The permittee shall achieve vector attraction reduction by meeting the vector attraction reduction requirements in section 503.33(b)(6) (Add alkaline materials to raise the pH under specified conditions) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(2)(a)]

FACILITY: PERMITTEE: Sun 'n' Lake of Lake Placid WWTP

200 Weathersfield Avenue

Lake Placid Utilities, Inc. Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014386

P A FILE NUMBER: FLA014386-003-DW3P

10. Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction reduction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. [62-640.400(8)]

11. The permittee shall sample and analyze the Class A or Class B residuals to monitor for pathogen and vector attraction reduction requirements of Rule 62-640.600, F.A.C., and the parameters listed in the table below at least once every twelve (12) months. All samples shall be representative of the residuals used or land applied and shall be taken after final treatment of the residuals but before use or land application.

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

[62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]

12. Residuals samples shall be taken at the monitoring site locations described below:

Monitoring Location Site Number	Description of Monitoring Location
RMP-B	Residuals samples collected from the larger and downstream 5,000 gallon digester tank.

FACILITY: PERMITTEE:

Sun 'n' Lake of Lake Placid WWTP

Lake Placid Utilities, Inc.

200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014386

P A FILE NUMBER: FLA014386-003-DW3P

13. Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication - POTW Sludge Sampling and Analysis Guidance Document, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the POTW Sludge Sampling and Analysis Guidance Document, the requirements in Title 40 CFR Part 503, section 503.8 will apply. [62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]

- 14. Grab samples shall be used for pathogens and determinations of percent volatile solids. Composite samples shall be used for metals. [62-640.650(1)(e)]
- 15. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. Monthly averages of parameter concentrations shall be determined by taking the arithmetic mean of all sample results for the month. [62-640.650(1)(f)]
- 16. The permittee shall submit the results of all residuals monitoring with the permittee's Discharge Monitoring Report under Chapter 62-601, F.A.C. The analytical results from each sampling event shall be submitted with the report for the month in which the sampling event occurs. [62-640.650(3)(a)&(e)]
- 17. Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. [62-640.600(3)(b)]
- 18. Plant nursery use of Class B residuals is limited to plants which will not be sold to the public for 12 months after the last application of residuals. [62-640.600(3)(b)].
- 19. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. [62-640.600(3)(b)2.]
- 20. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. [62-640.600(3)(b)6.]
- 21. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. [62-640.600(3)(b)3.]
- 22. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. [62-640.600(3)(b)4.]
- 23. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. [62-640.600(3)(b)5.]
- 24. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. [62-640.600(3)(b)7.]
- 25. Sod which will be distributed or sold to the public or used on unrestricted public access areas shall not be harvested for 12 months after the last application of Class B residuals. [62-640.600(3)(b)8.]
- 26. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. 162-640.600(3)(b)1
- 27. Residuals that do not meet the requirements of Chapter 62-640, F.A.C., for Class AA designation shall not be used for the cultivation of tobacco or leafy vegetables. [62-640.400(7)]

Sun 'n' Lake of Lake Placid WWTP

FERMITTEE: Lake Placid Utilities, Inc.

Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: P A FILE NUMBER:

FLA014386

FLA014386-003-DW3P

28. Current Agricultural Use Plan(s) identify residuals landspreading on the following sites:

Application Site Number	Site Name	Application Area (acres)	County
FLA288284	Palmer Simmons site	140.74	Highlands

The wastewater treatment facility permittee shall apply for a minor permit revision on DEP Form 62-620.910(9) for new, modified, or expanded residuals land application sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan(s) prior to application of residuals to the new, modified, or expanded sites, unless, under unusual circumstances, all of the following conditions are met:

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

[62-640.300(2)&(3)]

- 29. Residuals application rates are limited to agronomic rates based on the site vegetation as identified in the Agricultural Use Plan. [62-640.750(2)]
- 30. Residuals shall be applied with appropriate techniques and equipment to assure uniform application over the application zone. [62-640.700(2)(c)]
- 31. The spraying of liquid domestic wastewater residuals shall be conducted so that the formation of aerosols is minimized. [62-640.700(2)(d)]
- 32. Residuals storage facilities at land application sites shall be subject to applicable setback requirements for residuals application sites. Residuals stored at land application sites shall be stored in a manner that will not cause runoff or seepage from the residuals, objectionable odors, or vector attraction. Storage areas must be fenced or otherwise provided with appropriate features to discourage the entry of animals and unauthorized persons. At the time of application, the stored residuals must meet the parameter concentrations, pathogen and vector attraction reduction requirements, and cumulative application limits of this permit. Residuals storage facilities at land application sites may be used only for temporary storage of stabilized residuals for no more than 30 days during periods of inclement weather or to accommodate agricultural operations, or up to the period (not to exceed two years) specified in the Agricultural Use Plan. [62-640.700(2)(e)]
- 33. Residuals application sites shall be posted with appropriate advisory signs identifying the nature of the project area. [62-640.700(2)(f)]
- 34. The pH of the residuals soil mixture shall be 5.0 or greater at the time residuals are applied. At a minimum, soil pH testing shall be done annually. [62-640.700(5)(d)]

Sun 'n' Lake of Lake Placid WWTP

Lake Placid Utilities, Inc. PERMITTEE:

200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: P A FILE NUMBER: FLA014386

FLA014386-003-DW3P

- 35. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven days of request by the Department, or delegated Local Program. The permittee shall maintain record items a. through e. below in perpetuity, and maintain record items f. through k. for five years:
  - Date of application of the residuals;
  - b. Location of the residuals application site as specified in the Agricultural Use Plan;
  - Identification of each application zone used by the permittee at the application site and the acreage of each zone;
  - d. Amount of residuals applied or delivered to each application zone;
  - e. Cumulative loading of each application zone;
  - The names of all other wastewater facilities using each of the application zones identified in item c.;
  - Method of incorporation (if any);
  - Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least annually);
  - Unsaturated depth of soil above the water table level at the time of application;
  - Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and
  - k. The results of any soil testing that is done under Rule 62-640.500(4)(a), F.A.C.

[62-640.650(2)]

- 36. The permittee shall submit an annual summary of residuals application activity to the South District Office on Department Form 62-640.210(2)(b) for all residuals applied during the period of January 1 through December 31. The summary for each year shall be submitted by February 19 of the following year. If more than one facility applies residuals to the same application zones, the summary must include a subtotal of each facility's contribution of residuals to the application zones. [62-640.650(3)(b)]
- 37. If residuals that are subject to the cumulative loading limitations of Rule 62-640.700(3), F.A.C., have been applied to an application zone, and the cumulative loading amount of one or more of the pollutants is not known, no further applications of residuals may be made to that application zone. [62-640.700(3)(f)]
- 38. A minimum unsaturated soil depth of two feet above the water table level is required at the time the residuals are applied to the soil. [62-640.700(6)(a)]
- 39. Residuals shall not be applied during rains that cause runoff from the site or when surface soils are saturated. [62-640.700(7)(a)]
- 40. Land application of "other solids" as defined in Chapter 62-640, F.A.C., is only allowed if specifically addressed in the Agricultural Use Plan(s) approved for this facility. Land application of "other solids" is subject to Chapter 62-640, F.A.C., and the permit conditions that apply to land applied residuals. [62-640.860]
- 41. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]

FACILITY: PERMITTEE:

Sun 'n' Lake of Lake Placid WWTP

Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: P A FILE NUMBER:

FLA014386

FLA014386-003-DW3P

42. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

### Source Facility

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

### Residuals Management Facility or Treatment Facility

- 1. Date and Time Received.
- 2. Amount of Residuals Received.
- 3. Name and ID Number of Source Facility.
- 4. Signature of Hauler.
- 5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility.

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)]

43. For site located in geographic areas subject to the phosphorus provisions of Rule 62-640. 500(4), F.A.C., annual soil test results to determine the characterization of soil phosphorus shall be submitted with the Residuals Annual Summary. The permittee shall recalculate residuals application rates each year and submit these calculations as part of the Residuals Annual Summary that is required to be submitted to the Department. If the calculations indicate a lower application rate is appropriate, the permittee shall immediately follow the new, lower calculated application rate. If calculations indicate a higher rate is appropriate, the permittee shall wait for Department approval that specifically approves the higher application rate before applying residuals at the new/higher application rate.

### III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

### IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

### Part IV Rapid Infiltration Basins (R-001)

- 1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
- 2. The annual average hydraulic loading rate to the percolation ponds shall be limited to a maximum of 7.1 inches per day (as applied to the entire bottom area). [62-610.523(3)]
- 3. The percolation ponds normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
- 4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
- 5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]

FACILITY: PERMITTEE: Sun 'n' Lake of Lake Placid WWTP

Lake Placid Utilities, Inc.

200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: P A FILE NUMBER:

FLA014386

FLA014386-003-DW3P

6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's South District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

### V. OPERATION AND MAINTENANCE REQUIREMENTS

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

A Class C or higher operator ½ hour/day for 5 days/week and one weekend visit. The lead operator must be a Class C operator, or higher.

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

- 2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]
- 3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
- 4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
- 5. The permittee shall maintain the following records and make them available for inspection at the water plant building located at 200 Weathersfield Avenue, Altamonte Springs
  - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken:
  - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
  - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
  - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
  - e. A copy of the current permit;
  - A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
  - g. A copy of the facility record drawings;
  - h. Copies of the licenses of the current certified operators; and

FACILITY: PERMITTEE: Sun 'n' Lake of Lake Placid WWTP

Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014386 P A FILE NUMBER:

FLA014386-003-DW3P

i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

162-620.3501

### VI. SCHEDULES

1. In accordance with Chapter 7.0 of the Operation and Maintenance Performance Report and the engineer's letter dated August 22, 2005, the following improvement actions shall be completed according to the following schedule:

	Improvement Action	<b>Completion Date</b>		
1	Repair all exposed wiring in the blower control panel.	Within 30 days of permit issuance.		
2	Install fence around percolation ponds. Install advisory signs around percolation ponds.	December 31, 2005		

[62-600.735(1)]

### VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

### VIII. OTHER SPECIFIC CONDITIONS

- 1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit 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. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
- 2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)][62-640.700(2)(b)]
- 3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
- 4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]

Sun 'n' Lake of Lake Placid WWTP

PERMITTEE: Lake Placid Utilities, Inc.

200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: P A FILE NUMBER:

FLA014386

FLA014386-003-DW3P

- 5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
- 6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
  - a. Which may cause fire or explosion hazards; or
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in 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 or safety problems.

[62-604.130(5)]

- 7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [and 62-600.400(2)(b)]
- 8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
- 9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
- 10. 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)]

FACILITY: PERMITTEE:

Sun 'n' Lake of Lake Placid WWTP

ITTEE: Lake Placid Utilities, Inc.

200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: P A FILE NUMBER:

FLA014386

FLA014386-003-DW3P

### 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;

FACILITY: PERMITTEE: Sun 'n' Lake of Lake Placid WWTP

Lake Placid Utilities, Inc.

200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: P A FILE NUMBER: FLA014386

FLA014386-003-DW3P

- Have access to and copy any records that shall be kept under the conditions of this permit;
- Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
- Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
  - A description of the anticipated noncompliance;

Sun 'n' Lake of Lake Placid WWTP

PERMITTEE: Lake Placid Utilities, Inc.

200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: P A FILE NUMBER: FLA014386 FLA014386-003-DW3P

b. The period of the anticipated noncompliance, including dates and times; and

c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
  - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), 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 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.

FACILITY: PERMITTEE:

Sun 'n' Lake of Lake Placid WWTP

Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: P A FILE NUMBER:

FLA014386

FLA014386-003-DW3P

- b. Oral reports as required by this subsection shall be provided as follows:
  - 1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
    - a) Name, address, and telephone number of person reporting;
    - b) Name, address, and telephone number of permittee or responsible person for the discharge;
    - c) Date and time of the discharge and status of discharge (ongoing or ceased);
    - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
    - e) Estimated amount of the discharge;
    - f) Location or address of the discharge;
    - g) Source and cause of the discharge;
    - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
    - i) Description of area affected by the discharge, including name of water body affected, if any; and
    - j) Other persons or agencies contacted.
  - 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17, 18, and 19 of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20, of this permit. [62-620.610(21)]
- 22. Bypass Provisions.
  - a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
    - 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.

FACILITY: PERMITTEE:

Sun 'n' Lake of Lake Placid WWTP

Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: P A FILE NUMBER:

FLA014386

FLA014386-003-DW3P

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

[62-620.610(22)]

### 23. Upset Provisions

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

[62-620.610(23)]

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Jon M. Iglehart

Director of

District Management

DATE: ( O pro GOR 18, 2005

# LAKE PLACID UTILITIES, INC.

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714



CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440

Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 florida@utilitiesinc-usa.com

June 16, 2005

Mr. Doug Wells Department of Environmental Protection South District P.O. Box 2549 Fort Meyers, Florida 33902-2549

Re:

Lake Placid Utilities WWTP File Review and Field Inspection FLA014386

Dear Mr. Wells:

Please find listed below the responses concerning the file review and field inspection of the Lake Placid Utilities, Inc. WWTP conducted by your Department personnel on May 5, 2005. Responses are presented using the same numbering system presented in the Department's letter dated June 2, 2005.

- 1. The operating permit renewal application was mailed before the March 2, 2005 deadline. A copy of the transmittal letter is attached.
- 2. The contract operating service was contacted for an explanation of the chlorine residual deficiencies occurring in August and September. This occurred during the time periods that Hurricane Charley and Jeanne swept through the area. A copy of their explanation is attached.
- 3. The lift station lid and power panel lids have been locked.

Sincerely

LAKE PLACID UTILITIES, INC.

Michael Dun

Michael Dunn, P.E. Regional Manager

Ec:

Richard Retz

Patrick Flynn

Cc:

Scott Stewart

Page 1 of 2 Document1 Jun 13 05 12:56p

Pugh Utilities

863 465 5159

p. 1

Pugh Utilities Service, Inc. 760 Henscratch Road Lake Placid, Florida 33852 (863) 465-6911

Rick Retz Utilities, Inc. of Florida 200 Weathersfield Ave. Altamonte Springs, Florida 32714

June 13, 2005

Reference: Sun & Lakes of Lake Placid

Water and Wastewater Treatment Plant

Dear Mr. Retz.

### Water Plant:

The following are the dates and readings of the generator at the water plant.

 April 26, 2005
 424.1

 May 3, 2005
 425.6

 May 9, 2005
 426.6

 May 17, 2005
 427.7

 May 24, 2005
 428.7

 May 31, 2005
 429.8

 June 7, 2005
 430.8

A copy of the logbook pages will be enclosed with this letter.

The MOR's DMR's and lab we have the following numbers for faxing:

(407) 869-6961, 468-3268 and (813) 626-1030.

The DMR's for the month of May are not finished. All information is faxed to your office as soon as all reports are ready.

In reference to the June 1, 2005 DEP letter, we have put a preventive maintenance plan in place at the water plant. The flushing program and valve exercise programs we do not do.

### Wastewater Plant:

In reference to the June 2, 2005 DEP letter, item #2.

On August 14-16, 2005 a zero reading for chlorine was logged. During this time Hurricane Charlie had came through the area.

On September 27, 2005 a 0.4 reading for chlorine was logged. During this time Hurricane Jeanne had came through the area.

If you have any further questions please do not hesitate to call,

Lisa Holmes Pugh Utilities

**6**... - ....

Enclosures

## LAKE PLACID UTILITIES, INC.

AN AFFILIATE OF UTILITIES, INC. 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

Telephone: 407-869-1919

Florida: 800-272-1919 Fax: 407-869-6961 florida@utilitiesinc-usa.com

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440

# Fax Transmittal

Attn:	Scott S	Stewart		Date:	6/16/0	05	*	
Company: Lake Placid Utilities, Inc.			Fax #:		(239) 561-1263			
From:	m: Michael Dunn			Pages	: 5 inclu	5 including this cover page.		,
Subject: Lake Placid FDEP Field Inspection Response								
URGENT		☐ For Your Review ☐ Please Comment	⊠ For your Informa	tion [	☑ Please Reply	Original:	⊠ will not be sent ☐ via U.S. Mail	



## Messages:

Make sure that locks are installed on the lift station lid and power panel lids are locked by 6/17/05. FDEP will do a follow-up inspection next week to verify.

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately mail the transmission to the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.



# Department of Environmental Protection

South District P.O. Box 2549 Fort Myers, Florida 33902-2549 Ph. (239) 332-6975 Fax (239) 332-6969 Collegen M. Castille Secretary

#### SENT VIA ELECTRONIC MAIL

Mr. Patrick Flynn
Regional Director
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altatmonte Springs, FL 32714
Email: florida@utiliesinc-usa.com

RE:

Highlands County-DW
Lake Placid Utilities aka Sun-n-

Lakes of Lake Placid

FLA014386

June 2, 2005

Dear Mr. Flynn:

A file review and a field inspection of the above referenced WWTP on May 5, 2005 indicate that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. Department personnel observed the following:

- The above referenced permit expires August 29, 2005. An application to renew the permit should have been submitted no later than March 2, 2005. Florida Administrative Code (F.A.C.) Rule 62-620.410(5) states an applicant shall apply to the Department to renew an existing wastewater pennit at least 180 days before the expiration date of the existing permit.
- 2. A review of the Discharge Monitoring Reports (DMRs) revealed that the August and September 2004 DMRs reported total residual chlorine (TRC) violations of 0.0 and 0.4 milligrams per liter (mg/L) respectively. F.A.C. Rule 62-600.440(4)b requires a total chlorine residual of at least 0.5 mg/L to be maintained after at least 15 minutes contact time at peak hourly flow.
- The lift station lid and power panel was not locked. F.A.C. Rule 62-604.400(2)(d) states that pumping stations shall be enclosed with a fence or otherwise designed with appropriate features that discourage the entry of animals and unauthorized persons.

Continued . . .

"More Protection, Less Process"

Mr. Flynn June 2, 2005 Page 2 of 2

You are advised that any activity that may contribute to violations of the above described statutes and rules should cease immediately. Continued operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.141 and 403.161, Florida Statutes.

Please notify the Department In writing within 15 days as to what actions you intend to take in order to address these deficiencies.

If you have any questions, please do not hesitate to contact <u>Doug Wells</u> at (239) 332-6975, ext. 108. Your cooperation is appreciated.

Sincerely,

Keith Kleinmann

Kerth Kleinmann Environmental Manager

KK/WDW/m:v

CC:

Pugh Utilities, Operator

Allen Slater, FRWA (allen.slater@frwa.net)

Rick Retz, Utilities Inc. (r.retz@utilitiesinc-usa.com)

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# LAKE PLACID UTILITIES, INC.

**DOCKET NO.: 060260-WS** 

HIGHLANDS COUNTY

25.30-440 (7) Notices

Test Year Ended December 31, 2005



# Department of Environmental Protection

South District P.O. Box 2549 Fort Myers, Florida 33902-2549 Ph. (239) 332-6975 Fax (239) 332-6969 Colleen M. Castille Secretary

June 2, 2005

### SENT VIA ELECTRONIC MAIL

Mr. Patrick Flynn
Regional Director
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altatmonte Springs, FL 32714
Email: florida@utiliesinc-usa.com

RE:

Highlands County-DW
Lake Placid Utilities aka Sun-nLakes of Lake Placid

FLA014386

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Continued . . .

"More Protection, Less Process"

Mr. Flynn June 2, 2005 Page 2 of 2

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If you have any questions, please do not hesitate to contact <u>Doug Wells</u> at (239) 332-6975, ext. 108. Your cooperation is appreciated.

Sincerely,

Keith Kleinmann

**Environmental Manager** 

KK/WDW/mv

cc: Pugh Utilities, Operator

Allen Slater, FRWA (allen.slater@frwa.net)

Rick Retz, Utilities Inc. (r.retz@utilitiesinc-usa.com)

## LAKE PLACID UTILITIES, INC.

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714



CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440

Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 florida@utilitiesinc-usa.com

June 16, 2005

Mr. Doug Wells
Department of Environmental Protection
South District
P.O. Box 2549
Fort Meyers, Florida 33902-2549

Re:

Lake Placid Utilities WWTP

File Review and Field Inspection

FLA014386

Dear Mr. Wells:

Please find listed below the responses concerning the file review and field inspection of the Lake Placid Utilities, Inc. WWTP conducted by your Department personnel on May 5, 2005. Responses are presented using the same numbering system presented in the Department's letter dated June 2, 2005.

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- 3. The lift station lid and power panel lids have been locked.

Sincerely

LAKE PLACID UTILITIES, INC.

Michael Dunn, P.E. Regional Manager

Ec:

Richard Retz

Michael Dun

Patrick Flynn

Cc:

Scott Stewart

Page 1 of 2 Document1

# LAKE PLACID UTILITIES, INC.

**DOCKET NO.: 060260-WS** 

HIGHLANDS COUNTY

25.30-440 (8) Field Employees

Test Year Ended December 31, 2005

# Employees Involved in Lake Placid Utilities, Inc. Operations During Test Year 2005:

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Rick Retz, Regional Manager: Manages operations and employees for all West Coast operations. West Coast operations include all systems located in South Florida and West Florida.

Tony Wierzbicki, Project Manager: Manages capital projects and developer activity within the West Coast and South Florida Operations areas

Scott Stewart, Area Manager: Supervises the day-to-day operations for the systems within the West Coast Operations area.

## Field Employees:

Contract Operator provides compliance staffing of water and wastewater facilities, distribution and collection system operation and maintenance, meter reading, and afterhours response. There are no employees assigned to these systems.

# Facilities:

The minimum staffing requirement at the Lake Placid water and wastewater facilities are provided by Contract Operator.

# LAKE PLACID UTILITIES, INC.

**DOCKET NO.: 060260-WS** 

HIGHLANDS COUNTY

25.30-440 (9) Vehicles

Test Year Ended December 31, 2005

## FL Vehicles as of 5-5-06

Veh. # Yr/Make/Model	VIN	Driver Arrianed	Cost	Company Name
9934 99 DODGE DAKOTA	1B7FL26X6XS261957	Driver Assigned CORY SUDOL		Company Name Alafaya Utilities, Inc.
9932 99 DODGE DAKOTA	1B7FL26XXXS277898	NO DRIVER YET		Alafaya Utilities, Inc.
636 06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON		Alafaya Utilities, Inc.
221 02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY	\$13,356.21	Alafaya Utilities, Inc.
19 00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK		Alafaya Utilities, Inc.
610 06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON		Alafaya Utilities, Inc.
311 03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS		Alafaya Utilities, Inc.
308 03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED	•	Alafaya Utilities, Inc.
431 04 CHEV C25 24 00 CHEV S-10	1GCHK24U04E296751 1GCCS14W9YK229577	DON TAYLOR ALVIN BISHOP		Alafaya Utilities, Inc. Bayside Utility Services, Inc.
638 06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP		Bayside Utility Services, Inc.
8691 86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK		Bayside Utility Services, Inc.
223 02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL	\$13,356.21	Cypress Lakes, Utilities, Inc.
608 06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	\$18,681.44	Cypress Lakes, Utilities, Inc.
16 00 CHEV CS10803	1GCCS14W2YK195806			Eastlake Water Service, Inc.
9808 98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW		Labrador Utilities, Inc.
427 04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY		Labrador Utilities, Inc.
508 05 CHEV C25 4X4 103 01 CHEV S10	1GBHK24UX5E233792 1GCCS14W01K129325	VARIOUS MATTHEW GUNTHER		Mid-County Mid-County
9833 98 CHEV S-10	1GCCS14V01K125323			Mid-County
111 01 CHEV 1500	1GCEC14W81Z185977	SPARE		Mid-County
461 04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO		Mid-County
9928 99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN		Sandalhaven
426 04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT		Sandalhaven
9935 99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	\$16,056.16	Sanlando Utilities, Inc.
9933 99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET	\$15,659.79	Sanlando Utilities, Inc.
9931 99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE		Sanlando Utilities, Inc.
9927 99 DODGE DAKOTA	1B7FL26XXXS261958	JIM SWEGHEIMER		Sanlando Utilities, Inc.
9602 96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE		Sanlando Utilities, Inc.
516 05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN ROBERTO REMIGIO		Sanlando Utilities, Inc.
101 01 CHEV S10 220 02 CHEVY S-10	1GCCS14W01K129261 1GCCS14W128209201	ROY MERICLE		Sanlando Utilities, Inc. Sanlando Utilities, Inc.
14 00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO		Sanlando Utilities, Inc.
102 01 CHEV S10	1GCCS14W71K129239	ELISA STEGER		Sanlando Utilities, Inc.
9835 98 CHEV S-10	1GCCS14X0WK247116	SPARE		Sanlando Utilities, Inc.
9834 98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS		Sanlando Utilities, Inc.
110 01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER	\$18,690.29	Sanlando Utilities, Inc.
109 01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER	\$19,066,93	Sanlando Utilities, Inc.
217 02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE		Sanlando Utilities, Inc.
18 00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH		Sanlando Utilities, Inc.
108 01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL		Sanlando Utilities, Inc.
113 01 CHEV 1500 107 01 CHEV 1500	1GCEC14W21Z187837 1GCEC14W71Z185310	JIMMIE HOLLISTER JAMES PENDARVIS		Sanlando Utilities, Inc. Sanlando Utilities, Inc.
112 01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT		Sanlando Utilities, Inc.
312 03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE		Sanlando Utilities, Inc.
305 03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN		Sanlando Utilities, Inc.
433 04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK		Sanlando Utilities, Inc.
304 03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	\$19,372.92	Tierre Verde
8926 89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	\$31,061.22	Utilities, Inc. of Florida
9765 97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET		Utilities, Inc. of Florida
35 00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK		Utilities, Inc, of Florida
503 05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS		Utilities, Inc. of Florida
612 06 CHEV COLORADO 637 06 CHEV C15	1GCCS146768129150 1GCEC14V96E197609	CHRIS ALDAY JEFF FINEHIRSH		Utilities, Inc. of Florida Utilities, Inc. of Florida
222 02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES		Utilities, Inc. of Florida
424 03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH		Utilities, Inc. of Florida
436 04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS		Utilities, Inc. of Florida
301 03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY		Utilities, Inc. of Florida
422 04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	\$21,654.48	Utilities, Inc, of Florida
509 05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI		Utilities, Inc. of Florida
639 06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES		Utilities, Inc. of Florida
428 04 CHEV S10 TRAILBLAZER	1GNDT13S442340667	BRYAN GONGRE		Utilities, Inc, of Florida
512 05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN		Utilities, Inc. of Florida
650 06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY		Utilities, Inc. of Florida
9250 92 DODGE 242 02 CHEVY IMPALA	2B7GB11X5NK163811 2G1WF55E329381533	SEWER VIDEO EQUIP VAN SCOTTY HAWS		Utilities, Inc. of Florida Utilities, Inc. of Florida
9925 99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE		Utilities, Inc. of Florida
453 04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WERZBICKI		Utilities, Inc. of Florida
609 06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART		Utilities, Inc. of Florida
129 01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL		Utilities, Inc. of Florida
33 00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE		Utilities, Inc. of Pennbrooke
105 01 CHEV S10	1GCCS14WX18159350	JAMES YINGLING		Utilities, Inc. of Pennbrooke
314 03 CHEV C15 FULL	1GCEC14X43Z114271	STEVEN PFOUTS		Utilities, Inc. of Pennbrooke
511 05 CHEV C15 REG CAB	1GCEC14X75Z230180	DAN ANDERSON	\$18,064.18	Utilities, Inc. of Pennbrooke

# LAKE PLACID UTILITIES, INC.

**DOCKET NO.: 060260-WS** 

HIGHLANDS COUNTY

25.30-440 (10) Customer Complaints

PHONE :. 863/465-1891

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 1 DETAIL SERVICE ORDER COMPLAINTS FOR 062 CUSTOMER REQUESTED ( A ) FOR PERIOD 01/01/05 TO 06/30/05 CORPýý----. 062 ROUTE :. 641 SERVICE ORDER# :. 885431 ACCOUNT# :. 006410010882 CUSTOMER NAME :. DEKEL, EMILE SERVICE ADDRESS:. 111 FAIRWAY DR PHONE :. 305/322-2006 EDATE :. 01/04/05 :. 17 TYPE FOPER :. COMMENT :. CUSTOMER CALLED THE ANSWERING SERVICE DUE TO LEAK @ METER. . PAGED TO PUGH UTILITIES FOR OTTO RESOLUTION :. R= REPAIRED BROKEN SERVICE LINE . OTTO/KIM RDATE :. 12/02/05 CORPÝÝ----. 062 ROUTE :. 641 SERVICE ORDER# :. 897844 ACCOUNT# :. 006410010191 CUSTOMER NAME : HENRIKSEN, JENS SERVICE ADDRESS:. 165 FAIRWAY DR PHONE :. 863/465-7160 :. 02/14/05 EDATE :. 17 TYPE FOPER : . COMMENT :. WATER POURING OUT AT METER . PAGED TO; DAN H-4:39PM-LEFT MESSG WITH GIRL @ PUGH UTILITIES . PH HIM @863-465-6911 RESOLUTION :. REQUESTED RESOLUTION FROM PUGH UTILITIES AGAIN. . KIM . 2/25/05 LINE BROKE BETWEEN METER AND HOUSE. SERVICE CALL CUSTOMER. THE . CUSTOMER TOOK CARE OF LEAK. . PUGH/KIM RDATE :. 02/14/05 CORPýý----. 062 ROUTE :. 641 SERVICE ORDER# :. 933839 ACCOUNT# :. 006410011283
CUSTOMER NAME :. HEATER, EDWARD R SERVICE ADDRESS:. 122 FAIRWAY DR

EDATE

:. 06/08/05

TYPE

:. 17

FOPER

: .

COMMENT

:. CUSTOMER CALLED DUE TO LEAKING PIPE OUTSIDE.

. CALLED TO PUGH UTILITIES ANSWERING SERVICE.

. PLEASE RESOLVE AND FAX TO: 1-407-869-1919 ASAP. (THANKS)

RESOLUTION

:. 6/1/05 FAXED TO PUGH FOR RESOLUTION.(KIM)

. R=326390 CUSTOMER LEAK INFORMED CUSTOMER

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 2 DETAIL SERVICE ORDER COMPLAINTS FOR 062

CUSTOMER REQUESTED ( A )

FOR PERIOD 01/01/05 TO 06/30/05

. PUGH/KIM

RDATE :. 05/30/05

CORPýý----. 062

ROUTE :. 641 SERVICE ORDER# :. 891384

ACCOUNT# :. 006410011753

CUSTOMER NAME : . CRAIGHEAD, SHERMAN SERVICE ADDRESS:. 216 COUNTRY CLUB DR

PHONE :. 540/297-5698

EDATE :. 01/24/05

TYPE :. 20 :. LPU

COMMENT :. CUSTOMER IS BEING BILLED USING MULTI RESIDENTIAL RATE, BUT SHE

SAYS

. EACH UNIT HAS THERE OWN METER. PLEASE CALL CUSTOMER BEFORE

GOING OUT

. SHE WANTS TO BE THERE. PH. 863-465-6628

RESOLUTION :. INDIVIDUAL METERS QUADRAPLEX CONDO

. CS/KIM

RDATE :. 01/25/05

CORPýý----. 062

ROUTE :. 641 SERVICE ORDER# :. 897043

ACCOUNT# :. 006410010742 CUSTOMER NAME :. JEANNIN, EDWARD SERVICE ADDRESS:. 308 STEPHEN DR PHONE :. 863/465-7952 :. 02/10/05 EDATE

TYPE :. 20

FOPER

COMMENT : PER CUSTOMER REQUEST-HE NEEDS LOCATION OF OUR PLANT & HOW

SEWAGE GOES

. TO HOUSE & DETAILS DB PHONED PUGH UTILITIES & REQUESTED FOR

DAN HOLMES

. TO PHONE THIS CUSTOMER-PUGH UTIL; #1-863-465-6911 & SPOKE TO

CAROLE

. TO GIVE THIS CALL TO DAN HOLMES

:. 2/25/05 REQUESTING RESOLUTION FROM PUGH UTILITIES AGAIN RESOLUTION

. PATRICK TALKED TO CUSTOMER.

. KIM

RDATE :. 02/10/05

ROUTE :. 641 SERVICE ORDER# :. 907447

ACCOUNT# :. 006410012030 CUSTOMER NAME :. JONES, CARL E SERVICE ADDRESS:. 245 GOLFPOINT DR

PHONE : 863/699-0307 EDATE : 03/17/05

TYPE :. 20

FOPER :.

COMMENT :. MR. CALLED TO REPORT HIS STREET NAME HAS CHANGED FROM GOLFVIEW

TO

. GOLFPOINT. PLEASE VERIFY

RESOLUTION :. PER 911 -GOLFVIEW DRIVE IS NOW GOLF POINT DRIVE.

. CS/KIM

RDATE :. 03/18/05

RESOLUTION

```
(545) REPORT UBRSORDREPORT.2
                                   UTILITY BILLING SYSTEM
                                                                  PAGE 3
DETAIL SERVICE ORDER COMPLAINTS FOR 062
CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05
CORPÝÝ----. 062
       :.
ROUTE
SERVICE ORDER# :. 910231
ACCOUNT# :. 006410000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
             :. /
             :. 03/28/05
EDATE
TYPE
              :. 20
FOPER
              : .
             :. CUSTOMER AT DEANN'S LAKEFRONT ESTATES WOULD LIKE TO HOOK UP TO
COMMENT
OUR
               . WATER LINE WHEN THIS WORK IS TO BE DONE. PLEASE CALL CLAY
HARGRAVES
               . PHONE: 863-465-7209 REGARDING THIS MATTER.
RESOLUTION
              :. CLAY WILL BE GETTING WITH MIKE DUNN ON THIS
               . CS/KIM
RDATE
              :. 03/29/05
CORPýý----. 062
       :. 641
ROUTE
SERVICE ORDER# :. 911538
ACCOUNT# :. 006410010843
CUSTOMER NAME : GAMMAGE , JOHN
SERVICE ADDRESS:. 153 FAIRWAY DR
PHONE :. 863/699-9397
EDATE
             :. 03/31/05
TYPE
             :. 20
FOPER
COMMENT :. TAKE READING, SEASONAL CUSTOMER TURN OFF & LOCK TEMPORARILY RESOLUTION :. CUSTOMER CALLED TO CANCEL TEMP OFF.
COMMENT
               . KIM
RDATE
             :. 04/01/05
CORPÝÝ----. 062
ROUTE :.
SERVICE ORDER# :. 928261
ACCOUNT# :. 006410000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE
EDATE
             :. 05/20/05
TYPE
             :. 20
FOPER
              :. LPU
COMMENT
              :. CAN WE PROVIDE SERVICE TO 377 CONCERTS, SUN N LAKES?
               . CHERYL GRILL 863-385-2222 EXT 209
               . THANK YOU, ANN
```

:. WATER & SEWER IS NOT AVAILABLE- DAN HOLMES/ ANN

RDATE :. 07/21/05

CORPÝÝ----. 062 ROUTE :. 641 SERVICE ORDER# :. 913415

ACCOUNT# : 006410011562
CUSTOMER NAME : BRIEG, DOLORES
SERVICE ADDRESS: 102 COUNTRY CLUB DR

PHONE : . 863/465-6250 EDATE : . 04/07/05 TYPE : . 21

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM DETAIL SERVICE ORDER COMPLAINTS FOR 062 CUSTOMER REQUESTED ( A ) FOR PERIOD 01/01/05 TO 06/30/05 FOPER :.
COMMENT :. HIGH ON MVR REPORT RESOLUTION :. 4/6/05-READ 539270 . 3/31/05- MR 538670-BILLED . 2/28/05- MR 530970 . CLAY/DB RDATE :. 04/06/05 CORPýý----. 062 ROUTE :. 641 SERVICE ORDER# :. 913430 ACCOUNT# :. 006410011870 CUSTOMER NAME : . SUNDERMAN, ROBERT R SERVICE ADDRESS:. 229 COUNTRY CLUB DR PHONE :. 863/531-5384 :. 04/07/05 :. 21 EDATE TYPE FOPER COMMENT :. READ HIGH ON MVR REPORT RESOLUTION :. 4/6/05-READ 83450 . 3/31/05- MR 82340-BILLED . 2/28/05- MR 75650 . CLAY/DB RDATE :. 04/06/05 CORPýý----. 062 ROUTE :. 641 SERVICE ORDER# :. 913432 ACCOUNT# :. 006410010683 CUSTOMER NAME :. WANAMAKER, GEORGE SERVICE ADDRESS:. 146 FAIRWAY DR PHONE :. 309/836-6872 :. 04/07/05 EDATE TYPE :. 21 FOPER :. NO READ ON MVR REPORT-READ COMMENT :. 4/6/05-READ 160820-BILLED RESOLUTION . 2/28/05- MR 159920 . CLAY/DB :. 04/06/05 RDATE CORPýý----. 062 ROUTE :. 641 SERVICE ORDER# :. 913435

PAGE 4

ACCOUNT# :. 006410010952
CUSTOMER NAME :. ELKINS, CLARENCE J
SERVICE ADDRESS:. 124 FAIRWAY DR
PHONE :. 813/465-1515
EDATE :. 04/07/05

TYPE

:. 21

FOPER

:.

COMMENT

:. READ HIGH ON MVR REPORT

RESOLUTION

:. 4/5/05-READ 260520

. 3/31/05- MR 259690-BILLED . 2/28/05- MR 245690

. CLAY/DB

RDATE

:. 04/05/05

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM DETAIL SERVICE ORDER COMPLAINTS FOR 062 CUSTOMER REQUESTED ( A ) FOR PERIOD 01/01/05 TO 06/30/05 CORPýý----. 062 ROUTE :. 641 SERVICE ORDER# :. 913439 ACCOUNT# :. 006410010441
CUSTOMER NAME :. HOLDEN, KIMBALL SERVICE ADDRESS:. 117 FAIRWAY DR PHONE :. 863/699-0135 EDATE :. 04/07/05 TYPE :. 21 FOPER : . COMMENT :. READ UNDER PRIOR READ ON MVR REPORT RESOLUTION :. 4/6/05-READ 311200 . 3/31/05- MR 251500-BILLED . 2/28/05- MR 249640 . CLAY/DB RDATE :. 04/06/05 CORPýý---. 062 :. 641 ROUTE SERVICE ORDER# :. 913449 ACCOUNT# :. 006410010441 CUSTOMER NAME : HOLDEN, KIMBALL SERVICE ADDRESS:. 117 FAIRWAY DR PHONE :. 863/699-0135 EDATE :. 04/07/05 TYPE :. 21 FOPER : . COMMENT :. READ HIGH ON MVR REPORT RESOLUTION :. 4/6/05-READ 311200 . 3/31/05- MR 310470-BILLED . 2/28/05 MR 305860 . CLAY/DB RDATE :. 04/06/05 CORPýý----. 062 :. 641 ROUTE SERVICE ORDER# :. 913499 ACCOUNT# :. 006410010452 CUSTOMER NAME : MITCHELL, CARL J SERVICE ADDRESS:. 141 FAIRWAY DR PHONE :. 863/465-7978 :. 04/07/05 EDATE TYPE :. 21 FOPER COMMENT :. NO READ ON MVR REPORT RESOLUTION :. 4/6/05-PFAD COST : . :. 4/6/05-READ 335320-BILLED

. 2/28/05- MR 332330

. CLAY/DB

:. 04/06/05

RDATE

PAGE 5

CORPýý----. 062 ROUTE :. 641 SERVICE ORDER# :. 897756

ACCOUNT# :. 006410011901 CUSTOMER NAME : WILMARTH, EDWIN

SERVICE ADDRESS:. 241 COUNTRY CLUB DR

PHONE : 607/467-4047 EDATE : 02/14/05

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 6

DETAIL SERVICE ORDER COMPLAINTS FOR 062

CUSTOMER REQUESTED ( A )

FOR PERIOD 01/01/05 TO 06/30/05

TYPE :. 24

FOPER :.

COMMENT :. ADJUSTING ACCOUNT DUE TO FULL CHANGE ON THE ACCOUNT DURING

BILLING

. PERIOD OF 11/30/04 - 1/02/05. CUSTOMER SHOULD HAVE BEEN

CHANGED VACATION

. RATE.

•

RESOLUTION :. ADJUSTING ACCOUNT FOR VACATION RATE AS FOLLOWS.

. WATER BASE RATE ADJ -\$6.24 . SEWER BASE RATE ADJ -\$7.06

. TOTAL BASE RATE ADJ -\$13.30

. KIM

RDATE :. 02/15/05

CORPýý---. 062

ROUTE :. 641 SERVICE ORDER# :. 899099

ACCOUNT# :. 006410011753

CUSTOMER NAME :. CRAIGHEAD, SHERMAN SERVICE ADDRESS:. 216 COUNTRY CLUB DR

PHONE :. 540/297-5698 EDATE :. 02/17/05

TYPE :. 24 FOPER :. LPU

COMMENT :. THIS ACCOUNT WAS INCORRECTLY SET WITH A FLAT RATE SEWER BILL

CODE

. SOMETIME IN THE PAST. THE CUSTOMER QUESTIONED HER OTHER

SERVICE AND

. THE SEWER RATES THERE WHEN COMPARED TO THIS SERVICE. BOTH

SERVICES

. ARE IN THE SAME BUILDING.IT WAS FOUND AT THAT TIME THAT THE

SEWER

. SHOULD HAVE BEEN BILLED UNDER THE CONS CODE. ADJUSTED ACCOUNT

RESOLUTION :. CUSTOMER'S ACCOUNT IS ADJUSTED BACK TO THE CONSUMPTION RATE

FOR

. SEWER INSTEAD OF THE FLAT RATE SEWER BILLED. ADJUSTED \$102.36

. FOR OVER BILL UNDER FLAT RATE. THE CUSTOMER ONLY HAD A FEW

MONTHS

. THAT CONSUMPTION WAS BILLED SO A CREDIT WAS DUE. CUSTOMER

NOTIFIED

. ABOUT THE CORRECTION MADE. A CORRECTED BILL WILL BE REQUESTED

FROM

. NB (EC)

RDATE :. 02/17/05

ROUTE :. 641 SERVICE ORDER# :. 908511

ACCOUNT# :. 006410010581

CUSTOMER NAME :. LAKESHORE TOWER I, SERVICE ADDRESS:. 117 COUNTRY CLUB DR

PHONE :. 863/465-0237 EDATE :. 03/22/05

TYPE :. 29

FOPER :.

COMMENT :. CUSTOMER CALLED DUE TO BROWN WATER

. CALLED IN TO PUGH UTILITIES PER CLAY

. PLEASE FAX BACK RESOLUTION TO: 407-869-4416 (THANKS) KIM

RESOLUTION

:. FOUND NO PROBLEM. FLUSHED LINE ANYWAY. THE ONE CUSTOMER MAKING

COMPLAINT

. OTTO/KIM

RDATE :. 03/22/05

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 7
DETAIL SERVICE ORDER COMPLAINTS FOR 062

CUSTOMER REQUESTED ( A )

FOR PERIOD 01/01/05 TO 06/30/05

ROUTE :. 641 SERVICE ORDER# :. 896446

ACCOUNT# :. 006410010634
CUSTOMER NAME :. THOLE, RICHARD F
SERVICE ADDRESS:. 203 GOLFPOINT DR
PHONE :. 863/699-2828

EDATE :. 02/09/05

TYPE :. 39

FOPER :.

COMMENT :. PER THE CUSTOMER L/S ALARM IS GOING OFF ACROSS THE STREET.

. CALLED INFORMATION TO PUGH UTILITIES

. PLEASE FAX RESOLUTION TO THE OFFICE.

RESOLUTION :. REQUESTING RESOLUTION FROM PUGH UTILITIES AGAIN 2/25/05.

. KIM

.

. 2/25/05 ALARM WAS GOING OFF DUE TO PUMP #1 METER LEADS WERE

BURNT OFF

. & ON FLOAT WAS HELD IN OFF POISTION DUE TO RAGS AROUND FLOAT.

. PUGH/KIM

RDATE :. 02/09/05

CORPýý----. 062

ROUTE :. 641 SERVICE ORDER# :. 909360

ACCOUNT# :. 006410011272
CUSTOMER NAME :. GRILL, DONALD
SERVICE ADDRESS:. 120 FAIRWAY DR
PHONE :. 863/699-6462
EDATE :. 03/24/05

TYPE :. 39

FOPER :

COMMENT :. CUSTOMER CALLED DUE TO L/S ACROSS STREET IS OMITTING LIQUIDS.

. CALLED TO PUGH UTILITIES.

. PLEASE RESOLVE AND FAX TO : 1-407-869-4416

RESOLUTION :. 3/24/05 REQUEST FOR RESOLUTION

. KIM

. 4/11/05 REQUEST FOR RESLOUTION

. KIM

. 5/4/05 REQUEST FOR RESOLUTION.

. KIM

RDATE :. 03/24/05

ROUTE :. 641 SERVICE ORDER# :. 884801

ACCOUNT# :. 006410010531 CUSTOMER NAME :. JOLY, ERNEST SERVICE ADDRESS:. 109 FAIRWAY DR

PHONE :. / - EDATE :. 01/03/05

TYPE :. 43 FOPER :.

COMMENT :. CUSTOMER CALLED TO REPORT WHOLE ST. IS OUT OF WATER.

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 8 DETAIL SERVICE ORDER COMPLAINTS FOR 062

CUSTOMER REQUESTED ( A ) FOR PERIOD 01/01/05 TO 06/30/05

. PAGED TO SCOTT S

:. REQUESTED RESOLUTION FROM PUGH UTILITIES AGAIN RESOLUTION

. KIM

. 2/25/05 STREET LOW PRESSURE, REPAIRED LEAKING METER SERVICE

STREET WAS

. NOT OUT OF WATER

. PUGH/KIM

RDATE :. 01/03/05

22 records listed.

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 1 DETAIL SERVICE ORDER COMPLAINTS FOR 062 CUSTOMER REQUESTED ( Y ) FOR PERIOD 07/01/05 TO 12/31/05 CORPÝÝ---. 062 ROUTE :. 641 SERVICE ORDER# :. 949758 ACCOUNT# :. 006410011870 CUSTOMER NAME :. SUNDERMAN, ROBERT R SERVICE ADDRESS:. 229 COUNTRY CLUB DR PHONE :. 863/531-5384 EDATE :. 07/20/05 :. 01 TYPE :. LPU FOPER COMMENT :. PLEASE REREAD AND CHECK FOR LEAK . 6/30/05 METER READ 89890 CONSUMPTION 2050 RESOLUTION :. R=90510 FOUND NO LEAKS . NO ONE HOME . DH/PUGH/KIM RDATE :. 07/22/05 CORPýý----. 062 ROUTE :. 641 SERVICE ORDER# :. 962776 ACCOUNT# :. 006410012002 CUSTOMER NAME :. BROYLES, M KAY SERVICE ADDRESS:. 109 COUNTRY CLUB DR PHONE :. 423/743-9251 EDATE :. 08/25/05 TYPE :. 20 FOPER COMMENT :. PLEASE LOCK OFF METER, NOT MOVING IN. AT THIS TIME. . TAG FOR NEW TO APPLY RESOLUTION :. CUSTOMER WILL BE MOVING IN AT THE END OF THE MONTH TURNED OFF . UNTIL THEN. NOT A FINAL ORDER AT THIS TIME. . R= 183620 LOCKED OFF . OTTO/KIM RDATE :. 08/26/05 CORPýý----. 062

ROUTE :. 641 SERVICE ORDER# :. 998392 ACCOUNT# :. 006410010581

CUSTOMER NAME :. LAKESHORE TOWER I, SERVICE ADDRESS:. 117 COUNTRY CLUB DR

PHONE :. 863/465-0237 EDATE :. 12/13/05

:. 27 TYPE FOPER : .

COMMENT

:. CONTRACTOR CALLED TO NEEDING WATER OFF DUE TO SERVICE LINE

BREAK

. CONTRACTOR WILL CALL OTTO IF BEFORE OR AFTER METER.

. PLEASE RESOLVE AS TO IF WE NEEDED TO ASSIST CONTRACTOR OR NOT.

RESOLUTION

:. REFAXED S/O FOR RESOLUTION

. RB
RDATE :. 03/13/06

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM

PAGE 2

DETAIL SERVICE ORDER COMPLAINTS FOR 062

CUSTOMER REQUESTED ( Y )

FOR PERIOD 07/01/05 TO 12/31/05

:. 641 ROUTE SERVICE ORDER# :. 963620

ACCOUNT# :. 006410010634 CUSTOMER NAME :. THOLE, RICHARD F SERVICE ADDRESS:. 203 GOLFPOINT DR PHONE :. 863/699-2828

:. 08/29/05 EDATE

TYPE :. 39

FOPER : .

COMMENT :. CUSTOMER CALLED THE ANSWERING SERVICE DUE @ APPROX. 7:02AM DUE

. LIFT STATION ALARM GOING OFF ACROSS THE STREET FROM HOME.

PAGED TO

. PUGH UTILITIES.

. PLEASE RESOLVE ASAP. (THANKS)

:. L/STATION OKAY WHEN ARRIVED RESOLUTION

. OTTO/KIM

RDATE :. 08/27/05

CORPýý----. 062

ROUTE :. 641 SERVICE ORDER# :. 989992

ACCOUNT# :. 006410010944
CUSTOMER NAME :. CHASE, RICHARD B SERVICE ADDRESS:. 128 FAIRWAY DR PHONE :. 863/465-5889 :. 11/15/05 EDATE

TYPE :. 43

FOPER : .

COMMENT :. PER CUST HAS NO WTR,,,, PGD OUT CLAY SHRUM TO CK IT OUT RESOLUTION :. CUSTOMER HOUSE VALVE WAS OFF

. CS/KIM

RDATE :. 11/15/05

5 records listed.