

**Leisure Lakes**

Docket No. 060368-WS

Application to Increase Rates and Charges  
For a "Class A" Utility  
In

Florida

**VOLUME 6**

**Book 8**

**Set 12 of 24**

Containing  
Additional Engineering Requirements

Discharge Monitoring Report

**Aqua Utilities Florida, Inc.**

DOCUMENT NUMBER-DATE

00978 JAN 30 8

FPSC-COMMISSION CLERK

# Aqua Utilities Florida, Inc. Discharge Monitoring Reports

## Leisure Lakes

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# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

**PERMITTEE NAME:** Florida Water Services  
**MAILING ADDRESS:** P.O. Box 609520  
 Orlando, FL 32860-9520

**PERMIT NUMBER:** FLA014388-001-DW3P  
**MONITORING PERIOD--From:** 01/01/04 **To:** 01/31/04  
**LIMIT:** Final  
**CLASS SIZE:** Minor  
**FACILITY ID:** 5228P05930 **GROUP:** Domestic  
**DISCHARGE POINT NUMBER:** R001  
**PLANT SIZE/TREATMENT TYPE:** 3C  
**TYPE OF EFFLUENT DISPOSAL:** Dual Perc / Evap Ponds

**FACILITY:** Leisure Lakes / Covered Bridge  
**LOCATION:** 101 Parkview Circle S.  
 Lake Placid, FL 33852  
**COUNTY:** Highlands

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Sample Measurement	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru treatment plant		Sample Measurement	0.023	0.040	MGD						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY		Permit Requirement	Report Monthly	0.050 Ann. Avg	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)		Sample Measurement					6.2	6.2	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement					30 Monthly	60 Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)		Sample Measurement					2.7		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE		Permit Requirement					200 Ann. Avg		mg/L		Monthly	Grab
TSS, EFFLUENT		Sample Measurement					5.0	5.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement					30 Monthly	60 Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT		Sample Measurement					4.0		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE		Permit Requirement					200 Ann. Avg		mg/L		Monthly	Grab
pH		Sample Measurement				7.5		7.6	s.u.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement				5.0 minimum			mg/L		Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	04/02/25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Florida Water Services  
 MAILING ADDRESS: P. O. Box 609520  
 Orlando, FL 32860-9520  
 FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands  
 PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 01/01/2004 To: 01/31/2004  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930  
 GROUP: Domestic  
 DISCHARGE POINT NUMBE R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Store code	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex. of Frequency	Sample Type		
			Average	Maximum	Units	Minimum	Average	Maximum			Units	
COLIFORM, FECAL			1U			1U				Monthly	Grab	
COLIFORM, FECAL	031616	FAA-01						400	800	#/100	Monthly	Grab
COLIFORM, FECAL						1U				#/100	Monthly	Grab
ANNUAL GROSS VALUE						1U				#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection)										mg/L	Daily 5 wk	Grab
EFFLUENT GROSS VALUE	050050	FAA-01								mg/L	Daily 5 wk	Grab
EFFLUENT GROSS VALUE										mg/L	Monthly	Grab
EFFLUENT GROSS VALUE										mg/L	Monthly	Grab
EFFLUENT GROSS VALUE	000600	FAA-01								mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C)										mg/L	Monthly	Grab
EFFLUENT GROSS VALUE	080082	INF-01				472				mg/L	Monthly	Grab
EFFLUENT GROSS VALUE										mg/L	Monthly	Grab
TSS, INFLUENT						218				mg/L	Monthly	Grab
EFFLUENT GROSS VALUE	000530	INF-01								mg/L	Monthly	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Firm)  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 TELEPHONE NO. (663) 471-1400  
 DATE (YY/MM/DD) 04/02/25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

### DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.020  
(TMSDF/Permitted Capacity)x100: 41%

Month / Year: January-04

**Leisure Lakes / Covered Bridge**

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Type of sample (C/G)	Time of Sample
50050	80082	00530	80082	00530	00400	00400	74055	50060	00620			
Mon.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.021					7.6	7.6		1.5			
2	0.025					7.6	7.6		1.2			
3	0.023					7.5	7.5		0.9			
4	0.027											
5	0.027					7.6	7.6		1.0			
6	0.021					7.5	7.5		1.3			
7	0.010					7.6	7.6		1.5			
8	0.027					7.5	7.5		1.2			
9	0.023					7.6	7.6		1.4			
10	0.013											
11	0.014					7.5	7.5		1.5			
12	0.035					7.6	7.6		1.2			
13	0.025					7.5	7.5		1.0			
14	0.030					7.6	7.6		1.2			
15	0.025					7.5	7.5		1.0			
16	0.020					7.5	7.5		1.3			
17	0.024					7.5	7.5		1.2			
18	0.027					7.5	7.5		1.3			
19	0.020					7.6	7.6		1.0			
20	0.029	472	218	6.2	5.0	7.6	7.6	1u	1.4	0.1	G	1420
21	0.006					7.6	7.6		1.3			
22	0.008					7.5	7.5		1.0			
23	0.031					7.5	7.5		1.2			
24	0.027											
25	0.027											
26	0.026					7.6	7.6		1.0			
27	0.040					7.5	7.5		1.1			
28	0.030					7.6	7.6		1.2			
29	0.020					7.5	7.5		1.0			
30	0.030					7.6	7.6		1.3			
31	0.010					7.5	7.5		1.2			

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell Faircloth  

Evening Shift Operator      Class:                 Certification No.:                 Name:                           

Night Shift Operator      Class:                 Certification No.:                 Name:                           

Lead Operator      Class:                 Certification No.:                 Name:                           

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

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

PERMITTEE NAME: Florida Water Services  
 MAILING ADDRESS: P.O. Box 609520  
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 02/01/04 To: 02/29/04  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Sample Measurement	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant		Sample Measurement	0.026	0.026	MGD					Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY		Permit Requirement	Report Monthly	0.050 Ann. Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)		Sample Measurement					2U	2U	mg/L	Monthly	Grab
80082 1 EPA-01 EFFLUENT GROSS VALUE		Permit Requirement					30 Monthly	60 Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C)		Sample Measurement					2U		mg/L	Monthly	Grab
80082 Y EPA-01 ANNUAL GROSS VALUE		Permit Requirement					20.0 Ann. Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT		Sample Measurement					4.4	4.4	mg/L	Monthly	Grab
000530 1 EPA-01 EFFLUENT GROSS VALUE		Permit Requirement					30 Monthly	60 Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT		Sample Measurement					4.4		mg/L	Monthly	Grab
000530 Y EPA-01 ANNUAL GROSS VALUE		Permit Requirement					20.0 Ann. Avg.		mg/L	Monthly	Grab
pH		Sample Measurement				7.5		7.6	s.u.	Daily 5.wk	Grab
000400 1 EPA-01 EFFLUENT GROSS VALUE		Permit Requirement					30 Monthly	60 Single Sample	mg	Daily 5.wk	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell Faircloth		(863) 471-1400	04/03/10

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.**

PERMITTEE NAME: Florida Water Services  
 MAILING ADDRESS: P.O. Box 609520  
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 02/01/2004 To: 02/29/2004

LIMIT: **Final**  
 CLASS SIZE: **Minor**

FACILITY: **Leisure Lakes / Covered Bridge**  
 LOCATION: **101 Parkview Circle S.**  
**Lake Placid, FL 33852**  
 COUNTY: **Highlands**

FACILITY ID: **5228P05930** GROUP: **Domestic**  
 DISCHARGE POINT NUMBER: **R001**  
 PLANT SIZE/TREATMENT TYPE: **3C**  
 TYPE OF EFFLUENT DISPOSAL: **Dual Perc / Evap Ponds**

Please read instructions before completing this form.

Parameter	Storet code	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL						<b>1U</b>	<b>NA</b>	<b>1U</b>		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE						Report (Average)	400 (90 Percentile)	800 (max)		Monthly	Grab
COLIFORM, FECAL							<b>1U</b>			Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE							200 ANN AVG			Monthly	Grab
Chlorine, Total Residual (For Disinfection)						<b>1.0</b>				Daily 5.wk	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE						0.5 (min)				Daily 5.wk	Grab
NITROGEN, TOTAL (as N)								<b>2.0</b>		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE								2 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)							<b>342</b>			Monthly	Grab
080092 C INF-01 INFLUENT GROSS VALUE							REPORT MONTH			Monthly	Grab
TSS, INFLUENT							<b>913</b>			Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE							REPORT MONTH			Monthly	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell Faircloth		(863) 471-1400	04/03/10

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

## DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.024

Month / Year: February-04

(TMSDF/Permitted Capacity)x100: 47%

## Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.030					7.5	7.5		1.0			
2	0.035					7.6	7.6		1.1			
3	0.025					7.5	7.5		1.0			
4	0.010					7.6	7.6		1.8			
5	0.030					7.5	7.5		1.5			
6	0.035					7.6	7.6		2.0			
7	0.025											
8	0.025											
9	0.025					7.5	7.5		1.1			
10	0.030					7.6	7.6		1.2			
11	0.025					7.5	7.5		1.0			
12	0.020					7.6	7.6		1.2			
13	0.025					7.5	7.5		1.0			
14	0.020					7.5	7.5		1.0			
15	0.030					7.5	7.5		1.0			
16	0.030					7.6	7.6		1.1			
17	0.020					7.5	7.5		1.0			
18	0.025					7.6	7.6		1.2			
19	0.015					7.5	7.5		1.0			
20	0.030					7.5	7.5		1.3			
21	0.027											
22	0.027											
23	0.026					7.6	7.6		1.1			
24	0.025					7.5	7.5		1.0			
25	0.030					7.6	7.6		1.2			
26	0.022	342	913	2u	4.4	7.5	7.5	1u	1.0	2.0	11:20	G
27	0.023					7.6	7.6		1.2			
28	0.021					7.5	7.5		1.3			
29	0.031					7.6	7.6		1.2			
30												
31												

## PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell Faircloth  
 Evening Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98



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

PERMITTEE NAME: Florida Water Services  
 MAILING ADDRESS: P.O. Box 609520  
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 03/01/04 To: 03/31/04

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Sample Measurement	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant		Sample Measurement	0.025	0.025	MGD					Continuous	Flow Meter
ANNUAL AVERAGE DAILY	050050 J QTH-01	Permit Requirement	Report Monthly	0.050 Ann Avg	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)		Sample Measurement					2U	2U	mg/L	Monthly	Grab
EFFLUENT GROSS VALUE	80082 J EFA-01	Permit Requirement					30 Monthly	60 Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C)		Sample Measurement					2U		mg/L	Monthly	Grab
ANNUAL GROSS VALUE	80082 Y EFA-01	Permit Requirement					20 Ann Avg		mg/L	Monthly	Grab
TSS, EFFLUENT		Sample Measurement					2U	2U	mg/L	Monthly	Grab
EFFLUENT GROSS VALUE	000530 J EFA-01	Permit Requirement					30 Monthly	60 Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT		Sample Measurement					2U		mg/L	Monthly	Grab
ANNUAL GROSS VALUE	000530 Y EFA-01	Permit Requirement					20 Ann Avg		mg/L	Monthly	Grab
pH		Sample Measurement				7.5		7.6	s.u.	Daily 5.wk	Grab
EFFLUENT GROSS VALUE	000400 J EFA-01	Permit Requirement				6.0 minimum		6.0 max	s.u.	Daily 5.wk	Grab

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Wendell L. Faircloth		(863) 471-1400	04/04/14

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

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

PERMITTEE NAME: Florida Water Services  
 MAILING ADDRESS: P.O. Box 609520  
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 03/01/2004 To: 03/31/2004

LIMIT: Final  
 CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
031616 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	200 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1U		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN AVG		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.0			mg/L		Daily 5.wk	Grab
050060 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						3.8	mg/L		Monthly	Grab
000600 I EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					272		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					333		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		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.

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Wendell L. Faircloth		(863) 471-1400	04/04/14

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

## DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.025  
(TMSDF/Permitted Capacity)x100: 49%Month / Year: March-04

## Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.028					7.5	7.5		1.0			
2	0.028					7.5	7.5		1.2			
3	0.032					7.6	7.6		1.0			
4	0.023					7.5	7.5		1.3			
5	0.023	272	333	2.0	2.0	7.6	7.6	1U	1.2	3.8	13:15	G
6	0.028											
7	0.028											
8	0.027					7.5	7.5		1.0			
9	0.021					7.6	7.6		1.2			
10	0.020					7.5	7.5		1.3			
11	0.020					7.6	7.6		1.1			
12	0.031					7.6	7.6		1.2			
13	0.017					7.6	7.6		1.3			
14	0.032					7.6	7.6		1.2			
15	0.030					7.5	7.5		1.0			
16	0.021					7.6	7.6		1.2			
17	0.024					7.5	7.5		1.0			
18	0.025					7.6	7.6		1.3			
19	0.020					7.5	7.5		1.1			
20	0.030											
21	0.030											
22	0.030					7.6	7.6		1.0			
23	0.020					7.5	7.5		1.3			
24	0.025					7.6	7.6		1.1			
25	0.025					7.5	7.5		1.0			
26	0.020					7.6	7.6		1.1			
27	0.046					7.6	7.6		1.3			
28	0.009					7.6	7.6		1.3			
29	0.025					7.5	7.5		1.0			
30	0.020					7.6	7.6		1.1			
31	0.020					7.6	7.6		1.3			

## PLANT STAFFING:

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell Faircloth    
 Evening Shift Operator      Class:                 Certification No.:                 Name:                             
 Night Shift Operator      Class:                 Certification No.:                 Name:                             
 Lead Operator      Class:                 Certification No.:                 Name:                           

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Florida Water Services  
 MAILING ADDRESS: P.O. Box 609520  
 Orlando, FL 32860-9520

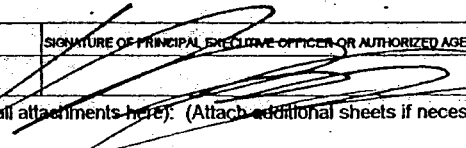
PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 04/01/04 To: 04/30/04  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.022	0.024	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.7	2.7	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.5		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.8	2.8	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.1		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						7.6	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell Faircloth		(863) 471-1400	04/05/11

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Florida Water Services  
 MAILING ADDRESS: P.O. Box 609520  
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 04/01/2004 To: 04/30/2004

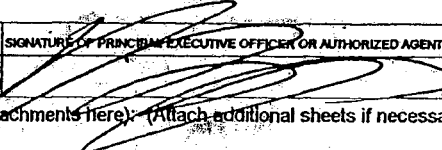
LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	031616 1 EFA-01				1U	NA	1U	#/100		Monthly	Grab
EFFLUENT GROSS VALUE					Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	031616 Y EFA-01					1U		#/100		Monthly	Grab
ANNUAL GROSS VALUE						200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	050060 1 EFA-01				0.9			mg/L		Daily 5.wk	Grab
EFFLUENT GROSS VALUE					0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	000600 1 EFA-01						0.1	mg/L		Monthly	Grab
EFFLUENT GROSS VALUE							12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	080062 G INF-01					208		mg/L		Monthly	Grab
INFLUENT GROSS VALUE						REPORT MONTH		mg/L		Monthly	Grab
TSS, INFLUENT	000530 G INF-01					1590		mg/L		Monthly	Grab
INFLUENT GROSS VALUE						REPORT MONTH		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell Faircloth		(863) 471-1400	04/05/11

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.024  
(TMSDF/Permitted Capacity)x100: 49%

Month / Year: April-04

## Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.030						7.4		1.3			
2	0.027						7.5		1.1			
3	0.024											
4	0.024											
5	0.023						7.6		1.1			
6	0.022						7.6		0.9			
7	0.024						7.5		1.2			
8	0.021						7.6		1.0			
9	0.025						7.5		1.3			
10	0.030						7.6		1.0			
11	0.020						7.6		1.2			
12	0.025						7.5		1.0			
13	0.030						7.6		1.3			
14	0.016						7.5		1.1			
15	0.010						7.6		1.0			
16	0.030						7.4		1.1			
17	0.020											
18	0.020											
19	0.019						7.5		1.4			
20	0.015						7.6		1.2			
21	0.025	208	1,590	2.7	2.8		7.5	1U	1.0	0.1	G	1155
22	0.020						7.6		1.1			
23	0.020						7.5		1.0			
24	0.020						7.6		1.0			
25	0.026						7.6		1.1			
26	0.016						7.6		1.0			
27	0.018						7.6		1.2			
28	0.020						7.6		1.0			
29	0.011						7.5		1.2			
30	0.018						7.6		1.0			
31												

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell Faircloth    
 Evening Shift Operator      Class:             Certification No.:             Name:         
 Night Shift Operator      Class:             Certification No.:             Name:         
 Lead Operator      Class:             Certification No.:             Name:       

**Type of Effluent Disposal or Reclaimed Water Reuse:**

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

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

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

PERMITTEE NAME: Florida Water Services  
 MAILING ADDRESS: P.O. Box 609520  
 Orlando, FL 32860-9520

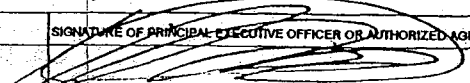
PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 05/01/04 To: 05/31/04  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.016	0.023	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2U		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1.6	1.6	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.0		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4			s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	04/06/17

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Florida Water Services  
 MAILING ADDRESS: P.O. Box 609520  
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 05/01/2004 To: 05/31/2004

LIMIT: Final  
 CLASS SIZE: Minor

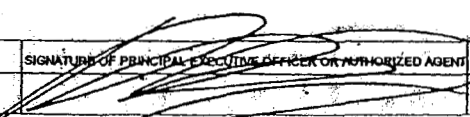
FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL		Sample Measurement				NA		#100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement			Report (Average)	400 (90 Percentile)	800 (max)	#100		Monthly	Grab
COLIFORM, FECAL		Sample Measurement				1U		#100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE		Permit Requirement				200 ANN_AVG.		#100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)		Sample Measurement			1.0			mg/L		Daily 5.wk	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement			0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)		Sample Measurement					0.1	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement					12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)		Sample Measurement				40		mg/L		Monthly	Grab
080062 G INF-01 INFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT		Sample Measurement				126		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Falcloth		(863) 471-1400	04/06/17

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)



## DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.021  
(TMSDF/Permitted Capacity)x100: 42%

Month / Year: May-04

### Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.019											
2	0.019											
3	0.018					7.4			1.3			
4	0.020					7.5			1.0			
5	0.006					7.6			1.2			
6	0.024					7.5			1.0			
7	0.015					7.6			1.2			
8	0.017											
9	0.017											
10	0.016					7.5			1.0			
11	0.015					7.6			1.1			
12	0.015					7.6			1.6			
13	0.019					7.6			2.0			
14	0.011					7.5			2.2			
15	0.017											
16	0.018					7.6			2.0			
17	0.015					7.5			1.8			
18	0.023					7.4			2.0			
19	0.017					7.4			2.3			
20	0.010					7.5			2.0			
21	0.017					7.4			2.5			
22	0.013					7.6			2.0			
23	0.020					7.6			2.0			
24	0.020					7.6			2.3			
25	0.014					7.7			2.0			
26	0.016					7.6			2.2			
27	0.015					7.6			2.0			
28	0.010	40	126	2u	1.6	7.5		1u	2.3	0.1	13:25	G
29	0.015					7.6			2.0			
30	0.019					7.5			2.2			
31	0.020					7.6			2.0			

**PLANT STAFFING:**

Day Shift Operator            Class:   C      Certification No.:  9088             Name:  Wendell Faircloth 

Evening Shift Operator        Class:           Certification No.:                   Name:       

Night Shift Operator         Class:           Certification No.:                   Name:       

Lead Operator                 Class:           Certification No.:                   Name:       

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

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

PERMITTEE NAME: Florida Water Services  
 MAILING ADDRESS: P.O. Box 609520  
 Orlando, FL 32860-9520

PERMIT NUMBER: **FLA014388-001-DW3P**  
 MONITORING PERIOD--From: **06/01/04** To: **06/30/04**

FACILITY: **Leisure Lakes / Covered Bridge**  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

LIMIT: **Final**  
 CLASS SIZE: **Minor**  
 FACILITY ID: **5228P05930** GROUP: **Domestic**  
 DISCHARGE POINT NUMBER: **R001**  
 PLANT SIZE/TREATMENT TYPE: **3C**  
 TYPE OF EFFLUENT DISPOSAL: **Dual Perc / Evap Ponds**

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Storet code Mon. Site No. FLOW, in conduit or thru treatment plant	Sample Measurement	0.016	0.022	MGD						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann Avg	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.2	2.2	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30 Monthly	60 Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.5		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann Avg		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.2	1.2	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30 Monthly	60 Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.4		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann Avg		mg/L		Monthly	Grab
pH	Sample Measurement						7.6	s.u.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0 minimum		8.5 (max)	s.u.		Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendal Faircloth		(941) 471-1400	00/01/27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.**

PERMITTEE NAME: Florida Water Services  
 MAILING ADDRESS: P.O. Box 609520  
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 06/01/2004 To: 06/30/2004

LIMIT: Final  
 CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading	Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type		
			Average	Maximum	Units	Minimum				Average	Maximum
COLIFORM, FECAL		Sample Measurement				1U	NA	1U	#/100	Monthly	Grab
031616-1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement				Report (Average)	400 (90 Percentile)	1000 (max)	#/100	Monthly	Grab
COLIFORM, FECAL		Sample Measurement					1U		#/100	Monthly	Grab
031616-Y EFA-01 ANNUAL GROSS VALUE		Permit Requirement					200 ANN. AVG		#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection)		Sample Measurement				0.9			mg/L	Daily 5 wk	Grab
050060-1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement				0.5 (min)			mg/L	Daily 5 wk	Grab
NITROGEN, TOTAL (as N)		Sample Measurement						0.5	mg/L	Monthly	Grab
000600-1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement						(max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)		Sample Measurement					26		mg/L	Monthly	Grab
080082-G INF-01 INFLUENT GROSS VALUE		Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab
TSS, INFLUENT		Sample Measurement					356		mg/L	Monthly	Grab
000530-G INF-01 INFLUENT GROSS VALUE		Permit Requirement					REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	TELEPHONE NO.	DATE (YY/MM/DD)
Wendal Faircloth		(941) 471-1400	00/01/27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

### DAILY SAMPLE RESULTS - PART B

PermitNumber: **FLA014388-001-DW3P**

Three-month Average Daily Flow: 0.018  
(TMSDF/Permitted Capacity)x100: 36%

Month / Year: June-04

**Leisure Lakes / Covered Bridge**

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.016						7.5		1.8			
2	0.015						7.4		2.0			
3	0.017						7.4		2.2			
4	0.016						7.4		1.4			
5	0.014											
6	0.014											
7	0.015						7.5		1.2			
8	0.019						7.4		1.3			
9	0.013						7.5		1.1			
10	0.012						7.4		1.6			
11	0.020						7.5		1.3			
12	0.013						7.5		1.5			
13	0.023						7.3		1.7			
14	0.009						7.0		3.0			
15	0.022	26	356	2.2	1.2		7.1	1U	1.8	0.5	8:20	G
16	0.022						7.4		0.9			
17	0.016						7.5		1.1			
18	0.022						7.4		2.8			
19	0.017											
20	0.017											
21	0.016						7.5		1.2			
22	0.016						7.4		1.2			
23	0.015						7.5		1.3			
24	0.016						7.4		2.2			
25	0.017						7.5		1.0			
26	0.011						7.5		1.5			
27	0.018						7.6		1.5			
28	0.020						7.5		1.3			
29	0.015						7.4		1.4			
30	0.016						7.5		1.0			
31												

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell Faircloth    
 Evening Shift Operator      Class:             Certification No.:             Name:         
 Night Shift Operator      Class:             Certification No.:             Name:         
 Lead Operator      Class:             Certification No.:             Name:       

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 07/01/04 To: 07/31/04

LIMIT: Final  
 CLASS SIZE: Minor

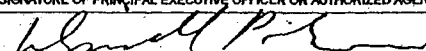
FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Storet code Mon. Site No.										
FLOW, in conduit or thru treatment plant	Sample Measurement	0.016	0.016	MGD					Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2U	2U	mg/L	Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2U		mg/L	Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.6	1.6	mg/L	Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.6		mg/L	Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH	Sample Measurement						7.7	s.u.	Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				8.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Donald Gavoni		(863) 471-1400	04/08/25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 07/01/2004 To: 07/31/2004

LIMIT: Final  
 CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBE R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL					2	NA	2	#100		Monthly	Grab
	031818 1 EFA-01				Report (Average)	400 (90 Percentile)	800 (max)	#100		Monthly	Grab
COLIFORM, FECAL						2.0		#100		Monthly	Grab
	031818 Y EFA-01					200 ANN.AVG.		#100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)					1.0			mg/L		Daily 5.wk	Grab
	050000 1 EFA-01				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)								mg/L		Monthly	Grab
	000600 1 EFA-01						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)						288		mg/L		Monthly	Grab
	080082 G INF-01					REPORT-MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT						411		mg/L		Monthly	Grab
	000530 G INF-01					REPORT-MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Donald Gavoni		(863) 471-1400	04/08/25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

# DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014388-001-DW3P**

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

0.016  
32%

Month / Year: July-04

## Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.014						7.5		1.9			
2	0.017						7.5		1.2			
3	0.016											
4	0.016											
5	0.017						7.4		2.0			
6	0.012						7.4		1.2			
7	0.018						7.5		1.2			
8	0.016	288	411	2u	1.6		7.5		1.6	0.2	7:00	G
9	0.017						7.4		2.8			
10	0.020						7.4		2.2			
11	0.010						7.4		2.4			
12	0.015						7.5		1.0			
13	0.017						7.5		1.6			
14	0.020						7.6		2.0			
15	0.014						7.6	2	5.2		9:45	G
16	0.015						7.6		1.3			
17	0.015											
18	0.015											
19	0.015						7.5		1.2			
20	0.017						7.6		1.2			
21	0.014						7.6		2.7			
22	0.013						7.5		1.4			
23	0.016						7.6		1.5			
24	0.013						7.5		1.8			
25	0.019						7.3		1.4			
26	0.017						7.6		1.3			
27	0.013						7.6		1.6			
28	0.015						7.7		1.9			
29	0.013						7.6		2.0			
30	0.017						7.7		1.5			
31	0.015											

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certification No.:   6183        Name:   Donald Gavoni  

Evening Shift Operator      Class:             Certification No.:             Name:       

Night Shift Operator      Class:             Certification No.:             Name:       

Lead Operator      Class:             Certification No.:             Name:       

**Type of Effluent Disposal or Reclaimed Water Reuse:**

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

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

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 08/01/04 To: 08/31/04

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

*Please read instructions before completing this form.*

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.018	0.021	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.5		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1U	1U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.2		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.0		7.7	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0 minimum		8.5 (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Donald Gavoni	<i>[Signature]</i>	(863) 471-1400	04/09/24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 08/01/2004 To: 08/31/2004


FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL					1U	NA	1U	#100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE					Report (Average)	400 (90 Percentile)	800 (max)	#100		Monthly	Grab
COLIFORM, FECAL						1U		#100		Monthly	Grab
031818 Y EFA-01 ANNUAL GROSS VALUE						200 ANN AVG		#100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)					0.5			mg/L		Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE					0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)							0.3	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE							12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)						340		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE						REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT						413		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE						REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Donald Gavoni		(863) 471-1400	04/09/24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

### DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.017  
(TMSDF/Permitted Capacity)x100: 33%

Month / Year: August-04

**Leisure Lakes / Covered Bridge**

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
<b>Code</b>	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
<b>Mon. Site</b>	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.019											
2	0.019					7.6	7.6		1.2			
3	0.009					7.7	7.7		1.7			
4	0.015					7.7	7.7		1.0			
5	0.018					7.6	7.6		0.9			
6	0.019					7.6	7.6		2.0			
7	0.015					7.7	7.7		2.4			
8	0.018					7.0	7.0		2.8			
9	0.020					7.5	7.5		1.9			
10	0.015	340	413	2u	1.0	7.6	7.6	1	2.1	0.3	11:35	G
11	0.016					7.6	7.6		2.1			
12	0.015					7.5	7.5		2.2			
13	0.021					7.5	7.5		2.0			
14												
15	0.001					7.6	7.6		1.0			
16												
17						7.5	7.5		0.5			
18	0.046					7.6	7.6		2.2			
19	0.019					7.6	7.6		2.5			
20	0.020					7.5	7.5		2.4			
21	0.018					7.6	7.6		2.8			
22	0.021					7.5	7.5		2.0			
23	0.020					7.6	7.6		1.4			
24	0.017					7.7	7.7		2.0			
25	0.018					7.6	7.6		1.5			
26	0.012					7.6	7.6		2.2			
27	0.017					7.6	7.6		1.4			
28	0.030											
29	0.030											
30	0.030					7.6	7.6		1.5			
31	0.034					7.5	7.5		1.4			

**PLANT STAFFING:**

Day Shift Operator	Class: <u>  B  </u>	Certification No.: <u>  6183  </u>	Name: <u>  Donald Gavoni  </u>
Evening Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>
Night Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>
Lead Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240


PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 09/01/04 To: 09/30/04  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Flow code Mon. Site No.										
FLOW, in conduit or thru treatment plant	Sample Measurement	0.030	0.021	MGD					Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2U	2U	mg/L	Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.5		mg/L	Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.8	1.8	mg/L	Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.3		mg/L	Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH	Sample Measurement				7.4		7.6	s.u.	Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Donald Gavoni		(863) 471-1400	04/10/21

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 09/01/2004 To: 09/30/2004

LIMIT: Final  
 CLASS SIZE: Minor

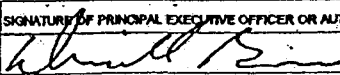
FACILITY: Lelsure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031616 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#100		Monthly	Grab
COLIFORM, FECAL 031616 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.1		#100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050060 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				0.5			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000600 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.3	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080062 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					116		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					110		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Donald Gavoni		(863) 471-1400	04/10/21

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.021  
(TMSDF/Permitted Capacity)x100: 43%

Month / Year: September-04

## Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
50050	80082	00530	80082	00530	00400	00400	74055	50060	00620			
Mon.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.038					7.4	7.4		1.5			
2	0.038					7.4	7.4		1.0			
3	0.041					7.5	7.5		1.3			
4	0.038					7.5	7.5		1.5			
5	0.032											
6	0.032					7.5	7.5		1.2			
7	0.038					7.5	7.5		1.0			
8	0.035					7.4	7.4		0.7			
9	0.028					7.5	7.5		1.0			
10	0.033	116	110	2u	1.8	7.5	7.5	1u	1.4	0.3	12:00	G
11	0.025											
12	0.025											
13	0.024					7.5	7.5		1.2			
14	0.027					7.5	7.5		1.2			
15	0.030					7.4	7.4		0.7			
16	0.026					7.5	7.5		1.6			
17	0.028					7.5	7.5		1.5			
18	0.023					7.4	7.4		1.0			
19	0.027					7.5	7.5		1.2			
20	0.028					7.4	7.4		0.8			
21	0.023					7.5	7.5		1.0			
22	0.026					7.5	7.5		1.2			
23	0.025					7.4	7.4		0.7			
24	0.025					7.5	7.5		1.7			
25	0.025											
26	0.025											
27	0.025					7.6	7.6		1.1			
28	0.026					7.5	7.5		0.5			
29	0.046					7.5	7.5		0.7			
30	0.047					7.6	7.6		1.5			
31												

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certification No.:  6183       Name:  Donald Gavoni 

Evening Shift Operator      Class:             Certification No.:             Name:       

Night Shift Operator      Class:             Certification No.:             Name:       

Lead Operator      Class:             Certification No.:             Name:       

**Type of Effluent Disposal or Reclaimed Water Reuse:**

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

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240


PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 10/01/04 To: 10/31/04  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Storet code Mon. Site No.										
FLOW, in conduit or thru treatment plant	Sample Measurement	0.035	0.022	MGD					Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2U	2U	mg/L	Monthly	Grab
80062 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.5		mg/L	Monthly	Grab
80062 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1U	1U	mg/L	Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.2		mg/L	Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH	Sample Measurement				7.4		7.8	s.u.	Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0 minimum		8.5 (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	04/11/22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 10/01/2004 To: 10/31/2004

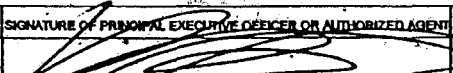
FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
COLIFORM, FECAL					56	NA	56	#100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE					Report (Average)	400 (90 Percentile)	800 (max)	#100		Monthly	Grab
COLIFORM, FECAL						5.7		#100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE						200 ANN_AVG.		#100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)					1.0			mg/L		Daily 5.wk	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE					0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)							3.5	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE							12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)						107		mg/L		Monthly	Grab
060062 G INF-01 INFLUENT GROSS VALUE						REPORT MONTH		mg/L		Monthly	Grab
TSS, INFLUENT						85		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE						REPORT MONTH		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	04/11/22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.028  
(TMSDF/Permitted Capacity)x100: 55%

Month / Year: October-04

### Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
50050	80082	00530	80082	00530	00400	00400	74055	50060	00620			
Mon.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.051					7.5	7.5		1.7			
2	0.044					7.4	7.4		1.5			
3	0.048					7.4	7.4		1.5			
4	0.052					7.5	7.5		1.8			
5	0.047					7.5	7.5		2.0			
6	0.041					7.4	7.4		1.7			
7	0.039	107	85	2u	1u	7.4	7.4	56	1.4	3.5	11:15	G
8	0.041					7.5	7.5		1.8			
9	0.039											
10	0.039					7.6	7.6		1.3			
11	0.037											
12	0.038					7.5	7.5		1.5			
13	0.039					7.4	7.4		1.1			
14	0.034					7.4	7.4		1.0			
15	0.036					7.4	7.4		1.2			
16	0.024					7.5	7.5		1.5			
17	0.029					7.5	7.5		1.7			
18	0.033					7.4	7.4		1.5			
19	0.030					7.5	7.5		1.8			
20	0.030					7.5	7.5		1.8			
21	0.030					7.4	7.4		1.4			
22	0.031					7.5	7.5		1.6			
23	0.025					7.8	7.6		1.4			
24	0.030											
25	0.030											
26	0.030					7.8	7.6		1.8			
27	0.029					7.5	7.5		1.5			
28	0.027					7.5	7.5		1.7			
29	0.031					7.4	7.4		1.3			
30	0.023					7.4	7.4		1.4			
31	0.029					7.5	7.5		1.8			

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell L. Faircloth    
 Evening Shift Operator      Class:             Certification No.:             Name:         
 Night Shift Operator      Class:             Certification No.:             Name:         
 Lead Operator      Class:             Certification No.:             Name:       

**Type of Effluent Disposal or Reclaimed Water Reuse:**

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

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



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

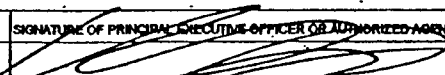
PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 11/01/04 To: 11/30/04  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Storet code Mon. Site No.										
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.026	0.023	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.5		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					3.2	3.2	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.3		7.8	s.u.	Daily 5.wk	Grab
	Permit Requirement				8.0 minimum		8.5 (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	04/12/22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 11/01/2004 To: 11/30/2004


FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBE R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031610 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#100		Monthly	Grab
COLIFORM, FECAL 031610 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					5.7		#100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050060 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				0.7			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000600 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.1	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 060062 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					220		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					29		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	04/12/22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

# DAILY SAMPLE RESULTS - PART B

PermitNumber: **FLA014388-001-DW3P**

Three-month Average Daily Flow: 0.030  
(TMSDF/Permitted Capacity)x100: 61%

Month / Year: November-04

## Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.034					7.4	7.4		1.5			
2	0.030					7.4	7.6		1.6			
3	0.032					7.4	7.4		1.5			
4	0.030					7.3	7.3		0.7			
5	0.030					7.4	7.4		1.2			
6	0.025					7.5	7.5		1.0			
7	0.030											
8	0.030											
9	0.030					7.4	7.4		1.0			
10	0.027					7.4	7.4		1.3			
11	0.027	220	29	2.0	3.2	7.5	7.5	1U	1.5	0.1	12:00	G
12	0.030					7.5	7.5		1.8			
13	0.024					7.4	7.4		1.3			
14	0.029					7.4	7.4		1.6			
15	0.033					7.5	7.5		1.0			
16	0.032					7.6	7.6		0.9			
17	0.020					7.5	7.5		1.2			
18	0.018					7.5	7.5		1.0			
19	0.020					7.6	7.6		1.1			
20	0.023											
21	0.023											
22	0.024					7.6	7.6		1.2			
23	0.025					7.6	7.6		1.0			
24	0.015					7.5	7.5		1.3			
25	0.025											
26	0.025					7.5	7.5		1.1			
27	0.016					7.5	7.5		1.4			
28	0.023					7.4	7.4		1.2			
29	0.021					7.5	7.5		1.0			
30	0.035					7.6	7.6		1.1			

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell L. Faircloth    
 Evening Shift Operator      Class:             Certification No.:             Name:         
 Night Shift Operator      Class:             Certification No.:             Name:         
 Lead Operator      Class:             Certification No.:             Name:       

**Type of Effluent Disposal or Reclaimed Water Reuse:**

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

\* Attach additional sheets if necessary to list all certified operators.  
 DEP Form 62-620.910(10), Effective November 28, 1994  
 Version 5/18/98

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

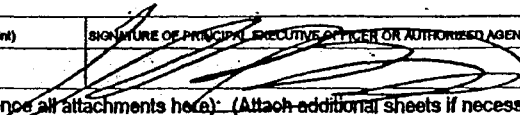
PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 12/01/04 To: 12/31/04  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter  Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru - treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.023	0.023	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.4		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1U	1U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.2		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.7	n.u.	Daily 5.wk	Grab
	Permit Requirement				6.0 minimum		8.5 (max)	n.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	08/01/24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 12/01/2004 To: 12/31/2004

LIMIT: Final  
 CLASS SIZE: Minor

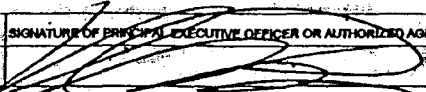
FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031816 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031816 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					5.7		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050060 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.0			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.6	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 060062 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					75		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					306		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	05/01/24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.028  
(TMSDF/Permitted Capacity)x100: 56%

Month / Year: December-04

### Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.020					7.5	7.5		1.6			
2	0.014					7.5	7.5		1.7			
3	0.026					7.6	7.6		1.5			
4	0.025											
5	0.025											
6	0.025					7.5	7.5		1.2			
7	0.020					7.4	7.4		1.3			
8	0.020					7.5	7.5		1.4			
9	0.020					7.6	7.6		1.2			
10	0.035					7.6	7.6		1.0			
11	0.019					7.5	7.5		1.3			
12	0.022					7.5	7.5		1.4			
13	0.030					7.6	7.6		1.0			
14	0.014					7.6	7.6		1.1			
15	0.019					7.6	7.6		1.5			
16	0.020					7.5	7.5		1.2			
17	0.042	75	306	2u	1u	7.4	7.4	1u	1.0	0.6	12:25	G
18	0.018											
19	0.018											
20	0.019					7.5	7.5		1.4			
21	0.014					7.6	7.6		1.2			
22	0.029					7.6	7.6		1.5			
23	0.023					7.7	7.7		1.6			
24	0.020					7.6	7.6		1.5			
25	0.019											
26	0.019					7.5	7.5		1.3			
27	0.033					7.6	7.6		1.2			
28	0.022					7.5	7.5		1.0			
29	0.025					7.6	7.6		1.1			
30	0.044					7.7	7.7		1.0			
	0.025					7.7	7.7		1.2			

**PLANT STAFFING:**

Day Shift Operator	Class: <u>  C  </u>	Certification No.: <u>  9088  </u>	Name: <u>  Wendell L. Faircloth  </u>
Evening Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>
Night Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>
Lead Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>

**Type of Effluent Disposal or Reclaimed Water Reuse:**

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 8960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

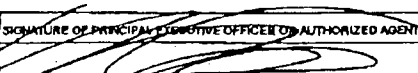
PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 01/01/05 To: 01/31/05  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.026	0.023	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.8	2.8	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.1		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.0	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.0		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.7	n.u.	Daily 5, wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	n.u.	Daily 5, wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	05/02/23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 01/01/2005 To: 01/31/2005

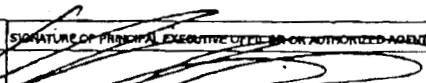
FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL 031818 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100	Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100	Monthly	Grab
COLIFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					5.7		#/100	Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				0.8			mg/L	Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.6	mg/L	Monthly	Grab
	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					732		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab
TSS, INFLUENT 000630 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					118		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	06/02/23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)



### DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014388-001-DW3P**

Three-month Average Daily Flow: 0.025  
(TMSDF/Permitted Capacity)x100: 49%

Month / Year: January-08

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
50050	80082	00530	80082	00530	00400	00400	74055	50060	00620			
Mon.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.029											
2	0.029											
3	0.030					7.7	7.7		1.2			
4	0.023					7.7	7.7		0.8			
5	0.011					7.6	7.6		1.2			
6	0.029					7.6	7.6		1.0			
7	0.030					7.5	7.5		1.3			
8	0.027					7.5	7.5		1.4			
9	0.030					7.5	7.5		1.2			
10	0.028					7.6	7.6		1.0			
11	0.013					7.6	7.6		1.2			
12	0.022					7.5	7.5		1.4			
13	0.033					7.6	7.6		1.0			
14	0.023					7.6	7.6		1.2			
15	0.027											
16	0.027											
17	0.026					7.6	7.6		1.3			
18	0.009					7.6	7.6		1.5			
19	0.034					7.8	7.6		1.6			
20	0.036					7.5	7.5		1.8			
21	0.009					7.4	7.4		1.6			
22	0.022											
23	0.022											
24	0.022					7.5	7.5		1.0			
25	0.047					7.6	7.6		1.6			
26	0.018					7.5	7.5		1.5			
27	0.028	732	118	2.8	2.0	7.6	7.6	1U	1.8	0.6	12:55	G
28	0.026					7.5	7.5		2.0			
29	0.017					7.4	7.4		1.8			
30	0.026					7.5	7.5		2.0			
	0.028					7.4	7.4		1.8			

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**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell L. Faircloth    
 Evening Shift Operator      Class:             Certification No.:             Name:         
 Night Shift Operator      Class:             Certification No.:             Name:         
 Lead Operator      Class:             Certification No.:             Name:       

**Type of Effluent Disposal or Reclaimed Water Reuse:**

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

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

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

Version 5/18/98

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

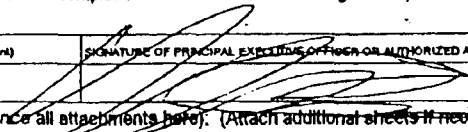
PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 02/01/05 To: 02/28/05  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.026	0.023	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.1		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1.0	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.7		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
PH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				0.3		7.6	n.u.	Daily 5.wk	Grab
	Permit Requirement				8.0, minimum		8.5, (max)	n.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	06/03/24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER: FLA014388-001-DW3P  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400 MONITORING PERIOD--From: 02/01/2005 To: 02/28/2005  
 Sarasota, Florida 34240 LIMIT: Final  
 CLASS SIZE: Minor FACILITY ID: 5228P05930 GROUP: Domestic  
 FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S. DISCHARGE POINT NUMBER: R001  
 Lake Placid, FL 33852 PLANT SIZE/TREATMENT TYPE: 3C  
 COUNTY: Highlands TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				1U	NA	1U	#100		Monthly	Grab
031618 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					6.7		#100		Monthly	Grab
031618 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.0			mg/L		Daily 5.wk	Grab
050000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						1.8	mg/L		Monthly	Grab
000000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					430		mg/L		Monthly	Grab
080052 0 INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					286		mg/L		Monthly	Grab
000530 0 INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	06/03/24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

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

0.025  
49%

Month / Year: February-05

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025					7.5	7.5		1.5			
2	0.035					7.5	7.5		1.2			
3	0.011					7.4	7.4		1.0			
4	0.035					7.5	7.5		1.1			
5	0.018					7.5	7.5		1.3			
6	0.023					7.4	7.4		1.1			
7	0.028					7.6	7.6		1.0			
8	0.030					7.6	7.6		1.1			
9	0.020					7.5	7.5		1.0			
10	0.020					7.6	7.6		1.1			
11	0.015					7.5	7.5		1.0			
12	0.033											
13	0.033											
14	0.034					7.5	7.5		1.2			
15	0.020					7.6	7.6		1.0			
16	0.025					7.5	7.5		1.2			
17	0.030					7.5	7.5		1.3			
18	0.025					7.5	7.5		1.5			
19	0.021					7.4	7.4		1.2			
20	0.025					7.3	7.3		1.0			
21	0.019					7.0	7.3		1.1			
22	0.035					0.3	7.4		1.0			
23	0.030	430	286	2u	1u	7.4	7.5	1u	1.2	1.8	13:25	G
24	0.033					7.5	7.5		1.0			
25	0.023					7.5	7.5		1.4			
26	0.026											
27	0.026											
28	0.027					7.5	7.5		1.5			
29												
30												

725

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell L. Faircloth    
 Evening Shift Operator      Class:             Certification No.:             Name:         
 Night Shift Operator      Class:             Certification No.:             Name:         
 Lead Operator      Class:             Certification No.:             Name:       

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 8960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

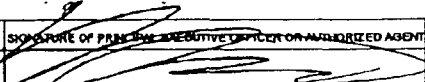
PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD—From: 03/01/05 To: 03/31/05  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.026	0.023	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					3.1	3.1	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					3.4	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.9		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.6	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(883) 471-1400	05/04/05

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Oct 06 06 12:57p

Lake Suzy WTP

9412550413

P.5

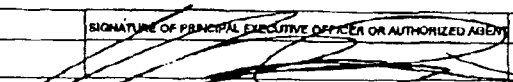
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER: FLA014388-001-DW3P  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400 MONITORING PERIOD-From: 03/01/2005 To: 05/31/2005  
 Sarasota, Florida 34240 LIMIT: Final  
 CLASS SIZE: Minor FACILITY ID: 5228P05930 GROUP: Domestic  
 FACILITY: Leisure Lakes / Covered Bridge DISCHARGE POINT NUMBE R001  
 LOCATION: 101 Parkvlew Circle S. PLANT SIZE/TREATMENT TYPE: 3C  
 Lake Placid, FL 33852 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL 031818 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100	Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100	Monthly	Grab
COLIFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					5.7		#/100	Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050060 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.0			mg/L	Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.1	mg/L	Monthly	Grab
	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					312		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTH		mg/L	Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					387		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTH		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	05/04/25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Refer to all attachments here): (Attach additional sheets if necessary.)

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.026  
(TMSDF/Permitted Capacity)x100: 51%

Month / Year: March-05

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025					7.5	7.5		1.6			
2	0.010					7.5	7.5		1.5			
3	0.020					7.5	7.5		1.3			
4	0.049					7.5	7.5		1.2			
5	0.017					7.4	7.4		1.0			
6	0.023					7.4	7.4		1.1			
7	0.020					7.5	7.5		1.2			
8	0.031					7.5	7.5		1.0			
9	0.021					7.5	7.5		1.5			
10	0.032					7.6	7.6		1.2			
11	0.018					7.5	7.5		1.0			
12	0.028											
13	0.028											
14	0.029					7.5	7.5		1.3			
15	0.030					7.5	7.5		1.1			
16	0.022					7.4	7.4		1.3			
17	0.027	312	387	3.1	3.4	7.5	7.5	1U	1.2		15:05	G
18	0.025					7.5	7.5		1.1			
19	0.016					7.5	7.5		1.0			
20	0.028					7.5	7.5		1.1			
21	0.026					7.5	7.5		1.0			
22	0.036					7.5	7.5		1.5			
23	0.031					7.6	7.6		1.3			
24	0.023					7.5	7.5		1.3			
25	0.025					7.5	7.5		1.1			
26	0.027											
27	0.027											
28	0.026					7.6	7.6		1.0			
29	0.034					7.6	7.6		1.2			
30	0.030					7.5	7.5		1.0			
31	0.020					7.5	7.5		1.2			

819

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell L. Faircloth    
 Evening Shift Operator      Class:                 Certification No.:                 Name:                             
 Night Shift Operator      Class:                 Certification No.:                 Name:                             
 Lead Operator      Class:                 Certification No.:                 Name:                           

**Type of Effluent Disposal or Reclaimed Water Reuse:**

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6980 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

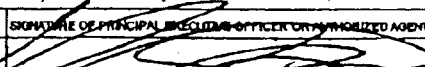
PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 04/01/06 To: 04/30/06  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852-  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, In conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.022	0.023	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.2		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.8	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.9		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.8	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	06/06/25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Oct 06 06 12:57P

Lake SUZY WUTP

9412550413

P. 7



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 04/01/2005 To: 04/30/2005


FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031616 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#100		Monthly	Grab
COLIFORM, FECAL 031616 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					5.7		#100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				0.8			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						2.3	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 20 C) 090082 0 INF-01 INFLUENT GROSS VALUE	Sample Measurement					184		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTH		mg/L		Monthly	Grab
TSS, INFLUENT 000530 0 INF-01 INFLUENT GROSS VALUE	Sample Measurement					148		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTH		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Falcloth		(863) 471-1400	08/06/25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.024  
(TMSDF/Permitted Capacity)x100: 49%

Month / Year: April-05

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
50050	80082	00530	80082	00530	00400	00400	74055	50060	00620			
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.031					7.5	7.5		1.3			
2	0.021					7.5	7.5		1.0			
3	0.023					7.5	7.5		1.2			
4	0.011					7.5	7.5		1.0			
5	0.035					7.5	7.5		1.2			
6	0.015					7.4	7.4		1.0			
7	0.030					7.5	7.5		1.3			
8	0.012					7.5	7.5		1.2			
9	0.020											
10	0.021					7.5	7.5		1.0			
11	0.038					7.6	7.6		1.2			
12	0.030					7.5	7.5		1.0			
13	0.024					7.5	7.5		0.8			
14	0.010					7.5	7.5		1.5			
15	0.032					7.5	7.5		1.2			
16	0.018					7.5	7.5		1.3			
17	0.022	164	148	2u	2.6	7.5	7.5	1	1.2		13:45	G
18	0.028					7.5	7.5		1.0			
19	0.017					7.5	7.5		1.5			
20	0.025					7.5	7.5		1.4			
21	0.020					7.5	7.5		1.6			
22	0.020					7.5	7.5		1.8			
23	0.020											
24	0.020											
25	0.020					7.5	7.5		1.7			
26	0.018					7.5	7.5		1.9			
27	0.021					7.5	7.5		2.0			
28	0.022					7.5	7.5		2.4			
29	0.023					7.5	7.5		2.2			
30	0.015					7.5	7.5		2.0			

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**PLANT STAFFING:**

Day Shift Operator	Class: <u>C</u>	Certification No.: <u>9088</u>	Name: <u>Wendell L. Faircloth</u>
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6980 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

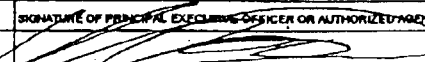
PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 05/01/06 To: 05/31/06  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.017	0.023	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.2		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.4	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.9		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.6	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0 minimum		8.5 (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	06/06/24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

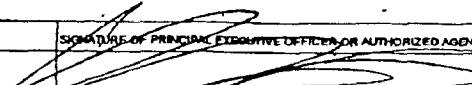
## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.	PERMIT NUMBER: FLA014388-001-DW3P	
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400 Sarasota, Florida 34240	MONITORING PERIOD--From: 05/01/2005 To: 05/31/2005	
	LIMIT: Final	
FACILITY: Leisure Lakes / Covered Bridge	CLASS SIZE: Minor	
LOCATION: 101 Parkview Circle S. Lake Placid, FL 33852	FACILITY ID: 5228P05930	GROUP: Domestic
COUNTY: Highlands	DISCHARGE POINT NUMBE R001	
	PLANT SIZE/TREATMENT TYPE: 3C	
	TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds	

Please read instructions before completing this form.

Parameter <small>Stat. code Mon. Site No.</small>		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL  031010 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					NA		#/100	Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100	Monthly	Grab
COLIFORM, FECAL  031010 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					5.7		#/100	Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection)  050060 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.8			mg/L	Daily 5-wk	Grab
	Permit Requirement				0.5 (min)			mg/L	Daily 5-wk	Grab
NITROGEN, TOTAL (as N)  000600 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						1.2	mg/L	Monthly	Grab
	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)  080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					228		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab
TSS, INFLUENT  000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					124		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(903) 471-1400	05/06/24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.022  
(TMSDF/Permitted Capacity)x100: 43%

Month / Year: May-05

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.017					7.5	7.5		2.1			
2	0.022					7.5	7.5		1.9			
3	0.017					7.5	7.5		2.0			
4	0.018					7.5	7.5		2.2			
5	0.014					7.5	7.5		2.1			
6	0.011					7.4	7.4		2.6			
7	0.017											
8	0.017											
9	0.016					7.5	7.5		2.9			
10	0.021					7.5	7.5		2.2			
11	0.014					7.5	7.5		2.1			
12	0.015					7.5	7.5		2.3			
13	0.015					7.6	7.6		2.0			
14	0.017					7.4	7.4		2.0			
15	0.016					7.4	7.4		2.1			
16	0.017					7.5	7.5		1.8			
17	0.017					7.5	7.5		2.0			
18	0.018					7.5	7.5		2.6			
19	0.017					7.5	7.5		2.2			
20	0.013					7.5	7.5		2.4			
21	0.015											
22	0.014					7.5	7.5		2.0			
23	0.027					7.5	7.5		2.3			
24	0.014					7.5	7.5		2.5			
25	0.015					7.5	7.5		2.2			
26	0.011	228	124	2u	2.4	7.6	7.6	< 1	2.0	1.2	8:05	G
27	0.016					7.6	7.6		1.9			
28	0.014					7.6	7.6		2.2			
29	0.015					7.6	7.6		2.0			
30	0.021											
31	0.021					7.5	7.5		2.0			

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8/12

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell L. Faircloth    
 Evening Shift Operator      Class:             Certification No.:             Name:         
 Night Shift Operator      Class:             Certification No.:             Name:         
 Lead Operator      Class:             Certification No.:             Name:       

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

\* Attach additional sheets if necessary to list all certified operators.  
 DEP Form 62-620.910(10), Effective November 29, 1994  
 Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 06/01/05 To: 06/31/05  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, In conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.029	0.024	MGD					Continuous	Flow Meter
	Permit Requirement	Report monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.2		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.6	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.0		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.6	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
We'll: Circloth		(863) 471-1400	06/07/05

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

Oct 06 06 12:59P

Lake Suzy WTP

9412550413

P. 11

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 06/01/2006 To: 06/30/2006

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031616 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031616 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					5.7		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.2			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						3.0	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					101		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					118		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMM/DD)
Wendell L. Faircloth		(863) 471-1400	06/07/25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

### DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014388-001-DW3P**

Three-month Average Daily Flow: **0.023**  
(TMSDF/Permitted Capacity)x100: **45%**

Month / Year: June-05

**Leisure Lakes / Covered Bridge**

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
50050	80082	00530	80082	00530	70400	00400	74055	50060	00620			
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.017					7.5	7.5		1.8			
2	0.024					7.5	7.5		1.5			
3	0.025					7.5	7.5		1.6			
4	0.036											
5	0.036											
6	0.036					7.5	7.5		1.2			
7	0.037					7.5	7.5		1.5			
8	0.035					7.5	7.5		1.4			
9	0.014					7.6	7.6		1.6			
10	0.047					7.6	7.6		1.8			
11	0.034					7.5	7.5		1.5			
12	0.040					7.5	7.5		1.3			
13	0.044					7.5	7.5		1.2			
14	0.026					7.5	7.5		1.5			
15	0.036					7.5	7.5		1.6			
16	0.029					7.4	7.4		1.5			
17	0.016					7.5	7.5		1.8			
18	0.022											
19	0.022											
20	0.021					7.5	7.5		1.5			
21	0.033					7.5	7.5		1.4			
22	0.012					7.5	7.5		1.3			
23	0.034					7.5	7.5		1.8			
24	0.026					7.5	7.5		1.9			
25	0.020					7.4	7.4		1.5			
26	0.025					7.5	7.5		1.7			
27	0.030					7.5	7.5		1.8			
28	0.020	101	118	2u	2.6	7.5	7.5	1<	1.6	3.0	10:05	G
29	0.030					7.4	7.4		1.8			
30	0.043					7.5	7.5		1.9			

870

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell L. Faircloth    
 Evening Shift Operator      Class:                 Certification No.:                 Name:                             
 Night Shift Operator      Class:                 Certification No.:                 Name:                             
 Lead Operator      Class:                 Certification No.:                 Name:                           

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98



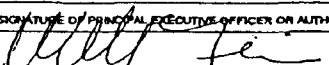
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER: FLA014388-001-DW3P  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400 MONITORING PERIOD--From: 07/01/05 To: 07/31/05  
 Sarasota, Florida 34240 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY: Leisure Lakes / Covered Bridge FACILITY ID: 5228P05930 GROUP: Domestic  
 LOCATION: 101 Parkview Circle S. DISCHARGE POINT NUMBER: R001  
 Lake Placid, FL 33852 PLANT SIZE/TREATMENT TYPE: 3C  
 COUNTY: Highlands TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.024	0.025	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.2		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1.2	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.9		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.3		7.6	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Falcloth		(863) 471-1400	05/08/23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Oct 06 06 01:09P

Lake SUZY WUTP

9412550413

P. 1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 07/01/2005 To: 07/31/2005

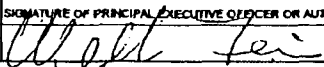
FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter <small>Storet code Mon. Site No.</small>		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031818 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
CODIFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					6.8		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.0			mg/L		Daily 5-wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5-wk	Grab
NITROGEN, TOTAL (as N) 000600 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						8.7	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					147		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					112		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	06/08/23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Oct 06 06 01:16P

Lake SUZY WJTP

9412550413

P. 1

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.023  
(TMSDF/Permitted Capacity)x100: 47%

Month / Year: July-06

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.046					7.4	7.4		1.6			
2	0.025					7.3	7.3		1.2			
3	0.041					7.3	7.3		1.5			
4	0.033					7.4	7.4		1.3			
5	0.038					7.5	7.5		1.2			
6	0.044					7.5	7.5		1.5			
7	0.028					7.5	7.5		1.3			
8	0.022					7.5	7.5		1.5			
9	0.027											
10	0.027											
11	0.026					7.5	7.5		1.3			
12	0.020					7.5	7.5		1.5			
13	0.030					7.6	7.6		1.6			
14	0.018					7.5	7.5		2.0			
15	0.020					7.5	7.5		2.2			
16	0.019					7.5	7.5		1.8			
17	0.022					7.5	7.5		2.0			
18	0.021					7.5	7.5		1.2			
19	0.015					7.5	7.5		1.0			
20	0.030					7.5	7.5		1.2			
21	0.011					7.5	7.5		1.8			
22	0.020					7.6	7.6		2.0			
23	0.018											
24	0.018											
25	0.018					7.5	7.5		1.8			
26	0.024					7.8	7.8		1.6			
27	0.020	147	112	2u	1.2	7.8	7.8	1<	2.0	8.7	13:40	G
28	0.020					7.5	7.5		2.2			
29	0.020					7.5	7.5		2.1			
30	0.010					7.4	7.4		2.1			
31	0.019					7.4	7.4		1.8			

24,200  
Aug.  
750

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell L. Faircloth    
 Evening Shift Operator      Class:                 Certification No.:                 Name:                             
 Night Shift Operator      Class:                 Certification No.:                 Name:                             
 Lead Operator      Class:                 Certification No.:                 Name:                           

Type of Effluent Disposal or Reclaimed Water Reuse:

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

\* Attach additional sheets if necessary to list all certified operators.  
 DEP Form 62-620.910(10), Effective November 29, 1994  
 Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 08/01/06 To: 08/31/06  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.019	0.026	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.2		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1.0	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.9		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.6	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendei, Faircloth		(863) 471-1400	05/09/28

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

Oct 06 06 01:10P

Lake SUZY WTP

9412550413

P. 3

60

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 08/01/2005 To: 08/31/2005


LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter <small>Storet code Mon. Site No.</small>		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL 031816 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100	Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100	Monthly	Grab
COLIFORM, FECAL 031816 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					5.6		#/100	Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.3			mg/L	Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.6	mg/L	Monthly	Grab
	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					112		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					86		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	05/09/28

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.024  
(TMSDF/Permitted Capacity)x100: 48%

Month / Year: August-06

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025					7.5	7.5		1.8			
2	0.017					7.5	7.5		2.0			
3	0.012					7.5	7.5		2.1			
4	0.007					7.5	7.5		2.0			
5	0.035					7.5	7.5		1.9			
6	0.018											
7	0.018											
8	0.019					7.8	7.6		2.0			
9	0.020					7.5	7.5		1.8			
10	0.015					7.5	7.5		2.1			
11	0.027					7.5	7.5		2.3			
12	0.022					7.5	7.5		2.5			
13	0.016					7.4	7.4		2.1			
14	0.022					7.4	7.4		2.0			
15	0.014					7.5	7.5		2.2			
16	0.022					7.6	7.6		2.0			
17	0.023					7.6	7.6		2.3			
18	0.020	112	86	2u	1u	7.6	7.6	1<	2.4	0.5	G	10:55
19	0.020					7.6	7.6		2.1			
20	0.017											
21	0.017											
22	0.016					7.5	7.5		2.0			
23	0.015					7.5	7.5		2.2			
24	0.019					7.5	7.5		2.1			
25	0.017					7.5	7.5		1.8			
26	0.017					7.6	7.6		1.7			
27	0.015					7.5	7.5		1.4			
28	0.020					7.5	7.5		1.5			
29	0.022					7.5	7.5		1.3			
30	0.020					7.5	7.5		1.6			
31	0.021					7.5	7.5		1.8			

588

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell L. Faircloth    
 Evening Shift Operator      Class:                 Certification No.:                 Name:                             
 Night Shift Operator      Class:                 Certification No.:                 Name:                             
 Lead Operator      Class:                 Certification No.:                 Name:                           

**Type of Effluent Disposal or Reclaimed Water Reuse:**

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

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

DEP Form 62-620.810(10), Effective November 29, 1994

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

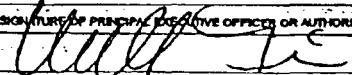
PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 09/01/06 To: 09/30/06  
 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, In conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.017	0.024	MGD						Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					3.7	3.7	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg		mg/L		Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1.0	2.0	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.8		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg		mg/L		Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.5		7.8	s.u.		Daily 5.wk	Grab
	Permit Requirement				6.0 minimum		8.5 (max)	s.u.		Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L Faircloth		(863) 471-1400	08/10/11

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

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Lake Suzy WTP

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P.5

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 09/01/2006 To: 09/30/2005

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

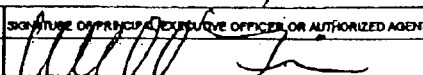
FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

GROUP: Domestic

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031618 1 EFA-01	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031618 Y EFA-01	Sample Measurement					5.6		#/100		Monthly	Grab
ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050060 1 EFA-01	Sample Measurement				1.7			mg/L		Daily 5.wk	Grab
EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000600 1 EFA-01	Sample Measurement						5.7	mg/L		Monthly	Grab
EFFLUENT GROSS VALUE	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01	Sample Measurement					109		mg/L		Monthly	Grab
INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01	Sample Measurement					158		mg/L		Monthly	Grab
INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Falcloth		(863) 471-1400	08/10/11

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)



### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.020  
(TMSDF/Permitted Capacity)x100: 40%

Month / Year: September-05

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.009					7.5	7.5		4.6			
2	0.020					7.5	7.5		4.8			
3	0.019											
4	0.018											
5	0.018					7.5	7.5		2.0			
6	0.020					7.6	7.6		2.1			
7	0.020					7.6	7.6		3.4			
8	0.015					7.6	7.6		3.1			
9	0.013					7.5	7.5		2.2			
10	0.016					7.5	7.5		2.4			
11	0.018					7.5	7.5		2.0			
12	0.017					7.6	7.6		1.8			
13	0.023					7.6	7.6		1.9			
14	0.019					7.6	7.5		2.0			
15	0.018	109	158	3.7	1u	7.5	7.5	1u	2.2	5.7	G	13:25
16	0.016					7.5	7.5		2.1			
17	0.015											
18	0.014					7.6	7.6		1.8			
19	0.021					7.5	7.5		2.0			
20	0.014					7.6	7.6		1.7			
21	0.019					7.6	7.6		1.9			
22	0.017											
23	0.018					7.6	7.6		2.0			
24	0.014					7.5	7.5		1.8			
25	0.017					7.5	7.5		2.1			
26	0.021					7.6	7.6		2.0			
27	0.014					7.5	7.5		1.8			
28	0.014					7.6	7.6		2.2			
29	0.018					7.6	7.6		2.1			
30	0.018					7.6	7.6		2.0			

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**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell L. Faircloth    
 Evening Shift Operator      Class:             Certification No.:             Name:         
 Night Shift Operator      Class:             Certification No.:             Name:         
 Lead Operator      Class:             Certification No.:             Name:       

**Type of Effluent Disposal or Reclaimed Water Reuse:**

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 8960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 10/01/05 To: 10/31/05

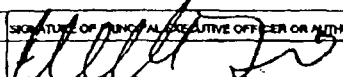
FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Storef. code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.021	0.023	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000830 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.2	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000830 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.0		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.8	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	05/11/25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Oct 06 06 01:12P

Lake SUZY WUTP

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 10/01/2005 To: 10/31/2005

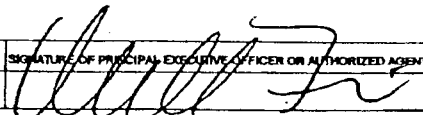
FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBE R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL	Sample Measurement				1U	NA	1U	#100	Monthly	Grab
031816 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#100	Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.0		#100	Monthly	Grab
031816 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#100	Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.1			mg/L	Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						0.2	mg/L	Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					289		mg/L	Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTH		mg/L	Monthly	Grab
TSS, INFLUENT	Sample Measurement					246		mg/L	Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTH		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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	05/11/25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.019  
(TMSDF/Permitted Capacity)x100: 38%

Month / Year: October-08

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
50050	80082	00530	80082	00530	00400	00400	74055	50060	00620			
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.013											
2	0.013					7.6	7.6		2.0			
3	0.028					7.5	7.5		1.6			
4	0.016											
5	0.016					7.5	7.5		2.3			
6	0.019					7.6	7.6		2.4			
7	0.016					7.6	7.6		2.6			
8	0.015					7.6	7.6		2.4			
9	0.018					7.5	7.5		2.1			
10	0.021					7.4	7.4		1.8			
11	0.012					7.5	7.5		2.8			
12	0.026					7.5	7.5		2.4			
13	0.020					7.6	7.6		1.1			
14	0.018					7.6	7.6		1.9			
15	0.017											
16	0.018					7.5	7.5		2.0			
17	0.016					7.5	7.5		1.7			
18	0.024					7.6	7.6		2.1			
19	0.020					7.5	7.5		2.2			
20	0.019	289	248	2u	2.2	7.6	7.6	1u	2.3	0.2	G	14:15
21	0.017					7.6	7.6		2.1			
22	0.015					7.5	7.5		1.8			
23	0.021					7.4	7.6		2.0			
24	0.021					7.5	7.5		2.2			
25	0.034					7.5	7.5		1.6			
26	0.030											
27	0.030					7.6	7.6		1.9			
28	0.026					7.5	7.5		2.0			
29	0.032											
30	0.032											
31	0.033					7.5	7.5		1.9			

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**PLANT STAFFING:**

Day Shift Operator	Class: <u>C</u>	Certification No.: <u>9088</u>	Name: <u>Wendell L. Faircloth</u>
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: _____	Certification No.: _____	Name: _____

**Type of Effluent Disposal or Reclaimed Water Reuse:**

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

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

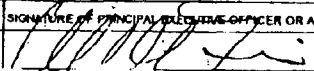
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER: FLA014388-001-DW3P  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400 MONITORING PERIOD-From: 11/01/06 To: 11/30/06  
 Sarasota, Florida 34240 LIMIT: Final  
 CLASS SIZE: Minor FACILITY ID: 5228P05930 GROUP: Domestic  
 FACILITY: Leisure Lakes / Covered Bridge DISCHARGE POINT NUMBER: R001  
 LOCATION: 101 Parkview Circle S. PLANT SIZE/TREATMENT TYPE: 3C  
 Lake Placid, FL 33852 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds  
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, In conduit or thru treatment plant	060050 1 OTH-01	0.022	0.023	MGD					Continuous	Flow Meter
ANNUAL AVERAGE DAILY		Report Monthly	0.050 Ann_Avg	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	80082 1 EFA-01					2U	2U	mg/L	Monthly	Grab
EFFLUENT GROSS VALUE						30, Monthly	80, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	80082 Y EFA-01					2.3		mg/L	Monthly	Grab
ANNUAL GROSS VALUE						20.0 Ann_Avg		mg/L	Monthly	Grab
TSS, EFFLUENT	000530 1 EFA-01					2.4	2.0	mg/L	Monthly	Grab
EFFLUENT GROSS VALUE						30, Monthly	80, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT	000530 Y EFA-01					1.9		mg/L	Monthly	Grab
ANNUAL GROSS VALUE						20.0 Ann_Avg		mg/L	Monthly	Grab
pH	000400 1 EFA-01				7.5		7.8	s.u.	Daily 5.wk	Grab
EFFLUENT GROSS VALUE					8.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	06/12/06

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

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P. 9

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD-From: 11/01/2005 To: 11/01/2006

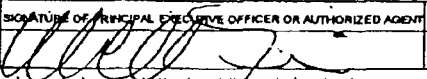
FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon., Site No.		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL 031818 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#100	Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	500 (max)	#100	Monthly	Grab
COLIFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.0		#100	Monthly	Grab
	Permit Requirement					200 ANN. AVG.		#100	Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050000 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.0			mg/L	Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						2.4	mg/L	Monthly	Grab
	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					251		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					106		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLY		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Falcloth		(863) 471-1400	05/12/26

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA01-388-001-DW3P

Three-month Average Daily Flow: 0.020

Month / Year: November-05

(TMSDF/Permitted Capacity)x100: 40%

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
50050	80082	00530	80082	00530	00400	00400	74055	50060	00620			
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.028					7.5	7.5		2.0			
2	0.028					7.5	7.5		2.1			
3	0.027					7.5	7.5		1.9			
4	0.025					7.6	7.6		2.0			
5	0.020					7.5	7.5		1.8			
6	0.019					7.5	7.5		1.8			
7	0.043					7.5	7.5		2.0			
8	0.017					7.6	7.6		1.8			
9	0.018					7.5	7.5		1.7			
10	0.023					7.6	7.6		1.9			
11	0.021					7.6	7.6		2.2			
12	0.022											
13	0.022											
14	0.023					7.5	7.5		1.9			
15	0.020					7.6	7.6		2.0			
16	0.020					7.5	7.5		1.9			
17	0.019					7.5	7.5		2.0			
18	0.023					7.5	7.5		1.7			
19	0.013					7.6	7.4		1.9			
20	0.021					7.6	7.6		1.9			
21	0.034					7.5	7.5		2.0			
22	0.015	251	108	2u	2.4	7.6	7.6	1u	1.8	2.4	15:00	G
23	0.019					7.6	7.6		1.2			
24	0.022											
25	0.023					7.5	7.5		1.1			
26	0.013					7.5	7.5		1.0			
27	0.024					7.6	7.6		1.9			
28	0.026					7.5	7.5		2.0			
29	0.031					7.6	7.6		2.1			
30	0.013					7.6	7.6		1.9			

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell L. Faircloth  

Evening Shift Operator      Class:             Certification No.:             Name:       

Night Shift Operator      Class:             Certification No.:             Name:       

Lead Operator      Class:             Certification No.:             Name:       

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

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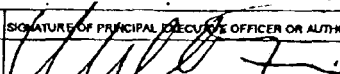
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER: FLA014388-001-DW3P  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400 MONITORING PERIOD--From: 12/01/06 To: 12/31/06  
 Sarasota, Florida 34240 LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY: Leisure Lakes / Covered Bridge FACILITY ID: 5228P05930 GROUP: Domestic  
 LOCATION: 101 Parkview Circle S. DISCHARGE POINT NUMBER: R001  
 Lake Placid, FL 33852 PLANT SIZE/TREATMENT TYPE: 3C  
 COUNTY: Highlands TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Store code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.021	0.022	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80062 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					3.0	3.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80062 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.4		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					7.0	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.4		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.5		7.8	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	08/01/08

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P  
 MONITORING PERIOD--From: 12/01/2005 To: 12/31/2005

FACILITY: Leisure Lakes / Covered Bridge  
 LOCATION: 101 Parkview Circle S.  
 Lake Placid, FL 33852  
 COUNTY: Highlands

LIMIT: Final  
 CLASS SIZE: Minor  
 FACILITY ID: 5228P05930 GROUP: Domestic  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: 3C  
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Store code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031010 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	500 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031010 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.0		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050060 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.4			mg/L		Daily 5 wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5 wk	Grab
NITROGEN, TOTAL (as N) 000600 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						1.3	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					280		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					208		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

### DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014383-001-DW3P**

Three-month Average Daily Flow: 0.021  
(TMSDF/Permitted Capacity)x100: 43%

Month / Year: December-06

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
50050	80082	00530	80082	00530	00400	00400	74055	50060	00620			
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.021						7.6		1.9			
2	0.021						7.8		2.0			
3	0.015						7.6		2.2			
4	0.021						7.5		1.8			
5	0.030						7.5		1.9			
6	0.016											
7	0.016						7.6		1.8			
8	0.017						7.5		1.9			
9	0.031						7.6		1.8			
10	0.023											
11	0.023						7.5		2.0			
12	0.022						7.6		1.8			
13	0.021						7.6		2.3			
14	0.025						7.5		2.0			
15	0.020						7.6		1.9			
16	0.020						7.5		2.0			
17	0.016						7.6		2.2			
18	0.028						7.5		1.8			
19	0.024						7.6		1.6			
20	0.014						7.5		1.8			
21	0.026						7.5		2.0			
22	0.020	280	208	3.0	7.0		7.6	1u	1.7	1.3	9:45 G	
23	0.018						7.5		1.9			
24	0.015						7.6		2.0			
25	0.027											
26	0.027						7.6		1.8			
27	0.020						7.5		1.7			
28	0.019						7.5		1.9			
29	0.023											
30	0.024						7.5		1.6			
31	0.015						7.5		1.4			

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**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certification No.:   9088        Name:   Wendell L. Faircloth    
 Evening Shift Operator      Class:             Certification No.:             Name:         
 Night Shift Operator      Class:             Certification No.:             Name:         
 Lead Operator      Class:             Certification No.:             Name:       

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98