

ORIGINAL

Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

Polk County

Test Year Ended December 31, 2001

EXHIBIT "4"

DOCUMENT NUMBER-DATE

10463 SEP 30 08

FPSC-COMMISSION CLERK

25-30.440 Additional Engineering Information Required of Class A and B Water and Wastewater Utilities in an Application for Rate Increase.

Each applicant for a rate increase shall provide two copies of the following engineering information to the Commission, with the exception of item (1), of which only one copy is required.

- (1) A detailed map showing:
 - (a) The location and size of the applicant's distribution and collection lines as well as its plant sites, and
 - (b) The location and respective classification of the applicant's customers.
- (2) A list of chemicals used for water and wastewater treatment, by type showing the dollar amount and quantity purchased, the unit prices paid and the dosage rates utilized.
- (3) The most recent chemical analyses for each water system conducted by a certified laboratory covering the inorganic, organic turbidity, microbiological, radionuclide, secondary and unregulated contaminants specified in Chapter 17-550, Florida Administrative Code.
- (4) All water and wastewater plant operating reports for the test year and the year preceding the test year.
- (5) The most recent sanitary survey for each water plant and inspection report for each wastewater plant conducted by the health department or the Department of Environmental Regulation (DER).
- (6) All health department and DER construction and operating permits.
- (7) Any Notices of Violation, Consent Orders, Letters of Notice, or Warning Notices from the health department or the DER since the utility's last rate case or the previous five years, whichever is less.
- (8) A list of all field employees, their duties, responsibilities, and certificates held, and an explanation of each employee's salary allocation method to the utility's capital or expense accounts.
- (9) A list, by serial number and description, of all vehicles owned or leased by the utility showing the original cost or annual lease expense, who the vehicle is assigned to, and the method of location to the utility.
- (10) Provide a list, by customer, of all complaints received during the test year, with an explanation of how each complaint was resolved.

Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

**25.30-440 (1)
Detailed Map**

Test Year Ended December 31, 2001

Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

**25.30-440 (2)
Chemicals Used**

Test Year Ended December 31, 2001

**CYPRESS LAKES UTILITIES, INC.
2001 CHEMICAL USE DATA**

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Cost	Quantity	Unit Price	Feed Rate
POLK	Cypress Lakes	Gas chlorine	Yes	Yes	\$ 3,807.00	8,100 lbs	\$ 0.47	15-30 ppd
		Sodium hypo	No	Yes	\$ 408.00	429 gals	\$ 0.95	**
		Calcium hypo	No	Yes	\$ 110.00	100 lbs	\$ 1.10	**
		Histosol	No	Yes	\$ 1,595.00	110 gals	\$ 14.50	< 1 gpd

**Used for cleaning activities at the wastewater treatment plant.

Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

**25.30-440 (3)
Chemical Analyses**

Test Year Ended December 31, 2001



Client: Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714
Contact: Joe Khuns
Project Location: Cypress Lakes


Report Number: T200227
Date Reported: 2/18/00
Date/Time Sampled: 01/19/00@1500
Date/Time Received: 01/20/00@1315
Lab ID: 84549,E84589
Compqap: 980174
Sub Lab: (Advanced Jax) *82533
(Elab) **83160

Project Number: JK/672/S
Matrix: Drinking Water

Inorganics Analysis
62-550.310(1)
(PWS030)

Parameter ID	Name(MCL)	Sample Number	Analysis Result	Units	Analytical Method	Detection Limit Used	Analysis Date/Time	Analyst Initials
1005	Arsenic(0.05)	T200227	*<0.01U	mg/l	SM3113B	0.01	1/25/00	SH
1010	Barium(2)	T200227	*<0.01U	mg/l	SM3113B	0.01	1/25/00	SH
1015	Cadmium(0.005)	T200227	*<0.001U	mg/l	SM3113B	0.001	1/25/00	SH
1020	Chromium(0.1)	T200227	*<0.01U	mg/l	SM3113B	0.01	1/25/00	SH
1024	Cyanide(0.2)	T200227	**<0.005U	mg/l	SM4500CNE	0.005	1/24/00	KFE
1025	Fluoride(2.0)	T200227	<0.05U	mg/l	SM4500FC	0.05	1/24/00	DMC
1030	Lead(0.015)	T200227	*<0.005U	mg/l	SM3113B	0.005	1/24/00	SH
1035	Mercury(1)	T200227	*<0.002U	mg/l	SM3113B	0.002	1/26/00	SH
1036	Nickel(0.10)	T200227	*<0.01U	mg/l	SM3113B	0.01	1/25/00	SH
1040	Nitrate(10.0)	T200227	0.13	mg/l	4500NO3F	0.05	01/21/00@1223	DMC
1041	Nitrite(1.0)	T200227	<0.05U	mg/l	4500NO3F	0.05	01/21/00@1223	DMC
1045	Selenium(0.05)	T200227	*<0.01U	mg/l	SM3113B	0.01	1/24/00	SH
1052	Sodium(160)	T200227	*6.1	mg/l	SM3113B	1	1/24/00	SH
1074	Antimony(0.006)	T200227	*<0.006U	mg/l	SM3113B	0.006	1/24/00	SH
1075	Beryllium(0.004)	T200227	*<0.003U	mg/l	SM3113B	0.003	1/25/00	SH
1085	Thallium(0.002)	T200227	*<0.002U	mg/l	SM3113B	0.002	1/24/00	SH

Approved by:


Michael Cammarata, Laboratory Manager

MCL-Maximum Contaminant Level

U-Sample was analyzed for but not detected



Client: Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714
Contact: Joe Kuhns

Report Number: T200227
Date/Time Sampled: 01/19/00@1500
Date Time Received: 01/20/00@1315
Lab ID: 84549,E84589
Compqap: 980174
Sublab: (Elab) *83160

Project Location: Cypress Lakes

Project Number: JK/672/S
Matrix: Drinking Water

Volatile Organic Analysis
62-550.310(2)(b)
(PWS028)

Parameter ID	Name(MCL)	Sample Number	Analysis Result	Units	Analytical Method	Detection Limit Used	Analysis Date/Time	Analyst Initials
2378	1,2,4,-Trichlorobenzene(70)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2380	cis-1,2-Dichloroethylene(70)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2955	Xylenes(Total)(10,000)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2964	Dichloromethane(5)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2968	o-Dichlorobenzene(600)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2969	p-Dichlorobenzene(75)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2976	Vinyl Chloride(1)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2977	1,1-Dichloroethylene(7)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2979	trans-1,2-Dichloroethylene(100)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2980	1,2-Dichloroethane(3)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2981	1,1,1-Trichloroethane(200)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2982	Carbon tetrachloride(3)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2983	1,2-Dichloropropane(5)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2984	Trichloroethylene(3)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2985	1,1,2-Trichloroethane(5)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2987	Tetrachloroethylene(3)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2989	Monochlorobenzene(100)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2990	Benzene(1)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2991	Toluene(1,000)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2992	Ethylbenzene(700)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM
2996	Styrene(100)	T200227	*<2U	ug/l	502.2	1	1/26/00	RM

Approved by: 

Michael Cammarata, Laboratory Manager

MCL-Maximum Contaminant Level

U-Sample was analyzed for but not detected



Advanced Environmental Laboratories, Inc.
 5810-D Breckenridge Parkway • Tampa, Florida 33610
 (813) 630-9616 • FAX (813) 630-4327

FOR LAB USE ONLY

HRS #F84584
 DATE/TIME RECEIVED: 9/5/02 1330
 DATE/TIME ANALYZED: 9/6/02 1500
 APPROVED BY: MJC
 COMMENTS: _____

**DRINKING WATER
 BACTERIOLOGICAL ANALYSIS**

SYSTEM NAME: Cypress Lakes Utilities SYSTEM I.D. NO: 6535055 SYSTEM PHONE #: 863-815-1524
 ADDRESS: 10,000 US Hwy 98 North Lakeland COUNTY: Polk DISTRICT: _____
 COLLECTOR: Dave R COLLECTOR PHONE #: 815-1524
 SAMPLE SITE (Locality or Subdivision): Cypress Lake Service Area
 DATE AND TIME COLLECTED: 9-4-02 @ 230 Pm
 TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private well Swimming pool Bottled water Limited Use system
 TYPE OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____
 Distribution Raw Raw Raw
 Check here if payment made to county public health unit

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB					
COLL. NO.	SAMPLE POINT (Specific Address)	CL RES'ID	pH	ANALYSIS METHOD		MF	MTF	MNO-MUG	PA
				NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER	
1	Lift Station #1 TAP	.8	7.0	A					10262H-01
2	Arrowhead trail Blow off	.7	7.0	A					02
3	Main well	0.0	7.0	A					03
4	Back up well	0.0	7.0	A					04

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
 A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below): _____ INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER _____

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Cypress Lake Utilities
 10000 US Hwy 98 North
 Lakeland, FL 33809

- ()
- () SATISFACTORY
- () INCOMPLETE COLLECTION INFORMATION
- () REPEAT SAMPLES
- () REPLACEMENT SAMPLES

REVIEWING OFFICIAL: _____

TITLE: _____




Client: Utilities Inc of Florida
200 Weathersfield Ave.
Atlamonte Springs, FL 32714
Contact: Joe Kuhns
Project Location: Cypress Lakes

Report Number: T200227
Date Reported: 2/7/00
Date/Time Sampled: 01/19/00@1500
Date/Time Received: 01/20/00@0900
Lab ID: 84549,E84589
Compqap: 980174
Sub Lab: (Florida Radio Chem) *83141

Project Number: JK/672/S
Matrix: Drinking Water

RADIOCHEMICAL ANALYSIS
62-550.310(5)
(PWS033)

Parameter ID	Name(MCL)	Sample Number	Analysis Result(pci/l)	Error (+/-)	Analytical Method	MDL	Analysis Date	Analyst
4000	Gross Alpha	T200227	*1.0	0.4	900	0.6	1/28/00	MJN

Approved by: 
Michael Cammarata, Laboratory Manager

MCL-Maximum Contaminant Level
U-Sample was analyzed for but not detected



Client: Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714

Contact: Joe Khuns


Project Location: Cypress Lakes

Report Number: T200227
Date Reported: 2/18/00
Date/Time Sampled: 01/19/00@1500
Date/Time Received: 01/20/00@1315
Lab ID: 84549,E84589
Compqap: 980174
Sub Lab: (Advanced Jax) *82533
(Elab) **83160

Project Number: JK/672/S
Matrix: Drinking Water

Secondary Chemical Analysis
62-550.320(1)
(PWS031)

Parameter ID	Name(MCL)	Sample Number	Analysis Result	Units	Analytical Method	Detection Limit Used	Analysis Date/Time	Analyst Initials
1002	Aluminum(200)	T200227	*<0.2U	mg/l	200.7	0.2	1/25/00	SH
1017	Chloride(250)	T200227	11	mg/l	325.1	1	1/26/00	DMC
1022	Copper(1.3)	T200227	*<0.1U	mg/l	200.7	0.1	1/25/00	SH
1028	Iron(0.3)	T200227	*<0.05U	mg/l	200.7	0.05	1/25/00	SH
1025	Fluoride(2.0)	T200227	<0.05U	mg/l	SM4500FC	0.05	1/24/00	DMC
1032	Manganese(50)	T200227	*0.01U	mg/l	200.7	0.01	1/25/00	SH
1050	Silver(100)	T200227	*<0.01U	mg/l	200.7	0.01	1/25/00	SH
1055	Sulfate(250)	T200227	<1U	mg/l	375.4	1	1/26/00	SH
1095	Zinc(5)	T200227	*<0.05U	mg/l	200.7	0.05	1/25/00	SH
1905	Color(15C.U.)	T200227	<5U	mg/l	SM2120B	5	1/20/00	DMC
1920	Odor(3)	T200227	2	mg/l	SM2150B	1	1/20/00	DMC
1925	pH(6.5-8.5)	T200227	7.7	mg/l	150.1	0.1	1/20/00	CAW
1930	TDS(500)	T200227	180	mg/l	160.1	2	1/26/00	DMC
2905	MBAS(0.5)	T200227	<0.04U	mg/l	SM5540C	0.04	1/20/00	DMC

Approved by: 
Michael Cammarata, Laboratory Manager

MCL-Maximum Contaminant Level
J-Sample was analyzed for but not detected

PESTICIDE/PCB CHEMICAL ANALYSIS
 62-550.310(2)C
 (FWS029)

Elab Submission Number: 1000493
 Sample Identification: T200227
 Elab Report Name: DERREP->DrinkRep

Parameter ID	Name (MCL)	Sample Number	Analysis Result	Q	Units	Analytical Method	Reporting Limit	Analysis Date	Analysis Time
2005	ENDRIN (2.0)	0001493	1 0.020	U	ug/L	505	0.020	01/24/00	
2010	g-BHC (LINDANE) (0.2)	0001493	1 0.010	U	ug/L	505	0.010	01/24/00	
2015	METHOXYCHLOR (40)	0001493	1 0.070	U	ug/L	505	0.070	01/24/00	
2020	TOXAPHENE (3)	0001493	1 0.18	U	ug/L	505	0.18	01/24/00	
2031	DALAPON (200)	0001493	1 1.0	U	ug/L	515.1	1.0	01/26/00	
2032	DIQUAT (20)	0001493	1 0.40	U	ug/L	549.1	0.40	01/25/00	
2033	ENDOSULF (100)	0001493	1 9.0	U	ug/L	548.1	9.0	01/23/00	
2034	GLYPHOSATE (700)	0001493	1 6.0	U	ug/L	547	6.0	01/22/00	
2035	DI(2-ETHYLHEXYL)ADIPATE (400)	0001493	1 1.6	U	ug/L	525.2	1.6	02/01/00	
2036	OXAMYL (VYDATE) (200)	0001493	1 2.0	U	ug/L	531.1	2.0	01/26/00	
2037	SIMAZINE (4)	0001493	1 1.5	U	ug/L	505	1.5	01/24/00	
2039	DI(2-ETHYLHEXYL)PHTHALATE (6.0)	0001493	1 2.0	U	ug/L	525.2	2.0	02/01/00	
2040	PICLORAM (500)	0001493	1 0.10	U	ug/L	515.1	0.10	01/26/00	
2041	DINoseb (7.0)	0001493	1 0.20	U	ug/L	515.1	0.20	01/26/00	
2042	HEXACHLOROCYCLOPENTADIENE (50)	0001493	1 0.10	U	ug/L	505	0.10	01/24/00	
2046	CARBOFURAN (40)	0001493	1 2.0	U	ug/L	531.1	2.0	01/26/00	
2050	ATRAZINE (2)	0001493	1 1.5	U	ug/L	505	1.5	01/24/00	
2051	ALACHLOR (2)	0001493	1 1.0	U	ug/L	505	1.0	01/24/00	
2065	HEPTACHLOR (0.4)	0001493	1 0.030	U	ug/L	505	0.030	01/24/00	
2067	HEPTACHLOR EPOXIDE (0.2)	0001493	1 0.010	U	ug/L	505	0.010	01/24/00	
2105	2,4-D (70)	0001493	1 0.10	U	ug/L	515.1	0.10	01/26/00	
2110	2,4,5-TP (SILVEX) (50)	0001493	1 0.20	U	ug/L	515.1	0.20	01/26/00	
2274	HEXACHLOROBENZENE (1)	0001493	1 0.10	U	ug/L	505	0.10	01/24/00	
2306	BENZO(A)PYRENE (0.2)	0001493	1 0.10	U	ug/L	525.2	0.10	02/01/00	
2326	PENTACHLOROPHENOL (1.0)	0001493	1 0.040	U	ug/L	515.1	0.040	01/26/00	
2383	TOTAL PCB'S ()	0001493	1 0.10	U	ug/L	505	0.10	01/24/00	
2388	PCB 1016 (0.5)	0001493	1 0.10	U	ug/L	505	0.10	01/24/00	
2390	PCB 1221 (0.5)	0001493	1 0.10	U	ug/L	505	0.10	01/24/00	
2392	PCB 1232 (0.5)	0001493	1 0.10	U	ug/L	505	0.10	01/24/00	
2394	PCB 1242 (0.5)	0001493	1 0.10	U	ug/L	505	0.10	01/24/00	
2396	PCB 1248 (0.5)	0001493	1 0.10	U	ug/L	505	0.10	01/24/00	
2398	PCB 1254 (0.5)	0001493	1 0.10	U	ug/L	505	0.10	01/24/00	
2400	PCB 1260 (0.5)	0001493	1 0.10	U	ug/L	505	0.10	01/24/00	
2931	1,2-DIBROMO 3-CHLOROPROPANE (0.2)	0001493	1 0.020	U	ug/L	504.1	0.020	01/21/00	
2946	ETHYLENE DIBROMIDE (0.020)	0001493	1 0.010	U	ug/L	504.1	0.010	01/21/00	
2959	CHLORDANE (2.0)	0001493	1 0.020	U	ug/L	505	0.020	01/24/00	

Data Qualifier Code Key:

U - The analyte was analyzed for, but was not detected above the report sample quantitation limit.

Mailing - P.O. Box 468 • Ormond Beach, Florida 32175-0468 • Shipping - 8 East Tower Circle • Ormond Beach, Florida 32174
 (904) 672-5668 • Fax (904) 673-4001

Puerto Rico: Office (787) 787-0866 • Cellular (787) 390-3505 or (787) 399-4683

Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

**25.30-440 (4)
Operation Reports**

Test Year Ended December 31, 2001



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

Jan 00

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 6535055
 System Owner Name: Utilities Inc. of Florida Telephone No.: 887-8691919
 Address: 200 Weathersfield Ave.
 City: Altamonte Springs State: Fla Zip Code: 32717
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 960 Total Population Served at End of Month: 2208

Water Treatment Plant Information

Treatment Plant Name: Cypress Lakes Utilities Telephone No.: 863-815-1514
 Address: 10000 US Hwy 98N
 City: Dakeland State: Fla Zip Code: 32809
 Permitted Maximum Day Capacity of Plant: 350,000 gpd
 Plant Category and Class per Rule 62-899.310(4), F.A.C.: 5C
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s) Shift(s) Worked
<u>Joseph M Kuhns</u>	<u>6754</u>	<u>C</u>	<u>Monday thru Friday</u>
Other Certified Plant Operators (attach additional sheets if necessary):			
<u>David E Shattell</u>	<u>7799</u>	<u>C</u>	<u>Saturdays</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

Jan 00

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: Joseph M Kuhns 2/2/00

Name and Certificate Number (please type or print): Joseph M Kuhns C-6754

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6535055

Treatment Plant Name: Cypress Lakes Utilities

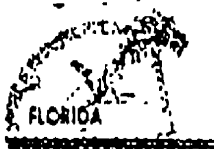
III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Jan 00

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine

combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month: Jan

Day of the Month	Hours Plant In Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24HR	143000	2.8	0.9			
2		120000					
3		119000	2.4	0.9			
4		141000	2.1	0.6			
5		130000	2.0	0.7	2	0.7	
6		128000	2.3	0.7			
7		110000	2.2	0.6			
8		104000	2.2	0.7			
9		130000					
10		130000	2.8	0.8			
11		120000	2.4	0.8			
12		135000	2.4	0.8			
13		140000	2.0	0.7			
14		101000	2.4	0.8			
15		141000	2.4	0.8			
16		120000					
17		120000	2.5	0.8			
18		163000	2.4	0.7			
19		132000	2.4	0.7			
20		122000	2.3	0.6			
21		111000	2.4	0.7			
22		150000	2.4	0.7			
23		110000					
24		110000	2.5	0.7			
25		103000	2.3	0.8			
26		121000	2.4	0.7			
27		112000	2.3	0.7			
28		127000	2.3	0.7			
29		141000	2.4	0.7			
30		105000					
31		106000	2.5	0.7			
Total		3061000			2		
Avg.		121323					
Max.		163000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

Feb 00

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 6535088

System Owner

Name: Utilities Inc of Florida Telephone No.: 407-869-1919

Address: 200 Weatherfield Ave

City: Altamonte Springs State: Fla Zip Code: 32714

System Type: community; non-transient non-community; non-community; consecutive
No. of Service Connections at End of Month: 960 Total Population Served at End of Month: 2208

Water Treatment Plant Information

Treatment Plant

Name: Cypress Lakes Utilities Telephone No.: 863-815-1524

Address: 1000 US Hwy 98N

City: Lakeland State: Fla Zip Code: 33809

Permitted Maximum Day Capacity of Plant: 330,000 gpd

Plant Category and Class per Rule 62-899.310(4), F.A.C.: 3C

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Joseph M Kuhns</u>	<u>6754</u>	<u>C</u>	<u>Monday thru Friday</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>David E Shettell</u>	<u>7999</u>	<u>C</u>	<u>Saturdays</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

Feb 00

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: Joseph M Kuhns 3-1-00

Name and Certificate Number (please type or print): Joseph M Kuhns C-6754

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6535055

Treatment Plant Name: Cypress Lakes Utilities

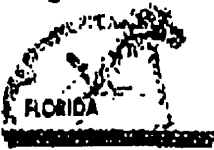
III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Feb 00

Type of Residual Disinfectant Maintained In Distribution System Served by Plant: free chlorine

combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month: Feb

Day of the Month	Hours Plant In Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	107000	2.4	0.6			
2		103000	2.5	0.7	2	0.7	
3		93000	2.6	0.7			
4		91000	2.6	0.8			
5		139000	2.6	0.8			
6		126000					
7		135000	2.4	0.7			
8		137000	2.5	0.7			
9		130000	2.5	0.8			
10		118000	2.4	0.8			
11		108000	2.4	0.7			
12		161000	2.4	0.8			
13		137000					
14		137000	2.5	0.8			
15		118000	2.4	0.7			
16		117000	2.5	0.6			
17		100000	2.4	0.7			
18		113000	2.4	0.6			
19		161000	2.5	0.7			
20		135000					
21		135000	2.6	0.7			
22		147000	2.5	0.7			
23		142000	2.5	0.6			
24		133000	2.4	0.6			
25		150000	2.4	0.7			
26		168000	2.4	0.7			
27		148000					
28		149000	2.5	0.8			
29		215000	2.4	0.8			
30							
31							
Total		3804000			2		
Avg		131172					
Max		216000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

March 00

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 6535055

System Owner

Name: Utilities Inc of Florida Telephone No.: 407869-1919

Address: 200 Weatherfield Ave.

City: Altamonte Springs State: Fla Zip Code: 32714

System Type: community; non-transient non-community; non-community; consecutive

No. of Service Connections at End of Month: 960 Total Population Served at End of Month: 2208

Water Treatment Plant Information

Treatment Plant

Name: Cypress Lakes Utilities Telephone No.: 863-815-1524

Address: 10000 US Hwy 98N

City: Lakeland State: Fla Zip Code: 33809

Permitted Maximum Day Capacity of Plant: 350,000 gpd

Plant Category and Class per Rule 62-899.310(4), F.A.C.: 3C

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Joseph M Kuhns</u>	<u>6754</u>	<u>C</u>	<u>Monday thru Friday</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>David E Shattstall</u>	<u>7799</u>	<u>C</u>	<u>Saturdays</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

March 00

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: Joseph M Kuhns 4-3-00

Name and Certificate Number (please type or print): Joseph M Kuhns C-6754

Systems that Treat Their Water
 System PWS Identification Number: 6535055

Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF March 00

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine
 combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month: March

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	187000	2.6	0.8			
2		113000	2.5	0.8			
3		136000	2.5	0.8			
4		167000	2.6	0.8			
5		140000					
6		141000	2.5	0.7			
7		180000	2.4	0.7	2	0.7	
8		162000	2.5	0.8			
9		163000	2.5	0.7			
10		136000	2.4	0.7			
11		143000	2.4	0.8			
12		140000					
13		110000	2.5	0.7			
14		155000	2.5	0.8			
15		158000	2.4	0.8			
16		129200	2.4	0.8			
17		101000	2.6	0.8			
18		160000	2.6	0.8			
19		136000					
20		135000	2.5	0.7			
21		151000	2.5	0.8			
22		183000	2.6	0.8			
23		131000	2.5	0.7			
24		110000	2.5	0.7			
25		181000	2.5	0.7			
26		130000					
27		124000	2.4	0.7			
28		143000	2.5	0.8			
29		114000	2.5	0.7			
30		110000	2.6	0.8			
31		113000	2.6	0.9			
Total		5568000			2		
Avg.		179633					
Max		187000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF April 00

Water System Information
 System Name: Cypress Lakes Utilities PWS Identification No.: 6535055
 System Owner: Utilities Inc. of Florida Telephone No.: 407-869-1919
 Name: Utilities Inc. of Florida
 Address: 200 Weathersfield Ave.
 City: Altamonte Springs State: Fla Zip Code: 32714
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 960 Total Population Served at End of Month: 2208

Water Treatment Plant Information
 Treatment Plant Name: Cypress Lakes Utilities Telephone No.: 862-815-1524
 Address: 10000 US Hwy 98 N
 City: Lakeland Fla State: Fla Zip Code: 33809
 Permitted Maximum Day Capacity of Plant: 350,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: IC
 Lead/Chief Plant Operator:

Name	Certificate Number	Category	Days/Shifts Worked
<u>Joseph M Kuhns</u>	<u>6754</u>	<u>C</u>	<u>Monday thru Friday</u>
Other Certified Plant Operators (attach additional sheets if necessary):			
<u>David E Thattall</u>	<u>7799</u>	<u>C</u>	<u>Saturday</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF April 00

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Joseph M Kuhns 5-1-00 Joseph M Kuhns 6-6754
 Signature and Date Name and Certificate Number (please type or print)

System PWS Identification Number: 6535055

Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 00

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine
 combined chlorine (chloramine); chlorine dioxide
 Summary of Daily Water Treatment Data for Month: April

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reports of Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Point (mg/L)	
1	24hrs	164000	2.4	0.7			
2		163000					
3		162000	2.5	0.8			
4		163000	2.4	0.7			
5		233000	2.7	0.8	2	0.8	
6		130000	2.6	0.8			
7		95000	2.6	0.9			
8		183000	2.6	0.8			
9		170000					
10		170000	2.5	0.8			
11		169000	2.4	0.7			
12		211000	2.4	0.7			
13		133000	2.6	0.8			
14		171000	2.5	0.8			
15		127000	2.3	0.7			
16		101000					
17		100000	2.6	0.8			
18		161000	2.7	0.6			
19		169000	2.7	0.7			
20		172000	2.3	0.8			
21		109000	2.6	0.8			
22		131000	2.6	0.8			
23		140000					
24		141000	2.3	0.7			
25		161000	2.6	0.8			
26		113000	2.6	0.8			
27		110000	2.7	0.9			
28		110000	2.8	0.9			
29		113000	2.8	0.8			
30		130000					
31							
Total		4132000			2		
Avg		133293					
Max		233000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF May 00

Water System Information
 System Name: Cypress Lakes Utilities PWS Identification No.: 653205
 System Owner: Utilities Inc. of Florida Telephone No.: 407-869-1919
 Name: Utilities Inc. of Florida
 Address: 200 Weatherfield Ave
 City: Altamonte Springs State: Fla Zip Code: 32714
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 960 Total Population Served at End of Month: 2208

Water Treatment Plant Information
 Treatment Plant Name: Cypress Lakes Utilities Telephone No.: 863-815-1524
 Address: 12000 W. Hwy 98 N
 City: Lakeland State: Fla Zip Code: 33807
 Permitted Maximum Day Capacity of Plant: 310,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: 3C
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, D)	Days of the Week
<u>Joseph M. Kuhns</u>	<u>6754</u>	<u>C</u>	<u>Monday thru Friday</u>
Other Certified Plant Operators (attach additional sheets if necessary):			
<u>David E. Shattell</u>	<u>7199</u>	<u>C</u>	<u>Saturdays</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR DURING THE MONTH/YEAR OF May 00

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: Joseph M. Kuhns 6-1-00 Name and Certificate Number (please type or print): Joseph M. Kuhns C-6754

Systems that Treat Their Water
 System PWS Identification Number: 6535055

Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

May 00

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine
 combined chlorine (chloramine); chlorine dioxide
 Summary of Daily Water Treatment Data for Month: May

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Concentration in Distribution System			Remarks on Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	149000	2.4	0.7			
2		88000	2.3	0.7			
3		142000	2.6	0.8	2	0.8	
4		96000	2.7	0.8			
5		92000	2.3	0.6			
6		131000	2.3	0.7			
7		100000					
8		100000	2.6	0.8			
9		86000	2.7	0.8			
10		143000	2.6	0.7			
11		80000	2.6	0.7			
12		76000	2.3	0.6			
13		130000	2.3	0.7			
14		757000					
15		70000	2.6	0.8			
16		67000	2.7	0.8			
17		120000	2.7	0.7			
18		112000	2.3	0.7			
19		87000	2.3	0.6			
20		110000	2.3	0.7			
21		20000					
22		199000	2.4	0.6			
23		110000	2.3	0.7			
24		120000	2.6	0.8			
25		114000	2.6	0.8			
26		97000	2.7	0.7			
27		101000	2.5	0.7			
28		131000					
29		131000	2.3	0.6			
30	✓	227000	2.6	0.8			
31		129000	2.6	0.7			
Total		4184000			2		
Avg.		34968					
Max.		227000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH OF June 00

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 6535055
 System Owner: Utilities Inc. of Fla. Telephone No.: 407-859-1919
 Name: Utilities Inc. of Fla.
 Address: 200 Weathers Field Ave. State: Fla Zip Code: 32914
 City: Altamonte Springs
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 970 Total Population Served at End of Month: 2231

Water Treatment Plant Information

Treatment Plant Name: Cypress Lakes Utilities Telephone No.: 863-815-1524
 Address: 10000 Os Hwy 98 N State: Fla Zip Code: 33809
 City: Lakeland
 Permitted Maximum Day Capacity of Plant: 3,100,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: 3C

Lead/Chief Plant Operator:

Name	Florida Water Treatment Plant Operator License No.	Days of Operation
<u>Joseph M Kuhns</u>	<u>6754</u>	<u>Monday thru Friday</u>
<u>David E. Shoffstall</u>	<u>7799</u>	<u>Saturday</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH OF June 00

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: Joseph M Kuhns 7-5-00

Name and Certificate Number (please type or print): Joseph M Kuhns 6754

DEP Form 62-699 (00/01) Revise December 10, 1999

System PWS Identification Number: 6535055

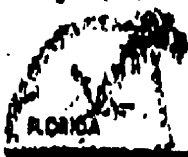
Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH OF June 00

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine
 combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month: June

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Number of In-Situ Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Lowest Total Coliform Sample Count (mpn)	Number of Total Coliform Samples
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of In-Situ Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)				
1	24	81000	2.6	0.7						
2		90000	2.7	0.8						
3		91000	2.7	0.8						
4		106000								
5		106000	2.6	0.7						
6		130000	2.5	0.8						
7		136000	2.6	0.8	2			0.8		
8		160000	2.6	0.7						
9		157000	2.6	0.6						
10		126000	2.6	0.7						
11		94000			3			0.8		
12		98000	2.7	0.8	2			0.7		
13		147000	2.6	0.7						
14		140000	2.5	0.7						
15		139000	2.6	0.8						
16		166000	2.5	0.7						
17		120000	2.7	0.7						
18		139000								
19		140000	2.0	0.8						
20		139000	2.3	0.7						
21		111000	2.3	0.7						
22		105000	2.3	0.8						
23		120000	2.3	0.8						
24		74000	2.4	0.7						
25		71000								
26		78000	2.5	0.8						
27		70000	2.4	0.7						
28		81000	2.4	0.7						
29		67000	2.4	0.8						
30		60000	2.5	0.7						
31										
Total		3333000			8					
Avg		111333								
Max		197000								



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION
July 00

Water System Information
 System Name: Cypress Lakes Utilities PWS Identification No.: 653505
 System Owner: Utilities Inc of Fla. Telephone No.: 407-869-1919
 Name: Utilities Inc of Fla.
 Address: 200 Weatherfield Ave
 City: Altamonte Springs State: Fla Zip Code: 32714
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 970 Total Population Served at End of Month: 2031

Water Treatment Plant Information
 Treatment Plant Name: Cypress Lakes Utilities Telephone No.: 863-815-1524
 Address: 10000 US Hwy 98N
 City: Lakeland State: Fla Zip Code: 33809
 Permitted Maximum Day Capacity of Plant: 250,000 gpd
 Plant Category and Class per Rule 62-260.010(4), F.A.C.: TC
 Lead/Chief Plant Operator:

Name	Certificate Number	Category	Days
<u>Joseph M Kubas</u>	<u>6754</u>	<u>C</u>	<u>Monday thru Friday</u>
Other Certified Plant Operators (attach additional sheets if necessary):			
<u>David E Shattell</u>	<u>0799</u>	<u>C</u>	<u>Saturday</u>

July 00

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above: records of amounts of chemicals used and chemical feed rates; and if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: Joseph M Kubas 8-1-00

Name and Certificate Number (please type or print): Joseph M Kubas 6754

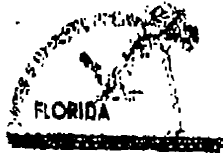
Systems that Treat Their Water
 System PWS Identification Number: 6535055

Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 00

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine
 combined chlorine (chloramine); chlorine dioxide
 Summary of Daily Water Treatment Data for Month: July

Day of Month	Hours Plant In Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Filter, Emerg. Alarm, Operator's Condition
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	80000	2.6	0.8			
2		84000					
3		80000	2.7	0.9			
4		90000	2.7	0.7			
5		85000	2.0	0.7			
6		95000	2.5	0.6	2	0.6	
7		97000	2.6	0.7			
8		95000	2.6	0.7			
9		85000					
10		80000	2.5	0.6			
11		126000	2.6	0.7			
12		122000	2.6	0.7			
13		90000	2.5	0.7			
14		108000	2.5	0.7			
15		80000	2.7	0.7			
16		89000					
17		90000	2.6	0.8			
18		148000	2.5	0.7			
19		128000	2.6	0.6			
20		140000	2.5	0.6			
21		120000	2.6	0.7			
22		88000	2.6	0.7			
23		84000					
24		63000	2.6	0.6			
25		67000	2.6	0.7			
26		80000	2.6	0.8			
27		113000	2.5	0.7			
28		103000	2.4	0.6			
29		69000	2.5	0.7			
30		63000					
31		62000	2.4	0.6			
Total		2658000			2		
Avg.		85742					
Max.		148000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR Aug 00

Water System Information
System Name: Cypress Lakes Utilities
System Owner: Utilities Inc of Fla
Address: 300 Weatherfield Ave
City: Altamonte Springs
State: Fla Zip Code: 32714
System Type: X community; non-transient non-community; non-community; consecutive
No. of Service Connections at End of Month: 980 Total Population Served at End of Month: 2254

Water Treatment Plant Information
Treatment Plant Name: Cypress Lakes Utilities
Address: 10000 US Hwy 98N
City: Lakeband
State: Fla Zip Code: 32809
Permitted Maximum Day Capacity of Plant: 350,000 gpd
Plant Category and Class per Rule 62-699.310(4), F.A.C.: 3C
Lead/Chief Plant Operator:

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: Joseph M Kuhns, 6754, C, Monday thru Friday

Other Certified Plant Operators (attach additional sheets if necessary):

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: David E Sheffstall, 7799, C, Saturdays

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF Aug 00

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: Joseph M Kuhns 9-1-00

Name and Certificate Number (please type or print): Joseph M Kuhns C-6754

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 652055
 Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR Aug 00

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month: Aug

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24/105	108000	2.8	0.8			
2		63000	2.6	0.7	2	0.7	
3		33000	2.7	0.7			
4		63000	2.6	0.6			
5		38000	2.6	0.6			
6		33000					
7		33000	2.5	0.7			
8		102000	2.7	0.6			
9		83000	2.6	0.6			
10		49000	2.7	0.7			
11		91000	2.2	0.6			
12		63000	2.3	0.6			
13		30000					
14		51000	2.6	0.7			
15		64200	2.2	0.6			
16		69200	2.3	0.6			
17		68000	2.3	0.6			
18		81000	2.4	0.7			
19		74000	2.4	0.7			
20		63000					
21		62000	2.6	0.8			
22		101000	2.7	0.8			
23		66000	2.5	0.6			
24		30000	2.4	0.6			
25		122000	2.4	0.7			
26		70000	2.5	0.7			
27		79000					
28		80000	2.7	0.8			
29		98000	2.7	0.7			
30		45000	2.6	0.7			
31		70000	2.6	0.6			
Total		2,315,000			2		
Avg		74677					
Max.		102,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

Sept 00

Water System Information
System Name: Cypress Lakes Utilities
System Owner: Utilities Inc. of Fla.
Name: Utilities Inc. of Fla.
Address: 400 Weathersfield Ave.
City: Altamonte Springs
State: Fla Zip Code: 32714
System Type: X community; non-transient non-community; non-community; consecutive
No. of Service Connections at End of Month: 990 Total Population Served at End of Month: 2277

Water Treatment Plant Information
Treatment Plant
Name: Cypress Lakes Utilities
Address: 10000 US Hwy 980
City: Lakeland
State: Fla Zip Code: 33809
Permitted Maximum Day Capacity of Plant: 330,000 gpd
Plant Category and Class per Rule 62-699.310(4), F.A.C.: IC
Lead/Chief Plant Operator:

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: Joseph M Kuhns, 6754, C, Monday thru Friday

Other Certified Plant Operators (attach additional sheets if necessary):

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: David E Shoffstall, 7599, C, Saturdays

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

Sept 00

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
If applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: [Handwritten Signature] 10/2/00

Name and Certificate Number (please type or print): Joseph M Kuhns C-6754

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6535055
 Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR Sept 00

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month: Sept

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	↓	76000	2.5	0.6			
2	↓	63000	2.5	0.7			
3	↓	80000					
4	↓	80000	2.5	0.7			
5	↓	123000	2.6	0.7			
6	↓	73000	2.6	0.7	2	0.7	
7	↓	61000	2.6	0.6			
8	↓	75000	2.7	0.6			
9	↓	74000	2.7	0.6			
10	↓	65000					
11	↓	66000	2.3	0.6			
12	↓	100000	2.4	0.7			
13	↓	94000	2.4	0.6			
14	↓	100000	2.3	0.6			
15	↓	101000	2.7	0.7			
16	↓	78000	2.7	0.7			
17	↓	38000					
18	↓	39000	2.4	0.6			
19	↓	38000	2.6	0.7			
20	↓	66000	2.6	0.7			
21	↓	63000	2.7	0.8			
22	↓	73000	2.7	0.7			
23	↓	60000	2.7	0.6			
24	↓	65000					
25	↓	64000	2.5	0.6			
26	↓	83000	2.6	0.6			
27	↓	82000	2.7	0.7			
28	↓	73000	2.7	0.7			
29	↓	70000	2.6	0.7			
30	↓	71000	2.6	0.6			
31							
Total		2290000			2		
Avg		76333					
Max		102000					

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Nov. 01 2000 03:58PM P6 ✓



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

Oct 00

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 6535065
 System Owner Name: Utilities Inc of Fla. Telephone No.: 407-869-1919
 Address: 300 Weatherfield Ave.
 City: Altamonte Springs State: Fla Zip Code: 32714
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 1000 Total Population Served at End of Month: 2300

Water Treatment Plant Information

Treatment Plant Name: Cypress Lakes Utilities Telephone No.: 863-815-1524
 Address: 10050, W. Hwy 98 N
 City: Lake land State: Fla Zip Code: 33809
 Permitted Maximum Day Capacity of Plant: 350,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Joseph M Kuhns</u>	<u>6754</u>	<u>C</u>	<u>Monday thru Friday</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (a, B, C, or D)	Day(s)/Shift(s) Worked
<u>David E. Shoffstall</u>	<u>7799</u>	<u>C</u>	<u>Saturdays</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF Oct 00

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Joseph M Kuhns 11-1-00
 Signature and Date

Joseph M Kuhns C-6754
 Name and Certificate Number (please type or print)

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Nov. 01 2000 03:58PM P7

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6535055
 Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR Oct 00

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month: Oct

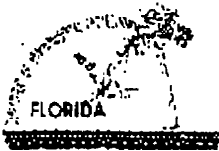
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24hrs	76000					
2		75000	2.7	0.7			
3		110000	2.6	0.7			
4		79000	2.7	0.7	2	0.7	
5		94000	2.7	0.6			
6		96000	2.6	0.6			
7		83000	2.6	0.6			
8		60000					
9		59000	2.7	0.7			
10		130000	2.7	0.7			
11		136000	2.6	0.6			
12		103000	2.6	0.6			
13		131000	2.6	0.7			
14		97000	2.6	0.7			
15		120000					
16		119000	2.5	0.6			
17		137000	2.6	0.7			
18		136000	2.5	0.6			
19		183000	2.4	0.6			
20		113000	2.5	0.7			
21		124000	2.5	0.7			
22		146000					
23		147000	2.4	0.6			
24		151000	2.3	0.6			
25		130000	2.0	0.4			Main well down
26		130000	3.0	0.8			Main well repair
27		130000	2.2	1.0			
28		140000	2.8	0.9			
29		130000					
30		130000	2.6	0.8			
31		151000	2.3	0.7			
Total		3,684			2		
Avg.		119					
Max.		183					

* Use highest figure

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Dec. 01 2000 11:51AM P9



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

Nov 00

Water System Information

System Name: Cypress Lakes Utilities Location 65 05
 System Owner Name: Utilities Inc of Fla. Telephone No.: 407-869-1919
 Address: 400 Weatherfield Ave
 City: Altamonte Springs State: Fla Zip Code: 32714
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 1000 Total Population Served at End of Month: 2700

Name: Cypress Lakes Utilities Phone: 863 815-1524
 Address: 10000 US Hwy 98N
 City: Lakeland State: Fla Zip Code: 338-9
 Permitted Maximum Day Capacity of Plant: 310,000
 Category: 69 (4)

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Joseph M Kuhns	6754	C	11/1/00 - 11/1/00
Other Certified Plant Operator (attach additional sheets if necessary):			
David - Shottersall	7799	C	Saturdays (Vacation)
Steve Habery	8012	C	(Vacation)

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

Nov 00

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: Joseph M Kuhns 12-1-00

Name and Certificate Number (please type or print): Joseph M Kuhns C-6754

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Dec. 01 2000 11:51AM P10

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

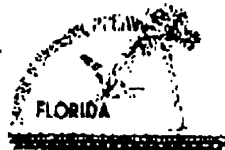
System PWS Identification Number: 6535055
 Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR

Type of Residual Disinfectant Maintained In Distribution System Served by Plant: free chlorine;
 combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month: Nov

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	143000	2.1	0.6	2	0.6	
2		174000	2.6	0.7			
3		146000	2.3	0.6			
4		125000	2.7	0.6			
5		143000					
6		145000					
7		180000	2.6	0.7			
8		130000	2.7	0.7			
9		118000	2.6	0.6			
10		36000	2.7	0.8			
11		49000	2.6	0.8			
12		45000					
13		44000	1.8	0.7			
14		49000	2.3	0.6			
15		43000	2.3	0.6			
16		53000	2.4	0.7			
17		34000	2.4	0.7			
18		37000	2.4	0.6			
19		43000					
20		48000	2.1	0.5			
21		49000	2.4	0.6			
22		50000	2.3	0.6			
23		30000	2.4	0.7			
24		33000	2.3	0.6			
25		44000	2.3	0.6			
26		93000					
27		30000	2.3	0.7			
28		32000	2.6	0.8			
29		46000	2.6	0.7			
30		41000	2.3	0.7			
31							
Total		2,250,000			2		
Avg.		75,000					
Max		180,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

Dec 00

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 6535055
 System Owner Name: Utilities Inc of Fla. Telephone No.: 407-869-1919
 Address: 200 Weatherfield Ave
 City: Altamonte Springs State: Fla Zip Code: 32714
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 1000 Total Population Served at End of Month: 3300

Water Treatment Plant Information

Treatment Plant Name: Cypress Lakes Utilities Telephone No.: 863-815-1524
 Address: 10000 US Hwy 98 N
 City: Lakeland State: Fla Zip Code: 33809
 Permitted Maximum Day Capacity of Plant: 350,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: IC

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Joseph M Kuhns</u>	<u>6754</u>	<u>C</u>	<u>Monday thru Friday</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (a, B, C, or D)	Day(s)/Shift(s) Worked
<u>David E Shottstall</u>	<u>8799</u>	<u>C</u>	<u>Saturdays</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

Dec 00

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Joseph M Kuhns 1-1-00
Signature and Date

Joseph M Kuhns C-6754
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6535055

Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month: Dec

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	46000	2.4	0.6			
2		45000	2.4	0.5			
3		34000					
4		33000	2.5	0.6			
5		33000	2.6	0.7	2	0.7	
6		61000	2.5	0.7			
7		33000	2.3	0.6			
8		31000	2.3	0.6			
9		48000	2.3	0.5			
10		50000					
11		51000	2.5	0.6			
12		55000	2.4	0.5			
13		63000	2.6	0.6			
14		170000	2.3	0.7			
15		231000	2.4	0.6			
16		168000	2.4	0.6			
17		120000					
18		119000	2.5	0.7			
19		102000	2.6	0.7			
20		160000	2.4	0.5			
21		170000	2.7	0.7			
22		179000	2.7	0.8			
23		168000	2.6	0.7			
24		299000					
25		299000	2.5	0.6			
26		135000	2.7	0.7			
27		119000	2.6	0.6			
28		130000	2.5	0.6			
29		119000	2.6	0.6			
30		141000	2.6	0.6			
31		118000					
Total		3764000			2		
Avg		121419					
Max		299000					

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Feb. 01 2001 12:56PM P2 /



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

Jan 01

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 0595055
 System Owner Name: Utilities Inc of Fla Telephone No.: 407-869-1919
 Address: 200 Weatherfield Ave
 City: Altamonte Springs State: Fla Zip Code: 32717
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 1000 Total Population Served at End of Month: 2700

Water Treatment Plant Information

Treatment Plant

Name: Cypress Lakes Utilities Telephone No.: 863-815-1524
 Address: 10000 US Hwy 9810
 City: Lakeland State: Fla Zip Code: 33809
 Permitted Maximum Day Capacity of Plant: 350,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: IC

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Joseph M Kuhns</u>	<u>6757</u>	<u>C</u>	<u>Monday thru Friday</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>David E. Sheddell</u>	<u>7799</u>	<u>C</u>	<u>Saturday</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

Jan 01

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: Joseph M Kuhns 2-1-01

Name and Certificate Number (please type or print): Joseph M Kuhns C-6757

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Feb. 01 2001 12:56PM P3

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6235055

Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR Jan 01

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

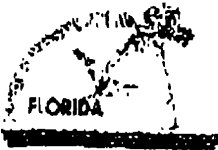
Summary of Daily Water Treatment Data for Month: Jan

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	177000	0.5	0.6			
2		269000	0.7	0.8			
3		239000	0.6	0.7	2	0.7	
4		211000	0.7	0.7			
5		255000	0.7	0.7			
6		227000	0.7	0.6			
7		214000					
8		214000					
9		194000	0.8	0.9			
10		188000	0.7	0.6			
11		215000	0.6	0.7			
12		246000	0.4	0.6			
13		267000	0.5	0.6			
14		221000					
15		222000	0.9	0.8			
16		252000	0.7	0.8			
17		276000	0.7	0.8			
18		226000	0.7	0.8			
19		220000	0.6	0.7			
20		190000	0.6	0.7			
21		220000					
22		230000					
23		206000	0.7	0.6			
24		220000	0.7	0.8			
25		236000	0.7	0.7			
26		212000	0.6	0.7			
27		226000	0.6	0.7			
28		201000					
29		221000	0.8	0.8			
30		267000	0.9	0.8			
31		279000	0.9	0.9			
Total		6828000			2		
Avg.		220368					
Max.		276000					

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Mar. 01 2001 11:48AM P2



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS. See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

Feb 01

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 6535055
 System Owner Name: Utilities Inc. of Fla. Telephone No.: 407-869-1919
 Address: 400 Weathers Field Ave
 City: Altamonte Springs State: Fla Zip Code: 32714
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 1000 Total Population Served at End of Month: 2300

Water Treatment Plant Information

Treatment Plant Name: Cypress Lakes Utilities Telephone No.: 863-815-1524
 Address: 10600 US Hwy 98 N
 City: Lakeland State: Fla Zip Code: 33809
 Permitted Maximum Day Capacity of Plant: 350,000 gpd
 Plant Category and Class per Rule 62-899.310(4), F.A.C.: IC

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Joseph M. Kuhns</u>	<u>6754</u>	<u>C</u>	<u>Monday thru Friday</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>David E Stoffstall</u>	<u>7799</u>	<u>C</u>	<u>Saturday</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

Feb 01

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Joseph M. Kuhns 3-1-01
Signature and Date

Joseph M. Kuhns C-6754
Name and Certificate Number (please type or print)

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Mar. 01 2001 11:48AM P3

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS identification Number: 6535055

Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR Feb 01

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month: Feb

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	240000	2.6	0.7			
2		177000	2.7	0.7			
3		182000	2.7	0.7			
4		231000	2.6	0.8			
5		232000	2.3	0.7			
6		218000	2.4	0.6	2	0.6	
7		236000	2.6	0.7			
8		242000	2.3	0.7			
9		273000	2.5	0.7			
10		219000	2.5	0.7			
11		215000	2.6	0.7			
12		214000	2.7	0.8			
13		299000	2.7	0.8			
14		220000	2.7	0.8			
15		260000	2.6	0.7			
16		240000	2.6	0.7			
17		241000	2.7	0.8			
18		229000	2.7	0.8			
19		208000	2.8	0.8			
20		308000	2.6	0.7			
21		262000	2.7	0.7			
22		248000	2.8	0.8			
23		309000	2.8	0.8			
24		217000	2.7	0.7			
25		210000	2.7	0.7			
26		210000	2.7	0.6			
27		243000	2.6	0.7			
28		293000					
29							
30							
31							
Total		6707000					
Avg.		239571					
Max		309000					

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Apr. 03 2001 10:54AM P3



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

March 01

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 6575055
 System Owner Name: Utilities Inc of Fla. Telephone No.: 407-869-1919
 Address: 220 Weatherfield Ave
 City: Altamonte Springs State: Fla Zip Code: 32714
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 1000 Total Population Served at End of Month: 2320

Water Treatment Plant Information

Treatment Plant Name: Cypress Lakes Utilities Telephone No.: 863-815-1524
 Address: 10000 US Hwy 98N Bldg #2
 City: Lakeland State: Fla Zip Code: 33809
 Permitted Maximum Day Capacity of Plant: 350,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Joseph M Kuhns</u>	<u>6754</u>	<u>C</u>	<u>Monday thru Friday</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>David E Sholtz</u>	<u>7799</u>	<u>C</u>	<u>Saturdays</u>
<u>Jay Aldrich</u>	<u>6368</u>	<u>C</u>	<u>Saturdays</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

March 01

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Joseph M Kuhns 4-3-01
Signature and Date

Joseph M Kuhns C-6754
Name and Certificate Number (please type or print)

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Apr. 03 2001 10:53AM P2

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6535055
 Treatment Plant Name: Cypress Lakes DTLites

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR March 01

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

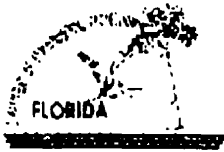
Summary of Daily Water Treatment Data for Month: March

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	264000	2.3	0.8			
2		290000	2.3	0.7			
3		214000	2.3	0.7			
4		240000					
5		239000	2.3	0.8			
6		286000	2.6	0.7			
7		209000	2.3	0.7	2	0.7	
8		238000	2.6	0.7			
9		232000	2.7	0.7			
10		207000	2.7	0.7			
11		296000					
12		296000	2.3	0.8			
13		215000	2.7	0.7			
14		226000	2.7	0.6			
15		220000	2.6	0.7			
16		263000	2.7	0.7			
17		189000	2.5	0.7			
18		207000					
19		206000	2.9	0.8			
20		205000	2.6	0.7			
21		133000	2.7	0.7			
22		204000	2.7	0.8			
23		218000	2.6	0.7			
24		186000	2.6	0.7			
25		192000	2.7	0.8			
26		200000	2.6	0.6	2	1.2	line break
27		234000	2.7	0.7	2	1.2	line break
28		210000	2.8	0.7			
29		145000	2.7	0.7			
30		252000	2.6	0.6			
31		242000	2.6	0.7			
Total		7356000			6		
Avg.		234161					
Max.		334000					

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

May. 02 2001 01:31PM P2



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

April 01

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 6535055
System Owner: Utilities Inc of Fla Telephone No.: 407-869-1919
Address: 300 Weatherfields Ave
City: Altamonte Springs State: Fla Zip Code: 32714
System Type: X community; non-transient non-community; non-community; consecutive
No. of Service Connections at End of Month: 1000 Total Population Served at End of Month: 2500

Water Treatment Plant Information

Treatment Plant Name: Cypress Lakes Utilities Telephone No.: 863-815-1524
Address: 10000 US Hwy 98N
City: Lakeland State: Fla Zip Code: 33809
Permitted Maximum Day Capacity of Plant: 350,000 gpd
Plant Category and Class per Rule 62-699.310(4), F.A.C.: 3C

Lead/Chief Plant Operator:

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: Joseph M Kuhns, 6754, C, Monday thru Friday

Other Certified Plant Operators (attach additional sheets if necessary):

Table with 4 columns: Name, Certificate Number, Class (a, B, C, or D), Day(s)/Shift(s) Worked. Row 1: David E Staffall, 7799, C, Saturdays

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

April 01

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: Joseph M Kuhns 5-2-01

Name and Certificate Number (please type or print): Joseph M Kuhns C-6754

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

May. 02 2001 01:32PM P3

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 0535055

Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR

April 01

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	331000					
2		203000	2.5	0.6			
3		250000	2.7	0.7			
4		263000	2.6	0.6	2	1.1	
5		263000	2.8	0.7			
6		228000	2.6	0.7			
7		214000	2.7	0.6			
8		213000	2.7	0.6			
9		238000					
10		272000	2.5	0.5			
11		270000	2.6	0.6			
12		283000	2.6	0.6			
13		183000	2.7	0.6			
14		223000	2.7	0.7			
15		224000					
16		217000	2.8	0.8			
17		246000	2.7	0.7			
18		266000	2.8	0.7			
19		252000	2.7	0.5			
20		231000	2.6	0.6			
21		236000	2.6	0.6			
22		237000					
23		211000	2.8	0.7			
24		253000	2.5	0.6			
25		230000	2.6	0.7			
26		242000	2.7	0.7			
27		209000	2.6	0.6			
28		208000	2.6	0.6			
29		207000					
30		230000	2.8	0.7			
31							
Total		7333000			2		
Avg.		246100					
Max		331000					

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Jun. 08 2001 11:12AM P6



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

May/01

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No. 6535055
 System Owner Name: Utilities Inc. Telephone No. 407-869-1919
 Address: 200 Weathersfield Ave
 City: Altamonte Springs State: FL Zip Code: 32714
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 1000 Total Population Served at End of Month: 2300

Water Treatment Plant Information

Treatment Plant

Name: Cypress Lakes Utilities Telephone No.: 863-815-1524
 Address: 10000 US HWY 98 RD
 City: Lakeland State: FL Zip Code: 33809
 Permitted Maximum Day Capacity of Plant: 350,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>David E Shoffstall</u>	<u>7799</u>	<u>C</u>	<u>Mon - Fri.</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (a, B, C, or D)	Day(s)/Shift(s) Worked
<u>Jay Aldrich</u>	<u>6368</u>	<u>C</u>	<u>Sat</u>
<u>* Joe Kuhns</u>	<u>6754</u>	<u>C</u>	<u>No longer Employed by Utilities Inc as of 5/4/01</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

May/01

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

David E Shoffstall 6/4/01
Signature and Date

David E Shoffstall C-7799
Name and Certificate Number (please type or print)

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Jun. 08 2001 11:12AM P7

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6535055

Treatment Plant Name: Cypress Lakes Utilities

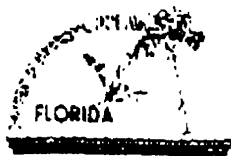
III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR

May/01

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	230,000	2.6	0.1			
2	↑	233,000	2.7	0.1	4 'A'	0.7	
3		256,000	2.6	0.6			
4		201,000	2.6	0.6			
5		156,000	2.5	0.6			
6							
7		423,000	2.4	0.5			
8		321,000	2.5	0.6			
9		192,000	2.5	0.6			
10		261,000	2.6	0.1			
11		264,000	2.6	0.7			
12		182,000	2.5	0.6			
13							
14		412,000	2.6	0.6			
15		282,000	2.5	0.6			
16		227,000	2.2	0.6			
17		306,000	2.0	0.6			
18		290,000	2.3	0.6			
19		250,000	2.4	0.7			
20							
21		453,000	2.4	0.6			
22		308,000	2.2	0.6			
23		272,000	2.2	0.6			
24		353,000	2.3	0.7			
25		222,000	2.3	0.7			
26							
27		305,000	2.2	0.6			
28		186,000	2.3	0.7			
29		206,000	2.2	0.6			
30	↓	255,000	2.2	0.6			
31	24 hrs	256,000	2.3	0.7			
Total		7,362,000			4		
Avg.		237,677					
Max		321,000					



Department of Environmental Protection

June 29 2001

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS. See Page 4

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

June 01

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 6535055
System Owner: Utilities Inc. Telephone No.: 407-864-1919
Address: 200 Weathers Field Ave. State: FL Zip Code: 32714
City: Altamonte Springs
System Type: community
No. of Service Connections at End of Month: 1200 Total Population Served at End of Month: 2500

Water Treatment Plant Information

Treatment Plant

Name: Cypress Lakes Utilities Telephone No.: 863-815-1524
Address: 10,000 US Hwy 98 N State: FL Zip Code: 33809
City: Lakeland
Permitted Maximum Day Capacity of Plant: 350,000 gpd
Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5 C

Lead/Chief Plant Operator:

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: David E. Shoffstall, 7799, C, Mon - Fri

Other Certified Plant Operators (attach additional sheets if necessary):

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: Jay Aldrich, 6368, C, Sat

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

June 01

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: David E. Shoffstall, 7/5/01

Name and Certificate Number (please type or print): David E. Shoffstall C-7799

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6535055

Treatment Plant Name: Cypress Lake Utilities

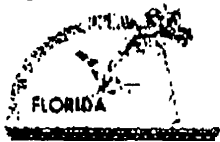
III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR

June / 01

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	266,000	2.3	0.6			
2	^	132,000	2.4	0.6			
3							
4		406,000	2.4	0.6			
5		244,000	2.4	0.7			
6		261,000	2.4	0.7			
7		191,000	2.3	0.6	4 All A	0.9	
8		192,000	2.0	0.5			
9		161,000	2.0	0.5			
10							
11		425,000	1.2	0.5			
12		299,000	1.7	0.5			
13		251,000	1.7	0.5			
14		325,000	2.6	0.6			
15		288,000	2.2	0.7			
16		185,000	2.2	0.2			
17							
18		423,000	3.0	0.2			
19		209,000	2.7	0.7			
20		233,000	2.7	0.7			
21		217,000	2.7	0.7			
22		230,000	2.9	0.8			
23		96,000	2.7	0.7			
24							
25		323,000	2.2	0.7			
26		239,000	2.7	0.7			
27		183,000	2.2	0.7			
28		232,000	2.2	0.7			
29	↓	132,000	2.7	0.6			
30	24 hrs	92,000	2.7	0.6			
31							
Total		6,275,000			4		
Avg		209,166					
Max		425,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

July / 01

Water System Information

System Name: CYPRESS LAKES UTILITIES PWS Identification No.: 6535055
System Owner Name: UTILITIES INC OF FLORIDA Telephone No.: 407-869-1919
Address: 200 WEATHERS FIELD AVE
City: ALTAMONTE SPRINGS State: FLA Zip Code: 32714
System Type: community non-transient non-community non-community consecutive
No. of Service Connections at End of Month: 1000 Total Population Served at End of Month: 2300

Water Treatment Plant Information

Treatment Plant

Name: CYPRESS LAKES UTILITIES Telephone No.: 863-815-1524
Address: 10000 U.S. Hwy 98N
City: LAKELAND State: FLA Zip Code: 33809
Permitted Maximum Day Capacity of Plant: 350,000 gpd
Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C

Lead/Chief Plant Operator:

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: DAVID E. SHOFFSTAL, 7799, C, Mon - Fri

Other Certified Plant Operators (attach additional sheets if necessary).

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: JAY ALDRICH, 6369, C, SAT

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

July / 01

- records of amounts of chemicals used and chemical feed rates; and
if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request

Signature and Date: David E. Shoffstall 8/8/01

Name and Certificate Number (please type or print): David E. Shoffstall C-7799

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6535055

Treatment Plant Name: CYPRESS LAKES UTILITIES

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR July / 01

Type of Residual Disinfectant Maintained in Distribution System Served by Plant free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 Hrs						
2	↑	263,000	2.6	0.7			
3		195,000	2.5	0.7			
4		197,000	2.6	0.7			
5		129,000	2.3	0.6			
6		154,000	2.4	0.6			
7		124,000	2.4	0.6			
8							
9		322,000	3.3	0.6			
10		166,000	2.1	0.6			
11		163,000	2.3	0.6			
12		156,000	2.1	0.6			
13		167,000	2.2	0.6			
14		100,000	2.1	0.7			
15							
16		258,000	2.0	0.6			
17		184,000	2.0	0.6	4 A	0.5	
18		122,000	1.0	0.4			
19		143,000	1.1	0.5			
20		95,000	1.0	0.4			
21		125,000	1.1	0.5			
22							
23		222,000	0.8	0.4			
24		137,000	2.0	0.7			
25		120,000	1.8	0.5			
26		151,000	2.0	0.8			
27		121,000	2.0	0.8			
28		117,000	2.0	0.8			
29							
30	√	244,000	2.4	0.8			
31	24 Hrs	182,000	2.2	0.8			
Total		4,357,000			4		
Avg		140,550					
Max		197,000					

PATRICK



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

Aug 01

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 6535055
 System Owner: UTILITIES, INC.
 Name: 200 WEATHERFIELDS AVE. Telephone No.: 407-869-1919
 Address: ALTAMONTE SPRINGS, FL 32714
 City: _____ State: _____ Zip Code: _____
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month: 1000 Total Population Served at End of Month: 2300

Water Treatment Plant Information

Treatment Plant

Name: Cypress Lake Utilities Telephone No.: 865-815-1524
 Address: 10000 US Hwy 98 North
 City: Lakeland, FL 33809 State: _____ Zip Code: _____
 Permitted Maximum Day Capacity of Plant: 350,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: S C

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
<u>Stephen Hgbery</u>	<u>8012</u>	<u>C</u>	<u>Mon - Fri</u>

Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (a, B, C, or D)	Day(s)/Shift(s) Worked
<u>David Shoffstahl</u>	<u>7799</u>	<u>C</u>	<u>40 hrs</u>
<u>Jay Aldrich</u>	<u>6368</u>	<u>C</u>	<u>59T</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

Aug 01

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Stephen Hgbery 9-5-01
Signature and Date

STEPHEN Hgbery C-8012
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6535055
 Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR Aug 01

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine;
 combined chlorine (chloramine), chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24hrs	108000	2.6	0.8			
2		153000	2.6	0.8			
3		102000	2.6	0.8			
4		104000	2.4	0.8			
5		245000	2.5	0.7			
6							
7		83000	2.7	0.8			
8		140000	2.7	0.8			
9		118000	2.6	0.8	4A	0.6	
10		95000	2.7	0.7			
11		133000	2.7	0.7			
12							
13		222000	1.4	0.5			
14		135000	1.6	0.5			
15		162000	1.3	0.6			
16		131000	1.5	0.5			
17		162000	1.4	0.5			
18		112000	1.4	0.5			
19							
20		252000	1.3	0.5			
21		138000	1.3	0.5			
22		101000	0.9	0.4			
23		110000	0.7	0.3			
24		162000	0.7	0.3			
25		133000	0.9	0.4			
26							
27		302000	1.3	0.5			
28		206000	1.5	0.5			
29		212000	2.0	0.8			
30		205000	2.0	0.8			
31	✓	168000	2.2	0.7			
Total		4197000			4A		
Avg		135000					
Max		245000					

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

September 01

Water System Information

System Name: Cypress Lake Utilities PWS Identification No.: 6535055
 System Owner Name: Utilities Inc of Fla Telephone No.: 407-869-1919
 Address: 200 weathersfield Ave
 City: Altamonte Springs State: FL Zip Code: 32714
 System Type: community; non-transient non-community; non-community; consecutive
 No. of Service Connections at End of Month 1000 Total Population Served at End of Month: 2300

Water Treatment Plant Information

Treatment Plant

Name: Cypress Lake Utilities Telephone No.: 863-815-1524
 Address: 1000 US Hwy 98 North
 City: Lakeland FL State: FL Zip Code: 33809
 Permitted Maximum Day Capacity of Plant 350,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C. 5 C
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C or D)	Day(s)/Shift(s) Worked
<u>David Ryniak</u>	<u>12746</u>	<u>C</u>	<u>mon - Fri</u>

Other Certified Plant Operators (attach additional sheets if necessary)

Name	Certificate Number	Class (A, B, C or D)	Day(s)/Shift(s) Worked
<u>Jay Aldrich</u>	<u>6368</u>	<u>C</u>	<u>SAT</u>
<u>Steve Habery</u>	<u>8012</u>	<u>C</u>	<u>Stand By</u>
<u>Dave Shoffstall</u>	<u>7799</u>	<u>C</u>	<u>Stand By</u>
<u>Tom Stafford</u>	<u>12750</u>	<u>C</u>	<u>Stand By</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

September 01

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

David Ryniak 10-3-01
Signature and Date

David Ryniak 12746
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6535055

Treatment Plant Name: Cypress Lake Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR September 01

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine, combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1		189,000	2.2	0.7			
2							
3		344,000	2.3	0.8			
4		234,000	2.4	0.6			
5		157,000	2.3	0.6	5 A	0.6	
6		119,000	2.5	0.6			
7		135,000	1.7	0.5			
8		119,000	1.8	0.5			
9							
10		231,000	1.3	0.6			
11		112,000	2.4	0.7			
12		147,000	2.5	0.7			
13		153,000	2.0	0.6			
14		128,000	2.1	0.7			
15		105,000	2.0	0.6			
16							
17		254,000	1.8	0.5			
18		149,000	1.5	0.5			
19		145,000	1.7	0.4			
20		147,000	2.9	1.1			
21		191,000	2.8	1.0			
22		169,000	2.3	1.0			
23							
24		277,000	2.2	0.7			
25		77,000	2.1	0.8			
26		167,000	2.5	1.1			
27		164,000	2.9	1.2			
28		115,000	2.8	1.1			
29		246,000	2.5	0.7			
30							
31							
Total		4,274,000					
Avg		142,000					
Max		234,000					

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6535055

Treatment Plant Name: Cypress Lake Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR October 01

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	216,000	2.5	0.7			
2		129,000	2.9	0.7			
3		198,000	3.2	0.8	4 A	1.0	
4		153,000	2.8	0.7			
5		181,000	2.8	0.7			
6		152,000	3.4	0.8			
7							
8		346,000	2.8	1.0			
9		175,000	2.9	1.1			
10		222,000	2.7	1.0			
11		195,000	2.8	1.1			
12		199,000	2.9	1.3			
13		176,000	2.7	1.1			
14							
15		344,000	3.0	1.0			
16		217,000	3.0	1.1			
17		254,000	2.8	1.2			
18		218,000	3.0	0.9			
19		243,000	2.8	1.0			
20		166,000	3.0	1.1			
21							
22		309,000	2.6	1.0			
23		154,000	2.8	1.1			
24		222,000	2.9	1.1			
25		187,000	2.0	1.1			1
26		243,000	2.6	1.0			
27		179,000	2.5	1.0			
28							
29		456,000	3.0	1.2			
30		244,000	2.8	1.5			
31	24 hrs	188,000	3.0	1.2			
Total		5,966			4 A		
Avg		.192					
Max		.254					



Department of
Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for
Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS. See Page 4

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR
NOVEMBER - 01

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 6535055

System Owner Name: Utilities Inc of Fla Telephone No.: 407-869-1919

Address: 200 weathersfield AVE State: FL Zip Code: 32714

City: Altamonte Springs

System Type: community, non-transient non-community, non-community; consecutive

No. of Service Connections at End of Month 1118 Total Population Served at End of Month: 7,571

Water Treatment Plant Information

Treatment Plant

Name: Cypress Lakes Utilities Telephone No.: 863-815-1524

Address: 10000 US Hwy 98 North State: FLA Zip Code: 33809

City: Lake land

Permitted Maximum Day Capacity of Plant 350,000 gpd

Plant Category and Class per Rule 62-699 310(4). F A C 5C

Lead/Chief Plant Operator:

Name	Certificate Number	Class (A B C or D)	Day(s)/Shift(s) Worked
<u>David Ryniak</u>	<u>12746</u>	<u>C</u>	<u>MON - Fri</u>

Other Certified Plant Operators (attach additional sheets if necessary)

Name	Certificate Number	Class (A B C or D)	Day(s)/Shift(s) Worked
<u>Jay Aldrich</u>	<u>6368</u>	<u>C</u>	<u>SAT</u>
<u>Tom Stafford</u>	<u>12750</u>	<u>C</u>	<u>Stand BY</u>
<u>Dave Shoffstall</u>	<u>7799</u>	<u>C</u>	<u>Stand by</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF
November 01

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review, upon request.

David Ryniak 11-30-01
Signature and Date

David Ryniak C 12746
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 6535055

Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR November 01

Type of Residual Disinfectant Maintained in Distribution System Served by Plant free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entrance to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Farthest Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	296,000	2.6	1.0			
2		220,000	3.0	1.5			
3		149,000	2.6	1.1			
4	\$		2.7				
5		377,000	2.8	1.0			
6		190,000	2.8	1.0			
7		250,000	2.7	1.2	4 A	1.5	
8		230,000	2.9	1.3			
9		264,000	2.8	1.4			
10		102,000	3.0	1.2			
11	\$						
12		515,000	2.8	1.0			
13		241,000	3.0	1.2			
14		225,000	2.8	1.1			
15		161,000	3.0	1.2			
16		224,000	3.0	1.1			
17		192,000	2.8	1.0			
18	\$						
19		417,000	2.2	1.0			
20		226,000	2.8	1.0			
21		242,000	2.8	1.0			
22		216,000	2.5	1.1			
23		195,000	2.5	1.0			
24		263,000	2.4	1.0			
25	\$						
26		468,000	3.0	1.2			
27		253,000	3.0	1.5			
28		268,000	2.8	1.4			
29		235,000	3.0	1.2			
30		192,000	2.5	1.0			
31	24 hrs				4 A		
Total		6,611,000					
Avg		220,000					
Max		296,000					



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS See Page 4

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR

December 2001

Water System Information

System Name: Cypress Lakes Utilities PWS Identification No.: 6535055
 System Owner Name: Utilities Inc of Fla Telephone No. 407-869-1919
 Address: 200 weathersfield AVE State: FLA Zip Code: 32714
 City: Altamonte Springs
 System Type: community, non-transient non-community, non-community, consecutive
 No. of Service Connections at End of Month: 1118 Total Population Served at End of Month: 2571

Water Treatment Plant Information

Treatment Plant
 Name: Cypress Lakes Utilities Telephone No.: 863-815-1524
 Address: 10,000 US Hwy 98 North State: FLA Zip Code: 33809
 City: Lake Land
 Permitted Maximum Day Capacity of Plant: 350,000 gpd
 Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C
 Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C or D)	Day(s)/Shift(s) Worked
<u>David Ryniak</u>	<u>12746</u>	<u>C</u>	<u>MON-FRI</u>

Other Certified Plant Operators (attach additional sheets if necessary)

Name	Certificate Number	Class (A, B, C or D)	Day(s)/Shift(s) Worked
<u>Jay Abdrich</u>	<u>6368</u>	<u>C</u>	<u>SAT</u>
<u>Tom Stafford</u>	<u>12750</u>	<u>C</u>	<u>Stand By</u>
<u>Dave Shoffstall</u>	<u>7299</u>	<u>C</u>	<u>Stand By</u>

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

December 2001

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates, and
- if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

David Ryniak
Signature and Date

David Ryniak C 12746
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
 System PWS Identification Number 6535055
 Treatment Plant Name: Cypress Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR December-01

Type of Residual Disinfectant Maintained in Distribution System Served by Plant. free chlorine,
 combined chlorine (chloramine). chlorine dioxide

Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24 hrs	236,000	2.8				
2	↑						
3		589,000	2.8				
4		257,000	3.0		4 A	1.4	
5		284,000	2.0				
6		291,000	2.5				
7		224,000	1.9				
8		222,000	2.0				
9							
10		474,000	2.8				
11		217,000	2.8				
12		230,000	2.5				
13		220,000	2.7				
14		223,000	2.8				
15		243,000	2.6				
16							
17		460,000	2.0				
18		311,000	2.0				
19		245,000	2.2				
20		188,000	2.2				
21		227,000	2.0				
22		187,000	2.0				
23							
24		353,000	2.2				
25		219,000	2.0				
26		304,000	2.0				
27		225,000	2.9				
28		176,000	2.5				
29		224,000	2.5				
30							
31	24 hrs	425,000	2.0				
Total		7,254,000			4 A		
Avg		234,000					
Max		311,000					

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 1-1-00
 LIMIT: Final
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

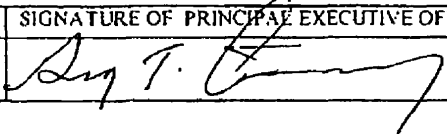
PERMIT ISSUE DATE: 1-31-00
 To: Monthly
 REPORT: Domestic
 GROUP: 31301
 WAFR SITE NO: Eff-01
 GMS TEST SITE NO:

COUNTY Polk

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow								
PARM Code 50050 Mon. Site No. EPA-01-15277	0.091	mgd				5/7	Meter	
CBOD5						5 Days/Week	Meter	
PARM Code 80082 Mon. Site No. EPA-01-15277			2.2	mg/L		Report Monthly	Calculated Roll-An-Avg	
CBOD5								
PARM Code 80082 Mon. Site No. EPA-01-15277			30.0 (Mo. Avg.)	45.0 (Weekly)	60.0 (Max.)	mg/L	1/14	Grab
TSS								
PARM Code 00590 Mon. Site No. EPA-01-15277					5.0 (Max.)	mg/L	1/14	Grab
pH								
PARM Code 00406 Mon. Site No. EPA-01-15277			7.0	7.2	8.5 (Max.)	S.U.	5/7	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY MM:DD)
Grady Armstrong Manager		863-815-1524	00-02-01

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

Received: 4/5/00 2:41PM; 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 -> UTILITIES INC. FL.; Page 2
 Apr. 05 2000 02:45PM P2

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: Jan 20

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R081

WAFR SITE No.: 31704

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrite, Total as N	Sample Measurement			0.2	mg/L		1/14	8hCPLC
Phosphorus	Sample Measurement							
Fecal Coliform Bacteria	Sample Measurement			<1	#/100ml		5/7	Grab
Turbidity	Sample Measurement			4.0	NTU		Cont	Meter
Free Chlorine	Sample Measurement			4.2	mg/L		Cont	Meter
Chlorine	Sample Measurement			204	mg/L		Mon	Grab
TS	Sample Measurement			1600	mg/L		Mon	Grab

1 - Proportioned Composite sample taken during a period of 8 hours.

DAILY SAMPLE RESULTS - PART B

Permit Number:
Mon/ev Year

FLA013123-001-DW2P
Jan 00

Annual Average Daily Flow: 1.071
(AADP/Permitted Capacity) 100: 44%

Cypress Lakes WWTP											
Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TSC (For Disinfect.) (mg/L)	Nitrogen Total (as N) (mg/L)	Turbidity (N.T.U.)		
Mon. Site	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277
1	090				7.1						
2	076				7.5				5.0+		1.3
3	095				7.1				5.0+		1.4
4	093				7.1				5.0+		1.4
5	083				7.1				5.0+		1.3
6	093				7.1				5.0+		1.2
7	085				7.2				5.0+		1.3
8	081				7.2				5.0+		1.3
9	112				7.1				5.0+		1.4
10	096				7.0				5.0+		4.0
11	090				7.0				5.0+		2.5
12	090				7.1				5.0+		1.9
13	096	52	204		7.1				5.0+		1.7
14	096				7.1				5.0+		1.6
15	089				7.0				5.0+		1.4
16	092				7.1				5.0+		1.4
17	089				7.0				5.0+		1.4
18	098				7.1				5.0+	2.2	1.4
19	092				7.1				5.0+		1.3
20	106				7.0				5.0+		1.2
21	086				7.0				5.0+		1.1
22	094				7.0				5.0+		1.2
23	094				7.0				5.0+		1.4
24	119				7.1				5.0+		2.5
25	114				7.0				5.0+		2.8
26	094	52			7.1				5.0+		1.6
27	085				7.1				5.0+	2.2	2.0
28	086				7.0				5.0+		1.9
29	099				7.1				5.0+		1.9
30	101				7.1				5.0+		1.7
31	079				7.1				5.0+		2.1

PLANT STAFFING

Day Shift Operator Class: 2 Certificate No: 8045 Name: David E Shaffertall
 Evening Shift Operator Class: 2 Certificate No: 12018 Name: David Winkler
 Night Shift Operator Class: 2 Certificate No: 12023 Name: Joseph M Kobas
 Lead Operator Class: 6 Certificate No: 12023 Name: Joseph M Kobas
 Type of Effluent Disposal or Reclaimers Water Reuse: land applied
 Limited Wet Weather Discharge Activated: Yes No; Not Applicable Yes, cumulative days of wet weather discharge: _____

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 2-1-00
 LIMIT: Final
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 2-20-00
 To: Monthly
 REPORT: Domestic
 GROUP: 31301
 WAFR SITE NO: EFA-01
 GMS TEST SITE NO:

COUNTY: Polk

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1098	mgd				5/7	Meter
PARM Code 50050 Mon. Site No. EFA-01-15277	Permit Measurement	0.240	mgd				5 Days/Week	Meter
		MMADP						
CBCODS	Sample Measurement			2.2	mg/L		Mon.	Cal. Roll-An-Avg
PARM Code 80082 Mon. Site No. EFA-01-15277	Permit Measurement			20.0	mg/L		Report Monthly	Calculated Roll-An-Avg
				(An. Avg.)				
CBCODS	Sample Measurement			2.3	mg/L		1/14	Grab
PARM Code 80082 Mon. Site No. EFA-01-15277	Permit Measurement			30.0	mg/L		Every Two Weeks	Grab
				(Mo. Avg.)				
				45.0	mg/L			
				(Weekly)				
				60.0	mg/L			
				(Max.)				
TSS	Sample Measurement			5	mg/L		1/14	Grab
PARM Code 00530 Mon. Site No. EFA-01-15277	Permit Measurement			5.0	mg/L		Every Two Weeks	Grab
				(Max.)				
pH	Sample Measurement			7.0	S.U.		5/7	Grab
PARM Code 00406 Mon. Site No. EFA-01-15277	Permit Measurement			6.0	S.U.		5 Days/week	Grab
				(Min.)				
				8.5	S.U.			
				(Max.)				

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY-MM-DD)
Gary Armstrong Manager	<i>Gary Armstrong</i>	863-815-1524	00-03-20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: Feb 00

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No. 31701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-alc, Total as N	Sample Measurement			1.8	mg/L		1/14	3bc FPL
Feal Coliform Bacteria	Sample Measurement			<1	#/100ml		5/7	Grab
Turbidity	Sample Measurement			2.4	NTU		Cont	Meter
TS for disinfection	Sample Measurement			3.6	mg/L		Cont	Meter
CHLOR	Sample Measurement			220	mg/L		Mon	Grab
TS	Sample Measurement			220	mg/L		Mon	Grab

TS: Proportioned Composite sample taken during a period of 8 hours.

Received: 3/20/00 3:15PM; 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 Mar. 20 2000 02:57PM P3
 -> Utilities Inc. FL.; Page 3

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA013123-001-DW2P
Feb 00

Annual Average Daily Flow: 1,072
(AADP/Permitted Capacity)x100: 45%

Cypress Lakes WWTTP

Code	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Distinct) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Code	0053	80082	0053	0053	00400	00400	00400	0055	0060	00620	00070
Mon Site	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277
1	1.101			<1		7.1		<1	50+		2.1
2	1.090			<1		7.1		<1	50+		1.7
3	1.099			<1		7.0		<1	50+		1.6
4	1.105			<1		7.1		<1	50+		1.7
5	1.095					7.1			50+		1.7
6	1.094					7.1			50+		2.0
7	1.091		2.00	<1	2.00	7.1		<1	50+		1.5
8	1.092			<1		7.0		<1	3.6		1.8
9	1.088	<2		<1		7.1		<1	50+	1.5	2.3
10	1.092			<1		7.1		<1	50+		2.4
11	1.095			<1		7.0		<1	50+		2.2
12	1.084					7.1			50+		1.6
13	1.103					7.0			50+		1.8
14	1.098			<1		7.1		<1	50+		1.4
15	1.102			<1		7.1		<1	50+		1.6
16	1.100			<1		7.0		<1	50+		1.6
17	1.096			<1		7.1		<1	50+		1.3
18	1.102			<1		7.1		<1	50+		1.3
19	1.095					7.1			50+		1.4
20	1.099					7.1			50+		1.4
21	1.096			1		7.0		<1	50+		1.4
22	1.102			<1		7.0		<1	50+		1.4
23	1.095	2.6		<1		7.0		<1	50+	1.8	1.3
24	1.099			<1		7.1		<1	50+		1.3
25	1.104			<1		7.1		<1	50+		1.3
26	1.096					7.1			50+		1.3
27	1.109					7.0			50+		1.4
28	1.104			2		7.1		<1	50+		1.2
29	1.104			<1		7.1		<1	50+		1.3
30											
31											

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 8045 Name: David E. Shaffertall
 Evening Shift Operator: Class: C Certificate No: 12018 Name: David Winkler
 Night Shift Operator: Class: A Certificate No: 7107 Name: Joseph M. Kubus
 Lead Operator: Class: A Certificate No: 7107 Name: Joseph M. Kubus

Type of Effluent Disposal or Reclaimed Water Reuse: land applied
 Limited Wet Weather Discharge Activated: Yes: No No: Not applicable % cumulative days of wet weather discharge: _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasnussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 3-1-00
 LIMIT: Final
 CLASS SIZE: TUG
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

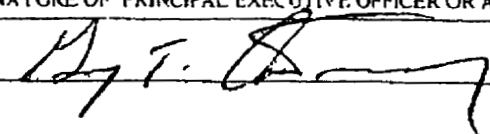
PERMIT ISSUE DATE: 3-31-00
 To: Monthly
 REPORT: Domestic
 GROUP: 31701
 WAFR SITE NO.:
 GMS TEST SITE NO.: EEP-01

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	103	mgd				5/7	Meter
PARM Code: 50050 Mon. Site No. EPA-01-15277	Permit Measurement	103	mgd				5 Days/Week	Meter
CODS	Sample Measurement			2.3	mg/L		Mon.	Cal. Roll-An-Avg.
PARM Code: 80087 Mon. Site No. EPA-01-15277	Permit Measurement			2.0 (Mo. Avg.)	mg/L		Repeat Monthly	Calculated Roll-An-Avg.
CODS	Sample Measurement			3	mg/L		1/14	Grab
PARM Code: 80087 Mon. Site No. EPA-01-15277	Permit Measurement			3.0 (Mo. Avg.)	mg/L		Every Two Weeks	Grab
TSS	Sample Measurement			4	mg/L		1/14	Grab
PARM Code: 00530 Mon. Site No. EPA-01-15277	Permit Measurement			3.0 (Max.)	mg/L		Every Two Weeks	Grab
pH	Sample Measurement			7.0	SU		5/7	Grab
PARM Code: 8006 Mon. Site No. EPA-01-15277	Permit Measurement			6.5 (Min.)	SU		5 Days/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Manager Gary V. Armstrong	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	PHONE NO. 863-815-1524	DATE (YY/MM/DD) 4/13/00
--	--	---------------------------	----------------------------

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

FROM : CYPRESS LAKES UTIL
 FAX NO. : 863 815 1524
 Apr. 13 2000 12:30PM P2
 Utilities Inc. FL. Page 2

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: March 02

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R601

WAFR SITE No.: 31701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N _{total} Total as N	Sample Measurement			1.8	mg/L		1/14	3hr FPC
Fecal Coliform Bacteria	Sample Measurement			<1	#/100ml		5/7	Grab
Turbidity	Sample Measurement			1.7	NTU		Cont	Meter
T _{in disinfection}	Sample Measurement			2.5	mg/L		Cont	Meter
CrO ₄	Sample Measurement			250	mg/L		Mon	Grab
TS	Sample Measurement			270	mg/L		Mon	Grab

Low Proportioned Composite sample taken during a period of 8 hours.

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA013123-001-DW2P

Month/Year:

March 00

Annual Average Daily Flow: 1075
(AADF/Permitted Capacity)x100: 47%

Cypress Lakes WWTP

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TAC (For Disinfect) (mg/L)	Nitrogen, Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon. Site	EPA-15277	EPA-15277	EPA-32287	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-32287
1	095		<1	7.1		<1	50+		1.4
2	089		<1	7.1		<1	50+		1.5
3	102		<1	7.1		<1	50+		1.7
4	099			7.0			50+		1.4
5	111			7.1			50+		1.4
6	087		<1	7.1		<1	50+		1.4
7	108		<1	7.1		<1	50+		1.6
8	096		<1	7.1		<1	50+		1.4
9	096			7.1			50+		1.4
10	078	26	<1	7.1		<1	50+	1.8	1.4
11	110			7.1		<1	50+		1.3
12	115			7.0			50+		1.4
13	099		1.5	7.1		<1	50+		1.3
14	107		<1	7.1		<1	50+		1.3
15	101		<1	7.1		<1	50+		1.2
16	103		<1	7.1		<1	50+		1.3
17	113		<1	7.0		<1	50+		1.3
18	118			7.1			50+		1.3
19	106			7.0			50+		1.2
20	110		<1	7.1		<1	50+		1.2
21	110	52		7.2		<1	50+	1.6	1.3
22	098		<1	7.2		<1	50+		1.2
23	097		4	7.1		<1	50+		1.1
24	104		2.5	7.1		<1	50+		1.3
25	093			7.1			50+		1.2
26	110			7.0			50+		1.2
27	104		2	7.1		<1	50+		1.1
28	119			7.2		<1	50+		1.1
29	098		<1	7.2		<1	50+		1.2
30	097		2	7.1		<1	50+		1.2
31	115		<1	7.2		<1	50+		1.2

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 8046 Name: David E Sheffell
 Evening Shift Operator: Class: E Certificate No: 12078 Name: David Winkler
 Night Shift Operator: Class: B Certificate No: 7000 Name: Joseph M Kubas
 Lead Operator: Class: B Certificate No: 7000 Name: Joseph M Kubas
 Type of Effluent Disposal or Reclaimed Water Reuse: land applied
 Limited Wet Weather Discharge Activated: Yes: No (Not Applicable) If yes, cumulative days of wet weather discharge: _____
 Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809
 COUNTY: Polk

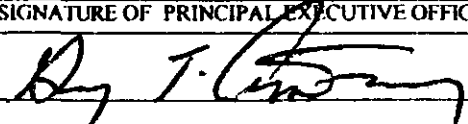
PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 4-1-00
 LIMIT: Final
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 4-30-00
 To: Monthly
 REPORT: Domestic
 GROUP: Domestic
 WAFR SITE NO.: 31701
 GMS TEST SITE NO.: ERP-01

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow							
Sample Measurement	0.89	mgd				5/7	Meter
Permit Measurement	0.240	MGD				5 Days/Week	Meter
CBOD5							
Sample Measurement			2.4	mg/L		Mon.	Rolling Avg
Permit Measurement			2.0	mg/L		Report Monthly	Calculated
CBOD5							
Sample Measurement			3.8	mg/L		1/14	Grab
Permit Measurement			1.9	mg/L		5 Days/Week	Grab
CBOD5							
Sample Measurement			5.6	mg/L		1/14	Grab
Permit Measurement			6.0	mg/L		5 Days/Week	Grab
TSS							
Sample Measurement			5.0	mg/L		1/14	Grab
Permit Measurement			5.0	mg/L		5 Days/Week	Grab
pH							
Sample Measurement			7.0	S.U.		5/7	Grab
Permit Measurement			8.5	S.U.		5 Days/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
Gray T. Armstrong Manager		863-815-1511	00-05-17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: April

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31704

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N _{tot} , Total as N	Sample Measurement			1.9	mg/L		1/14	8hr FPC
Fecal Coliform Bacteria	Sample Measurement			<1	#/100ml		5/7	Grab
Turbidity	Sample Measurement			1.5	NTU		Cont.	Meter
T ₁₀ for disinfection	Sample Measurement			5.04	mg/L		Cont.	Meter
CrOD5	Sample Measurement			153	mg/L		Mon	Grab
TSS	Sample Measurement			176	mg/L		Mon	Grab

Low Proportioned Composite sample taken during a period of 8 hours.

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA01123-001-DW2P
April 00

Annual Average Daily Flow: 1076
(AADF/Permitted Capacity)x100: 4890

Cypress Lakes WWTTP

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon. Site	EPA-15277	EPA-15277	EPA-32287	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-32287
1	1093			7.1			50+		1.1
2	104			7.0			50+		1.0
3	1092		<1	7.2		<1	50+		1.2
4	100		2	7.2		<1	50+		1.3
5	1096		<1	7.1		<1	50+		1.4
6	1022		<1	7.1		<1	50+		1.4
7	1083		1.5	7.2		<1	50+		1.4
8	1081			7.2			50+		1.4
9	1097			7.1			50+		1.5
10	1083		<1	7.2		<1	50+		1.5
11	1097		1	7.2		<1	50+		1.5
12	1083	5.2	153	176	7.1	<1	50+	1.7	1.5
13	1081		<1	7.1		<1	50+		1.5
14	1093		<1	7.2		<1	50+		1.0
15	107			7.1			50+		1.0
16	1090			7.1			50+		1.1
17	1094		<1	7.2		<1	50+		1.1
18	1096		<1	7.2		<1	50+		1.0
19	1086		<1	7.1		<1	50+		1.1
20	1083		<1	7.0		<1	50+		1.0
21	1081		1.5	7.0		<1	50+		1.0
22	1081			7.0			50+		1.0
23	1092			7.1			50+		1.0
24	1076		<1	7.0		<1	50+		1.4
25	1097			7.2		<1	50+		1.4
26	1082	5.6	<1	7.1		<1	50+	1.9	1.1
27	1083		3	7.1		<1	50+		1.3
28	1085		<1	7.0		<1	50+		1.3
29	1099			7.1			50+		1.2
30	1082			7.1			50+		1.3
31									

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C
Class: C
Class: B
Class: B

Certificate No: 8045
Certificate No: 12018
Certificate No: 7000

Name: David E. Shoffstall
Name: David Winkler
Name: Joseph M. K. King

Type of Effluent Disposal or Reclaimed Water Reuse:

land applied

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Akamonic Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 5-1-00
 LIMIT: Final
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

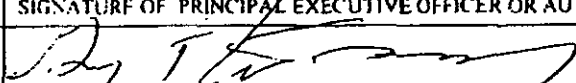
PERMIT ISSUE DATE: 5-31-00
 To: Monthly
 REPORT: Domestic
 GROUP: 31701
 WAFR SITE NO.: EFA-01
 GMS TEST SITE NO.:

COUNTY: Polk

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Mon. Site No. EFA-01-15277	Sample Measurement:	.070	mgd				5/7	Meter
	Permit Measurement	0.240	mgd				5 Days/Week	Meter
CBOD5 PARM Code 80082 Y Mon. Site No. EFA-01-15277	Sample Measurement:			2.5	mg/L		Mon	Roll-An-Avg
	Permit Measurement			20.0 (An-Avg.)	mg/L		Report Monthly	Calculated
CBOD5 PARM Code 80082 1 Mon. Site No. EFA-01-15277	Sample Measurement			2.3	mg/L		1/14	Grab
	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Every Two Weeks	Grab
TSS PARM Code 00530 1 Mon. Site No. EFA-01-15277	Sample Measurement				4	mg/L	1/14	Grab
	Permit Measurement				5.0 (Max.)	mg/L	Every Two Weeks	Grab
pH PARM Code 00406 1 Mon. Site No. EFA-01-15277	Sample Measurement			7.0	S.U.		5/7	Grab
	Permit Measurement			6.0 (Min.)	S.U.		5 Days/week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY MM/DD)
Gary Armstrong Manager		863-815-1524	

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

Received: 12/1/00 4:02PM; 663 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 Dec. 01 2000 05:00PM P5
 Page 6
 -> Utilities Inc. FL.;

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP
 REPORT MONTH: May

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: 0001

WAFR SITE No. 31701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-alk, Total as N	Sample Measurement			1.9	mg/L		1/14	Gr/FAC
Feal Coliform Bacteria	Sample Measurement			<1	MPN/100ml		5/7	Grab
Turbidity	Sample Measurement			3.0	NTU		Cont.	Meter
Free Chlorine	Sample Measurement			5.04	mg/L		Cont.	Meter
Chlorine	Sample Measurement			271	mg/L		Mon.	Grab
TS	Sample Measurement			260	mg/L		Mon.	Grab

*Low Proportioned Composite sample taken during a period of 8 hours.

Received: 12/17/00 4:02PM; 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 Dec. 01 2000 05:00PM P6
 -> Utilities Inc. FL.; Page 6

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Dec. 01 2000 05:01PM P7

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123-001-DW2P
 Month/Year: May 00

Annual Average Daily Flow: 1,077
 (AADF/Permitted Capacity)x100: 48%

Cypress Lakes WWTP

Code	Flow (MGD)	CBOD5 (mg/L)	COCOD2 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon Site	EPA-15277	FFA-15277	FFA-15277	FFR-32287	FFR-32287	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-15277	FFR-32287
1	.076			3		7.0		<1	50+		1.2
2	.084			1		7.0		<1	50+		1.2
3	.069			<1		7.1		<1	50+		1.2
4	.066			1		7.1		<1	50+		1.1
5	.079			3		7.0		<1	50+		1.1
6	.066			7.0		7.0		50+			1.2
7	.074			7.1		7.1		50+			1.3
8	.066			7.1		7.1		<1	50+		1.3
9	.070		271	<1	260	7.0		<1	50+		1.2
10	.067	<2		<1		7.0		<1	50+	1.9	1.1
11	.069			2		7.1		<1	50+		1.1
12	.060			2		7.1		<1	50+		1.1
13	.070					7.1			50+		0.9
14	.068					7.0			50+		0.9
15	.078			<1		7.0		<1	50+		1.0
16	.079			<1		7.1		<1	50+		1.1
17	.070			<1		7.1		<1	50+		1.3
18	.049			<1		7.1		<1	50+		2.1
19	.076			<1		7.0		<1	50+		1.0
20	.063					7.0			50+		1.1
21	.068					7.1			50+		1.2
22	.069			1		7.1		<1	50+		1.3
23	.074			1		7.0		<1	50+		1.1
24	.068	2.6		3		7.0		<1	50+	1.9	1.2
25	.059			<1		7.0		<1	50+		1.6
26	.069			3		7.1		<1	50+		3.0
27	.063					7.1			50+		2.3
28	.074					7.1			50+		1.6
29	.068			4		7.0		<1	50+		1.4
30	.080			2		7.0		<1	50+		2.7
31	.080			2		7.1		<1	50+		1.7

PLANT STAFFING:

Day Shift Operator Class: C Certificate No. 8046 Name: David E. Shaffstall
 Evening Shift Operator Class: C Certificate No. 12018 Name: David Winkler
 Night Shift Operator Class: C Certificate No. Name:
 Lead Operator Class: B Certificate No. 7307 Name: Joseph M. Kwas

Type of Effluent: Disposal or Reclaimed Water Reuse: 1000 applied
 Limited Wet Weather Discharge Activated: Yes No NOT APPLICABLE If yes, cumulative days of wet weather discharge:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

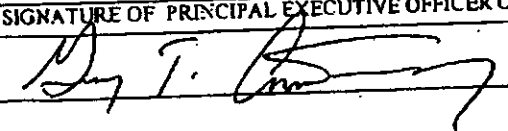
PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 6-1-00
 LIMIT: Final
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 6-30-00
 To: Monthly
 REPORT: Domestic
 GROUP: 31701
 WAFR SITE NO.: Eff-01
 GMS TEST SITE NO.:

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		DBD	mgd				517 5 Days/Week	Meter Meter
CBODS				4.5	mg/L		Mon. Report Monthly	Cal. Roll-An-Avg Calculated Roll-An-Avg
CBODS				13.5	mg/L	25	1114 Every Two Weeks	Grab Grab
TSS				2	mg/L		1114 Every Two Weeks	Grab Grab
pH				7.0	SW		517 5 Days/Week	Grab Grab

I Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.
 I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY-MM-DD)
Gary Armstrong - Manager		863-815-1524	00-06-10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA013123-001-DW2P DISCHARGE POINT NUMBER: R001

WAFR SITE No. 31701

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: JUNE

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N _{rate} , Total as N	Sample Measurement				8 mg/L		1114	8hr CPC
Fecal Coliform Bacteria	Sample Measurement			<1	<1 #/100ml		517	Grab
Turbidity	Sample Measurement			3.8	NTU		Cont	Meter
Free Chlorine	Sample Measurement			1.6	mg/L		Cont.	Meter
Chlorine	Sample Measurement			2.24	mg/L		Mon	Grab
TS	Sample Measurement			230	mg/L		Mon	Grab

* Each proportional Composite sample taken during a period of 8 hours.

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA013123-001-DW2P
June 00

Annual Average Daily Flow: .076
(AADF/Permitted Capacity)x100: 47%

Cypress Lakes WWT

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon. Site	EFA-15277	EFA-15277	EEB-32287	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EEB-32287
1	.067		<1	7.1		<1	5.0+		2.0
2	.076		1	7.1		<1	5.0+		1.9
3	.041			7.1			5.0+		2.2
4	.087			7.0			5.0+		3.8
5	.037		<1	7.0		<1	5.0+		1.7
6	.052		2	7.0		<1	5.0+		1.9
7	.076		1	7.1		<1	5.0+		1.2
8	.065		1	7.1		<1	5.0+		1.1
9	.060		2	7.1		<1	5.0+		1.0
10	.063			7.1			5.0+		0.9
11	.058			7.0			5.0+		0.9
12	.063		<1	7.0		<1	5.0+		1.0
13	.071	<2	<1	7.1		<1	5.0+	8	1.0
14	.057		<1	7.1		<1	5.0+		1.0
15	.060		<1	7.0		<1	5.0+		1.0
16	.061		<1	7.1		<1	5.0+		1.0
17	.061			7.1			5.0+		1.0
18	.070			7.1			5.0+		1.0
19	.063		1	7.4		<1	5.0+		1.1
20	.064		<1	7.1		<1	5.0+		1.1
21	.064		1	7.2		<1	5.0+		1.1
22	.061		3	7.1		<1	1.6		1.0
23	.063		<1	7.1		<1	2.8		1.0
24	.066			7.2			2.5		1.0
25	.064			7.1			5.0+		1.0
26	.061		<1	7.1		<1	5.0+		1.0
27	.070		<1	7.0		<1	5.0+		1.0
28	.065		3	7.0		<1	5.0+		1.0
29	.040		<1	7.1		<1	5.0+		1.0
30	.053		<1	7.1		<1	5.0+		0.9
31									

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C Certificate No: 8045
Class: C Certificate No: 10013
Class: B Certificate No: 11001

Name: David F. Shoffstall
Name: David Winkler
Name: Joseph M. Kuhns

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEENAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 7-1-00
 LIMIT: Final
 CLASS SIZE: ILC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

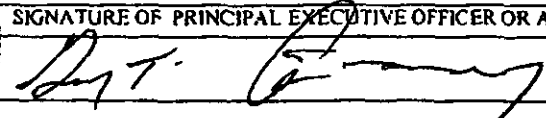
PERMIT ISSUE DATE: 7-31-00
 To: Monthly
 REPORT: Domestic
 GROUP: 31201
 WAFR SITE NO.: ILC-01
 GMS TEST SITE NO.:

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		.064 mgd	mgd				5/7 5 Days/Week	Meter
CBOD5				2.4	mg/L		Mon Report Monthly	Roll-An-Avg Calculated Roll-An-Avg.
CBOD5				<2	mg/L		1/14 Every Two Weeks	Grab
TSS				4	mg/L		1/14 Every Two Weeks	Grab
pH				7.0	SU		5/7 5 Days/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
Grady T. Armstrongy Manager		863-815-1644	00/08/18

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

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Aug. 21 2000 02:29PM P2

07/21/00 4:38PM; 863 815 1524 Utilities Inc. FL; Page 2

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP
 REPORT MONTH: July

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31701

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N _{tot} , Total as N	Sample Measurement		3.26	mg/L		1/14	8hr FPL
Fecal Coliform Bacteria	Sample Measurement		<1	#/100ml		5/17	Grab
Turbidity	Sample Measurement		1.3	NTU		Cont.	Meter
TS for disinfection	Sample Measurement		1.5	mg/L		Cont.	Meter
CO ₂ D ₅	Sample Measurement		188	mg/L		Mon	Grab
TS	Sample Measurement		247	mg/L		Mon	Grab

☐ Proportioned Composite sample taken during a period of 8 hours.

Received: 8/21/00 2:39PM; 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 -> Utilities Inc. FL.; Page 3
 Aug. 21 2000 02:30PM P3

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123-001-DW2P
 Month/Year: July 00

Annual Average Daily Flow: 1,077
 (AADF/Permitted Capacity)x100: 4890

Cypress Lakes WWT

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecm Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
0030	80082		00530	00400	00400	74055	50063	00620	00070
Mon. Site	EFA-15277	EFA-15277	EFA-32287	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-32287
1	063			7.1			5.0+		0.9
2	068			7.0			5.0+		1.0
3	060		4	7.0		<1	5.0+		1.1
4	067		3	7.1		<1	5.0+		1.1
5	058		<1	7.0		<1	5.0+		1.1
6	059		2	7.0		<1	5.0+		1.2
7	067		<1	7.1		<1	5.0+		1.2
8	063			7.1			1.5		1.2
9	066			7.0			5.0+		1.3
10	064		188	7.1		<1	1.6		1.2
11	060	<2	<1	7.1		<1	5.0+	3.26	1.2
12	058		33	7.0		<1	5.0+		1.1
13	061		<1	7.0		<1	5.0+		1.1
14	065		1.5	7.0		<1	5.0+		1.1
15	064			7.1			5.0+		1.1
16	071			7.1			5.0+		1.1
17	061		<1	7.0		<1	5.0+		1.1
18	062		1	7.0		<1	5.0+		1.2
19	067		<1	7.0		<1	5.0+		1.1
20	069		<1	7.1		<1	5.0+		1.1
21	064		<1	7.1		<1	5.0+		1.2
22	068			7.1			5.0+		1.1
23	074			7.1			5.0+		1.0
24	063		<1	7.0		<1	5.0+		0.9
25	074		<1	7.0		<1	5.0+		0.9
26	057	<2	<1	7.0		<1	5.0+	2.2	0.9
27	064		<1	7.1		<1	5.0+		1.1
28	060		<1	7.1		<1	5.0+		1.0
29	057			7.1			5.0+		1.1
30	063			7.0			5.0+		1.1
31	067		<1	7.0		<1	5.0+		1.0

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 8045 Name: David E. Shoffstall
 Evening Shift Operator: Class: C Certificate No: 12013 Name: David Whinkler
 Night Shift Operator: Class: B Certificate No: 7007 Name: Joseph M. Kuhns
 Lead Operator: Class: B Certificate No: Lead Applied Name: Lead Applied

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 9-1-00
 LIMIT: Final
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

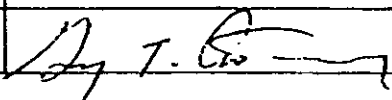
PERMIT ISSUE DATE: 9-31-00
 To: Monthly
 REPORT: Domestic
 GROUP: 31301
 WAFR SITE NO.:
 GMS TEST SITE NO.: 66-01

COUNTY: Polk

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 1 Mon. Site No. EFA-01-15277	Sample Measurement:	.063	mgd			5/7	Meter
	Permit Measurement	0.240	mgd			5 Days/Week	Meter
CBOD5 PARM Code 80082 Y Mon. Site No. EFA-01-15277	Sample Measurement:			2.4	mg/L	Mon	Cal. Roll-An-Avg
	Permit Measurement			20.0	mg/L	Report Monthly	Calculated Roll-An-Avg
CBOD5 PARM Code 80082 1 Mon. Site No. EFA-01-15277	Sample Measurement			5.2	mg/L		Grab
	Permit Measurement			30.0 (Mo. Avg.)	45.0 (Weekly)	60.0 (Max.)	Every Two Weeks
TSS PARM Code 00530 1 Mon. Site No. EFA-01-15277	Sample Measurement			2.8	mg/L		Grab
	Permit Measurement				5.0 (Max.)	Every Two Weeks	Grab
pH PARM Code 00406 1 Mon. Site No. EFA-01-15277	Sample Measurement			7.0	S.U.		Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	5/7	5 Days/Week

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (Y/M/DD)
Greg Armstrong Manager		863-815-1524	9/13/00

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

Received: 9/14/00 1:14PM; 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 -> Utilities Inc. FL.; Page 4
 Sep. 14 2000 01:03PM P4

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP
 REPORT MONTH: AUG

PERMIT NUMBER: FLA01123-001-DW2P

DISCHARGE POINT NUMBER: 0608

WAFR SITE No.: J1701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-nit, Total as N	Sample Measurement			2.2	mg/L		1/14	3hr PLZ
Fecal Coliform Bacteria	Sample Measurement			<1	#/100ml		5/17	Grab
Turbidity	Sample Measurement			1.2	NTU		Cont	Meter
T ₁₀ for disinfection	Sample Measurement			3.7	mg/L		Cont	Meter
OCODS	Sample Measurement			220	mg/L		Mon	Grab
TS	Sample Measurement			215	mg/L		Mon	Grab

TS: Proportioned Composite sample taken during a period of 8 hours.

Received: 9/14/00 1:13PM; 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 Sep. 14 2000 01:02PM P2
 -> Utilities Inc. FL.; Page 2

WATER SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA013123-001-DW2P
Aug 00

Annual Average Daily Flow: .078
(AADF/Permitted Capacity)x100: 49%

Cypress Lakes WWTW

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliforms Bacteria (#/100ml)	TSC (For Disinfect.) (mg/L)	Nitrogen, Total (as N) (mg/L)	Turbidity (N.T.U.)
0050	80082		00330	00400	00400	74033	30060	00620	00070
Mon. Site	EPA-15277	EPA-15277	EPA-32287	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-32287
1	D62		1.3	7.0		<	5.0+		0.9
2	D63		<	7.1		<	5.0+		0.9
3	D68	2.0	<	7.1		<	5.0+		0.9
4	D59		<	7.1		<	5.0+		0.9
5	D67			7.1			5.0+		0.9
6	D68			7.0			5.0+		1.0
7	D63		<	7.0		<	5.0+		0.9
8	D59	5.2	<	7.0		<	5.0+	2.16	0.9
9	D50		2.8	7.1		<	5.0+		0.9
10	D55		1.3	7.1		<	5.0+		0.9
11	D58		<	7.1		<	5.0+		0.9
12	D61			7.1			5.0+		1.0
13	D70			7.0			5.0+		1.0
14	D68		<	7.1		<	5.0+		0.9
15	D67		<	7.1		<	5.0+		0.9
16	D62		<	7.0		<	5.0+		0.9
17	D58		<	7.0		<	5.0+		0.9
18	D57		<	7.0		<	5.0+		0.9
19	D57			7.0			5.0+		1.0
20	D63			7.1			5.0+		1.0
21	D68		<	7.1		<	5.0+		0.9
22	D63		<	7.0		<	5.0+		1.1
23	D68	5.2	<	7.0		<	5.0+	2.2	0.9
24	D65		<	7.1		<	5.0+		0.9
25	D64		<0.5	7.1		<	5.0+		0.9
26	D64			7.1			5.0+		0.9
27	D68			7.0			5.0+		0.9
28	D66		1	7.0		<	5.0+		0.9
29	D66		<0.5	7.0		<	3.7		1.0
30	D66		<0.5	7.1		<	5.0+		1.2
31	D69		0.6	7.1		<	5.0+		1.2

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 8245 Name: David E. Shaffertall
 Evening Shift Operator: Class: C Certificate No: 12013 Name: David Winkler
 Night Shift Operator: Class: C Certificate No: 74005 Name: Joseph M. Kuhns
 Lead Operator: Class: B Certificate No: Lead Applied Name: Lead Applied

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTP
 LOCATION: 10000 North U.S. Hwy 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD: From _____
 LIMIT: Final
 CLASS SIZE:
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

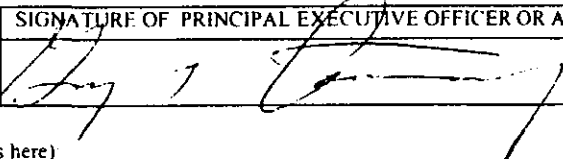
PERMIT ISSUE DATE: _____
 To: _____
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 31701
 GMS TEST SITE NO: _____

COUNTY: Polk

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 1 Mon. Site No. EFA-01-15277	Sample Measurement		0.070	mgd						5/7	Meter
	Permit Measurement		0.240 MMADF	mgd						5 Days/Week	Meter
CBOD5 PARM Code 80082 Y Mon. Site No. EFA-01-15277	Sample Measurement				2.5			mg/L		Mon	Roll-An-Avg
	Permit Measurement				20.0 (An.Avg.)			mg/L		Report Monthly	Calculated Roll-An-Avg.
CBOD5 PARM Code 80082 1 Mon. Site No. EFA-01-15277	Sample Measurement				<2	<2	<2	mg/L		1/14	Grab
	Permit Measurement				30.0 (Mo. Avg.)	45.0 (Weekly)	60.0 (Max.)	mg/L		Every Two Weeks	Grab
TSS PARM Code 00530 1 Mon. Site No. EFA-01-15277	Sample Measurement						2.2	mg/L		1/14	Grab
	Permit Measurement						5.0 (Max.)	mg/L		Every Two Weeks	Grab
pH PARM Code 00406 1 Mon. Site No. EFA-01-15277	Sample Measurement				6.9		7.1	S.U.		5/7	Grab
	Permit Measurement				6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
Gregory Armstrong, Manager		813-815-1524	02-10-12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: Sept

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N ⁻ nit, Total as N PRM Code 00620 MUTUAL No. EPA-01-12277	Sample Measurement			2.3	mg/L		1/14	8-hr CPC
Fecal Coliform Bacteria PRM Code 14013 MUTUAL No. EPA-01-12277	Sample Measurement			<1	#/100ml		5/7	6-grab
Turbidity PRM Code 00070 MUTUAL No. EPA-01-12277	Sample Measurement		1.9		NTU		Cont	Meter
T ₁₀ for disinfection PRM Code 17040 MUTUAL No. EPA-01-12277	Sample Measurement		2.7		mg/L		Cont	Meter
COD5 PRM Code 00085 MUTUAL No. EPA-01-12277	Sample Measurement		237		mg/L		Mon	6-grab
T ₅ PRM Code 00130 MUTUAL No. EPA-01-12277	Sample Measurement		416		mg/L		Mon	6-grab

☐ Proportioned Composite sample taken during a period of 8 hours.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123-001-DW2P
 Month/Year: Sept 00

Annual Average Daily Flow: .079
 (AADF/Permitted Capacity)x 100: 49%

Cypress Lakes WWTTP

Code	Flow (MGD)	CBOD5 (mg/L)	CBOD4 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon. Site	EFA-15277	EFA-15277	EFB-32237	EFB-32237	EFB-32237	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFB-32237
1	.071			1.0		7.0		<1	5.0+		1.3
2	.069					7.1			5.0+		1.0
3	.070					7.1			5.0+		1.0
4	.066			0.4		7.1		<1	4.3		1.2
5	.072			40.5		7.1		<1	4.7		1.5
6	.071			1		7.1		<1	5.0+		1.8
7	.069			40.5		7.0		<1	5.0+		1.5
8	.069			1.6		7.0		<1	5.0+		1.6
9	.063					7.0			2.7		1.7
10	.069					7.1			5.0+		1.6
11	.070		237	2.2	416	7.0		<1	5.0+		1.7
12	.065			2.2		7.0		<1	5.0+		1.5
13	.067	<2		0.8		7.1		<1	5.0+	2.3	1.1
14	.057			2		7.0		<1	4.1		1.0
15	.067			1.4		7.0		<1	2.7		1.0
16	.070					7.0			2.9		1.1
17	.070					7.1			3.4		1.1
18	.070			0.2		7.0		<1	5.0+		1.1
19	.051			0.4		7.0		<1	5.0+		1.1
20	.071			40.5		6.9		<1	3.0		1.0
21	.073			40.5		6.9		<1	4.3		1.1
22	.069			40.5		7.0		<1	4.7		1.3
23	.088					7.0			5.0+		1.6
24	.079					7.0			5.0+		1.9
25	.080			0.4		7.1		<1	5.0+		1.7
26	.079			0.2		7.1		<1	5.0+		1.6
27	.068	<2		<0.5		7.0		<1	3.7	2	1.4
28	.066			<0.5		7.0		<1	4.2		1.3
29	.070			1.2		7.0		<1	4.0		1.1
30	.065					7.1			5.0+		1.2

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No. 3045 Name: David E. Shoffstall
 Evening Shift Operator: Class: C Certificate No. 12018 Name: David Winkler
 Night Shift Operator: Class: C Certificate No. 12018 Name: Joseph M. Kuhns
 Lead Operator: Class: B Certificate No. 12018 Name: Joseph M. Kuhns

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

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

10-11-00 + 10-12-00 flows are estimated because of FM power supply failure. Joseph M. Kuhns

received: 12/ 1/00 4:00PM; 863 815 1524 -> Utilities Inc. FL.; Page 2

FROM : CYPRESS LAKES UTIL FAX NO. : 863 815 1524 Dec. 01 2000 04:58PM P2

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 10-1-00
 LIMIT: Final
 CLASS SIZE: EDC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 10-31-00
 To: Monthly
 REPORT: Domestic
 GROUP: 31701
 WAFR SITE NO.: EFF-01
 GMS TEST SITE NO.:

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	071	mgd				5/7	Meter
PARM Code 5000 Mon Site No. EPA-01-1527	Sample Measurement						5 Days/Week	Meter
CBOD5	Sample Measurement			2.6	mg/L		Mon.	Roll-Avg Calculated Roll-An-Avg
PARM Code 8007 Mon Site No. EPA-01-1527	Sample Measurement						Report Monthly	
CBOD5	Sample Measurement			<2	mg/L		1/14	Grab
PARM Code 1007 Mon Site No. EPA-01-1527	Sample Measurement						Every 14 Days	Grab
TSS	Sample Measurement						1/14	Grab
PARM Code 7053 Mon Site No. EPA-01-1527	Sample Measurement						Every 14 Days	Grab
pH	Sample Measurement			6.9			5/7	Grab
PARM Code 1000 Mon Site No. EPA-01-1527	Sample Measurement						5 Days/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
Joseph M Kuhns Lead Operator	<i>Joseph M Kuhns</i>	863-815-1524	00-11-07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: Oct

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFLR SITE No.: 11701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N _{tot} , Total as N	Sample Measurement			2.1	mg/L		11/4	8hr CPC
Fecal Coliform Bacteria	Sample Measurement			<1	#/100ml		5/7	Grab
Turbidity	Sample Measurement			14	NTU		Cont.	Meter
T ₉₀ for disinfection	Sample Measurement			2.2	mg/L		Cont.	Meter
OD05	Sample Measurement			235	mg/L		Mon	Grab
T ₅	Sample Measurement			224	mg/L		Mon	Grab

*Low Proportioned Composite sample taken during a period of 8 hours.

Received: 12/17/00 4:01PM; 863 815 1524

FROM: CYPRESS LAKES UTIL FAX NO.: 863 815 1524 Dec. 01 2000 04:59PM P3

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Dec. 01 2000 04:59PM P4

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123-001-DW2P
 Month/Year: Oct 00

Annual Average Daily Flow: .079
 (AADF/Permitted Capacity)x100: 3370

Cypress Lakes WWTP

Code	Flow (MGD)	CSOD5 (mg/L)	CSOD2 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TTC (For Disinfect) (mg/L)	Nitrogen, Total (as N) (mg/L)	Turbidity (N.T.U.)
Code	0050	80082		00530	00400	00400	14093	30060	00620	00070
Mon. Site	EFA-15277	EFA-15277		EFA-32187	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-32297
1	.072				7.1			5.0+		1.4
2	.074			1.2	7.0		<1	5.0+		1.4
3	.075			<0.5	7.0		<1	3.1		1.3
4	.071			0.8	6.9		<1	2.2		1.1
5	.073			<0.5	7.0		<1	2.6		1.1
6	.073				7.0			3.7		1.0
7	.068			1.2	7.0		<1	4.8		1.0
8	.072				7.1			5.0+		1.0
9	.072		235	<0.5	7.0	3.24	<1	5.0+		1.0
10	.074			1	7.0		<1	5.0+		1.0
11	.071	<2		1.4	7.1		<1	5.0+	1.8	1.1
12	.063			0.8	7.0		<1	5.0+		1.2
13	.066			<0.5	7.0		<1	5.0+		1.2
14	.072				7.0			5.0+		1.2
15	.077				7.1			2.3		1.2
16	.076			<0.5	7.0		<1	5.0+		1.1
17	.070			<0.5	7.0		<1	4.2		1.0
18	.077			1.2	6.9		<1	5.0+		1.0
19	.073			<0.5	7.0		<1	3.3		1.0
20	.055			<0.5	7.0		<1	5.0+		1.0
21	.081				7.0			5.0+		1.2
22	.081				7.0			5.0+		1.2
23	.079			<0.5	7.1		<1	5.0+		1.1
24	.080	<2		0.6	7.1		<1	5.0+	2.1	1.1
25	.063			0.6	7.1		<1	5.0+		1.0
26	.070			0.6	7.0		<1	5.0+		1.2
27	.079			<0.5	7.0		<1	4.9		1.3
28	.069				7.0			5.0+		1.1
29	.085				7.1			5.0+		1.0
30	.077			<0.5	7.1		<1	5.0+		1.0
31	.058			1.2	7.1		<1	5.0+		1.0

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 8045 Name: David E. Shaffertall
 Evening Shift Operator: Class: C Certificate No: 12078 Name: David Winkler
 Night Shift Operator: Class: H Certificate No: 7007 Name: Joseph M. Kuhns
 Lead Operator: Class: H Certificate No: 7007 Name: Joseph M. Kuhns

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

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

* Start-up of new plants.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 11-1-00
 LIMIT: Final
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 11-30-00
 To: Monthly
 REPORT: Domestic
 GROUP: 31701
 WAFR SITE NO.:
 GMS TEST SITE NO.: ERS-01

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		.088	mgd				5/7	Meter
							5 Days/Week	Meter
CBODs				2.6	mg/L		Mon	Cal. Roll-An-Avg
							Report Monthly	Calculated Roll-An-Avg
CBODs				LD	mg/L		1/14	Grab
							Every Two Weeks	Grab
TSS					mg/L		1/14	Grab
							Every Two Weeks	Grab
pH				7.0	SU		5/7	Grab
							5 Days/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY-MM-DD)
Joseph M Kuhns Lead Operator	<i>Joseph M Kuhns</i>	863-815-1524	00-12-07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWT
 REPORT MONTH: Nov 00

PERMIT NUMBER: FLA013123-091-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-nit, Total as N	Sample Measurement			15.0	mg/L		1/14	8hr FPC
Fecal Coliform Bacteria	Sample Measurement			<1	#/100ml		5/7	Grab
Turbidity	Sample Measurement			1.5	NTU		Cont	Meter
T ₁₀ for disinfection	Sample Measurement			5.0+	mg/L		Cont	Meter
CrOD5	Sample Measurement			165	mg/L		Mon	Grab
TSS	Sample Measurement			266	mg/L		Mon	Grab

*Low Proportioned Composite sample taken during a period of 8 hours.

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Dec. 07 2000 02:13PM P4

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123-001-DW2P
 Month/Year: NOV 00

Annual Average Daily Flow: .079
 (AADF/Permitted Capacity) x 100: 3390

Cypress Lakes WWT

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecm Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon. Site	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277
1	.039		0.6	7.0		<1	5.0+		1.1
2	.078		<0.5	7.0		<1	5.0+		1.3
3	.079		0.6	7.0		<1	5.0+		1.4
4	.081			7.0			5.0+		1.2
5	.081			7.1			5.0+		1.1
6	.090		1	7.1	266	<1	5.0+		1.1
7	.092	<2	<0.5	7.0		<1	5.0+	2.2	1.0
8	.090		<0.5	7.0		<1	5.0+		1.1
9	.088		<0.5	7.1		<1	5.0+		1.1
10	.074		<0.5	7.0		<1	5.0+		1.1
11	.086			7.1			5.0+		1.1
12	.083			7.0			5.0+		1.1
13	.089		<0.5	7.4		<1	5.0+		1.0
14	.089		<0.5	7.0		<1	5.0+		1.0
15	.078		<0.5	7.1		<1	5.0+		1.1
16	.079		<0.5	7.1		<1	5.0+		1.1
17	.087		1.2	7.1		<1	5.0+		1.1
18	.091			7.0			5.0+		1.2
19	.104			7.0			5.0+		1.1
20	.092	<2	0.8	7.0		<1	5.0+	15	1.3
21	.096		0.6	7.0		<1	5.0+		1.2
22	.086		0.6	7.1		<1	5.0+		1.2
23	.088		1	7.1		<1	5.0+		1.3
24	.095		0.8	7.0		<1	5.0+		1.2
25	.092			7.0			5.0+		1.3
26	.103			7.1			5.0+		1.2
27	.101		<0.5	7.0		<1	5.0+		1.3
28	.092		0.6	7.0		<1	5.0+		1.3
29	.082		1.2	7.0		<1	5.0+		1.2
30	.092		1	7.1		<1	5.0+		1.3

PLANT STAFFING:

Day Shift Operator: Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator: Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator: Class: _____ Certificate No: _____ Name: _____
 Lead Operator: Class: A Certificate No: 7407 Name: Joseph M Kuhns

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

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

David E Shoffstal C-8045
 David Winkler C-10018
 David Ryniak C-8600
 Jay Aldrich C-8854

* Start-up of new plants

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 12-1-00
 LIMIT: Final
 CLASS SIZE: TILC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 12-31-00
 To: Monthly
 REPORT: Domestic
 GROUP: 31701
 WAFR SITE NO.: EFF-01
 GMS TEST SITE NO.:

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		.084	mgd				5/7	Meter
							5 Days/Week	Meter
CBODS				2.3	mg/L		Mon.	Cal. Roll An-Avg.
							Report Monthly	Calculated/ Roll An-Avg.
CBODS				52	mg/L		1/14	Grab
							Every Two Weeks	Grab
TSS				2.6	mg/L		1/14	Grab
							Every Two Weeks	Grab
pH				6.9	S.U.		5/7	Grab
							5 Days/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY:MM:DD)
Joseph M. Kuhns Lead Operator	<i>Joseph M. Kuhns</i>	863-815-1524	01-01-09

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

Received: 1/9/01 2:45PM; 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 Utilities Inc. FL.; Page 2
 Jan. 09 2001 03:39PM P2

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: DEC 00

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-ite, Total as N	Sample Measurement			2	mg/L		1/14	8hr FPC
Fecal Coliform Bacteria	Sample Measurement			<1	<1 #/100ml		5/7	Grab
Turbidity	Sample Measurement			1.7	NTU		Cont	Meter
T ₉₀ for disinfection	Sample Measurement			5.04	min		Cont	Meter
CODS	Sample Measurement			130	mg/L		Mon	Grab
TSS	Sample Measurement			220	mg/L		Mon	Grab

¹Low Proportioned Composite sample taken during a period of 8 hours.

Received: 1/9/01 2:46PM; 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 -> Utilities Inc. FL.; Page 3
 Jan. 09 2001 03:40PM P3

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA013123-001-DW2P
Dec 00

Annual Average Daily Flow: 1079
(AADF/Permitted Capacity) 100: 3310

Cypress Lakes WWTP

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon. Site	EFA-15277	EFA-15277	EFB-32237	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFB-32237
1	084		0.6	7.0		<	SDT		1.3
2	098			7.0			SDT		1.2
3	087			7.1			SDT		1.2
4	086		130	7.0	ddd	<	SDT		1.4
5	086	2	1.2	7.0		<	SDT	2	1.4
6	079		10.5	6.9		<	SDT		1.3
7	077		10.5	7.0		<	SDT		1.4
8	081		10.5	7.0		<	SDT		1.4
9	076			6.9			SDT		1.5
10	088			7.0			SDT		1.6
11	082		0.6	7.0		<	SDT		1.6
12	083		1.8	7.0		<	SDT		1.6
13	089		2.4	6.9		<	SDT		1.4
14	083		1.0	7.0		<	SDT		1.4
15	080		10.5	7.0		<	SDT		1.3
16	086			7.0			SDT		1.3
17	088			7.1			SDT		1.4
18	080		10.5	7.0		<	SDT		1.5
19	078	2	10.5	6.9		<	SDT	1.7	1.4
20	088		10.5	7.0		<	SDT		1.5
21	069		10.5	7.0		<	SDT		1.6
22	074		10.5	7.0		<	SDT		1.6
23	081			7.0			SDT		1.6
24	083			7.1			SDT		1.4
25	087		1	7.0		<	SDT		1.5
26	076		10.5	7.0		<	SDT		1.6
27	083		1.4	7.0		<	SDT		1.5
28	086		0.8	6.9		<	SDT		1.6
29	101		1	7.0		<	SDT		1.6
30	085			7.0			SDT		1.7
31	097			7.1			SDT		1.7

PLANT STAFFING:

Day Shift Operator Class: C Certificate No. 8045 Name: David E. Shattell
 Evening Shift Operator Class: C Certificate No. 12018 Name: David Winkler
 Night Shift Operator Class: B Certificate No. 12017 Name: Joseph M. Kuhns
 Lead Operator Class: B Certificate No. 12017 Name: Joseph M. Kuhns
 Type of Effluent Disposal or Reclaimed Water Reuse: Land Applied
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable If yes, cumulative days of wet weather discharge: _____
 *Attach additional sheets if necessary to list all certified operators.

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA01123-001-DW2P
March 00

Annual Average Daily Flow: 1,875
(AADP/Permitted Capacity) 100: 47%

Cypress Lakes #9777

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TSC (For Disinfect) (mg/L)	Nitrogen Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon. Site	EPA-13277	EPA-13277	EPA-13277	EPA-13277	EPA-13277	EPA-13277	EPA-13277	EPA-13277	EPA-13277
1	.095		<1	7.1		<1	50+		1.4
2	.099		1	7.1		<1	50+		1.5
3	.102		<1	7.1		<1	50+		1.7
4	.099			7.0			50+		1.4
5	.111			7.1			50+		1.4
6	.087		<1	7.1		<1	50+		1.4
7	.107		<1	7.1		<1	50+		1.6
8	.096		<1	7.1	2.10	<1	50+		1.4
9	.096			7.1			50+		1.4
10	.109	2.6	<1	7.1		<1	50+	1.8	1.4
11	.110		1	7.1		<1	50+		1.5
12	.115			7.0			50+		1.7
13	.099		1.5	7.1		<1	50+		1.3
14	.107		<1	7.1		<1	50+		1.3
15	.101		<1	7.1		<1	50+		1.3
16	.103		<1	7.1		<1	50+		1.3
17	.113		<1	7.0		<1	50+		1.3
18	.118			7.1			50+		1.3
19	.106			7.0			50+		1.3
20	.110		<1	7.1		<1	50+		1.3
21	.110	2.2	1	7.2		<1	50+	1.6	1.3
22	.098		<1	7.2		<1	50+		1.2
23	.097		4	7.1		<1	50+		1.1
24	.104		2.5	7.1		<1	50+		1.2
25	.093			7.1			50+		1.2
26	.110			7.0			50+		1.2
27	.104		2	7.1		<1	50+		1.1
28	.119		1	7.0		<1	50+		1.1
29	.099		<1	7.0		<1	50+		1.2
30	.097		2	7.1		<1	50+		1.2
31	.115		<1	7.0		<1	50+		1.2

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: E Certificate No. 8045
Class: E Certificate No. 16018
Class: A Certificate No. 7020

Name: David E. Sharpbill
Name: David W. Miller
Name: Joseph A. G. King

Type of Effluent Disposal or Reclamation: Water Reuse

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 4-1-00
 LIMIT: Final
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 4-30-00
 To: Monthly
 REPORT: Domestic
 GROUP: Domestic
 WAFR SITE NO.: 31701
 GMS TEST SITE NO.: EEP-01

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.89	mgd				5/7	Meter
CODS	Sample Measurement			2.4	mg/L		Mon	Calculated
CODS	Sample Measurement			3.8	mg/L		1/4	Grab
TSS	Sample Measurement			5.0	mg/L		1/4	Grab
pH	Sample Measurement			7.0	S.U.		5/7	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
Gregory T. Armstrong Manager	<i>Gregory T. Armstrong</i>	863-815-1581	00-05-17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: April

PERMIT NUMBER: FLA013123-001-DW2P DISCHARGE POINT NUMBER: 0001

WAFR SITE No.: 31701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-nit, Total as N	Sample Measurement				1.9	mg/L	1/14	8hr FPC
Fecal Coliform Bacteria	Sample Measurement			<1	<1	#/100ml	5/17	Grab
Turbidity	Sample Measurement			1.5		NTU	Cont.	Meter
Total dissolved	Sample Measurement			5.0+		mg/L	Cont.	Meter
COODS	Sample Measurement			153		mg/L	Mon	Grab
TSS	Sample Measurement			176		mg/L	Mon	Grab

*Low Proportioned Composite sample taken during a period of 3 hours.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA01123-001-DW2P
 Month/Year: April 00

Annual Average Daily Flow: 1,076
 (AADF/Permitted Capacity)x100: 48%

Cypress Lakes WWTP

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TSC (For Disinfect.) (mg/L)	Nitrogen, Total (as N) (mg/L)	Turbidity (N.T.U.)
Code	0050	8082	0030	0040	0040	7405	5060	00620	00070
Mon. Site	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-15277
1	1043			7.1			SD+		1.1
2	104			7.0			SD+		1.2
3	1082		<1	7.2		<1	SD+		1.5
4	1020		2	7.2		<1	SD+		1.5
5	1076		<1	7.1		<1	SD+		1.4
6	1082		<1	7.1		<1	SD+		1.4
7	1087		1.5	7.2		<1	SD+		1.4
8	1089			7.2			SD+		1.4
9	1097			7.2			SD+		1.3
10	1083		<1	7.2		<1	SD+		1.3
11	1097		1	7.2	176	<1	SD+		1.3
12	1083	5.2	<1	7.1		<1	SD+	1.7	1.5
13	1081		<1	7.1		<1	SD+		1.5
14	1092		<1	7.2		<1	SD+		1.0
15	1077			7.1			SD+		1.0
16	1090			7.1			SD+		1.1
17	1094		<1	7.2		<1	SD+		1.1
18	1076		<1	7.2		<1	SD+		1.0
19	1086		<1	7.1		<1	SD+		1.1
20	1083		<1	7.0		<1	SD+		1.2
21	1081		1.5	7.0		<1	SD+		1.2
22	1087			7.0			SD+		1.2
23	1082			7.1			SD+		1.2
24	1076		<1	7.0		<1	SD+		1.4
25	1097		<1	7.2		<1	SD+		1.4
26	1082	3.6	<1	7.1		<1	SD+	1.9	1.1
27	1081		3	7.1		<1	SD+		1.3
28	1085		<1	7.0		<1	SD+		1.3
29	1099			7.1			SD+		1.2
30	1081			7.1			SD+		1.3
31									

PLANT STAFFING:
 Day Shift Operator Class: C Certificate No: 8045 Name: David E. Shoffstall
 Evening Shift Operator Class: E Certificate No: 10018 Name: David Winkler
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: B Certificate No: 10009 Name: Joseph M. Burns
 Type of Effluent: Disposal or Reclaimed Water Reuse: land applied
 Limited Wet Weather Discharge Activated: Yes: No Not Applicable: 11 days, cumulative days of wet weather discharge:
 *Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 5-1-00
 LIMIT: Final
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

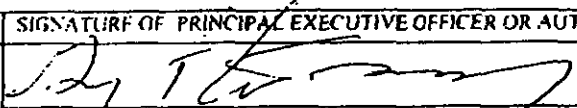
PERMIT ISSUE DATE: 5-31-00
 To: Monthly
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO.: 31701
 GMS TEST SITE NO.: EFF-01

COUNTY: Polk

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	.070	mgd				5/7	Meter
PARM Code 50050 Mon. Site No. EFA-01-15277	0.240 MMADF	mgd				5 Days/Week	Meter
CBOD5 PARM Code 80082 Y Mon. Site No. EFA-01-15277	Sample Measurement		2.5	mg/L		Mon	Roll An. Avg
	Permit Measurement		20.0 (An. Avg.)	mg/L		Report Monthly	Calculated Roll-An-Avg.
CBOD5 PARM Code 80082 1 Mon. Site No. EFA-01-15277	Sample Measurement		2.3	mg/L		1/14	Grab
	Permit Measurement		30.0 (Mo. Avg.)	45.0 (Weekly)	60.0 (Max.)	Every Two Weeks	Grab
TSS PARM Code 00530 1 Mon. Site No. EFA-01-15277	Sample Measurement			4	mg/L	1/14	Grab
	Permit Measurement			5.0 (Max.)	mg/L	Every Two Weeks	Grab
pH PARM Code 00406 1 Mon. Site No. EFA-01-15277	Sample Measurement		7.0		S.U.	5/7	Grab
	Permit Measurement		6.0 (Min.)		8.5 (Max.)	5 Days/week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY MM/DD)
Gary Armstrong, Manager		863 815 1524	

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

Dec. 01 2000 05:00PM PS

FAX NO. : 863 815 1524

FROM : CYPRESS LAKES UTIL

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: May

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-rate, Total as N	Sample Measurement			1.9	mg/L		1/14	3hr FPC
Feil Coliform Bacteria	Sample Measurement			<1	MPN/ml		5/7	Grab
Turbidity	Sample Measurement			3.0	NTU		Cont.	Meter
T ₁₀ for disinfection	Sample Measurement			5.04	mg/L		Cont.	Meter
CHLOR	Sample Measurement			271	mg/L		Mon.	Grab
TS	Sample Measurement			260	mg/L		Mon.	Grab

1/2 hr Proportioned Composite sample taken during a period of 8 hours.

Dec. 01 2000 05:00PM P6

FAX NO. : 863 815 1524

FROM : CYPRESS LAKES UTIL

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Dec. 01 2000 05:01PM P7

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123-001-DW2P
 Month/Year: May 00

Annual Average Daily Flow: 1,077
 (AADF/Permitted Capacity)x100: 48%

Cypress Lakes WWTP

Code	Flow (MGD)	CBOD5 (mg/L)	Chlorine (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecm Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon Site	EFA-15277	FFA-15277	FFA-15277	FFR-32287	FFR-32287	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFB-32287
1	.076			3		7.0		<1	5.0+		1.2
2	.084			1		7.0		<1	5.0+		1.2
3	.069			<1		7.1		<1	5.0+		1.0
4	.066			1		7.1		<1	5.0+		1.1
5	.079			3		7.0		<1	5.0+		1.1
6	.066					7.0			5.0+		1.2
7	.074					7.1			5.0+		1.3
8	.066			2		7.1		<1	5.0+		1.3
9	.070		271	<1	260	7.0		<1	5.0+		1.2
10	.067	5.2		<1		7.0		<1	5.0+	1.9	1.1
11	.069			2		7.1		<1	5.0+		1.1
12	.060			2		7.1		<1	5.0+		1.1
13	.070					7.1			5.0+		0.9
14	.068					7.0			5.0+		0.9
15	.078			<1		7.0		<1	5.0+		1.0
16	.079			<1		7.1		<1	5.0+		1.1
17	.070			<1		7.1		<1	5.0+		1.3
18	.049			<1		7.1		<1	5.0+		2.1
19	.076			<1		7.0		<1	5.0+		1.0
20	.063					7.0			5.0+		1.1
21	.068					7.1			5.0+		1.2
22	.069			1		7.1		<1	5.0+		1.3
23	.074			1		7.0		<1	5.0+		1.1
24	.068	2.6		3		7.0		<1	5.0+	1.9	1.2
25	.059			<1		7.0		<1	5.0+		1.6
26	.069			3		7.1		<1	5.0+		3.0
27	.063					7.1			5.0+		2.3
28	.074					7.1			5.0+		1.6
29	.068			4		7.0		<1	5.0+		1.4
30	.080			2		7.0		<1	5.0+		2.1
31	.060			2		7.1		<1	5.0+		1.7

PLANT STAFFING:

Day Shift Operator Class: C Certificate No. 8046 Name: David E. Shaffertall
 Evening Shift Operator Class: C Certificate No. 12018 Name: David Winkler
 Night Shift Operator Class: C Certificate No. Name:
 Lead Operator Class: B Certificate No. 7307 Name: Joseph M. Kuchas

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 6-1-00
 LIMIT: Final
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

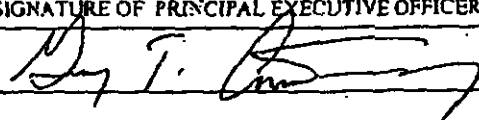
PERMIT ISSUE DATE: 6-30-00
 To: Monthly
 REPORT: Domestic
 GROUP: 31201
 WAFR SITE NO.: EFF-01
 GMS TEST SITE NO.:

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		060	macd				517 5 Days/Week	Meter
CBOD5				4.5	mg/L		Mon. Report Monthly	Cal. Roll-An-Avg
CBOD5				12.5	mg/L		1114 Every Two Weeks	Grab
TSS				2	mg/L		1114 Every Two Weeks	Grab
pH				7.0	SIU		517 5 Days/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY:MM:DD)
Gary Armstrong - Manager		863-815-1524	00-06-10

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

Received: 7/ 8/00 1:39PM; 863 815 1524
 FROM : CYPRESS LAKES UTIL
 FAX NO. : 863 815 1524
 -> Utilities Inc. FL.; Page 2
 Jul. 08 2000 01:35PM P2

DISCHARGE MONITORING REPORT - PART A (Continued)

WAFR SITE No. 31701

PERMIT NUMBER: FLA013123-001-DW2P DISCHARGE POINT NUMBER: R001

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: JUNE

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N ₂ O ₃ , Total as N			8	mg/L		1/14	8hr PPC
Fecal Coliform Bacteria			<1	#/100ml		5/7	Grab
Turbidity			3.8	NTU		Cont.	Meter
T ₁₀ for disinfection			1.6	mg/L		Cont.	Meter
CO ₂			224	mg/L		Mon	Grab
T ₅			230	mg/L		Mon	Grab

Low Proportioned Composite sample taken during a period of 8 hours.

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring:

FLA013123-001-DW2P
June 00

Annual Average Daily Flow: 076
(AADP/Percolator Capacity): 100: 47%

Cypress Lakes WWT

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon. Site	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277
1	067		<1	7.1		<1	5.0+		2.0
2	076		1	7.1		<1	5.0+		1.9
3	041			7.1			5.0+		2.2
4	057			7.0			5.0+		1.8
5	037		<1	7.0		<1	5.0+		1.7
6	052		2	7.0		<1	5.0+		1.9
7	076		1	7.1		<1	5.0+		1.2
8	063		1	7.1		<1	5.0+		1.1
9	060		2	7.1		<1	5.0+		1.0
10	063			7.1			5.0+		0.9
11	058			7.0			5.0+		0.9
12	063		<1	7.0		<1	5.0+		1.0
13	071	<2	224	<1	7.1	<1	5.0+	8	1.0
14	057		<1	7.1		<1	5.0+		1.0
15	060		<1	7.0		<1	5.0+		1.0
16	061		<1	7.1		<1	5.0+		1.0
17	061			7.1			5.0+		1.0
18	070			7.1			5.0+		1.0
19	063		1	7.4		<1	5.0+		1.1
20	064		<1	7.1		<1	5.0+		1.1
21	064		1	7.2		<1	5.0+		1.1
22	061		3	7.1		<1	1.6		1.0
23	063		<1	7.1		<1	2.8		1.0
24	066			7.2			2.5		1.0
25	064			7.1			5.0+		1.0
26	061		<1	7.1		<1	5.0+		1.0
27	070		<1	7.0		<1	5.0+		1.0
28	063		3	7.0		<1	5.0+		1.0
29	040		<1	7.1		<1	5.0+		1.0
30	053		<1	7.1		<1	5.0+		0.9
31									

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 8045 Name: David E. Shoffstall
 Evening Shift Operator: Class: C Certificate No: 10013 Name: David Winkler
 Night Shift Operator: Class: B Certificate No: 10004 Name: Joseph M. Kubas
 Lead Operator: Class: B Certificate No: 10004 Name: Joseph M. Kubas
 Type of Effluent Disposal or Reclaimed Water Reuse: Land applied
 Limited Wet Weather Discharge Activated: Yes No Not Applicable If yes, cumulative days of wet weather discharge: _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 7-1-00
 LIMIT: IIC
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 7-31-00
 To: Monthly
 REPORT: Domestic
 GROUP: Domestic
 WAFR SITE NO.: 31200
 GMS TEST SITE NO.: IIC-01

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		.064	mgd				5/7 5 Days/Week	Meter
CBODS				2.4	mg/L		Mon Report Monthly	Cal. Avg Roll-Av.-Avg.
CBODS				<2	mg/L		1/14 Every Two Weeks	Grab
TSS				4	mg/L		1/14 Every Two Weeks	Grab
pH				7.0	SU		5/7 5 Days/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
Gary T. Armstrong Manager	<i>[Signature]</i>	863-815-1524	00/08/18

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

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

AUG. 21 2000 02:29PM P2

0/41/00 4:34PM: 863 815 1524 > Utilities Inc. FL.: Page 2

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA013123-001-DW2P DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31701

FACILITY NAME: Cypress Lakes WWTP
 REPORT MONTH: July

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-nitrate, Total as N	Sample Measurement			3.26	mg/L		1/14	8hr FPC
Fecal Coliform Bacteria	Sample Measurement			<1	MPN/100ml		5/17	Grab
Turbidity	Sample Measurement			1.3	NTU		Cont.	Meter
TS for disinfection	Sample Measurement			1.5	mg/L		Cont.	Meter
CHLOR	Sample Measurement			188	mg/L		Mon	Grab
TS	Sample Measurement			247	mg/L		Mon	Grab

*Low Proportional Composite sample taken during a period of 8 hours.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123-001-DW2P
 Month/Year: July 00

Annual Average Daily Flow: 1,077
 (AADF/Permitted Capacity)x100: 4890

Cypress Lakes WWTTP

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon. Site	EFA-15277	EFA-15277	EFA-32287	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-32287
1	063			7.1			5.0+		0.9
2	063			7.0			5.0+		1.0
3	060		4	7.0		<1	5.0+		1.1
4	067		3	7.1		<1	5.0+		1.1
5	058		<1	7.0		<1	5.0+		1.1
6	059		4	7.0		<1	5.0+		1.2
7	067		<1	7.1		<1	5.0+		1.2
8	063			7.1			1.5		1.2
9	066			7.0			5.0+		1.3
10	064		188	7.1		<1	1.6		1.2
11	060	<2	<1	7.1		<1	5.0+	7.26	1.3
12	058		3.5	7.0		<1	5.0+		1.1
13	061		<1	7.0		<1	5.0+		1.1
14	067		1.5	7.0		<1	5.0+		1.1
15	064			7.1			5.0+		1.1
16	071			7.1			5.0+		1.1
17	061		<1	7.0		<1	5.0+		1.1
18	062		1	7.0		<1	5.0+		1.2
19	067		<1	7.0		<1	5.0+		1.1
20	069		<1	7.1		<1	5.0+		1.1
21	064		<1	7.1		<1	5.0+		1.2
22	068			7.1			5.0+		1.1
23	074			7.1			5.0+		1.0
24	063		<1	7.0		<1	5.0+		0.9
25	074		<1	7.0		<1	5.0+		0.9
26	057	<2	<1	7.0		<1	5.0+	2.2	0.9
27	064		<1	7.1		<1	5.0+		1.1
28	060		<1	7.1		<1	5.0+		1.0
29	057			7.1			5.0+		1.1
30	063			7.0			5.0+		1.1
31	063		<1	7.0		<1	5.0+		1.0

PLANT STAFFING:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class: C
 Class: C
 Class: C
 Class: C

Certificate No.: 8045
 Certificate No.: 12018
 Certificate No.: 7007
 Certificate No.: Lead Operator

Name: David E. Shaffertall
 Name: David Winkler
 Name: Joseph M. Kuhns

Type of Effluent: Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: NO (Applicable) If yes, cumulative days of wet weather discharge:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 8-1-00
 LIMIT: Final
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 8-9-00
 To: Monthly
 REPORT: Domestic
 GROUP: 3120
 WAFR SITE NO.: EFA-01
 GMS TEST SITE NO.:

COUNTY: Polk

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement:	0.063	mgd				5/7	Meter
PARM Code 50050 I Mon. Site No. EFA-01-15277	Permit Measurement	0.240	mgd				5 Days/Week	Meter
CBOD5	Sample Measurement:			2.4	mg/L		Mon	Roll-An-Avg
	Permit Measurement			20.0 (An. Avg.)	mg/L		Report Monthly	Calculated Roll-An-Avg
PARM Code 80082 Y Mon. Site No. EFA-01-15277	Sample Measurement			5.2	mg/L		1/14	Grab
	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Every Two Weeks	Grab
CBOD5	Sample Measurement			5.2	mg/L		1/14	Grab
	Permit Measurement			45.0 (Weekly)	mg/L		Every Two Weeks	Grab
PARM Code 80082 I Mon. Site No. EFA-01-15277	Sample Measurement			2.8	mg/L		1/14	Grab
	Permit Measurement			5.0 (Max.)	mg/L		Every Two Weeks	Grab
TSS	Sample Measurement			7.0	S.U.		5/7	Grab
	Permit Measurement			6.0 (Min.)	S.U.		5 Days/week	Grab
PARM Code 00530 I Mon. Site No. EFA-01-15277	Sample Measurement			7.1	S.U.		5/7	Grab
	Permit Measurement			8.5 (Max.)	S.U.		5 Days/week	Grab
pH	Sample Measurement			7.0	S.U.		5/7	Grab
	Permit Measurement			6.0 (Min.)	S.U.		5 Days/week	Grab
PARM Code 00406 I Mon. Site No. EFA-01-15277	Sample Measurement			7.0	S.U.		5/7	Grab
	Permit Measurement			6.0 (Min.)	S.U.		5 Days/week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY MM DD)
Gary Armstrong Manager	<i>[Signature]</i>	863-815-1524	9/13/00

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

Received: 9/14/00 1:14PM: 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 -> Utilities Inc. FL.: Page 4
 Sep. 14 2000 01:03PM P4

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP
 REPORT MONTH: Aug

PERMIT NUMBER: FLA813123-001-DW2P

DISCHARGE POINT NUMBER: R601

WAFR SITE No.: 31701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-rate, Total as N	Sample Measurement			2.2	mg/L		1/14	8hr PL
Fecal Coliform Bacteria	Sample Measurement			<1	#/100ml		5/17	Grab
Turbidity	Sample Measurement			1.2	NTU		Cont	Meter
T ₉₀ for disinfection	Sample Measurement			3.7	min		Cont	Meter
OD5	Sample Measurement			2.20	min		Mon	Grab
T ₅	Sample Measurement			2.15	min		Mon	Grab

*Low Flow Period (Composite sample taken during a period of 8 hours.)

WATER SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA013123-001-DW2P
Aug 00

Annual Average Daily Flow: .078
(AADF/Permitted Capacity)x100: 49%

Cypress Lakes WWTTP

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (4/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon. Site	EPA-15277	EPA-15277	EPA-32287	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-32287
1	D62		1.3	7.0		<1	5.0+		0.9
2	D63		<1	7.1		<1	5.0+		0.9
3	D68	2.0	<1	7.1		<1	5.0+		0.9
4	D59		<1	7.1		<1	5.0+		0.9
5	D67			7.1		<1	5.0+		0.9
6	D68			7.0			5.0+		1.0
7	D63		<1	7.0		<1	5.0+		0.9
8	D57	5.2	<1	7.0		<1	5.0+	2.6	0.9
9	D50		2.8	7.1		<1	5.0+		0.9
10	D55		1.3	7.1		<1	5.0+		0.9
11	D58		<1	7.1		<1	5.0+		0.9
12	D61			7.1			5.0+		1.0
13	D70			7.0			5.0+		1.0
14	D68		<1	7.1		<1	5.0+		0.9
15	D67		<1	7.1		<1	5.0+		0.9
16	D62		<1	7.0		<1	5.0+		0.9
17	D58		<1	7.0		<1	5.0+		0.9
18	D57		<1	7.0		<1	5.0+		0.9
19	D57			7.0			5.0+		1.0
20	D63			7.1			5.0+		1.0
21	D68		<1	7.1		<1	5.0+		0.9
22	D53		<1	7.0		<1	5.0+		1.1
23	D58	2.2	<1	7.0		<1	5.0+	2.2	0.9
24	D65		<1	7.1		<1	5.0+		0.9
25	D64		20.5	7.1		<1	5.0+		0.9
26	D64			7.1			5.0+		0.9
27	D68			7.0			5.0+		0.9
28	D62			7.0		<1	5.0+		0.9
29	D66		<0.5	7.0		<1	3.7		1.0
30	D73		<0.5	7.1		<1	5.0+		1.0
31	D69		0.6	7.1		<1	5.0+		1.0

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C
Class: C
Class: H
Class: H

Certificate No: 9045
Certificate No: 12013
Certificate No: 7000
Certificate No: Land Applied

Name: David E. Shoffstall
Name: David Winkler
Name: Joseph M. Kuhns

Type of Effluent Disposal or Reclaimed Water Reuse:
Limited Wet Weather Discharge Activated: Yes: No: Not Applicable If year/accumulative days of wet weather discharge:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc
 200 Weathersfield Avenue
 Allamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North US Hwy 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD: From _____
 LIMIT: Final
 CLASS SIZE: _____
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

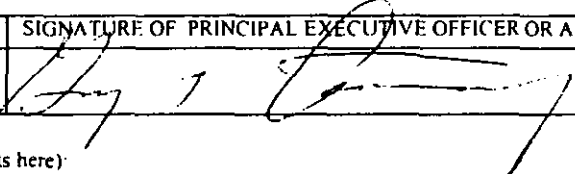
PERMIT ISSUE DATE: _____
 To: _____
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 31701
 GMS TEST SITE NO: _____

COUNTY: Polk

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 1 Mon. Site No. EFA-01-15277	Sample Measurement	1,070	mgd				5/7	Meter
	Permit Measurement	0.240	mgd				5 Days/Week	Meter
CBOD5 PARM Code 80082 Y Mon. Site No. EFA-01-15277	Sample Measurement			2.5	mg/L		Mon	Roll An Avg
	Permit Measurement			20.0 (An.Avg.)	mg/L		Report Monthly	Calculated Roll-An.-Avg.
CBOD5 PARM Code 80082 1 Mon. Site No. EFA-01-15277	Sample Measurement			<2	mg/L		1/14	Grab
	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Every Two Weeks	Grab
TSS PARM Code 00530 1 Mon. Site No. EFA-01-15277	Sample Measurement				mg/L		1/14	Grab
	Permit Measurement				5.0 (Max.)		Every Two Weeks	Grab
pH PARM Code 00406 1 Mon. Site No. EFA-01-15277	Sample Measurement			6.9	S.U.		5/7	Grab
	Permit Measurement			6.0 (Min.)	S.U.		5 Days/week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
Gregory Armstrong, Manager		888-815-1524	02-10-12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: Sept

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31701

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-tot, Total as N <small>PERM Code 00020 M.C. No. EPA-01-15277</small>	Sample Measurement		2.3	mg/L		1/14	3hr PPC
Fecal Coliform Bacteria <small>PERM Code 70018 M.C. No. EPA-01-15277</small>	Sample Measurement		<1	#/100ml		5/7	Grab
Turbidity <small>PERM Code 00070 M.C. No. EPA-01-15277</small>	Sample Measurement		1.9	NTU		Cont	Meter
Free Chlorine <small>PERM Code 50004 M.C. No. EPA-01-15277</small>	Sample Measurement		2.7	mg/L		Cont	Meter
Chlorine Dioxide <small>PERM Code 80002 M.C. No. EPA-01-15277</small>	Sample Measurement		237	mg/L		Mon	Grab
TOC <small>PERM Code 00130 M.C. No. EPA-01-15277</small>	Sample Measurement		416	mg/L		Mon	Grab

*Low Proportioned Composite sample taken during a period of 8 hours.

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA013123-001-DW2P
Sept 00

Annual Average Daily Flow: .019
(AADF/Permitted Capacity)x100: 4990

Cypress Lakes R/WTP

Code	Flow (MGD)	CBOD5 (mg/L)	CBOD4 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Code	00050	80082	10002	00530	00130	00400	00400	74055	30050	00620	00070
Mon. Site	EFA-15277	EFA-15277	EFA-31700	EFA-32287	EFA-31700	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-32287
1	.071			1.0		7.0		<1	5.0+		1.3
2	.069					7.1			5.0+		1.0
3	.070					7.1			5.0+		1.0
4	.066			0.4		7.1		<1	4.3		1.2
5	.072			20.5		7.1		<1	4.7		1.5
6	.071			1		7.1		<1	5.0+		1.8
7	.069			20.5		7.0		<1	5.0+		1.5
8	.069			1.6		7.0		<1	5.0+		1.6
9	.063					7.0			2.7		1.7
10	.069					7.1			5.0+		1.6
11	.070		237	2.2	416	7.0		<1	5.0+		1.7
12	.063			2.2		7.0		<1	5.0+		1.5
13	.067	<2		0.8		7.1		<1	5.0+	2.3	1.1
14	.067			2		7.0		<1	4.1		1.0
15	.067			1.4		7.0		<1	2.7		1.0
16	.070					7.0			2.9		1.1
17	.070					7.1			3.4		1.1
18	.070			0.2		7.0		<1	5.0+		1.1
19	.051			0.4		7.0		<1	5.0+		1.1
20	.071			20.5		6.9		<1	3.0		1.0
21	.073			20.5		6.9		<1	4.3		1.1
22	.069			20.5		7.0		<1	4.7		1.3
23	.088					7.0			5.0+		1.6
24	.079					7.0			5.0+		1.9
25	.080			0.4		7.1		<1	5.0+		1.7
26	.079			0.2		7.1		<1	5.0+		1.6
27	.068	<2		<0.5		7.0		<1	3.7	2	1.4
28	.066			<0.5		7.0		<1	4.0		1.3
29	.070			1.0		7.0		<1	4.0		1.1
30	.063					7.1			5.0+		1.2
31											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No. 3045 Name: David E. Shorttall
 Evening Shift Operator Class: C Certificate No. 12018 Name: David Winkler
 Night Shift Operator Class: C Certificate No. 70079 Name: Joseph M. Kuhno
 Lead Operator Class: B Certificate No. 70079 Name: Joseph M. Kuhno

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

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

10-11-00 + 10-12-00 flows are estimated because of FM power supply failure. Joseph M. Kuhno

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 10-1-00
 LIMIT: Final
 CLASS SIZE: EFC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: JIC

PERMIT ISSUE DATE: 10-31-00
 To: Monthly
 REPORT: Domestic
 GROUP: Domestic
 WAFR SITE NO.: 31701
 GMS TEST SITE NO.: EFC-01

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	071	mgd				5/7	Meter
PARM Code 50000 Mon Site No. DPA-01-1527	Sample Measurement						5 Days/Week	Meter
CBOD5	Sample Measurement			2.6	mg/L		Mon.	Calculated
PARM Code 01001 Mon Site No. EFA-01-1527	Sample Measurement						Report Monthly	Rolling Annual Average
CBOD5	Sample Measurement			<2	mg/L		1/14	Grab
PARM Code 01002 Mon Site No. DPA-01-1527	Sample Measurement						1/14	Grab
TSS	Sample Measurement			1.4	mg/L		1/14	Grab
PARM Code 01050 Mon Site No. EFA-01-1527	Sample Measurement						1/14	Grab
pH	Sample Measurement			6.9	pH		5/7	Grab
PARM Code 01003 Mon Site No. EFA-01-1527	Sample Measurement						5/7	Grab

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.
 I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
Joseph M Kuhns Lead Operator	<i>Joseph M Kuhns</i>	863-815-1524	00-11-07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP
 REPORT MONTH: Oct

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 11701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-nit, Total as N	Sample Measurement			2.1	mg/L		1/14	8hr FPC
Fecal Coliform Bacteria	Sample Measurement			<1	#/100ml		5/7	Grab
Turbidity	Sample Measurement			14	NTU		Cont.	Meter
TSS (for distribution)	Sample Measurement			2.2	mg/L		Cont.	Meter
ODU5	Sample Measurement			235	mg/L		Mon	Grab
TSS	Sample Measurement			224	mg/L		Mon	Grab

Properhood Composite sample taken during a period of 8 hours.

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Dec. 01 2000 04:59PM P4

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monetary Year:

FLA013123-001-DW2P
Oct 00

Annual Average Daily Flow: .079
(AADP/Permitted Capacity)x100: 33%

Cypress Lakes WWTP

Code	Flow (MGD)	CSODS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (d/100ml)	TAC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
1	.070			7.1			5.0+		1.4
2	.074		1.2	7.0		<1	5.0+		1.4
3	.075		<0.5	7.0		<1	3.1		1.3
4	.077		0.8	6.9		<1	2.2		1.1
5	.073		<0.5	7.0		<1	3.6		1.1
6	.075			7.0			3.7		1.0
7	.068		1.2	7.0		<1	4.8		1.0
8	.070			7.1			5.0+		1.0
9	.070		<0.5	7.0		<1	5.0+		1.0
10	.074		1	7.0		<1	5.0+		1.0
11	.071	<0.5	1.4	7.1		<1	5.0+	1.8	1.1
12	.063		0.8	7.0		<1	5.0+		1.2
13	.066		<0.5	7.0		<1	5.0+		1.2
14	.070			7.0			5.0+		1.2
15	.077			7.1			2.3		1.2
16	.076		<0.5	7.0		<1	5.0+		1.1
17	.070		<0.5	7.0		<1	4.2		1.0
18	.077		1.2	6.9		<1	5.0+		1.0
19	.073		<0.5	7.0		<1	3.3		1.0
20	.053		<0.5	7.0		<1	5.0+		1.0
21	.081			7.0			5.0+		1.2
22	.081			7.0			5.0+		1.2
23	.079		<0.5	7.1		<1	5.0+		1.1
24	.080	<0.5	0.6	7.1		<1	5.0+	2.1	1.1
25	.063		0.6	7.1		<1	5.0+		1.0
26	.070		0.6	7.0		<1	5.0+		1.2
27	.079		<0.5	7.0		<1	4.9		1.3
28	.069			7.0			5.0+		1.1
29	.085			7.1			5.0+		1.0
30	.077		<0.5	7.1		<1	5.0+		1.0
31	.053		1.2	7.1		<1	5.0+		1.0

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C
Class: C
Class: A
Class: A

Certificate No. 80745
Certificate No. 10018
Certificate No. 70027

Name: David E. Shefferd
Name: David Winkler
Name: Joseph M. Kuhns

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

* start-up of new plants.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 11-1-00
 LIMIT: Final
 CLASS SIZE: JIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 11-30-00
 To: Monthly
 REPORT: Domestic
 GROUP: 31701
 WAFR SITE NO.: EBS-01
 GMS TEST SITE NO.:

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.088	mgd				5/7	Meter
CBOD5	Sample Measurement			2.6	mg/L		Mon	Cal. Roll-An-Avg
CBOD5	Sample Measurement			52	mg/L		1/14	Grab
TSS	Sample Measurement				mg/L		1/14	Grab
pH	Sample Measurement			7.0	SU		5/7	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY-MM-DD)
Joseph M Kuhns Lead Operator	<i>Joseph M Kuhns</i>	863-815-1524	00-12-07

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

Received: 12/7/00 1:14PM: 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 Utilities Inc. FL: Page 2
 Dec. 07 2000 02:11PM P2

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWT
 REPORT MONTH: Nov 00

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N _{total} , Total as N	Sample Measurement			15.0	mg/L		1/14	8hr FPC
Fecal Coliform Bacteria	Sample Measurement			<1	#/100ml		5/7	Grab
Turbidity	Sample Measurement			1.5	NTU		Cont	Meter
T ₉₀ for disinfection	Sample Measurement			5.0+	mg/L		Cont	Meter
BOD ₅	Sample Measurement			165	mg/L		Mon	Grab
TSS	Sample Measurement			266	mg/L		Mon	Grab

Low Proportional Composite sample taken during a period of 8 hours.

Received: 12/ 7/00 1:15PM; 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 Utilities Inc. FL.; Page 3
 Dec. 07 2000 02:12PM P3

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Dec. 07 2000 02:13PM P4

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123-001-DW2P
 Month/Year: NOV 00

Annual Average Daily Flow: .079
 (AADF/Permitted Capacity)x100: 3390

Cypress Lakes WWTW

Code	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon. Site	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277
1	.039			0.6		7.0		<1	5.0+		1.1
2	.078			<0.5		7.0		<1	5.0+		1.3
3	.079			0.6		7.0		<1	5.0+		1.4
4	.081					7.0			5.0+		1.2
5	.081					7.1			5.0+		1.1
6	.090		165	1	266	7.1		<1	5.0+		1.1
7	.092	5.2		<0.5		7.0		<1	5.0+	2.2	1.0
8	.090			<0.5		7.0		<1	5.0+		1.1
9	.088			<0.5		7.1		<1	5.0+		1.1
10	.094			<0.5		7.0		<1	5.0+		1.1
11	.086					7.1			5.0+		1.1
12	.083					7.0			5.0+		1.1
13	.087			<0.5		7.4		<1	5.0+		1.0
14	.089			<0.5		7.0		<1	5.0+		1.0
15	.088			<0.5		7.1		<1	5.0+		1.1
16	.079			<0.5		7.1		<1	5.0+		1.1
17	.087			1.0		7.1		<1	5.0+		1.1
18	.091					7.0			5.0+		1.2
19	.104					7.0			5.0+		1.1
20	.092	5.2		0.8		7.0		<1	5.0+	1.5	1.3
21	.096			0.6		7.0		<1	5.0+		1.2
22	.086			0.6		7.1		<1	5.0+		1.2
23	.086			1		7.1		<1	5.0+		1.3
24	.096			0.8		7.0		<1	5.0+		1.2
25	.092					7.0			5.0+		1.3
26	.103					7.1			5.0+		1.2
27	.101			<0.5		7.0		<1	5.0+		1.3
28	.092			0.6		7.0		<1	5.0+		1.3
29	.082			1.2		7.0		<1	5.0+		1.2
30	.092			1		7.1		<1	5.0+		1.3
31											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: A Certificate No: 74007 Name: Joseph M Kubas

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

Attach additional sheets if necessary to list all certified operators.

David E Shoffstal C-8045
 David Winkler C-10018
 David Ryniak C-8600
 Jay Aldrich C-8854

* Start-up of new plants

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, MS 3531, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 12-1-00
 LIMIT: Final
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 12-31-00
 To: Monthly
 REPORT: Domestic
 GROUP: 31701
 WAFR SITE NO.: EPP-01
 GMS TEST SITE NO.:

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		.084	mgd				5/7	Meter
							5 Days/Week	Meter
CBOD5				2.3	mg/L		Mon. Report Monthly	Cal. Roll-An-Avg.
								Calculated / Roll-An-Avg.
CBOD5				52	mg/L		1/14	Grab
							Every Two Weeks	Grab
TSS				2.6	mg/L		1/14	Grab
							Every Two Weeks	Grab
pH				6.9	S.U.		5/7	Grab
							5 Days/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
Joseph M Kuhns Lead Operator	<i>Joseph M Kuhns</i>	863-815-1524	01-01-09

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

Received: 1/9/01 2:45PM; 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 Utilities Inc. FL.; Page 2
 Jan. 09 2001 03:39PM P2

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: Dec 00

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-rate, Total as N	Sample Measurement			2	mg/L		1114	8hr PLC
Fecal Coliform Bacteria	Sample Measurement			<1	<1 #/100ml		517	Grab
Turbidity	Sample Measurement			1.7	NTU		Cont	Meter
Chlorine for disinfection	Sample Measurement			5.04	mg/L		Cont	Meter
CrO5	Sample Measurement			130	mg/L		Mon	Grab
TS	Sample Measurement			220	mg/L		Mon	Grab

Low Proportioned Composite sample taken during a period of 8 hours.

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA013123-001-DW2P
Dec 00

Annual Average Daily Flow: 1079
(AADF/Permitted Capacity)x100: 33%

Cypress Lakes WWT

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon. Site	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277
1	084		0.6	7.0		<1	SDT		1.3
2	078			7.0			SDT		1.2
3	087			7.1			SDT		1.2
4	086		130	7.0		<1	SDT		1.4
5	086	2	1.2	7.0		<1	SDT	2	1.4
6	079		10.5	6.9		<1	SDT		1.3
7	077		10.6	7.0		<1	SDT		1.4
8	081		10.5	7.0		<1	SDT		1.4
9	076			6.9			SDT		1.5
10	088			7.0			SDT		1.6
11	080		0.6	7.0		<1	SDT		1.6
12	083		1.8	7.0		<1	SDT		1.6
13	089		2.4	6.9		<1	SDT		1.4
14	083		1.0	7.0		<1	SDT		1.4
15	080		10.5	7.0		<1	SDT		1.3
16	086			7.0			SDT		1.3
17	088			7.1			SDT		1.4
18	080		10.5	7.0		<1	SDT		1.5
19	078	2	10.5	6.9		<1	SDT	1.7	1.4
20	088		10.5	7.0		<1	SDT		1.5
21	069		10.5	7.0		<1	SDT		1.6
22	074		10.5	7.0		<1	SDT		1.6
23	081			7.0			SDT		1.6
24	083			7.1			SDT		1.4
25	087		1	7.0		<1	SDT		1.5
26	076		10.5	7.0		<1	SDT		1.6
27	083		1.4	7.0		<1	SDT		1.5
28	086		0.8	6.9		<1	SDT		1.6
29	101		1	7.0		<1	SDT		1.6
30	085			7.0			SDT		1.7
31	097			7.1			SDT		1.7

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 8045 Name: David E. Sheffer
 Evening Shift Operator: Class: C Certificate No: 12019 Name: Russel Winkler
 Night Shift Operator: Class: A Certificate No: 7101 Name: Joseph M. Kuhns
 Lead Operator: Class: A Certificate No: 7101 Name: Joseph M. Kuhns
 Type of Effluent Disposal or Reclaimed Water Reuse: Land Applied
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable If yes, cumulative days of wet weather discharge: _____

Attach additional sheets if necessary to list all certified operators.

Advanced Environmental laboratories, Inc.
 5810D Breckenridge Parkway
 Tampa, FL 33610


GROUNDWATER MONITORING REPORT-PART C

FACILITY: Cypress Lakes WWTF
 GMSID: FLA013123-001-DW2P
 Month/Year: Nov-00
 Date Sample Obtained: 11/8/00@1645
 Was the well pumped before sampling: Yes

Test Site ID: CL-3
 Well Type: Compliance
 Ground Water Class: Surficial
 Lab ID #: T005082-03
 Date Reported: 11/21/2000

Parameter	Storet Code	Sampling Method	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result	Detection Limits	Analysis Date	Analyst Initials
Water Level	082545	Pump	N	None	N/A	5.7	N/A	11/8/2000	JBH
Nitrate(mg/l as N)	000620	Pump	N	None	SM4500NO3F	0.089	0.01	11/8/00@0749	DMC
TDS(mg/l)	000515	Pump	N	None	SM2540C	56	2.0	11/10/2000	JBH
Sodium(mg/l)	000929	Pump	N	HNO3	SM3111B	7.38	1.0	11/13/2000	LC
Sulfate(mg/l)	000945	Pump	n	None	EPA375.4	<1U	1.0	11/13/2000	JBH
Chloride(mg/l)	001113	Pump	N	None	SM4500CLB	7	1.0	11/10/2000	DMC
Ammonia(mg/l)	000610	Pump	N	H2SO4	350.2	0.046	0.05	11/13/2000	DMC
Turbidity(NTU)	082079	Pump	N	None	EPA180.1	9.45	0.1	11/8/2000	JBH
Fecal CFom(CFU/100ml)	031616	Pump	N	None	SM9222D	<1U	1.0	11/8/00@1630	MLC
pH(Standard Units)	000406	Pump	N	None	EPA150.1	5.81	0.1	11/8/2000	JBH
Temperature(C)	000010	Pump	N	None	170.1	28.6	N/A	11/8/2000	JBH
Specific Cond. (micro mhos/cm)	000095	Pump	N	None	EPA120.1	75	0.1	11/8/2000	JBH

Sub Lab: *82533 Advanced Jax

APPROVED BY: 
 Michael L. Cammarata, Laboratory Manager

Received: 1 / 9/01 2:47PM; 863 815 1524
 FROM : CYPRESS LAKES UTIL
 FAX NO. : 863 815 1524
 Jan. 09 2001 03:41PM PS
 -> Utilities Inc. FL.; Page 5

Advanced Environmental laboratories, Inc.
 5810D Breckenridge Parkway
 Tampa, FL 33610

GROUNDWATER MONITORING REPORT-PART C


FACILITY:
 GMSID:
 Month/Year:
 Date Sample Obtained:
 Was the well pumped before sampling:

Cypress Lakes WWTF
FLA013123-001-DW2P
Nov-00
11/8/00@1610
Yes

Test Site ID: CL-2
Well Type: Intermediate
Ground Water Class: Surficial
Lab ID #: T005082-02
Date Reported: 11/21/2000

Parameter	Store Code	Sampling Method	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result	Detection Limits	Analysis Date	Analyst Initials
Water Level	082545	Pump	N	None	N/A	7.2	N/A	11/8/2000	JBH
Nitrate(mg/l as N)	000620	Pump	N	None	SM4500NO3F	<0.05U	0.01	11/9/00@0749	DMC
TDS(mg/l)	000515	Pump	N	None	SM2540C	354	2.0	11/10/2000	JBH
Sodium(mg/l)	000929	Pump	N	HNO3	SM3111B	*32.6	1.0	11/13/2000	LC
Sulfate(mg/l)	000945	Pump	n	None	EPA375.4	15.6	1.0	11/13/2000	JBH
Chloride(mg/l)	001113	Pump	N	None	SM4500CLB	106	1.0	11/10/2000	DMC
Ammonia(mg/l)	000610	Pump	N	H2SO4	350.2	2.8	0.05	11/13/2000	DMC
Turbidity(NTU)	082079	Pump	N	None	EPA180.1	19.5	0.1	11/8/2000	JBH
Fecal Cform(CFU/100ml)	031616	Pump	N	None	SM9222D	<1.0U	1.0	11/8/00@1630	MLC
pH(Standard Units)	000406	Pump	N	None	EPA150.1	5.9	0.1	11/8/2000	JBH
Temperature(C)	000010	Pump	N	None	170.1	28.1	N/A	11/8/2000	JBH
Specific Conductance(µmhos/cm)	000095	Pump	N	None	EPA120.1	520	0.1	11/8/2000	JBH

Sub Lab: *82533 Advanced Jax

APPROVED BY: 
 Michael L. Cammarata, Laboratory Manager

Received: 1 / 9 / 01 2:47PM; 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 Utilities Inc. FL.; Page 6
 Jan. 09 2001 03:42PM P6

Advanced Environmental laboratories, Inc.
 5810D Breckenridge Parkway
 Tampa, FL 33610

GROUNDWATER MONITORING REPORT-PART C

FACILITY:
 GMSID:
 Month/Year:
 Date Sample Obtained:
 Was the well pumped before sampling:

Cypress Lakes WWTF
FLA013123-001-DW2P
Nov-00
11/8/00@1705
Yes

Test Site ID:	CL-1
Well Type:	Compliance
Ground Water Class:	Surficial
Lab ID #:	T005082-01
Date Reported:	11/21/2000

Parameter	Store Code	Sampling Method	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result	Detection Limits	Analysis Date	Analyst Initials
Water Level	082545	Pump	N	None	N/A	7.3	N/A	11/8/2000	JBH
Nitrate(mg/l as N)	000620	Pump	N	None	SM4500NO3F	0.11	0.01	11/8/00@0749	DMC
TDS(mg/l)	000515	Pump	N	None	SM2540C	108	2.0	11/10/2000	JBH
Sodium(mg/l)	000929	Pump	N	HNO3	SM3111B	6.79	1.0	11/13/2000	LC
Sulfate(mg/l)	000945	Pump	N	None	EPA375.4	7.53	1.0	11/13/2000	JBH
Chloride(mg/l)	001113	Pump	N	None	SM4500CLB	27	1.0	11/10/2000	DMC
Ammonia(mg/l)	000610	Pump	N	H2SO4	350.2	0.13	0.05	11/13/2000	DMC
Turbidity(NTU)	082079	Pump	N	None	EPA180.1	4.7	0.1	11/8/2000	JBH
Fecal Count(CFU/100ml)	031616	Pump	N	None	SM9222D	<1.0U	1.0	11/8/00@1630	MLC
pH(Standard Units)	000406	Pump	N	None	EPA150.1	5.21	0.1	11/8/2000	JBH
Temperature(C)	000010	Pump	N	None	170.1	27.9	N/A	11/8/2000	JBH
Specific Conductance(µmhos/cm)	000095	Pump	N	None	EPA120.1	152	0.1	11/8/2000	JBH

Sub Lab: *82533 Advanced Jax

APPROVED BY:

Michael L. Cammarata, Laboratory Manager

Advanced Environmental laboratories, Inc.
 5810D Breckenridge Parkway
 Tampa, FL 33610

GROUNDWATER MONITORING REPORT-PART C

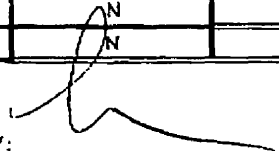
FACILITY: Cypress Lakes WWTF
 GMSID: FLA013123-001-DW2P
 Month/Year: Nov-00
 Date Sample Obtained: 11/8/00@1645
 Was the well pumped before sampling: Yes

Test Site ID: Duplicate (CL-3)
 Well Type: Compliance
 Ground Water Class: Surficial
 Lab ID #: T005082-04
 Date Reported: 11/21/2000

Parameter	Store Code	Sampling Method	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result	Detection Lim. Is	Analysis Date	Analyst Initials
Water Level	082545	Pump	N	None	N/A	5.7	N/A	11/8/2000	JBH
Nitrate(mg/l as N)	000620	Pump	N	None	SM4500NO3F	0.1	0.01	11/9/00@0749	DMC
TDS(mg/l)	000515	Pump	N	None	SM2540C	58	2.0	11/10/2000	JBH
Sodium(mg/l)	000929	Pump	N	HNO3	SM3111B	*4.04	1.0	11/13/2000	LC
Sulfate(mg/l)	000945	Pump	n	None	EPA375.4	<1U	1.0	11/13/2000	JBH
Chloride(mg/l)	001113	Pump	N	None	SM4500CLB	7	1.0	11/10/2000	DMC
Ammonia(mg/l)	000610	Pump	N	H2SO4	350.2	0.034	0.05	11/13/2000	DMC
Turbidity(NTU)	082079	Pump	N	None	EPA180.1	9.45	0.1	11/8/2000	JBH
Fecal Cform(CFU/100ml)	031616	Pump	N	None	SM9222D	<1U	1.0	11/8/00@1630	MLC
pH(Standard Units)	000406	Pump	N	None	EPA150.1	5.81	0.1	11/8/2000	JBH
Temperature(C)	000010	Pump	N	None	170.1	28.6	N/A	11/8/2000	JBH
Specific Conductance(µmhos/cm)	000095	Pump	N	None	EPA120.1	75	0.1	11/8/2000	JBH

Sub Lab: *82533 Advanced Jax

APPROVED BY:


 Michael L. Cammarata, Laboratory Manager

Advanced Environmental laboratories, Inc.
 5810D Breckenridge Parkway
 Tampa, FL 33610

GROUNDWATER MONITORING REPORT-PART C


FACILITY: Cypress Lakes WWTF
 GMSID: FLA013123-001-DW2P
 Month/Year: Nov-00
 Date Sample Obtained: 11/8/00@1720
 Was the well pumped before sampling: Yes

Test Site ID: Field Blank
 Well Type:
 Ground Water Class:
 Lab ID #: T005082-05
 Date Reported: 11/21/2000

Parameter	Store Code	Sampling Method	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result	Detection Limits	Analysis Date	Analyst Initials
Water Level	082545	Pump	N	None	N/A		N/A	11/8/2000	JBH
Nitrate(mg/l as N)	000620	Pump	N	None	SM4500NO3F	<0.05U	0.01	11/9/00@0749	DMC
TDS(mg/l)	000515	Pump	N	None	SM2540C	<2U	2.0	11/10/2000	JBH
Sodium(mg/l)	000929	Pump	N	HNO3	SM3111B	*<1U	0.1	11/13/2000	LC
Sulfate(mg/l)	000945	Pump	N	None	EPA375.4	<1U	1.0	11/13/2000	JBH
Chloride(mg/l)	001113	Pump	N	None	SM4500CLB	<1U	1.0	11/10/2000	DMC
Ammonia(mg/l)	000610	Pump	N	H2SO4	350.2	<0.05U	0.05	11/13/2000	DMC
Turbidity(NTU)	082079	Pump	N	None	EPA180.1	0.53	0.1	11/8/2000	JBH
Fecal Colorm(CFU/100ml)	031616	Pump	N	None	SM9222D	<1.0U	1.0	11/8/00@1630	MLC
pH(Standard Units)	000406	Pump	N	None	EPA150.1	6.63	0.1	11/8/2000	JBH
Temperature(C)	000010	Pump	N	None	170.1	29.7	N/A	11/8/2000	JBH
Specific Conductance(u mhos/cm)	000095	Pump	N	None	EPA120.1	2	0.1	11/8/2000	JBH

Sub Lab: *82533 Advanced Jax

APPROVED BY:


 Michael L. Cammarata, Laboratory Manager

Received: 1 / 9/01 2:48PM; 863 815 1524
 FROM : CYPRESS LAKES UTIL
 FAX NO. : 863 815 1524
 -> Utilities Inc. FL.; Page 9
 Jan. 09 2001 03:43PM P9

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 Cypress Lakes WWTF
 10000 North U.S. Hwy 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-092-DW2P
 MONITORING PERIOD From: 1-1-01
 LIMIT: Final
 CLASS SIZE: IIC
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 1-31-01
 To: Monthly
 REPORT: Domestic
 GROUP: 31701
 WAFR SITE NO: EFA-01
 GMS TEST SITE NO: EFA-01

(COUNTY)	Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Polk	Flow	0.098	mgd				5/7	Meter
	Sample Measurement	0.240	mgd				5 Days/Week	Meter
	Permit Measurement	MMADF						
	PARM Code 50050 Mon. Site No. EFA-01-15277			2.3	mg/L		Mon	Cal Roll-Avg
	Sample Measurement			20.0	mg/L		Report Monthly	Calculated
	Permit Measurement			(An. Avg.)				Roll-An-Avg
	PARM Code 80082 Mon. Site No. EFA-01-15277			42	mg/L		1/14	Grab
	Sample Measurement			30.0	mg/L		Every Two Weeks	Grab
	Permit Measurement			(Mo. Avg.)				
	PARM Code 80082 Mon. Site No. EFA-01-15277			42	mg/L		1/14	Grab
	Sample Measurement			45.0	mg/L		Every Two Weeks	Grab
	Permit Measurement			(Weekly)				
	PARM Code 00530 Mon. Site No. EFA-01-15277			6.9	S.U.		5/7	Grab
	Sample Measurement			7.1	S.U.		5 Days/week	Grab
	Permit Measurement			(Min.)				
	PARM Code 00406 Mon. Site No. EFA-01-15277							
	Sample Measurement							
	Permit Measurement							

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: Joseph McKubas Lead Operator
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 PHONE NO: 863-815-1524
 DATE (YY/MM/DD): 01-01-13

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

FROM : CYPRESS LAKES UTIL FAX NO. : 863 815 1524 Feb. 13 2001 11:37AM P2

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: J1701

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: Jan 01

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-nitrate, Total as N				21	mg/L	1/14	8hr PPC
Fecal Coliform Bacteria			<1	<1	#/100ml	5/7	Grab
Turbidity			2.5		NTU	Cont.	Meter
Chlorine Residual			4.6		mg/L	Cont.	Meter
UODS			184		mg/L	Mon.	Grab
TS			278		mg/L	Mon.	Grab

↳ Proportional Composite sample taken during a period of 8 hours.

Received: 2/13/01 10:46AM; 863 815 1524
 FROM: CYPRESS LAKES UTIL
 FAX NO.: 863 815 1524
 Feb. 13 2001 11:38AM P3
 -> Utilities Inc. FL; Page 3

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Feb. 13 2001 11:38AM P4

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA013123-001-DW2P
Jan 01

Annual Average Daily Flow: 0.080
(AADF/Permitted Capacity)x 100: 33%

Cypress Lakes WWTTP

Code	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen Nitrate Total (as N) (mg/L)	Turbidity (N.T.U.)
Code	0053	80082	0053	00530	00530	00400	00400	0055	50063	00620	00070
Mon Site	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277
1	.093			2.8		7.0		<	5.0+		1.8
2	.090			2.6		7.0		<	5.0+		2.3
3	.102			3.0		7.0		<	5.0+		2.4
4	.090			2.8		7.1		<	5.0+		2.5
5	.094			2		7.1		<	5.0+		2.2
6	.097					7.0			5.0+		2.3
7	.098					7.1			5.0+		2.1
8	.090		184	2.6	278	7.1		<	5.0+		2.2
9	.118	<2		2.4		7.1		<	4.6	2.3	2.2
10	.097			2.4		7.0		<	5.0+		2.5
11	.092			2.8		7.0		<	5.0+		2.3
12	.095			2.8		7.0		<	5.0+		2.0
13	.097					7.0			5.0+		1.9
14	.104					7.1			5.0+		1.9
15	.103			2.5		7.1		<	5.0+		1.9
16	.106			1.8		7.0		<	5.0+		1.7
17	.094			1.8		6.9		<	5.0+		1.7
18	.094			0.6		6.9		<	5.0+		1.7
19	.101			0.8		7.0		<	5.0+		1.7
20	.096					7.0			5.0+		1.8
21	.099					7.0			5.0+		1.7
22	.089			1.6		7.1		<	5.0+		1.8
23	.106	<2		2.6		7.0		<	5.0+	2.1	1.8
24	.095			2.8		7.0		<	5.0+		1.8
25	.095			1.6		6.9		<	5.0+		1.8
26	.097			3.4		7.0		<	5.0+		1.9
27	.091					7.0			5.0+		1.7
28	.105					7.0			5.0+		2.2
29	.097			1.2		6.9		<	5.0+		2.3
30	.107			2.4		6.9		<	5.0+		2.3
31	.110			2.7		7.0		<	5.0+		2.0

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C
Class: C
Class: B

Certificate No. 8045
Certificate No. 12218
Certificate No. 71027

Name: David E. Jeffers
Name: Dave Winkler
Name: Joseph M. Kuhns

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Steven Sembler, Vice President
 MAILING ADDRESS: Cypress Lakes Associates, Ltd.
 11300 4th Street North, Suite 200
 St. Petersburg, FL 33716
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland FL 33809

MAR 22 2001

PERMIT NUMBER: FLA013123-001-DW2P
 MONITORING PERIOD From: 2-1-01
 LIMIT: Final
 CLASS SIZE: II
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 2-28-01
 To: Monthly
 REPORT: Domestic
 GROUP: 31701
 WAFR SITE NO.: EFC-01
 GMS TEST SITE NO.:

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.104	mgd				7/7	Meter
ARM Code 00030 Mon. Site No. EPA-01-15277	Permit Measurement	0.240	mgd				3 Days/Week	Meter
BOD5	Sample Measurement			2.3	mg/L		Mon	Cal. Roll-An-Avg
ARM Code 00082 Mon. Site No. EPA-01-15277	Permit Measurement			30.0 (Ar. Ave.)	mg/L		Report Monthly	Calculated Roll-An-Avg
BOD5	Sample Measurement			LD LD LD	mg/L		1/14	8 hr FPC
ARM Code 00082 Mon. Site No. EPA-01-15277	Permit Measurement			90.0 (Mo. Ave.) 45.0 (Weekly) 60.0 (Max.)	mg/L		Every Two Weeks	8 hour FPC
SS	Sample Measurement				2.6 mg/L		5/7	Grab
ARM Code 00130 Mon. Site No. EPA-01-15277	Permit Measurement				5.0 (Max.)		5 Days/Week	Grab
	Sample Measurement			6.9	g.u.		7/7	Grab
ARM Code 00406 Mon. Site No. EPA-01-15277	Permit Measurement			6.0 (Min.)	g.u.		5 Days/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.
 Low Proportioned Composite sample taken during a period of 8 hours

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
Joseph M Kuhns Lead Operator	<i>Joseph M Kuhns</i>	813-815-1524	01-03-02

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Cypress Lakes WWTF
 Report Month: Feb 01

Permit Number: FLA013123-001-DW2P

Discharge Point Number: R001

WAFR Site No.: 31701

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Ammonia Nitrate, Total as N	Sample Measurement				10 mg/L		1/14	8hr FPC
ARM Code 00620 Permit Site No. EPA-01115277	Permit Measurement				20 (MAX)		Every Two Weeks	8 hour FPC
Calcium Coliform Bacteria	Sample Measurement			<1	<1 /100ml		5/7	Grab
ARM Code 74055 Permit Site No. EPA-01115277	Permit Measurement			Non Detectable (75 Percentile)	20 (MAX)		5 Days/Week	Grab
Turbidity	Sample Measurement			2.2	NTU		Cont.	Meter
ARM Code 00070 Permit Site No. EPA-01115277	Permit Measurement			Report	1 NTU		Continuous	Meter
Chlorine for disinfection	Sample Measurement			1.8	mg/L		Cont.	Meter
ARM Code 50060 Permit Site No. EPA-01115277	Permit Measurement			1.0 (Min)	mg/L		Continuous	Meter
OD5	Sample Measurement			420	mg/L		Mon	Grab
ARM Code 80082 Permit Site No. EPA-01115200	Permit Measurement			Report	mg/L		Monthly	Grab
	Sample Measurement			440	mg/L		Mon	Grab
ARM Code 00530 Permit Site No. EPA-01115200	Permit Measurement			Report	mg/L		Monthly	Grab

*w Proportioned Composite sample taken during a period of 8 hours.

Received: 3/22/01 11:28AM; 863 815 1524
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FROM : CYPRESS LAKES UTIL

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DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA013123-001-DW2P
 Month/Year: Feb 01

Annual Average Daily Flow: 080
 (AADF/Permitted Capacity)x100: 31%

Cypress Lakes WWTP

Code	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
50050	80082	80082	00530	00530	00400	00400	74055	50060	00620	00070	
Mon. Site	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277
1	.103		420	1.6	440	7.0		<1	5.0+		1.9
2	.100	52		2.6		7.0		<1	1.8	6	1.9
3	.100					7.0			4.3		2.2
4	.108					7.1			5.0+		2.0
5	.101			1		7.0		<1	5.0+		1.9
6	.107			1.4		7.0		<1	5.0+		2.0
7	.088			20.5		6.9		<1	5.0+		2.0
8	.098			20.5		6.9		<1	5.0+		2.0
9	.107			20.5		7.0		<1	5.0+		2.0
10	.101					7.0			5.0+		1.8
11	.108					7.1			5.0+		1.7
12	.104			0.6		7.0		<1	5.0+		1.8
13	.114			0.8		7.0		<1	5.0+		1.8
14	.103	22		20.5		6.9		<1	5.0+	3.5	1.7
15	.096			20.5		6.9		<1	5.0+		1.8
16	.094			0.6		7.0		<1	5.0+		1.7
17	.089					7.0			5.0+		1.7
18	.119					7.1			5.0+		1.9
19	.102			20.5		7.0		<1	5.0+		1.9
20	.114			0.3		7.0		<1	5.0+		1.9
21	.106			20.5		6.9		<1	5.0+		1.7
22	.104			20.5		7.0		<1	5.0+		1.7
23	.107			20.5		7.0		<1	5.0+		1.7
24	.100					7.0			5.0+		1.8
25	.118					7.1			5.0+		1.8
26	.101			20.5		7.0		<1	5.0+		1.8
27	.112			0.8		6.9		<1	5.0+		1.9
28	.100	22		20.5		6.9		<1	5.0+	10	1.8
29											
30											
31											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No. 8045 Name: David E. Stoffall
 Evening Shift Operator Class: C Certificate No. 12018 Name: David Winkler
 Night Shift Operator Class: B Certificate No. 7207 Name: Joseph M. Kuhns
 Lead Operator Class: B Certificate No. 7207 Name: Joseph M. Kuhns

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

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

Advanced Environmental laboratories, Inc.
 5810D Breckenridge Parkway
 Tampa, FL 33610

GROUNDWATER MONITORING REPORT-PART C

FACILITY: Cypress Lakes WWTF
 GMSID: FLA013123-001-DW2P
 Month/Year: Feb-01
 Date Sample Obtained: 2/22/01@1210
 Was the well pumped before sampling: Yes

Test Site ID: CL-3
 Well Type: Compliance
 Ground Water Class: Surficial
 Lab ID #: T010936-03
 Date Reported: 3/5/2001

Parameter	Store Code	Sampling Method	Sample Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result	Detection Limits	Analysis Date	Analyst Initials
Water Level	082545	Pump	N	None	N/A	5.15	N/A	2/22/2001	JBH
Nitrate(mg/l as N)	000620	Pump	N	None	SM4500NO3F	<0.05U	0.01	2/23/01@1345	DMC
TDS(mg/l)	000515	Pump	N	None	SM2540C	62	2.0	2/26/2001	JBH
Sodium(mg/l)	000929	Pump	N	HNO3	SM3111B	*4.15	1.0	2/28/2001	KC
Sulfate(mg/l)	000945	Pump	n	None	EPA375.4	<1U	1.0	2/27/2001	JBH
Chloride(mg/l)	001113	Pump	N	None	SM4500CLB	11	1.0	2/22/2001	DMC
Ammonia(mg/l)	000610	Pump	N	H2SO4	350.2	0.14	0.05	2/28/2001	DMC
Turbidity(NTU)	082079	Pump	N	None	EPA180.1	2.79	0.1	2/22/2001	JBH
Fecaliform(CFU/100ml)	031616	Pump	N	None	SM9222D	<1U	1.0	2/22/01@1445	TMH
pH(Standard Units)	000406	Pump	N	None	EPA150.1	5.42	0.1	2/22/2001	JBH
Temperature(C)	000010	Pump	N	None	170.1	23.2	N/A	2/22/2001	JBH
Specific Conductance(u mhos/cm)	000095	Pump	N	None	EPA120.1	90	0.1	2/22/2001	JBH

Sub Lab: *82533 Advanced Jax

APPROVED BY: 
 Michael L. Cammarata, Laboratory Manager

Received: 3/22/01 11:29AM; 863 815 1524
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Advanced Environmental laboratories, Inc.
 5810D Breckenridge Parkway
 Tampa, FL 33610

GROUNDWATER MONITORING REPORT-PART C

FACILITY: Cypress Lakes WWTF
 GMSID: FLA013123-001-DW2P
 Month/Year: Feb-01
 Date Sample Obtained: 2/22/01@1135
 Was the well pumped before sampling: Yes

Test Site ID: CL-2
 Well Type: Intermediate
 Ground Water Class: Surficial
 Lab ID #: T010936-02
 Date Reported: 3/5/2001

Parameter	Store Code	Sampling Method	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result	Detection Limits	Analysis Date	Analyst Initials
Water Level	082545	Pump	N	None	N/A	6.48	N/A	2/22/2001	JBH
Nitrate(mg/l as N)	000620	Pump	N	None	SM4500NO3F	<0.05U	0.01	2/23/01@1345	DMC
TDS(mg/l)	000515	Pump	N	None	SM2540C	330	2.0	2/26/2001	JBH
Sodium(mg/l)	000929	Pump	N	HNO3	SM3111B	*35.2	1.0	2/28/2001	KC
Sulfate(mg/l)	000945	Pump	n	None	EPA375.4	78.8	1.0	2/27/2001	JBH
Chloride(mg/l)	001113	Pump	N	None	SM4500CLB	112	1.0	2/22/2001	DMC
Ammonia(mg/l)	000610	Pump	N	H2SO4	350.2	2.9	0.05	2/28/2001	DMC
Turbidity(NTU)	082079	Pump	N	None	EPA180.1	17.11	0.1	2/22/2001	JBH
Fecal Cform(CFU/100ml)	031616	Pump	N	None	SM9222D	<1.0U	1.0	2/22/01@1445	TMH
pH(Standard Units)	000406	Pump	N	None	EPA150.1	5.26	0.1	2/22/2001	JBH
Temperature(C)	000010	Pump	N	None	170.1	23.1	N/A	2/22/2001	JBH
Specific Conductance(μ mhos/cm)	000095	Pump	N	None	EPA120.1	570	0.1	2/22/2001	JBH

Sub Lab: *82533 Advanced Jax

APPROVED BY:



Michael L. Cammarata, Laboratory Manager

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Advanced Environmental laboratories, Inc.
 5810D Breckenridge Parkway
 Tampa, FL 33610


GROUNDWATER MONITORING REPORT-PART C

FACILITY: Cypress Lakes WWTF
 GMSID: FLA013123-001-DW2P
 Month/Year: Feb-01
 Date Sample Obtained: 2/22/01@1100
 Was the well pumped before sampling: Yes

Test Site ID: CL-1
 Well Type: Compliance
 Ground Water Class: Surficial
 Lab ID #: T010936-01
 Date Reported: 3/5/2001

Parameter	Store Code	Sampling Method	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result	Detection Limits	Analysis Date	Analyst Initials
Water Level	082545	Pump	N	None	N/A	9.89	N/A	2/22/2001	JBH
Nitrate(mg/l as N)	000620	Pump	N	None	SM4500NO3F	0.061	0.01	2/23/01@1345	DMC
TDS(mg/l)	000515	Pump	N	None	SM2540C	122	2.0	2/26/2001	JBH
Sodium(mg/l)	000929	Pump	N	HNO3	SM3111B	*7.46	1.0	2/28/2001	KC
Sulfate(mg/l)	000945	Pump	n	None	EPA375.4	21.2	1.0	2/27/2001	JBH
Chloride(mg/l)	001113	Pump	N	None	SM4500CLB	25	1.0	2/22/2001	DMC
Ammonia(mg/l)	000610	Pump	N	H2SO4	350.2	0.14	0.05	2/28/2001	DMC
Turbidity(NTU)	082079	Pump	N	None	EPA180.1	5.21	0.1	2/22/2001	JBH
Fecal Cform(CFU/100ml)	031616	Pump	N	None	SM9222D	<1.0U	1.0	2/22/01@1445	TMH
pH(Standard Units)	000406	Pump	N	None	EPA150.1	5.05	0.1	2/22/2001	JBH
Temperature(C)	000010	Pump	N	None	170.1	23.5	N/A	2/22/2001	JBH
Specific Conductance(mhos/cm)	000095	Pump	N	None	EPA120.1	165	0.1	2/22/2001	JBH

Sub Lab: *82533 Advanced Jax

APPROVED BY: 
 Michael L. Cammarata, Laboratory Manager

Received: 3/22/01 11:30AM: 863 815 1524
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Advanced Environmental laboratories, Inc.
 5810D Breckenridge Parkway
 Tampa, FL 33610

GROUNDWATER MONITORING REPORT-PART C

FACILITY: Cypress Lakes WWTF
 GMSID: FLA013123-001-DW2P
 Month/Year: Feb-01
 Date Sample Obtained: 2/22/01@1135
 Was the well pumped before sampling: Yes

Test Site ID: Duplicate (CL-2)
 Well Type: Compliance
 Ground Water Class: Surficial
 Lab ID #: T010936-04
 Date Reported: 3/5/2001

Parameter	Store Code	Sampling Method	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result	Detection Limits	Analysis Date	Analyst Initials
Water Level	082545	Pump	N	None	N/A	6.48	N/A	2/22/2001	JBH
Nitrate(mg/l as N)	000620	Pump	N	None	SM4500NO3F	<0.05U	0.01	2/23/01@1345	DMC
TDS(mg/l)	000515	Pump	N	None	SM2540C	310	2.0	2/26/2001	JBH
Sodium(mg/l)	000929	Pump	N	HNO3	SM3111B	*35.4	1.0	2/28/2001	KC
Sulfate(mg/l)	000945	Pump	n	None	EPA375.4	80.1	1.0	2/27/2001	JBH
Chloride(mg/l)	001113	Pump	N	None	SM4500CLB	110	1.0	2/22/2001	DMC
Ammonia(mg/l)	000610	Pump	N	H2SO4	350.2	3.1	0.05	2/28/2001	DMC
Turbidity(NTU)	082079	Pump	N	None	EPA180.1	17.11	0.1	2/22/2001	JBH
Fecal Colm;CFU/100ml)	031616	Pump	N	None	SM9222D	<1U	1.0	2/22/01@1445	TMH
pH(Standard Units)	000406	Pump	N	None	EPA150.1	5.26	0.1	2/22/2001	JBH
Temperature(C)	000010	Pump	N	None	170.1	23.1	N/A	2/22/2001	JBH
Spore Conc;CFU/100ml)	000095	Pump	N	None	EPA120.1	570	0.1	2/22/2001	JBH

Sub Lab: *82533 Advanced Jax

APPROVED BY: 

Michael L. Cammarata, Laboratory Manager

Advanced Environmental laboratories, Inc.
 5810D Breckenridge Parkway
 Tampa, FL 33610

GROUNDWATER MONITORING REPORT-PART C

FACILITY: Cypress Lakes WWTF
 GMSID: FLA013123-001-DW2P
 Month/Year: Feb-01
 Date Sample Obtained: 2/22/01@1145
 Was the well pumped before sampling: Yes

Test Site ID: Field Blank
 Well Type:
 Ground Water Class:
 Lab ID #: T010936-05
 Date Reported: 3/5/2001

Parameter	Store Code	Sampling Method	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result	Detection Limits	Analysis Date	Analyst Initials
Water Level	082545	Pump	N	None	N/A		N/A	2/22/2001	JBH
Nitrate(mg/l as N)	000620	Pump	N	None	SM4500NO3F	<0.05U	0.01	2/23/01@1345	DMC
TDS(mg/l)	000515	Pump	N	None	SM2540C	<2U	2.0	2/26/2001	JBH
Sodium(mg/l)	000929	Pump	N	HNO3	SM3111B	*<1U	0.1	2/28/2001	KC
Sulfate(mg/l)	000945	Pump	N	None	EPA375.4	<1U	1.0	2/27/2001	JBH
Chloride(mg/l)	001113	Pump	N	None	SM4500CLB	<1U	1.0	2/22/2001	DMC
Ammonia(mg/l)	000610	Pump	N	H2SO4	350.2	<0.05U	0.05	2/28/2001	DMC
Turbidity(NTU)	082079	Pump	N	None	EPA180.1	0.71	0.1	2/22/2001	JBH
Fecal Count(CFU/100ml)	031616	Pump	N	None	SM9222D	<1.0U	1.0	2/22/01@1445	TMH
pH(Standard Units)	000406	Pump	N	None	EPA150.1	6.09	0.1	2/22/2001	JBH
Temperature(C)	000010	Pump	N	None	170.1	25	N/A	2/22/2001	JBH
Specific Conductance(umhos/cm)	000095	Pump	N	None	EPA120.1	1	0.1	2/22/2001	JBH

Sub Lab: *82533 Advanced Jax

APPROVED BY: 
 Michael L. Cammarata, Laboratory Manager

Received: 3/22/01 11:31AM; 863 815 1524
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Apr. 18 2001 10:57AM P4

FAX NO. : 863 815 1524

FROM : CYPRESS LAKES UTIL

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weatherfield Avenue
 Altamonte Springs, FL 32714
 FACILITY LOCATION: Cypress Lakes WWTF
 10000 North US Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD: From 3-1-01
 LIMIT: Final
 CLASS SIZE: II
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 3-31-01
 To: Monthly
 REPORT GROUP: Domestic
 WAFR SITE NO: 31701
 GMS TEST SITE NO: EIA-01

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.110	mgd				7/7	Meter
PARM C&D 0001 Mon. Site No. PFA-01-15277	Sample Measurement	0.210	mgd				5 Days/Week	Meter
C BOD5	Sample Measurement			2.2	mg/L		Mon.	Rolling Avg.
PARM C&D 0002 Mon. Site No. PFA-01-15277	Sample Measurement				20.0 (AVG)		Report Monthly	Calculated / Roll-Average
C BOD5	Sample Measurement			2.2	mg/L		1/14	Grab
PARM C&D 0003 Mon. Site No. PFA-01-15277	Sample Measurement			30.0 (Mo. Avg)	2.0 (Weekly)	10.0 (Max)	Every Two Weeks	Grab
TSS	Sample Measurement			2.8	mg/L		1/14	Grab
PARM C&D 0003 Mon. Site No. PFA-01-15277	Sample Measurement				2.0 (Max)		Every Two Weeks	Grab
pH	Sample Measurement			6.7	5.0		7/7	Grab
PARM C&D 0004 Mon. Site No. PFA-01-15277	Sample Measurement			8.0 (Min)	8.5 (Max)		Days/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
Joseph M Kuhns Lead Operator	<i>Joseph M Kuhns</i>	863-815-1524	01-04-18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP
 REPORT MONTH: March

PERMIT NUMBER: FLA011123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-nit, Total as N	Sample Measurement			2.1	mg/L		11/4	8hr CPC
Feed Coliform Bacteria	Sample Measurement			<1	#/100ml		5/7	Grab
Turbidity	Sample Measurement			2.2	NTU		Cont.	Meter
TSS for disinfection	Sample Measurement			5.0+	mg/L		Cont.	Meter
UODS	Sample Measurement			132	mg/L		Mon	Grab
TSS	Sample Measurement			192	mg/L		Mon	Grab

Low Percent load Composite sample taken during a period of 8 hours.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY LOCATION: Cypress Lakes WWTF
 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 4/1/01
 LIMIT: Final
 CLASS SIZE: IL
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 4/30/01
 To: Monthly
 REPORT: Domestic
 GROUP: Domestic
 WAFR SITE NO.: 31701
 GMS TEST SITE NO.: EFF-01

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1107	mgd				7/7	Meter
PARM Code 50050 Mon Site No. EFA-01-1527	Sample Measurement	MMAD					5 Days/Avg	Meter
CBODS	Sample Measurement			2.1	mg/L		Mon	Cal Roll An-Avg
PARM Code 80082 Mon Site No. EFA-01-1527	Sample Measurement				mg/L		Report Monthly	Calculated Roll An-Avg
CBODS	Sample Measurement			<2	mg/L		1/14	8hr FPG
PARM Code 80082 Mon Site No. EFA-01-1527	Sample Measurement			30.0 (Mo. Avg)	mg/L		Every 2mo. Weekly	Grab
TSS	Sample Measurement				mg/L		5/7	Grab
PARM Code 00530 Mon Site No. EFA-01-1527	Sample Measurement				mg/L		Every 2mo. Weekly	Grab
pH	Sample Measurement			6.8	S.U.		7/7	Grab
PARM Code 00406 Mon Site No. EFA-01-1527	Sample Measurement				S.U.		Every 2mo. Weekly	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
Joseph M Kuhns Lead Operator	<i>Joseph M Kuhns</i>	889-815-1564	01-05-08

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

May. 08 2001 02:40PM P2

FAX NO. : 863 815 1524

FROM : CYPRESS LAKES UTIL

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: April

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31701

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
N _{total} , Total as N	Sample Measurement					36	mg/L		1/14	8 hr FPC
Feed Coliform Bacteria	Sample Measurement				<1	<1	#/100mL		5/7	Grab
Turbidity	Sample Measurement				1.5		NTU		Cont.	Meter
Chlorine for disinfection	Sample Measurement				5.0+		mg/L		Cont.	Meter
Chlorine	Sample Measurement				175		mg/L		Mon.	8 hr FPC
TSS	Sample Measurement				270		mg/L		Mon	8 hr FPC

¹ 1/8 Proportioned Composite sample taken during a period of 8 hours.

May, 08 2001 02:41PM P3

FAX NO. : 863 815 1524

FROM : CYPRESS LAKES UTIL

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

May. 08 2001 02:42PM P4

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123-001-DW2P
 Month/Year: April 01

Annual Average Daily Flow: .082
 (AADF/Permitted Capacity) % 100: 32%

Cypress Lakes WWTTP

	Flow (MGD)	CBOD5 (mg/L)	CBOD4 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Feces Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen Nitrate Total (as N) (mg/L)	Turbidity (N.T.U.)
Code	:0050	800R2		00530		00400	00400	74055	30060	00620	00070
Mon. Site	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277
1	.125					7.0			5.0+		1.2
2	.120			0.8		6.9		<1	5.0+		1.0
3	.120			3.2		6.8		<1	5.0+		0.9
4	.100			0.8		7.0		<1	5.0+		0.9
5	.095			<0.5		7.0		<1	5.0+		0.8
6	.092			<0.5		6.9		<1	5.0+		0.8
7	.104					7.0			5.0+		0.8
8	.109					7.0			5.0+		0.9
9	.109			0.8		7.0		<1	5.0+		0.9
10	.112			0.8		7.0		<1	5.0+		0.9
11	.114	<2	179	1.4	870	7.0		<1	5.0+	36	0.8
12	.104			<0.5		7.0		<1	5.0+		0.9
13	.105			<0.5		7.0		<1	5.0+		0.9
14	.108					6.9			5.0+		0.9
15	.114					7.0			5.0+		0.9
16	.105			0.6		6.9		<1	5.0+		1.0
17	.127			<0.5		6.9		<1	5.0+		1.0
18	.099			1.4		7.0		<1	5.0+		1.1
19	.096			<0.5		7.0		<1	5.0+		1.1
20	.097			<0.5		7.0		<1	5.0+		1.1
21	.106					7.0			5.0+		1.2
22	.108					7.0			5.0+		1.2
23	.108					6.9		<1	5.0+		1.2
24	.133	<2		2		7.0		<1	5.0+	2.2	1.3
25	.103			<0.5		7.0		<1	5.0+		1.3
26	.094			<0.5		6.9		<1	5.0+		1.4
27	.100			<0.5		6.9		<1	5.0+		1.5
28	.102			0.6		7.0			5.0+		1.0
29	.123					7.1			5.0+		1.0
30	.084			0.6		7.1		<1	5.0+		1.7
31											

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No. <u>8045</u>	Name: <u>David E. Shaffstall</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No. <u>13018</u>	Name: <u>David Winkler</u>
Night Shift Operator	Class: <u>C</u>	Certificate No. <u>8600</u>	Name: <u>David Ryniak</u>
Lead Operator	Class: <u>B</u>	Certificate No. <u>7207</u>	Name: <u>Joseph M. Ruhns</u>

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

Attach additional sheets if necessary to list all certified operators.

* Daily Flows are estimated due to construction

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY LOCATION: Cypress Lakes WWTF
 10000 North US Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD From: 5/1/01
 LIMIT: Final
 CLASS SIZE: II
 FACILITY ID: FLA013123
 GMS ID NO: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 5/31/01
 To: Monthly
 REPORT GROUP: Domestic
 WAFR SITE NO: 31701
 GMS TEST SITE NO: EFF-C1

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		<u>.155</u>	<u>mgd</u>						<u>7/7</u>	<u>Meter</u>
PARM Code 50050 Mon. Site No. EFA-01-15277	Permit Measurement		<u>0.240</u>	<u>mgd</u>						<u>5 Days/Week</u>	<u>Meter</u>
C BOD5	Sample Measurement				<u>2.0</u>			<u>mg/L</u>		<u>Mon</u>	<u>Cal</u>
PARM Code 80082 Mon. Site No. EFA-01-15277	Permit Measurement				<u>20.0</u>			<u>mg/L</u>		<u>Report Monthly</u>	<u>Calculated</u>
C BOD5	Sample Measurement				<u><2</u>	<u><2</u>	<u><2</u>	<u>mg/L</u>		<u>1/14</u>	<u>8hr FPC</u>
PARM Code 80082 Mon. Site No. EFA-01-15277	Permit Measurement				<u>30.0</u>	<u>45.0</u>	<u>60.0</u>	<u>mg/L</u>		<u>Every Two Weeks</u>	<u>Grab</u>
					<u>(Mo. Avg.)</u>	<u>(Weekly)</u>	<u>(Max.)</u>				
FSS	Sample Measurement						<u>1.4</u>			<u>5/7</u>	<u>Grab</u>
PARM Code 00530 Mon. Site No. EFA-01-15277	Permit Measurement						<u>5.0</u>	<u>mg/L</u>		<u>Every Two Weeks</u>	<u>Grab</u>
							<u>(Max.)</u>				
pH	Sample Measurement				<u>6.9</u>		<u>7.0</u>			<u>7/7</u>	<u>Grab</u>
PARM Code 00406 Mon. Site No. EFA-01-15277	Permit Measurement				<u>6.0</u>		<u>8.5</u>	<u>S.U.</u>		<u>5 Days/week</u>	<u>Grab</u>
					<u>(Min.)</u>		<u>(Max.)</u>				

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
<u>David E Shoffstall</u> Lead Operator	<u>David E Shoffstall</u>	<u>863-815-1527</u>	<u>01-06-15</u>

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

Jul. 05 2001 03:43PM P2

FAX NO. : 863 815 1524

FROM : CYPRESS LAKES UTIL

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: _____

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31701

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N-alk, Total as N	Sample Measurement				23	mg/L	1/4	8 hr FPC
Fe	Sample Measurement				170	mg/L		8 hr FPC
Fecal Coliform Bacteria	Sample Measurement			<1	<1	#/100ml	5/7	Grab
Turbidity	Sample Measurement			1.9		NTU	Cont	meter
T ₁₀ for disinfection	Sample Measurement			5.0+		mg/L	Cont	Meter
CO ₂ S	Sample Measurement			260		mg/L	Mon	8 hr FPC
TSS	Sample Measurement			350		mg/L	Mon	8 hr FPC

*Low Proportioned Composite sample taken during a period of 8 hours.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123-001-DW2P
 Month/Year:

Annual Average Daily Flow:
 (AADF/Permitted Capacity)x100:

Cypress Lakes WWTW											
Code	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon Site	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277
1	.094			<0.5		7.0		<1	50+		1.6
2	.091			0.6		7.0		<1	50+		1.6
3	.082			<0.5		6.9		<1	50+		1.6
4	.090			1		6.9		<1	50+		1.6
5	.126					7.0			50+		1.8
6	.178					7.0			50+		1.9
7	.174			1		6.9		<1	50+		1.9
8	.130			<0.5		6.9		<1	50+		1.6
9	.080			1.4	350	6.8		<1	50+		1.5
10	.125	<2	260	<0.5		6.9		<1	50+	<0.5	1.4
11	.131			<0.5		6.9		<1	50+		1.4
12	.126					6.9			50+		1.4
13	.178					6.9			50+		1.5
14	.157			1.4		7.0		<1	50+		1.3
15	.187			50.5		7.0		<1	50+		1.0
16	.151			4		7.0		<1	50+		1.0
17	.153			0.8		7.0		<1	50+		1.0
18	.183			0.8		6.9		<1	50+		1.0
19	.131					6.9			50+		1.0
20	.149					7.0			50+		1.0
21	.171			0.8		7.0		<1	50+		1.0
22	.161			1.4		6.9		<1	50+		1.0
23	.167			<0.5		6.9		<1	50+	23	1.0
24	.185	<2		1.2		6.9		<1	50+		1.0
25	.109			0.8		7.0		<1	50+		1.0
26	.171					7.0			50+		1.5
27	.221					6.9			50+		1.1
28	.134			0.6		7.0		<1	50+		1.0
29	.170			1.4		7.0		<1	50+		1.2
30	.230			<0.5		6.9		<1	50+		1.2
31	.244			0.6		7.0		<1	50+		1.3

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No. 8045 Name: David E. Shaffstall
 Evening Shift Operator: Class: C Certificate No. 12018 Name: David Winkler
 Night Shift Operator: Class: C Certificate No. 8857 Name: H. Jay Aldrich
 Lead Operator: Class: C Certificate No. 8045 Name: David E. Shaffstall

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY LOCATION: Cypress Lakes WWTF
 10000 North US Hwy 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA01123-002-DW2P
 MONITORING PERIOD From: 6/1/01
 LIMIT: Final
 CLASS SIZE: IL
 FACILITY ID: FLA013123
 GMS ID NO: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 6/30/01
 To: Monthly
 REPORT: Domestic
 GROUP: 31701
 WAFR SITE NO: EFF-01
 GMS TEST SITE NO:

COUNTY: Polk

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 I Mon. Site No. EFA-01-15277	Sample Measurement	0.171	MGD				7/7	meter
	Permit Measurement	0.240	MGD				5 Days/Week	Meter
CBOD5 PARM Code 80082 Y Mon. Site No. EFA-01-15277	Sample Measurement			20	mg/L		Mon	Cal Roll-An-Avg
	Permit Measurement			20.0 (An. Avg.)	mg/L		Report Monthly	Calculated Roll-An-Avg
CBOD5 PARM Code 80082 I Mon Site No. EFA-01-15277	Sample Measurement			<2	mg/L		1/14	8 hr FPC
	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Every Two Weeks	Grab
TSS PARM Code 00530 I Mon. Site No. EFA-01-15277	Sample Measurement				mg/L		5/7	Grab
	Permit Measurement				5.0 (Max.)		Every Two Weeks	Grab
pH PARM Code 00406 I Mon. Site No. EFA-01-15277	Sample Measurement			6.9	S.U.		7/7	Grab
	Permit Measurement			6.0 (Min.)	S.U.		5 Days/week	Grab

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

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY MM/DD)
David E. Shoffstall Lead Operator	<i>David E. Shoffstall</i>	863-815-1524	01-06-25

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

Aug. 02 2001 02:52PM P2

FAX NO. : 863 815 1524

FROM : CYPRESS LAKES UTIL

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: J1701

FACILITY NAME: Cypress Lakes WWTP
 REPORT MONTH: _____

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
N _{tot} , Total as N	Sample Measurement			8.1	mg/L		1/14	8 hr FPC
PERM CODE 00011 MCL 5.0 mg/L IN F-01-31701	Sample Measurement							8 hr FPC
Fecal Coliform Bacteria	Sample Measurement			<1	#/100ML		5/7	Grab
PERM CODE 00012 MCL 5.0 #/100ML IN F-01-31701	Sample Measurement							Grab
Turbidity	Sample Measurement			1.4	NTU		Cont	Meter
PERM CODE 00010 MCL 5.0 NTU IN F-01-31701	Sample Measurement							Meter
T ₁₀ for disinfection	Sample Measurement			5.0*	mg/L		Cont	meter
PERM CODE 00009 MCL 5.0 mg/L IN F-01-31701	Sample Measurement							meter
COU ₅	Sample Measurement			240	mg/L		Mon	8 hr FPC
PERM CODE 00011 MCL 5.0 mg/L IN F-01-31701	Sample Measurement							8 hr FPC
T ₅	Sample Measurement			320	mg/L		Mon	8 hr FPC
PERM CODE 00010 MCL 5.0 mg/L IN F-01-31701	Sample Measurement							8 hr FPC

*or: Proportional Composite sample taken during a period of 8 hour...

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA015123-001-DW2P
 Month/Year:

Annual Average Daily Flow:
 (AADF/Permitted Capacity)x 100:

Cypress Lakes WWTTP

Code	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon Site	EFA-15277	FFA-15277	INE-31708	FFB-32287	INF-31300	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFB-32287
1	.123			0.6		7.0		<1	50+		1.3
2	.130					6.9			50+		1.3
3	.205					7.0			50+		1.2
4	.239			<0.5		7.0		<1	50+		1.2
5	.178			<0.5		7.0		<1	50+		1.2
6	.146		240	1.6	320	6.9		<1	50+		1.5
7	.202	<2		<0.5		6.9		<1	50+		1.6
8	.164			<0.5		7.1		<1	50+		2.0
9	.170					6.9			50+		2.2
10	.174					7.0			50+		1.5
11	.241			<0.5		7.1		<1	50+		1.4
12	.172			0.6		7.0		<1	50+	10	1.4
13	.189			1.4		7.0		<1	50+		1.4
14	.189			<0.5		7.0		<1	50+		1.6
15	.122			<0.5		6.9		<1	50+		1.6
16	.112					6.9			50+		1.6
17	.190					7.0			50+		1.6
18	.213			1		7.0		<1	50+		1.2
19	.123			0.6		6.9		<1	50+		1.1
20	.245	<2		<0.5		7.0		<1	50+		1.1
21	.167			0.6		7.0		<1	50+	6.2	1.2
22	.198			<0.5		7.0		<1	2.2		1.4
23	.174					7.0			50+		1.4
24	.125					7.0			50+		1.4
25	.153			1.2		7.0		<1	50+		1.3
26	.177			0.8		7.0		<1	50+		1.2
27	.182			1.2		7.1		<1	50+		1.3
28	.170			<0.5		7.1		<1	50+		1.3
29	.179			<0.5		7.0		<1	50+		1.3
30	.150					7.0		<1	50+		1.5
31											

PLANT STAFFING:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class: C Certificate No. 12018 Name: David Winkler
 Class: _____ Certificate No. 8254 Name: H. Jay Aldrich
 Class: _____ Certificate No. _____ Name: _____
 Class: C Certificate No. 8043 Name: David E. Shaffstall

Type of Effluent Disposal or Reclaimed Water Reuse:
 Limited Wet Weather Discharge Activated: Yes. No. Not Applicable If yes, cumulative days of wet weather discharge: _____
 *Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc
 200 Weathersfield Avenue
 A. Jaramonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD: From 7/1/01
 LIMIT: Final
 CLASS SIZE: II
 FACILITY ID: FLA013123
 GMS ID NO: 4053P10696
 DISCHARGE POINT NUMBER: RC01
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUANCE DATE: 7-31-01
 To: Monthly
 REPORT GROUP: Domestic
 WAFR SITE NO: 31701
 GMS TEST SITE NO: EFF-01

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 1 Mon. Site No. EFA-01-15277	Sample Measurement	.108	mgd				7/7	meter
	Permit Measurement	0.240 MMADF	mgd				5 Days/Week	Meter
BOD5 PARM Code 80082 Y Mon. Site No. EFA-01-15277	Sample Measurement			2.0 20.0 (An. Avg.)	mg/L		1/17 Report Monthly	Cal Roll on Avg Calculated Roll-An.-Avg.
	Permit Measurement							
BOD5 PARM Code 80082 1 Mon. Site No. EFA-01-15277	Sample Measurement			<2 30.0 (Mo. Avg.)	mg/L		1/14 Every Two Weeks	5 FPC Grab
	Permit Measurement							
TSS PARM Code 00530 1 Mon. Site No. EFA-01-15277	Sample Measurement				4.8 5.0 (Max.)	mg/L	5/7 Every Two Weeks	Grab Grab
	Permit Measurement							
pH PARM Code 00406 1 Mon. Site No. EFA-01-15277	Sample Measurement			6.9 6.0 (Min.)	S.U.		7/7 5 Days/week	Grab Grab
	Permit Measurement							

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY-MM-DD)
	head Operator	863-815-1524	

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

Sep. 07 2001 01:19PM P2

FAX NO. : 863 815 1524

FROM : CYPRESS LAKES UTIL

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: 7-01

PERMIT NUMBER: FLA01123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.:

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample
N-ate, Total as N	Sample Measurement						8 hr
EC Code 00670	Sample Measurement						8 hr
Fecal Coliform Bacteria	Sample Measurement		< 1	< 1	#/100ml	5/7	6 hr
Turbidity	Sample Measurement		2.6		ntu	cont	me
Total Dissinfection	Sample Measurement		5.0+		mg/l	cont	m
UOUS	Sample Measurement		170		mg/l	mon	8 hr
TS	Sample Measurement		2.00		mg/l	mon	6

☐ Proportioned Composite sample taken during a period of 8 hours.

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DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013123-001-DW2P**
 Month/Year: **7/01**

Annual Average Daily Flow:
 (A.A.D.F./Permitted Capacity) x 100:

Cypress Lakes WWTTP

Code	Flow (MGD)	CBOD5 (mg/L)	COBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria #/100ml	TRC For Disinfect (mg/L)	Nitrogen Nitrate Total (as N) (mg/L)	Turbidity (N.T.U.)
Mon Site	EFA-15277	PFA-15277	INE-31700	FFB-15277	INF-31700	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFB-32797
1	208					7.1			5.0+		1.5
2	168			<0.5		6.9		<1	5.0+		1.5
3	189		170	<0.5	200	7.0		<1	5.0+		1.5
4	232			1		7.1		<1	2.51		2.6
5	207	42		0.6		7.0		<1	5.0+		2.2
6	073			<0.5		7.0		<1	5.0+		2.1
7	084					7.1			5.0+		2.2
8	072					7.0			5.0+		2.2
9	091			<0.5		7.0		<1	5.0+		2.2
10	090			0.6		6.9		<1	5.0+	11	2.4
11	098			0.8		7.0		12	2.6		1.9
12	131			1.4		7.0		<1	5.0+		1.9
13	102			<0.5		7.0		<1	5.0+		0.7
14	087					7.0			5.0+		0.6
15	102					7.1			5.0+		.61
16	086			0.6		7.0		<1	2.93		.42
17	090			0.8		7.0		<1	5.0+		1.0
18	105			1.2		7.0		<1	5.0+	2.7	.90
19	080	<2		0.8		7.0		<1	3.0		1.7
20	075			0.8		7.2		<1	5.0+		.63
21	078					7.1			5.0+		.41
22	071					7.1			5.0+		.38
23	083			<0.5		7.0		<1	5.0+		.37
24	094			0.8		7.1		<1	5.0+		.73
25	092			<0.5		7.0		<1	5.0+		.52
26	095			4.8		7.0		<1	5.0+		.46
27	068			1.6		7.0		<1	5.0+		.45
28	081					7.0			5.0+		.49
29	086					7.1			5.0+		.49
30	097			0.6		7.1		<1	5.0+		.74
31	098			1.2		6.9		<1	5.0+		.63

PLANT STAFFING:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class: C Certificate No. 8600
 Class: C Certificate No. 12018
 Class: C Certificate No. 3854
 Class: C Certificate No. 8045

Name: David Ryniak
 Name: David Winkler
 Name: H. Jay Aldrich
 Name: David Sheffield

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

Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Doren, Vice President
 MAILING ADDRESS: Cypresses, Inc
 200 West Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress/F
 LOCATION: 10000 Hwy 98
 Lakeland

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD: From 8-1-01
 LIMIT: Final
 CLASS SIZE: II
 FACILITY ID: FLA013123
 GMS ID NO: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IK

PERMIT ISSUANCE DATE: 8-31-01
 To: Monthly
 REPORT: Domestic
 GROUP: 31701
 WAFR SITE NO: EFF01
 GMS TEST SITE NO:

COUNTY: Polk

Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	109	mgd					7/7	meter	
PARM Code 50050 Mon. Site No. EFA-01-15277	0.240 MMADF	mgd					5 Days/Week	Meter	
CBOD5				2.0		mg/L	mon	Cal Roll-an-avg	
PARM Code 80082 Mon. Site No. EFA-01-15277				20.0 (An. Avg.)		mg/L	Report Monthly	Calculated Roll-An-Avg	
CBOD5			2.2	2.5	2.5	mg/L	1/14	Grab	
PARM Code 80082 Mon. Site No. EFA-01-15277			30.0 (Mo. Avg.)	45.0 (Weekly)	60.0 (Max.)	mg/L	Every Two Weeks	Grab	
TSS					2.2	mg/L	5/7	Grab	
PARM Code 00530 Mon. Site No. EFA-01-15277					5.0 (Max.)	mg/L	Every Two Weeks	Grab	
pH			6.9		7.1	S.U.	7/7	Grab	
PARM Code 00406 Mon. Site No. EFA-01-15277			6.0 (Min.)		8.5 (Max.)	S.U.	5 Days/week	Grab	

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

I certify under penalty of law that I have 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 and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE (YY MM DD)
David R Ryniak - lead Operator	<i>David R Ryniak</i>	863-815-1524	01-9-11

COMMENT AND EXPLANATIONS (Reference all attachments here.)

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Sep. 24 2001 09:37AM P3

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: 8-01

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No 31701

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrate, Total as N PARM Code 00620 1 Mon. Site No. EFA-01-15277	Sample Measurement				30	mg/L	1/14	8 hr Comp.
	Permit Measurement				120 (Max.)	mg/L	Every Two Weeks	8 hour ETC
Fecal Coliform Bacteria PARM Code 74055 1 Mon. Site No. EFA-01-15277	Sample Measurement			1	1	#/100 ml	5/7	Grab
	Permit Measurement			Non Detectable (95 Percentile)	23 (Max.)	#/100ml.	5 Day/Wk	Grab
Turbidity PARM Code 00070 1 Mon. Site No. EFB-01-32287	Sample Measurement			40		NTU	cont	meter
	Permit Measurement			Report		NTU	Continuous	meter
TRC for disinfection PARM Code 50060 1 Mon. Site No. EFA-01-15277	Sample Measurement			5.0 ⁺		mg/L	cont	meter
	Permit Measurement			1.0 (Min.)		mg/L	Continuous	meter
CBODs PARM Code 80082 0 Mon. Site No. INF-01-31700	Sample Measurement			170		mg/L	Monthly	Grab
	Permit Measurement			Report		mg/L	Monthly	Grab
TSS PARM Code 00530 0 Mon. Site No. INF-01-31700	Sample Measurement			280		mg/L	Monthly	Grab
	Permit Measurement			Report		mg/L	Monthly	Grab

*Flow Proportioned Composite sample taken during a period of 8 hours.

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Sep. 24 2001 09:37AM P4

DAILY SAMPLE RESULTS - PART B

MONITORING YEAR 8/01

(A.A.D.F. Permitted Capacity) 100: 43%

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Free Chlorine (mg/L)	Turbidity (NTU)	Total Solids (mg/L)	Temperature (°F)
1	0.00		0.0	7.0		<1	5.0+		.50
2	1.01		1.05	7.0		<1	5.0+		.33
3	10.5	2.5	1.6	7.0		<1	5.0+	6.6	.43
4	11.2			7.0			5.0+		.43
5	0.95			7.1			5.0+		.38
6	0.92		2.2	7.0		<1	5.0+		.46
7	0.92		1.6	7.0		<1	5.0+		.43
8	0.78								
9	0.78		1.70	7.0		<1	5.0+		.47
10	0.79			7.0			5.0+		.37
11	0.84			7.0			5.0+		.37
12	0.82		0.5	7.1		<1	5.0+		.38
13	0.90		0.8	7.0		1	5.0+		.33
14	0.90		0.6	7.1		1	5.0+		.40
15	0.81	2	0.5	7.1		1	5.0+	9.1	.37
16	0.79		0.5	7.0		1	5.0+		.34
17	0.76			7.0			5.0+		.32
18	0.95			7.0			5.0+		.31
19	0.93		0.5	6.9		1	5.0+		.33
20	0.88		0.5	7.0		1	5.0+		.37
21	0.99		1.5	7.0		1	5.0+		.35
22	0.76		0.5	7.0		1	5.0+		.34
23	0.70		0.8	7.0		1	5.0+		.40
24	0.83			6.9			5.0+		.55
25	0.85			7.0			5.0+		.58
26	0.79		1.2	7.0		1	5.0+		.51
27	0.79		0.5	7.1		1	5.0+		.53
28	0.74		1.8	7.0		1	5.0+		.41
29	0.79	2.1	0.6	7.0		1	5.0+	30	.39
30	0.71		0.6	7.1		1	5.0+		.40

PLANT STAFFING:

Day Shift Operator: Class C Certificate No. 8045 Name: David Shoaff
 Evening Shift Operator: Class C Certificate No. 12018 Name: David Winkler
 Night Shift Operator: Class C Certificate No. 8859 Name: H. Jay Adrich
 Lead Operator: Class C Certificate No. 8600 Name: David Ryanick

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

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

CYPRESS LAKES UTILITIES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiessino-usa.com

September 20, 2001


Mr. Joseph Squitieri
FDEP- Southwest District
3804 Coconut Palm Drive
Tampa, Fl. 33619Re: Elevated Nitrate Sample
Cypress Lakes Utilities, Inc. WWTF

Dear Mr. Squitieri:

I would like to inform you of the steps taken to correct the elevated nitrate level (30 mg/l) detected on the August 30, 2001 final effluent composite sample. After receiving confirmation that the sample was accurate, field operators discovered that the process blowers on both plants were not being timed off adequately. The process blowers have been adjusted to shut off for a greater duration during low flow periods. Our field operators are monitoring nitrate levels several times a day and report that nitrate levels have fallen to acceptable limits. If you have any questions or concerns, please contact me at 800.272.1919, ext. 242.

Sincerely,

Cypress Lakes Utilities, Inc.


Garth Armstrong
Assistant Operations Manager

Cc: Patrick Flynn

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, MS 3551, 2610 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWT
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-13W2P
 MONITORING PERIOD: From 9/1/01
 LIMIT: Final
 CLASS SIZE: II
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: III

PERMIT ISSUE DATE: 9/30/01
 To: Monthly
 REPORT: Domestic
 GROUP: 31701
 WATER SITE NO: EFF01
 GMS TEST SITE NO:

COUNTY: Polk

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.101	mgd			0	7/7	meter
PARM Code 50050 Mon. Site No. EFA-01-15277	Permit Measurement	0.240 MMADF	mgd				5 Days/Week	Meter
CBODS	Sample Measurement			2.0	mg/L	0	monthly	Roll on avg
PARM Code 80082 Mon. Site No. EFA-01-15277	Permit Measurement			20.0 (An. Avg.)	mg/L		Report Monthly	Calculated Roll-An.-Avg
CBODS	Sample Measurement			2.0	mg/L	0	1/14	Grab
PARM Code 80082 Mon. Site No. EFA-01-15277	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Every Two Weeks	Grab
TSS	Sample Measurement			2.4	mg/L	0	1/14	Grab
PARM Code 00530 Mon. Site No. EFA-01-15277	Permit Measurement			5.0 (Max.)	mg/L		Every Two Weeks	Grab
pH	Sample Measurement			7.0	S.U.	0	7/7	Grab
PARM Code 00406 Mon. Site No. EFA-01-15277	Permit Measurement			6.0 (Min.)	S.U.		5 Days/week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY-MM-DD)
David Ryniak	Lead operator	863-815-1524	10-17-01

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP
 REPORT MONTH: 9/01

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No 31701

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Nitrate, Total as N PARM Code 00620 1 Mon. Site No. EPA-01-15277	Sample Measurement				12	mg/L	0	1/14	8 hour FPC
	Permit Measurement				20 (Max.)	mg/L		Every Two Weeks	8 hour FPC
Fecal Coliform Bacteria PARM Code 74055 1 Mon. Site No. EPA-01-15277	Sample Measurement			9.95	180	* 100 ml	1	5/7	Grab
	Permit Measurement			Non Detectable (75 Percentile)	25 (Max.)	#/100ml.		5 Days/Week	Grab
Turbidity PARM Code 00070 1 Mon. Site No. EFD-01-32287	Sample Measurement			.31		NTU	0	cont	meter
	Permit Measurement			Report		NTU		Continuous	meter
TRC for disinfection PARM Code 50060 1 Mon. Site No. EPA-01-15277	Sample Measurement			5.0 ⁺		mg/h	0	cont	meter
	Permit Measurement			1.0 (Min.)		mg/h		Continuous	meter
CBOD5 PARM Code 00082 0 Mon. Site No. INF-01-31700	Sample Measurement			160		mg/L	0	monthly	Grab
	Permit Measurement			Report		mg/L		Monthly	Grab
TSS PARM Code 00530 0 Mon. Site No. INF-01-31700	Sample Measurement			230		mg/L	0	monthly	Grab
	Permit Measurement			Report		mg/L		Monthly	Grab

*Flow Proportioned Composite sample taken during a period of 8 hours.

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Oct. 22 2001 08:12AM P4

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123-001-DW2P
 Month/Year: 9/01

Annual Average Daily Flow: 107
 (A.A.D.F./Permitted Capacity)x 100: 44%

(Cypress Lakes WWTP)

Code	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (/100ml)	TRC For Disinfect. (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (NTU)
Mon Site	EFA-15277	FFA-15277	INF-32287	FFB-32287	INF-32287	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	FFB-32287
1	078					7.0			5.0+		.40
2	076					7.1			5.0+		.42
3	081			1.2		7.0		1	5.0+		.39
4	086			0.5		7.2		180	5.0+		.35
5	094			1.2		7.1		1	5.0+		.30
6	096			1.2		7.1		1	5.0+		.30
7	077			0.5		7.1		1	5.0+		.45
8	098					7.1			5.0+		.28
9	117					7.0			5.0+		.23
10	111			0.5		7.3		1	5.0+		.25
11	131			0.8		7.2		1	5.0+		.27
12	109			1.4		7.0		1	5.0+		.32
13	058	2		0.5		7.0		1	5.0+	12	.32
14	147		160	0.5	230	7.2		1	5.0+		.39
15	186					7.1			5.0+		.32
16	132					7.3			5.0+		.28
17	108			1.6		7.0		1	5.0+		.26
18	107			0.5		7.0		1	5.0+		.26
19	110			1.4		7.2		1	5.0+		.28
20	102			1.4		7.1		1	5.0+		.29
21	095			2.4		7.1		1	5.0+		.29
22	092					7.1			5.0+		.32
23	094					7.2			5.0+		.33
24	090			0.8		7.1		1	5.0+		.29
25	116			0.5		7.1		1	5.0+		.33
26	092	2		0.6		7.2		1	5.0+	2	.30
27	090			1		7.1		1	5.0+		.32
28	095			0.5		7.3		1	5.0+		.30
29	088					7.2			5.0+		.33
30	095					7.2			5.0+		.30
31											

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No. 8600 Name: David Ryniak
 Evening Shift Operator: Class: C Certificate No. 12018 Name: David Winkler
 Night Shift Operator: Class: C Certificate No. 28354 Name: Jay Altrich
 Lead Operator: Class: C Certificate No. 8600 Name: David Ryniak

Type of Effluent Disposal or Reclaimed Water Reuse: Not Applicable
 Limited Wet Weather Discharge Activated: Yes No Not Applicable If yes, cumulative days of wet weather discharge: _____
 *Attach additional sheets if necessary to list all certified operators.

Nov. 15 2001 09:52AM P2

FAX NO. : 863 815 1524

FROM : CYPRESS LAKES UTIL

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, MS 3555, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD: From 10-1-01 to Final II
 CLASS SIZE: II
 FACILITY ID: FLA013123
 GMS ID NO: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: UC

PERMIT ISSUE DATE: 10-31-01
 To: Monthly
 REPORT: Domestic
 GROUP: 3170
 WAFR SITE NO: EFF-01
 GMS TEST SITE NO:

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample type
Flow	.099	mgd			0	7/7 5 Days/Week	meter Meter
PARM Code 50050 Mon. Site No. EFA-01-15277	0.240 MMADF	mgd					
CBOD5			2.0		0	monthly Report Monthly	Roll on avg Calculated Roll-An-Avg-
PARM Code 80082 Mon. Site No. EFA-01-15277			2.0 30.0 (Mo. Avg.)	2 45.0 (Weekly)	0	1/14	Grab
CBOD5					0	Every Two Weeks	Grab
PARM Code 80082 Mon. Site No. EFA-01-15277					0	1/14	Grab
TSS					0	Every Two Weeks	Grab
PARM Code 00530 Mon. Site No. EFA-01-15277					0	7/7	Grab
pH			6.6		0	5 Days/week	Grab
PARM Code 00406 Mon. Site No. EFA-01-15277							

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.
 I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
David Ryniak Lead Operator	David Ryniak	863-815-1524	11-9-01

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: 10-01

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No. 31701

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrate, Total as N PARM Code 00620 1 Mon. Site No. EPA-01-15277	Sample Measurement			2.1	mg/L	0	1/14	8 hour FPC
	Permit Measurement			120 (Max)	mg/L		Every Two Weeks	8 hour FPC
Fecal Coliform Bacteria PARM Code 74055 1 Mon. Site No. EPA-01-15277	Sample Measurement			1	#/100ml	0	7/7	Grab
	Permit Measurement			Non Detectable (73 Percentile)	#/100ml		3 Day/Week	Grab
Turbidity PARM Code 00070 1 Mon. Site No. EFB-01-32287	Sample Measurement			40	ntu	0	cont	meter
	Permit Measurement			Report	NTU		Continuous	Meter
TRC for disinfection PARM Code 50069 1 Mon. Site No. EPA-01-15277	Sample Measurement			5.0+	mg/L	0	cont	meter
	Permit Measurement			10 (Min)	ppm		Continuous	Meter
CBOD5 PARM Code 80082 Q Mon. Site No. INF-01-31700	Sample Measurement			250	mg/L	0	Monthly	Grab
	Permit Measurement			Report	mg/L		Monthly	Grab
TSS PARM Code 00530 Q Mon. Site No. INF-01-31700	Sample Measurement			280	mg/L	0	monthly	Grab
	Permit Measurement			Report	mg/L		Monthly	Grab

*Flow Proportioned Composite sample taken during a period of 8 hours.

Nov. 15 2001 09:53AM P3

FAX NO. : 863 815 1524

FROM : CYPRESS LAKES UTIL

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123-001-DW2P
 Mon. Loc.: 10-01

Annual Average Daily Flow: 109
 (AADF/Permitted Capacity) x 100: 45%

Cypress Lakes WWTP

Code	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (NTU)
Mon. Site	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277
1	084			0.5		7.1		1	5.0+		.30
2	085			1.2		7.1		1	5.0+		.35
3	081			0.5		6.9		1	5.0+		.29
4	081			0.8		7.2		1	5.0+		.32
5	096			1.2		6.8		1	5.0+		.29
6	090					6.9			5.0+		.30
7	100					6.9			5.0+		.36
8	097			1.4		7.0		1	5.0+		.40
9	103			1.4		7.1		1	5.0+		.40
10	093	2	250	1	280	6.9		1	8.0+	1.4	.32
11	096			1.4		6.9		1	8.0+		.30
12	083			1		7.1		1	5.0+		.30
13	091					7.1			5.0+		.29
14	129					7.1			5.0+		.28
15	106			1		7.9		1	5.0+		.30
16	101			1		6.8		1	5.0+		.32
17	082			1		6.6		1	5.0+		.38
18	096			1		6.7		1	5.0+		.23
19	098			1		6.8		1	5.0+		.25
20	115					6.7			5.0+		.39
21	094					6.9			5.0+		.26
22	106			1		6.7		1	5.0+		.30
23	106			1		6.7		1	5.0+		.30
24	097			1.2		7.0		1	5.0+		.30
25	100	2		1		6.9		1	5.0+	2.1	.35
26	120			1		6.9		1	5.0+		.32
27	122					6.9			5.0+		.28
28	100					7.0			5.0+		.22
29	105			1		7.0		1	5.0+		.22
30	108			1		7.0		1	4.0		.21
31	109			1		6.9		1	5.0		.26

PLANT STAFFING:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class: C
 Class: C
 Class: C
 Class: C

Certificate No. 8600
 Certificate No. 12018
 Certificate No. 8854
 Certificate No. 8600

Name: David Ryniak
 Name: David Winkler
 Name: Jay Aldrich
 Name: David Ryniak

Type of Effluent: Disposal or Reclaimed Water Reuse:

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

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

FROM : CYPRESS LAKES UTIL FAX NO. : 863 815 1524 Dec. 13 2001 01:54PM P3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY LOCATION: Cypress Lakes WWTF
 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD: From 11-1-01
 LIMIT: Final
 CLASS SIZE: II
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: JK

PERMIT ISSUE DATE: 11-30-01
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 31701
 GMS TEST SITE NO: EFF-01

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	.105	MGD			0	7/7	METER
PARM Code 50050 Mon. Site No. EFA-01-15277	0.240 MMADP	mgd				5 Days/Week	Meter
CODS			2.0	mg/L	0	monthly	Cal-Roll-avg
PARM Code 80082 Mon. Site No. EFA-01-15277			20.0 (An. Avg.)	mg/L		Report Monthly	Calculated Roll-An.-Avg.
CODS			2.0	mg/L	0	1/14	Grab
PARM Code 80082 Mon. Site No. EFA-01-15277			30.0 (Mo. Avg.)	mg/L		Every Two Weeks	Grab
			45.0 (Weekly)	mg/L			
			60.0 (Max.)	mg/L			
TSS			1.4	mg/L	0	1/14	Grab
PARM Code 00530 Mon. Site No. EFA-01-15277			5.0 (Max.)	mg/L		Every Two Weeks	Grab
pH			6.8	S.U.	0	7/7	GRAB
PARM Code 00406 Mon. Site No. EFA-01-15277			8.5 (Max.)	S.U.		5 Days/week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.
 I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY/MM/DD)
David Ryzniak	Lead Operator <i>David Ryzniak</i>	863-815-1524	12-14-01

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: 11/01

PERMIT NUMBER: FLA013123-001-DW2P DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 31701

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrate, Total as N	Sample Measurement			11	mg/L	0	1/14	8hr FPC
PARM Code 00620 1 Mon. Site No. EPA-01-15277	Permit Measurement			120 (Max.)	mg/L		Every Two Weeks	8 hour FPC
Fecal Coliform Bacteria	Sample Measurement			< 1	#/100ml	0	7/7	Grab
PARM Code 74053 1 Mon. Site No. EPA-01-15277	Permit Measurement			Non Detectable (75 Percentile) 25 (Max.)	#/100ml		5 Days/Week	Grab
Turbidity	Sample Measurement			.95	NTU ¹	0	CONT.	METER
PARM Code 00070 1 Mon. Site No. EFB-01-32287	Permit Measurement			Report	NTU		Continuous	Meter
TRC for disinfection	Sample Measurement			4.2	MG/L	0	CONT.	METER
PARM Code 50060 1 Mon. Site No. EPA-01-15277	Permit Measurement			1.0 (Min)	mg/L		Continuous	Meter
COD5	Sample Measurement			310	MG/L	0	MONTHLY	GRAB
PARM Code 80082 0 Mon. Site No. INF-01-31700	Permit Measurement			Report	mg/L		Monthly	Grab
TSS	Sample Measurement			290	MG/L	0	MONTHLY	GRAB
PARM Code 00530 0 Mon. Site No. INF-01-31700	Permit Measurement			Report	mg/L		Monthly	Grab

¹Flow Proportioned Composite sample taken during a period of 8 hours.

Dec. 13 2001 01:54PM P4

FAX NO. : 863 815 1524

FROM : CYPRESS LAKES UTIL

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013123-001-DW2P**
 Month/Year: **November 01**

Annual Average Daily Flow: **110**
 (AADF/Permitted Capacity) x 100: **45%**

Cypress Lakes WWTTP

Code	Flow (MOD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Code	0053	800A2	800A2	00530	00530	00400	00400	74055	50057	00620	00070
Mon Site	EPA-15277	EPA-15277	EPA-31708	EPA-32287	EPA-31708	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-15277	EPA-32287
1	109	2	310	1	290	6.9		1	5.0 ⁺	2.5	.29
2	102			1.4		7.0		1	5.0 ⁺		.95
3	111			-		6.9			5.0 ⁺		.42
4	098			-		7.1			4.27		.28
5	120			1		7.0		1	5.0 ⁺		.28
6	115			1		6.9		1	5.0 ⁺		.28
7	099			1		6.9		1	5.0 ⁺		.22
8	108			1		6.8		1	5.0 ⁺		.30
9	091			1		7.0		1	5.0 ⁺		.19
10	096			-		7.0			5.0 ⁺		.47
11	106			-		7.0			5.0 ⁺		.46
12	116			1		7.1		1	5.0 ⁺		.26
13	113			1		6.8		1	5.0 ⁺		.23
14	152	2		1		6.8		1	5.0 ⁺	3.7	.34
15	121			1		6.8		1	5.0 ⁺		.39
16	079			1		6.8		1	5.0 ⁺		.32
17	109			-		6.9			5.0 ⁺		.32
18	112			-		6.9			5.0 ⁺		.52
19	110			1		7.0		1	5.0 ⁺		.36
20	089			1		6.9		1	5.0 ⁺		.69
21	103			1		6.9		1	5.0 ⁺		.46
22	091			1		7.0		1	5.0 ⁺		.43
23	103			1		7.0		1	5.0 ⁺		.33
24	108					7.0			5.0 ⁺		.29
25	114					7.0			5.0 ⁺		.25
26	099			1		7.0		1	5.0 ⁺		.24
27	110			1		6.8		1	5.0 ⁺		.34
28	093	2		1		6.9		1	5.0	11	.23
29	105			1		6.9		1	5.0 ⁺		.26
30	094			1		7.1		1	5.0 ⁺		.26
31											

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No. <u>8600</u>	Name: <u>David Rymak</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No. <u>12018</u>	Name: <u>David Winkler</u>
Night Shift Operator	Class: <u>S</u>	Certificate No. <u>8854</u>	Name: <u>Jay Aldridge</u>
Lead Operator	Class: <u>C</u>	Certificate No. <u>8600</u>	Name: <u>David Rymak</u>

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

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Donald Rasmussen, Vice President
 MAILING ADDRESS: Cypress Lakes Utilities, Inc
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S Hwy 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-002-DW2P
 MONITORING PERIOD: From 12-1-01
 LIMIT: Final
 CLASS SIZE: II
 FACILITY ID: FLA013123
 GMS ID NO: 4053P10696
 DISCHARGE POINT NUMBER: R003
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: 12-31-01
 To: Monthly
 REPORT GROUP: Domestic
 WAFR SITE NO: 31701
 GMS TEST SITE NO: EFF 01

COUNTY: Polk

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.103	mgd			0	7/7	meter
PARM Code 50050 1 Mon. Site No. EFA-01-15277	Permit Measurement	0.240 MMADP	mgd				5 Days/Week	Meter
CBOD5	Sample Measurement			< 2	mg/L	0	Report Monthly	Roll-on Avg.
	Permit Measurement			20.0 (Aq. Avg.)	mg/L		Report Monthly	Calculated Roll-An-Avg.
CBOD5	Sample Measurement			< 2	mg/L	0	1/14	Grab
	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Every Two Weeks	Grab
TSS	Sample Measurement				mg/L	0	1/14	Grab
	Permit Measurement				mg/L		Every Two Weeks	Grab
pH	Sample Measurement			6.5	S.U.	0	7/7	Grab
	Permit Measurement			6.0 (Min.)	S.U.		5 Days/week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE (YY-MM-DD)
David Ryniak Lead Operator	David Ryniak	863-815-1524	02-1-10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP
 REPORT MONTH: December 01

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No. J1701

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrate, Total as N	Sample Measurement			7.1		0	1/14	8hrFPC
PARM Code 00620 Mon. Site No. EPA-01-15277	Permit Measurement			120 (Max)	mg/L		Every Two Weeks	8 hour FPC
Fecal Coliform Bacteria	Sample Measurement			<1	#/100ml	0	7/7	Grab
PARM Code 74055 Mon. Site No. EPA-01-15277	Permit Measurement			Non Detectable (75 Percentile)	#/100ml		5 Days/Week	Grab
Turbidity	Sample Measurement			.60	ntu	0	cont	water meter
PARM Code 00070 Mon. Site No. EPA-01-32287	Permit Measurement			Report	NTU		Continuous	Meter
TRC for disinfection	Sample Measurement			5.0 ⁺	mg/L	0	cont	water meter
PARM Code 50060 Mon. Site No. EPA-01-15277	Permit Measurement			1.0 (Min)	mg/L		Continuous	Meter
CBOD5	Sample Measurement			320	mg/L	0	monthly	Grab
PARM Code 80082 Mon. Site No. TNF-01-31700	Permit Measurement			Report	mg/L		Monthly	Grab
TSS	Sample Measurement			300	mg/L	0	monthly	Grab
PARM Code 00530 Mon. Site No. TNF-01-31700	Permit Measurement			Report	mg/L		Monthly	Grab

*Flow Proportioned Composite sample taken during a period of 8 hours.

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Jan. 10 2002 12:43PM P3

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123-001-DW2P
 Month/Year: December-01

Annual Average Daily Flow: .112
 (AADF/Permitted Capacity)x100: 46%

Cypress Lakes WWTP

Code	Flow (MGD)	CBOD5 (mg/L)	CBOD20 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
10050	80082			00530		00400	00400	74055	50050	00620	00070
Mon Site	EFA-15277	EFA-15277	EFB-32287	EFB-32287	EFB-32287	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFB-32287
1	101					7.1			5.0+		.20
2	101					7.0			5.0+		.21
3	106			1		6.7		1	5.0+		.22
4	104			1		6.8		1	5.0		.22
5	095			1		7.0		1	5.0+		.24
6	088	2	320	1	300	7.0		1	5.0+	7.1	.30
7	113			1		6.8		1	5.0+		.30
8	107					6.9			5.0		.28
9	132					7.0			5.0+		.28
10	117			1		6.7		1	5.0+		.25
11	117			1		6.6		1	5.0+		.41
12	100			1.3		6.6		1	4.9		.45
13	104			1		6.7		1	5.0+		.35
14	075			1		6.7		1	4.5		.26
15	123					6.9			5.0+		.35
16	123					7.0			4.6		.51
17	106			1		6.5		1	5.0+		.60
18	103			1		6.5		1	5.0+		.40
19	095			1		6.8		1	5.0+		.37
20	093	2		1		6.8		1	2.7	5.2	.27
21	091			1		6.8		1	5.0+		.25
22	090					6.8			5.0+		.26
23	092					6.9			5.0+		.22
24	103			1		6.9		1	5.0		.21
25	101			1		6.8		1	5.0+		.20
26	103			1		6.5		1	5.0+		.22
27	091			1		6.8		1	5.0		.30
28	107			1		7.0		1	5.0		.25
29	106					6.8			5.0+		.26
30	101					6.9			5.0+		.25
31	112			1		6.7		1	5.0+		.29

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No. 8600 Name: David Ryniak
 Evening Shift Operator: Class: B Certificate No. 12018 Name: David Winkler
 Night Shift Operator: Class: C Certificate No. 8854 Name: Jerry Aldridge
 Lead Operator: Class: C Certificate No. 8600 Name: David Ryniak

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

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

Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

**25.30-440 (5)
Sanitary Survey and Inspection Reports**

Test Year Ended December 31, 2001



August 28, 2000

CS/Cypress Lake Utilities

PWS: Id. No. 6535055

Joe Kuhns
Cypress Lake Utilities
10000 US Hwy. 98 North
Lakeland, FL 33809

Dear Mr. Kuhns:

A recent survey of your water system conducted on August 25, 2000 indicates a number of items are not in compliance with *Chapter 62.555 Florida Administrative Code*. You have thirty (30) days from the date of this letter to correct all of the violations and notify the Department in writing.

Deficiencies are listed below:

1. The systems auxiliary power source is not functioning. Chapter 62-555.320(6)(a) requires community systems that serve 350 or more persons, or have 150 or more service connections, shall provide auxiliary power for operation of the source, treatment units, and pumps at a rate equal to one-half maximum daily flow. The auxiliary power source will need to be repaired or replaced.
2. When auxiliary power is running you need to indicate the flow for ½ max – day demand?
3. Chapter 62-555.350(3) requires in case of a breakdown in purification or protective works, a break in a main transmission line causing a major interruption in service, or any suspicious circumstance, abnormal taste, or abnormal odor occurring in connection with a public water supply, the person responsible for the operation of the works or the treatment plan operator shall notify the Department or the Approved County Public Health Unit, if applicable, by wire or telephone within 24 hours of the occurrence. Also, this must be indicated on your monthly operating report.

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice and **notify the Department in writing**. If the deficiencies cannot be corrected within the thirty (30) day period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight
Director

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

Lynne M. Sweeney, MD, MPH
Assistant Director

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

Sincerely,



Henry Taghiof
Engineer III

HT/adh

cc: PF



Department of Environmental Protection

RECEIVED

Jeb Bush
Governor

Southwest District
3824 Coconut Palm Drive
Tampa, Florida 33619
February 21, 2002

FEB 25 2002
David B. Struhs
Secretary

UTILITIES, INC. *rel*

Polk County-DW

Mr. Donald Rasmussen, Vice-President
Cypress Lakes Utilities, Inc.
200 Weatherfield Avenue
Altamonte Springs, FL 32714

Re: Cypress Lakes WWTP
Compliance Evaluation Inspection

Dear Mr. Rasmussen:

The wastewater treatment plant at the above-referenced location was inspected on February 13, 2002. Based on this inspection and a review of the information on file with the Department, the following observations are being brought to your attention:

PERMIT:

Domestic Wastewater Permit No. FLA013123 was issued on November 9, 1998, revised January 13, April 8, 1999, and November 14, 2000, and expires on November 9, 2003.

COMPLIANCE SCHEDULES:

There are no compliance schedules for this facility.

LABORATORY:

A contract laboratory performs laboratory analyses. The laboratory was not evaluated.

SAMPLING:

No sampling was performed.

RECORDS AND REPORTS:

The Reduced Pressure Zone (RPZ) backflow preventer on the potable water supply line at the plant requires an annual inspection to ensure that the RPZ is not malfunctioning. The RPZ unit was last calibrated on September 19, 2001. Please send a copy of the calibration to the Department.

FACILITY SITE REVIEW:

No deficiencies were noted. Plant grounds appeared to be well-maintained.

FLOW MEASUREMENT:

A V-notch weir to a sensor-driven totalizer measures flow. The totalizer is required to be calibrated every twelve months. The elapsed time meter was last calibrated on April 21, 2001.

"Protect the Process, Less Process"

Printed on recycled paper

OPERATION AND MAINTENANCE:

1. The operator was in the process of washing down the weirs and doing routine maintenance to the plant.
2. The digester was hauled approximately 2 weeks prior to Department inspection.

EFFLUENT QUALITY:

*Discharge Monitoring Reports for the months January 2001 through September 2001 were reviewed for compliance. Nitrate exceedances were noticed for the months 1/01, 4/01 and 5/01. Also, effluent limit exceedances for Fecal Coliform were noticed for the month 9/01.

EFFLUENT DISPOSAL:

Effluent disposal is by public access reuse on the Cypress Lakes golf courses. No deficiencies were noted.

RESIDUALS/SLUDGE:

1. Hauling manifests along with land application sites for residuals was available for Department review.
2. *Residual annual summary for 1999 was performed on June 14, 2000 and submitted to the Department on July 11, 2000. The summary for 2000 has not been submitted to the Department. Please note, the due date for the 2001 residual annual summary is approaching.

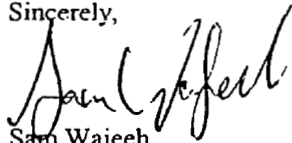
GROUNDWATER:

*The groundwater monitoring reports are not being received quarterly, as required. The most current results on file are for the second quarter, 2001.

Please note that a Compliance Evaluation Inspection is a non-sampling inspection designed to verify permittee compliance. This inspection is intended to review all the inspection evaluation areas of a facility.

The Department requests a written response within twenty days of receipt of this letter outlining action taken to correct the outstanding items, indicated by asterisks. Please indicate a time frame for compliance as the Department plans a follow-up verification inspection. Please direct any questions to the undersigned at (813) 744-6100, extension 313.

Sincerely,



Sam Wajeah
Environmental Specialist
Domestic Wastewater Section

SW/sw

COMET ENTRY DATE
02/20/02

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility Cypress Lake SWTF 10,000 US Highway 98 North Lakeland, FL 33509	WAFR # FLA01312.3	County POLK Phone	Entry Date/Time 2/13/02 @ 10:50 AM @ Exit Date/Time 2/13/02 11:30 AM
Name(s) of Field Representative(s) Donald Rasmussen Cypress Lakes Utilities, Inc. 200 Weatherfield Avenue Altamonte Springs, FL 32714	Title Vice President	Phone	
Name and Address of Permittee or Designated Representative →	Title	Phone	@ Operator Certification #

Inspection Type	<input checked="" type="checkbox"/> CEI	Samples Taken(Y/N): <input checked="" type="checkbox"/>	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Were Photos Taken(Y/N): <input checked="" type="checkbox"/>	@ Log book Volume:	@ Page

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory, M=Minor, U=Unsatisfactory, Blank=Not Evaluated
Significant Non-Compliance Criteria Should be Reviewed when Unsatisfactory Ratings Are Given in Areas Marked by a *

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

Recommended Actions:

Name(s) and Signature(s) of Inspector(s) Sam Wafsch / Joe Wafsch	District Office/Phone Number 813-744-6100x313	Date 2/20/02
@ Signature of Reviewer J. Wafsch	District Office/Phone Number	Date

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

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

ADDITIONAL NPDES COMMENTS

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

Revised: August 7, 2000

CYPRESS LAKES UTILITIES, INC.

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

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

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

February 25, 2002

Mr. Sam Wajeesh
FDEP-Southwest District
Domestic Waste Division
3804 Coconut Palm Drive
Tampa, FL 33619

Re: Cypress Lakes WWTP
Permit No. FLA013123-003-DW2
Reply to your Compliance Evaluation Inspection of February 13, 2002

Dear Mr. Wajeesh:

This letter is in response to the items identified in your Compliance Evaluation Inspection performed on February 13, 2002. Our staff has thoroughly reviewed the items contained in your report and would like to address them at this time. Please be aware that Cypress Lakes Utilities, Inc. is committed to ensuring that its wastewater treatment facility meets or exceeds standards set forth in the current operating permit.

PERMIT

1. No comment required.

COMPLIANCE SCHEDULES

1. No comment required.

LABORATORY

1. No comment required.

SAMPLING

1. No comment required.

RECORDS AND REPORTS

1. A copy of the most recent RPZ certification report is enclosed. The unit at the WWTP was last tested on March 19, 2001.

FACILITY SITE REVIEW

1. No comment required.

FLOW MEASUREMENT

1. No comment required.

OPERATION AND MAINTENANCE

1. No comment required.

EFFLUENT QUALITY

1. The nitrate limit was exceeded in three different months last year due to operational problems with the dissolved oxygen levels in Air Bays 1 and 2. The coarse bubble diffusers in these two air bays became clogged with rags after a relatively short time in service. In response to these problems, all of the coarse bubble diffusers were replaced with fine bubble diffusers. The result has been a more predictable and consistent dissolved oxygen level. The treatment process is then adjusted to produce effluent that is low in nitrate. Please bear in mind that it is highly unusual for a 100% reuse plant with high level disinfection to have a nitrate limit on its permit. In addition, a review of the groundwater monitoring test results shows no detectable amount of nitrate in most of the samples.
2. The fecal coliform limit was exceeded in September 2001 due to laboratory error or sampling error. At the time that the fecal coliform sample was taken, the total residual chlorine was greater than 5.0 mg/L. We did not have any problems with the disinfection system on that date nor was the plant upset. In fact, the turbidity was less than 1.0 NTU throughout the day.

EFFLUENT DISPOSAL

1. No comment required.

RESIDUALS/SLUDGE

1. A residual annual summary for 2000 and 2001 will be submitted under separate cover. Please note that the residuals produced at the Cypress Lakes WWTP are transported to a Residuals Management Facility operated by Shelly's Septic Tank (formerly Mid-Florida Environmental Services) under Permit #FLA016176, where it is combined with sludge produced at other facilities, stabilized and land applied to approved sites.

GROUNDWATER

1. A copy of the groundwater monitoring reports for the third and fourth quarters of 2001 and the first quarter of 2002 are enclosed.

If you have any concerns or questions regarding the above information, please call me at 407.869.8588, ext. 242 or Garth Armstrong, Assistant Operations Manager, ext. 500.

Sincerely,
CYPRESS LAKES UTILITIES, INC.



Patrick Flynn
Regional Operations Manager

Enclosures

Ec: Don Rasmussen, Vice President (w/o enclosures)
Garth Armstrong, Asst. Opns. Mgr. (w/o enclosures)

Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

**25.30-440 (6)
Permits**

Test Year Ended December 31, 2001

Cypress Lakes WTP

September 18, 1987

CS/ Cypress Lakes Venture
(Cypress Lake Golf & Country Club)
5387-5055 5/28/87

David I. Alley
Community Design & Development
511 South Highland avenue
Clearwater, Florida 33516

Dear Sir:

We wish to inform you that the water distribution system supplying potable water to Cypress Lake Golf & Country Club, has met the bacteriological criteria of this department and is cleared for public use.

Sincerely,

Mark Fallah
Environmental Engineer

MF:tlb

cc: Robert H. Elliott

ENVIRONMENTAL
ENGINEERING

POLK COUNTY HEALTH DEPARTMENT
POST OFFICE BOX 1480
WINTER HAVEN, FLORIDA

JUL 31 1987

POLK CHD

REPORT AND CERTIFICATION OF PUBLIC WATER WORKS

PROJECT: Cyprass Lakes Golf & Country Club DATE: 7-29-87
(Name of Subdivision, trailer park, etc.)

LOCATION: 7 Miles north of I-4 Highway 98.

ENGINEER: David I. Alley P.E. Community Design & Development

OWNER: Cypress Lakes Venture

APPROVAL NO. 5387-5055 DATE 5-28-87

Certification is hereby given to the construction of the above referenced public water works as being in satisfactory compliance with the approved engineering plans. Exceptions or changes in construction being as listed below:

David I. Alley
Engineers' Signature

David I. Alley 18073

Typed Name & Registration #

June 16, 1987

CS/ Cypress Lakes Golf & Country Club

David I. Alley, P.E.
Community Design & Development, Inc.
511 South Highland Avenue
Clearwater, Florida 33516

Dear Mr. Alley:

This will acknowledge receipt of plans and related documents pertaining to the above referenced water supply project.

Effective May 28, 1987, the above project plans and documents are approved under Serial No. 5387-5055, subject to the provisos listed below.

This approval is granted with the explicit understanding that the applicant will comply with all requirements of Chapter 381 of the Florida Statutes, Chapter 17-22, of the Florida Administrative Code, and the following provisos:

1. Construction of this project must be commenced within one year from the date of this application; otherwise plans and specifications must be resubmitted for approval by this Department. The engineer of record in this application is responsible for supervision of the construction of this project and upon completion shall inspect for complete conformity to the plans and specifications as approved. A report of such inspection in writing and signed by the engineer shall be rendered to the interested County Health Department and to the Department of Environmental Regulation.
2. This approval is given with the understanding that upon the installation of such works, its operations shall be placed under the care of a competent person, whose qualifications are approved by the Department and the operation shall be carried out according to best accepted practice and in accordance with the requirements of the rules and regulations of the Department. This includes not only the provision of continuing essential funds for operation and maintenance of chemical supplies for plant operation; but also the funds for maintenance equipment and supplying the needs of a suitable water plant laboratory which is required for proper operation of this water treatment facility.
3. Water supply facilities including mains shall be installed, cleaned, disinfected, and bacteriologically cleared for service, in accordance with the latest applicable AWWA Standards and Department rules and regulations.

CS/ Cypress Lakes Golf & Country Club
June 16, 1987
Page Two

4. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either cast iron pipe or concrete encased vitrified clay pipe, centered on the point of crossing. When a water main parallels a sewer main, a separation of at least 10' should be maintained where practical.
5. This system shall be limited to 100 equivalent residential connections until the auxiliary well & power supply capable of supplying one-half the maximum daily system demand are installed.
6. Upon clearance of this system, the four (4) inch well serving this office area must be physically disconnected from the distribution system.
7. Satisfactory bacteriological main clearance samples must be submitted for two (2) consecutive days from lot #15, #45, #55, #75, #106, #135, #158, #170, #204, #215, #252, #303, #318, #336, #345, #361, & #383.
8. A two (2) inch valved blow-off must be installed near lot #252, #336, and #361 for flushing.
9. If the average gas chlorine demand exceeds ten pounds per day, a second chlorinator with switch over capability and standby booster pump will be required to be installed to meet the dual chlorination requirements.

If you elect not to accept this approval, you must file an appropriate petition for an administrative hearing pursuant to the provisions of Chapter 120.57, of the Florida Statutes, within fourteen (14) days from receipt of this letter.

This petition must comply with the requirements of Chapter 28-5.15, of the Florida Administrative Code, with the Department of Environmental Regulation of Tallahassee. Petitions which are not filed in accordance with the above provisions will not be accepted by the department.

This approval pertains only to the water utilities serving this development and is not to be construed as approval of any other utility aspects. All concerned are reminded that sewerage facilities must be cleared separately through the appropriate Department of Environmental Regulation District/Subdistrict office.

By copy of this letter to the owner we are advising that approval is given to functional aspects of this project on the basis of representations to and data furnished this department.

CS/ Cypress Lakes Golf & Country Club
June 16, 1987
Page Three

The engineer's certification as to construction of this project in accordance with approved plans together with satisfactory bacteriological analyses shall be provided and a letter of clearance obtained from this Agency before placing these facilities in service. Enclosed please find our form for certification of project construction to be completed and returned upon project completion.

There may be county, municipal or other local regulations or restrictions to be complied with by the owner prior to construction of the facilities presented by the plans referred to above, and we, therefore, recommend that appropriate local agencies be consulted before starting construction.

Enclosed please find one set(s) of the approved materials.

Sincerely,

Donald R. Guthrie, P.E.

Env. Engineering Administrator

RK:mnk

Enc.

cc: Robert H. Elliott - w/encl.
cc: Building & Zoning Department - w/encl.
cc: File - w/encl.



An Equal Opportunity Employer

Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
World Wide Web: <http://www.swfwmd.state.fl.us>

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)
SUNCOM 578-2070

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)
SUNCOM 572-6200

Venice Service Office
115 Corporation Way
Venice, Florida 34292-3524
(941) 486-1212 or
1-800-320-3503 (FL only)
SUNCOM 526-6900

Lecanto Service Office
3600 West Sovereign Path
Suite 226
Lecanto, Florida 34461-8070
(352) 527-8131
SUNCOM 667-3271

January 31, 2001

- Ronald C. Johnson**
Chair, Polk
- Monroe "Al" Coogler**
Vice Chair, Citrus
- Sally Thompson**
Secretary, Hillsborough
- Ronnie E. Duncan**
Treasurer, Pinellas
- Edward W. Chance**
Manatee
- Thomas G. Dabney, II**
Sarasota
- Pamela L. Fentress**
Highlands
- Watson L. Haynes, II**
Pinellas
- Janet D. Kovach**
Hillsborough
- Heidi B. McCree**
Hillsborough
- John K. Renke, III**
Pasco

- E. D. "Sonny" Vergara**
Executive Director
- Gene A. Heath**
Assistant Executive Director
- William S. Bilienky**
General Counsel

Don Rasmussen, Vice President
Cypress Lakes Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32750

Handwritten: FEB - 5 2001
orig to PF cc: DR

**Subject: Final Agency Action Transmittal Letter - Approval
Modification of Permit by Letter**

Project Name: Cypress Lakes Utilities, Inc.
Water Use Permit No.: 20011531.002
County: Polk
Section/Township/Range: 34/26S/23E

Reference: Chapter 40D-2, Florida Administrative Code (F.A.C.)
Section 40D-2.331(2)(b), F.A.C.

Dear Mr. Rasmussen:

This letter constitutes Final Agency Action (FAA) on the request received by the District on January 8, 2001, to modify Water Use Permit (WUP) No. 20011531.001 by letter. The specific modifications are listed in Attachment A and are considered a part of your water use permit.

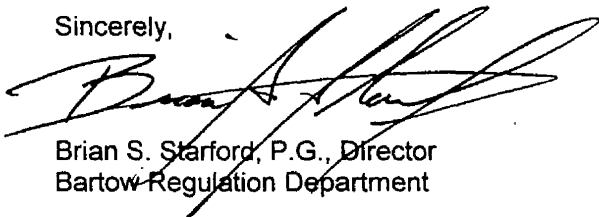
You or any person whose substantial interests are affected by the District's action regarding a permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes (F.S.), and Chapter 28-106, F.A.C., of the Uniform Rules of Procedure. *A request for hearing must: (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or proposed action, (2) state all material facts disputed by the person requesting the hearing or state that there are no disputed facts. and (3) otherwise comply with Chapter 28-106, F.A.C.* Copies of Sections 28-106.201 and 28-106.301, F.A.C., are enclosed for your reference. A request for hearing must be filed with (received by) the Agency Clerk of the District at the District's Brooksville address within 21 days of receipt of this notice. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right you or such person may have to request a hearing under Sections 120.569 and 120.57, F.S. Mediation pursuant to Section 120.573, F.S., to settle an administrative dispute regarding the District's action in this matter is not available prior to the filing of a request for hearing.

Don Rasmussen, Vice President
Cypress Lakes Utilities, Inc.
WUP No. 20011531.002
Page 2
January 31, 2001

Enclosed is a "Noticing Packet" that provides information regarding District Rule 40D-1.1010, F.A.C., which addresses the notification of persons whose substantial interests may be affected by the District's action in this matter. The packet contains guidelines on how to provide notice of the District's action, and a notice that you may use.

If you have questions regarding this permit modification, please contact Said M. Abusada, P.G., at the Bartow Service Office. If you have any question regarding the Noticing Packet, please contact either Myra Ford or Adeline Wood in the Records and Data Department at the Brooksville office.

Sincerely,



Brian S. Starford, P.G., Director
Bartow Regulation Department

BSS:SMA:kmh445

Enclosure: Attachment A
Noticing Packet
Sections 28-106.201 and 28-106.301, F.A.C.

cc/enc: File of Record
Data Room, Records & Data
M. Balsler
S. Abusada

MODIFICATIONS

The following constitutes modifications to the terms and conditions of this Water Use Permit No. 20011531.001, effective January 31, 2001. This modification is to change District ID No. 3, Permittee ID No. 2, from a standby well to an alternating primary well, and to add a special condition for flexible pumpage.

1. TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (IN GPD) ARE UNCHANGED:

ANNUAL AVERAGE: 395,500 PEAK MONTHLY: 673,000

2. THE STATUS/PERMITTED QUANTITIES FOR THE FOLLOWING WITHDRAWAL POINTS ARE CHANGED:

I.D. NO. PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH TOTAL/CASED	USE	GALLONS PER DAY		
				ANNUAL AVERAGE	PEAK MONTHLY	CROP PROTECTION
1/3	12"	563'/105'	P.S.*	395,500	673,000	N/A
2/6	10"	550'/105'	P.S.*	395,500	673,000	N/A

* Public Supply

3. SPECIAL CONDITION NO. 5 IS ADDED:

The average day and peak monthly quantities for District ID Nos. 3, and 6, Permittee ID Nos. 1 and 2, shown above in the production withdrawal table are estimates based on historic and/or projected distribution of pumpage, and are for water use inventory and impact analysis purposes. The quantities listed in the table for these individual sources are not intended to dictate the distribution of pumpage from permitted sources. The Permittee may make adjustments in pumpage distribution as necessary up to **395,500** gallons per day (gpd) on an average basis, and up to **673,000** gpd on a peak monthly basis, for the individual wells, so long as adverse environmental impacts do not result and other conditions of this Permit are complied with. In all cases, the total average annual daily withdrawal and the total peak monthly daily withdrawal are limited to the quantities set forth above.

All other terms and conditions of this permit shall remain the same as stated on WUP No. 20011531.001, and this permit will still expire on February 5, 2007.



Department of Environmental Protection

672.6.1
WWTP Improvements

Jeb Bush
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

David B. Struhs
Secretary

RECEIVED
JUL 23 2001
cc: FF

July 18, 2001

Mr. Donald Rasmussen, Vice President
200 Weatherfield Ave.
Altamonte Springs, FL 32714

Polk County - DW

Re: Cypress Lakes WWTP - DEP File # FLA013123-004-DW2P
Notification Of Completion Of Construction For Wastewater Facilities
Notification Of Availability of Record Drawings and Final Operation and Maintenance Manuals

Dear Mr. Rasmussen:

This office acknowledges receipt of the referenced completion of construction document. *The system as described in the permit is approved for operation.*

In accordance with Rule 62-620.610, of the Florida Administrative Code, DEP Form 62-620.910(13) Notification of Availability of Record Drawings and Final Operation and Maintenance Manuals for Wastewater Facilities *was submitted* within six months of the facilities being placed into operation.

If you have any questions concerning this letter please contact me at 813/744-6100 Ext. 401.

Sincerely,

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Stephen G. Thompson
Permitting Engineer

c: David A. Webber, P.E., PBS&J, 5300 West Cypress St., Suite 300, Tampa, FL 33607-1712

2



Department of Environmental Protection

Jeb Bush
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

RECEIVED

David B. Struhs
Secretary

JUN 21 2002

June 19, 2002

UTILITIES, INC.

Mr. Donald Rasmussen, Vice President
Cypress Lakes Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Polk County
Cypress Lakes WWTP

Minor Revision
Permit No: FLA013123

Dear Mr. Rasmussen:

The Department has received your request, DEP File # FLA013123-005-DWF, for a minor revision of the referenced domestic wastewater treatment facility. The existing permit was issued on 11/09/98 and expires on 11/08/03. The Department has determined that this activity can be authorized by a minor revision pursuant to Rule 62-620.325(2), F.A.C. The conditions are hereby changed as follows:

<u>Condition</u>	<u>From</u>	<u>To</u>
Section I.A.1. Reclaimed Water and Effluent Limitations and Monitoring Requirements	As Issued	Attachment I
Section III. 9. Ground Water Monitoring	As Issued	Delete from permit
Section III. 13. Ground Water Monitoring	As Issued	Delete from permit

In addition a new DMR is enclosed with the requested change.

This permit revision must be attached to your original permit and, together with any other preceding modification(s) or revision(s), becomes a part of that Permit.

Sincerely,

T.J.P.
Timothy J. Parker, P.E.
Water Resources Administrator
FDEP Southwest District

TJP/sgt

c: David Weber, P.E., PBS&J

FILE

472

PERMIT BINDER

PERMITEE: Cypress Lakes Utilities, Inc.
 FACILITY: Cypress Lakes WWTP

PERMIT NUMBER: FLA013123
 COUNTY: Polk

ATTACHMENT I

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System(s) **R001**. Such reclaimed water shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location	Notes
Flow	mgd	Maximum	0.175 12MADF	-	-	-	5 Days/Week	Recording flow meter	FLW-01	
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour FPC ¹	EFA-01	
Total Suspended Solids	mg/L	Maximum	-	-	-	5.0	3 Days/Week	Grab	EFB-01	
Turbidity	See Permit Condition I.A.6.						Continuous	Meter	EFB-01	
pH	std. units	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Fecal Coliform Bacteria	See Permit Condition I.A.4.						3 Days/Week	Grab	EFA-01	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	1.0	Continuous	Meter	EFA-01	See Cond.I.A.5

¹ FPC - Flow Proportioned Composite

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

Monitoring Location	Description of Monitoring Location
EFB-01	Sample point after filtration, before disinfection.
EFA-01	Sample point after disinfection before water storage/reuse.
FLW-01	Flow Meter after disinfection.

3. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6), 12-24-96]
4. For **R-001**: Over a period of 30 days, 75 percent of the fecal coliform values shall be below the detection limits. Any one sample shall not exceed 25 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 5.0 milligrams per liter of total suspended solids (TSS) at a point before application of the disinfectant. *Note*: To calculate the percentage of fecal coliform observations that were less than detection during the month, count the number of observations for fecal coliforms on DMR Part B that were less than detection, divide by the total number of fecal coliform observations during the month, multiply by 100 and round to the nearest integer. [62-600.440(5)(f), 12-24-96]
5. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L for **R-001** (Public Access Reuse). [62-600.440(5)(b), 12-24-96; 62-610.460(2), 8-8-99; and 62-610.463(2), 8-8-99]
6. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. [62-610.463(2), 8-8-99]
7. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. [62-610.463(2) and .865(8)(d), 08-08-99]
8. The permittee shall submit an **Annual Reuse Report** using **DEP Form 62-610.300(4)(a)2** on or before January 1 of each year. The Annual Reuse Report shall be submitted to the following three addresses:
- a. Florida Department of Environmental Protection
Reuse Coordinator - MS 3540 david.york@dep.state.fl.us
2600 Blair Stone Road
Tallahassee, FL 32399-2400
 - b. Florida Department of Environmental Protection
Domestic Wastewater Program ed.snipes@dep.state.fl.us
3804 Coconut Palm Drive
Tampa, FL 33619-1352
 - c. Southwest Florida Water Management District
Conservation Projects Section
scott.mcgookey@swfwmd.state.fl.us
2379 Broad Street
Brooksville, FL 34609
[62-610.870(3), 08-08-99]
9. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliform bacteria, color, and corrosivity). Twenty-four hour flow proportioned composite samples, shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring

PERMITEE: Cypress Lakes Utilities, Inc.
FACILITY: Cypress Lakes WWTP

PERMIT NUMBER: FLA013123
COUNTY: Polk

results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. **During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report.** The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department's Southwest District Office by the thirty-first day of March of each year. *[62-601.300(4), 12-24-96] [62-601.500(3), 12-24-96]*

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
 MAILING ADDRESS: Att.: Donald Rasmussen, Vice President
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Cypress Lakes WWTP
 LOCATION: 10000 North US 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

MONITORING GROUP NUMBER: R-001 and Influent

COUNTY: Polk

NO DISCHARGE FROM SITE:

3MADF % Capacity:²

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to R-001	Sample Measurement									
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.175 (12MADF) ¹	mgd					5 Days/Week	Calculated Roll 12 Mo. Avg. ¹	
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (12 Mo. Avg.)			mg/l	Calculation	Calculated Roll 12 Mo. Avg. ¹	
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Wkly. Avg.)	60.0 (Max.)	mg/l	Every two weeks	8-Hr. FPC ³	
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 1 Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	mg/l	3 Days/Week	Grab	

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP
 COUNTY: Polk

PERMIT NUMBER: FLA013123
 MONITORING PERIOD From: _____ To: _____

MONITORING GROUP No.: R-001 and Influent

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 1 Mon.Site No. EFA-01	Sample Measurement							
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.	5 Days/Week
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement							
	Permit Requirement			Non Detectable (75 Percentile)		25 (Max.)	#/100ml	3 Days/Week
Turbidity PARM Code 00070 Mon.Site No. EFB-01	Sample Measurement							
	Permit Requirement			Report			NTU	Continuous
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement							
	Permit Requirement			1.0 (Min.)			mg/l	Continuous
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement							
	Permit Requirement			Report Monthly			mg/l	Monthly
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement							
	Permit Requirement			Report Monthly			mg/l	Monthly

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform use the monthly geometric mean.
- 2 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent
- 3 FPC is Flow Proportioned Composite

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123

Facility Name: Cypress Lakes WWTP
County: Polk

Three-month Average Daily Flow:

Month/Year:

Daily Flow % of Permitted Capacity:

	Flow (MGD) To R-001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.) Min/Max	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Turbidity	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00070	80082	00530
Mon. Site	Calculation	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFB-01	INF-01	INF-01
1									
2									
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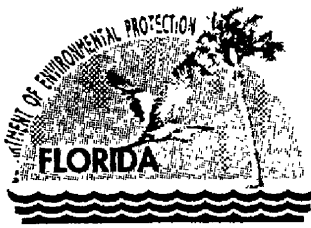
PLANT STAFFING:

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

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

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

672



Department of Environmental Protection

Jeb Bush
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

David B. Struhs
Secretary

RECEIVED
JUL 23 2001
cc: FF

July 18, 2001

Mr. Donald Rasmussen, Vice President
200 Weatherfield Ave.
Altamonte Springs, FL 32714

Polk County - DW

Re: Cypress Lakes WWTP - DEP File # FLA013123-004-DW2P
Notification Of Completion Of Construction For Wastewater Facilities
Notification Of Availability of Record Drawings and Final Operation and Maintenance Manuals

Dear Mr. Rasmussen:

This office acknowledges receipt of the referenced completion of construction document. *The system as described in the permit is approved for operation.*

In accordance with Rule 62-620.610, of the Florida Administrative Code, DEP Form 62-620.910(13) Notification of Availability of Record Drawings and Final Operation and Maintenance Manuals for Wastewater Facilities *was submitted* within six months of the facilities being placed into operation.

If you have any questions concerning this letter please contact me at 813/744-6100 Ext. 401.

Sincerely,

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Stephen G. Thompson
Permitting Engineer

c: David A. Webber, P.E., PBS&J, 5300 West Cypress St., Suite 300, Tampa, FL 33607-1712

FILE
Cypress Lakes
Permit handled

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(2)



Department of Environmental Protection

Jeb Bush
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619
November 14, 2000

copy provided to PF
David B. Struhs
Secretary

Donald Rasmussen, Vice-President
Cypress Lakes Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, Florida 32714

Polk County
Cypress Lakes WWTP

Permit Modification & Revision
Permit No: FLA013123

Dear Mr. Rasmussen:

We are in receipt of your request, application number FLA013123-004-DW2P/RO, for a substantial modification of the above-referenced domestic wastewater treatment plant and revision of the associated permit, originally issued November 9, 1998 and expiring on November 8, 2003. The conditions are hereby changed as follows:

<u>Condition</u>	<u>From</u>	<u>To</u>
Treatment Facilities	As Issued	See * below
Reuse	As Issued	See ** below

TREATMENT FACILITIES:

An existing, 0.160 mgd maximum month average daily flow (MMADF), Type II, extended aeration activated sludge domestic wastewater treatment plant consisting of: one (1) flow equalization basin of 15,045 gallons, five (5) aeration basins of 160,552 gallons total volume, two (2) clarifiers of 27,145 gallons total volume, two (2) chlorine contact chambers of 5,700 gallons, a dual media filter of 100,000 gallons, and two (2) aerobic digesters of 13,874 gallons total volume. This plant is operated to provide secondary treatment with high-level disinfection.

* *After construction/modification* 0.175 mgd annual average daily flow (AADF), Type II, Extended Aeration domestic wastewater treatment facility consisting of three (3) parallel treatment trains. A flow equalization basin with a volume of 48,000 gallons feeds all three treatment trains and includes a manual bar screen and flow splitter box. **Treatment Train 1** consists of one (1) aeration basin with a total aeration volume of 79,100 gallons, one (1) clarifier with a total volume of 18,000 gallons and a surface area of 240 ft², and one (1) gravity sand filter with a surface area of 50 ft². **Treatment Train 2** consists of one (1) aeration basin with a total aeration volume of 79,100 gallons, one (1) clarifier with a total volume of 18,000 gallons and a surface area of 240 ft², and one (1) gravity sand filter with a surface area of 50 ft². **Treatment Train 3** consists of three (3) aeration basins with a total aeration volume of 92,000 gallons, one (1) clarifier with a total volume of 10,150 gallons and a surface area of 228 ft², and one (1)

FILE
*Cypress Lake
Operating Permit
Binder*

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gravity sand filter with a surface area of 40 ft². Effluent from the treatment trains is commingled at a junction box and redistributed to two (2) chlorine contact chambers with a total volume of 5,000 gallons. The facility has two (2) sludge holding tanks with a total volume of 17,000 gallons. This facility is designed to provide secondary treatment with high level disinfection using chlorine gas.

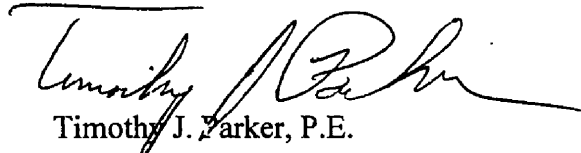
****REUSE:**

Land Application: an existing 0.175 mgd AADF permitted capacity slow-rate public access (R001) irrigation system consisting of delivery of high-level disinfected reclaimed water to three (3) off-site unlined holding ponds with a capacity of 2.0 million gallons each, and subsequent application to the 137-acre Cypress Lakes Golf Course. The facility has a lined holding pond with a total volume of 175,000 gallons for effluent not meeting reuse standards. Land application system R001 is located approximately at Latitude 28° 10' 46" N, Longitude 82° 59' 32" W.

By this plant modification and permit revision you are authorized to perform the work and modify the plant in accordance with drawings, plans, documents or specifications submitted to and retained on file at the FDEP Southwest District Office. These are hereby incorporated by reference and made a part hereof. A **Notification of Completion of Construction, DEP Form 62-620.910(12)**, is required prior to placing the modifications into operation.

This permit revision, FLA013123-004-DW2P/RO, authorizing the aforementioned changes must be attached to your original permit (FLA013123) and, together with any other preceding revision(s), becomes a part of that Permit. All future correspondence should reference the permit number FLA013123.

Sincerely,



Timothy J. Parker, P.E.
Water Facilities Administrator
Southwest District
3804 Coconut Palm Drive
Tampa, FL 33619-1352

TJP/jsg

cc: David A. Webber, P.E., PBS&J
Michele Duggan, FDEP
Steve Thompson, FDEP

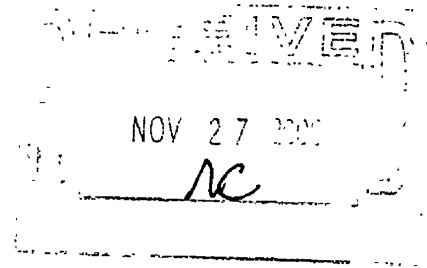
Note: Sidebars indicate changes.

Reference Program Guidance Memo DOM-97-01

Florida Department of Environmental Protection

PERMIT NUMBER: FLA013123
FACILITY NAME: CYPRESS LAKES WWTP

SWD-DW-53-FLA013123-CYPRESS LA-R
mr DONALD RASMUSSEN, VICE PRESIDENT
CYPRESS LAKES UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS FL 32714



NOTICE OF MINOR PERMIT REVISION

In accordance with rules 62-4.080(1), and 62-620.325(2), Florida Administrative Code (F.A.C.), your current Department wastewater permit is hereby revised to clarify the procedures for reporting unauthorized discharges under rules 62-620.610(20) and 62-621.250(14), F.A.C., as applicable. This minor permit revision is not applicable to facilities subject only to the general conditions for general permits issued pursuant to rules 62-660.801, 62-660.802, 62-660.803, 62-660.804, 62-660.805, 62-660.820, and 62-660.821, F.A.C.

These procedures are being provided for your wastewater facility as part of an effort to enhance communications and coordination in response to spills or releases that may endanger health or the environment. To this end, we are revising your wastewater permit to include instructions for reporting certain spills or unauthorized discharges to the State Warning Point Toll Free Number. *The clarifying instructions are contained in paragraph b. of the enclosed permit revision.*

The enclosed revision shall be attached to your existing Wastewater Permit. To the extent that this revision may conflict with any provision of your existing permit, these revised requirements shall govern. All other conditions of your existing wastewater permit shall remain in effect. The issuance of this permit modification does not authorize any infringement of federal, state, or local laws or regulations which may specify other requirements for reporting incidents as herein described.

If you have any questions about this permit revision, please contact your local DEP regulatory district office.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under sections 120.569 and 120.57 of the Florida Statutes before the deadline for filing a petition. The procedures for petitioning for a hearing are set forth below.

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

Petitions filed by the permittee or any of the parties listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first.

Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

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

Minor Permit Revision for Reporting Noncompliance

The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

- a. The following shall be included as information which must be reported within 24 hours under this condition:
 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters, not otherwise reported in accordance with b. below.

- b. **The permittee shall report all unauthorized releases or spills of untreated or treated wastewater in excess of 1,000 gallons per incident, or where public health or the environment may be endangered, to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:**
 1. Name, address, and telephone number of person reporting.
 2. Name, address, and telephone number of permittee or responsible person for the discharge.
 3. Date and time of the discharge and status of discharge (ongoing or ceased).
 4. Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater).
 5. Estimated amount of the discharge.
 6. Location or address of the discharge.
 7. Source and cause of the discharge.
 8. Whether the discharge was contained on-site, and cleanup actions taken to date.
 9. Description of area affected by the discharge, including name of water body affected, if any.
 10. Other persons or agencies contacted.

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



Department of Environmental Protection

RECEIVED APR 12 1999

Jeb Bush
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

David B. Struhs
Secretary

-003

Mr. Michael T. Dunn, P.E.
Utilities Inc. Of Florida
200 Weathersfield Avenue
Altamonte Springs, Florida 32714

April 8, 1999
Polk County
Cypress Lakes WWTP
Permit No: FLA013123-002-DW2

RE: Minor Revision to Permit

Dear Mr. Dunn,

The Department is in receipt of your request, application #FLA013123-003-DW2, for a revision to the above referenced permit, issued on 11/09/98 and expiring on 10/08/03, for a domestic wastewater treatment facility. The noted section of the original permit is hereby changed as follows:

<u>Section</u>	<u>From</u>	<u>To</u>
II. 25.	Add to Current	See Below**

**25. The wastewater treatment facility permittee shall apply for a minor revision on DEP Form 62-620.910(9) for new, modified, or expanded sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan prior to application of residuals to the new, modified, or expanded sites. The permit identifies that the residuals shall be hauled at the following Residuals Management Facility:

Hauler	Facility Permit	Latitude	Longitude	County
Mid-Florida Residuals Mgmt.	FLA016176	28°49'13"	81°19'43"	Seminole



Department of Environmental Protection

RECEIVED
JAN 15 1999

Lawton Chiles
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Virginia B. Wetherell
Secretary

January 13, 1999
DW Section
Polk County

002

Mr. Donald Rasmussen, V.P.
Cypress Lakes Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

RE: **Cypress Lakes WWTF**
FDEP Permit Number: FLA013123-002-DW2P
Transfer of Permit

Dear Mr. Rasmussen:

This is in response to your application number FLA013123-002-DW2P, for a transfer of the above operation permit, which was originally issued on 11/09/98.

Enclosed is a copy of the referenced permit and DMR which are hereby transferred to you as the new permittee. You are authorized to operate the wastewater treatment facility and disposal system subject to all of the conditions and requirements specified on the permit and applicable Department rules.

Please make note of the expiration date on the permit, 11/08/2003, and your responsibility under Rule 62-620.335(1), F.A.C. to apply for renewal of the permit at least 180 days before it expires. The Department hereby makes the following revision:

<u>Permittee:</u>	<u>From</u>	<u>To</u>
	Mr. Steven Sembler, V.P. Cypress Lakes Associates, Ltd. 11300 4th Street North, Suite 200 St. Petersburg, FL 33716	Mr. Donald Rasmussen, V.P. Cypress Lakes Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714

This permit modification, FLA013123-002-DWF/MT, authorizing the above change must be attached to your original permit and, together with any other preceding modification(s), becomes a part of your permit.

Sincerely,

DEPARTMENT OF ENVIRONMENTAL PROTECTION


Michael S. Hickey, P.E.

Water Facilities Administrator
Southwest District

MSH/awb

Attachment

cc: Michele Duggan, FDEP/DW

CYPRESS LAKES UTILITIES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961

December 15, 1998

Michele Duggan, Environmental Specialist
Department of Environmental Protection
Domestic Wastewater Section
Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Re: Cypress Lakes WWTF
Facility I.D. No: FLA013123
Permit Number: FLA013123-001-DW2P

Dear Ms. Duggan:

In response to your letter of December 2, 1998, enclosed is a completed Application for a Minor Revision to a Wastewater Facility Permit, a copy of the completed Application for Transfer of Permit (which was previously submitted under cover of our letter of December 2, 1998), and a check in the amount of \$50.00.

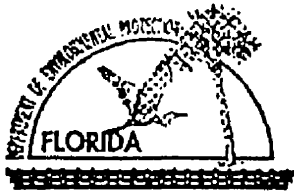
Please advise if any additional information is required.

Sincerely,



Donald Rasmussen
Vice President

DR/jkw
enclosures



APPLICATION FOR A MINOR REVISION TO A WASTEWATER FACILITY PERMIT

1. Instructions

- In accordance with Rule 62-620.330, F.A.C., this form must be submitted to the appropriate Department district office or approved local program when requests for minor revisions to a permit or minor modifications to a facility are made by a permittee, except for transfer of a permit to a new permittee and addition of a major user of reclaimed water to a Part III reuse system. Application for transfer of a permit to a new permittee shall be made on DEP Form 62-620.910(11). Application for addition of a major user of reclaimed water shall be made on DEP Form 62-610.910(7).
- Each applicable item must be completed in full in order to avoid delay in processing of this form. Where attached sheets or other technical documentation are provided, indicate appropriate cross-references.
- Three (3) copies of this application with supporting documentation shall be submitted with this form.
- All information is to be typed or printed in ink. Dates are to be entered in MM/DD/YR format.
- This application and attachments shall be signed in accordance with Rule 62-620.305, F.A.C. Also, as applicable, this application and all attachments shall be signed and sealed by a professional engineer registered in Florida in accordance with Rule 62-620.310, F.A.C.

2. Facility Information

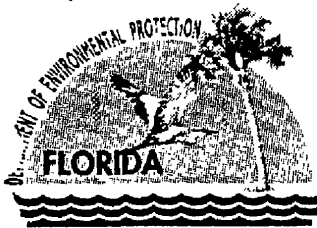
a. Permit Number FLA013123-001-DW2P b. Facility Identification Number FLA013123
b. Project/Facility Name Cypress Lakes MHP WWTP
d. Contact Name Donald Rasmussen, Vice President
Number and Street 200 Weathersfield Avenue
City/State/Zip Code Altamonte Springs, FL 32714
Telephone (407) 869-1919

3. Type of Revision

- Correct Typographical Errors¹ - Submit one copy of each page of the permit showing revisions being requested.
- Change Improvement Schedule¹ - Provide a description of the improvement, a list of the dates to be revised, and a reason for the proposed change in each date.
- Change Expiration Date of Permit¹ - Provide the current and proposed expiration dates for the permit and the reasons for the proposed change.
- Change Staffing Requirements² - Describe the proposed change and submit justification for the change in accordance with Chapter 62-699, F.A.C.

¹A processing fee is not required.

²A processing fee is required with the application in accordance with Rule 62-4.050, F.A.C.



Lawton Chiles
Governor

Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

RECEIVED
DEC 1 1998

Virginia B. Wetherell
Secretary

December 2, 1998
Polk County-DW

Mr. Donald Rasmussen, Vice President
Cypress Lakes Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL. 32714

re: Cypress Lakes MHP WWTP
Permit No. FLA013123-001-DW2P
Transfer of Permit

Dear Mr. Rasmussen:

The Department is in receipt of your November 19, 1998 letter to the Polk County Public Health Unit, indicating that the ownership of the Cypress Lakes MHP WWTP has recently changed. To that end, please find enclosed an Application for Transfer of Permit and an Application for a Minor Revision to a Wastewater Facility Permit. Please complete, sign and return both forms to transfer the wastewater permit to you. The fee is \$50.00. Please note that the signature and seal of a professional engineer is not required.

Should you have any questions, you may contact me at (813) 744-6100, extension 335.

Sincerely,


Michele Duggan
Environmental Specialist
Domestic Wastewater Section

MD/md
enclosures



DEPARTMENT OF
ENVIRONMENTAL PROTECTION
DEC 07 1998

Department of
Environmental Protection

Don Rasmussen

Lawton Chiles
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Virginia B. Wetherell
Secretary

November 23, 1998

Mr. Steven Sembler, Vice President
Cypress Lakes Association, Ltd.
11,300 4th Street North, Suite 200
St. Petersburg, FL 33716

RE: DEP File No.: FLA013123-001-DW1P
Cypress Lakes WWTP

Dear Mr. Sembler:

The transmittal letter for the recently issued permit for the above referenced facility has a typographical error in the permit number. This is not a significant error and will not have any bearing on the permit document. However, we do want to alert you to the error in the hope it will not lead to a future mistake in referencing the permit number.

The correct permit number is **FLA013123-001-DW1P**. The transmittal letter substituted an "0" in place of the "A" in the body of the letter and again on the heading for page two of the letter.

If you have any questions concerning this letter please contact me at (941) 534-1448.

Sincerely,

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Stephen G. Thompson
Permitting Engineer/Satellite Office Manager

CYPRESS LAKES UTILITIES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

FILE

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

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961

December 2, 1998

Department of Environmental Protection
Domestic Wastewater Section
Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Re: Cypress Lakes WWTF
Facility I.D. No: FLA013123
Permit Number: FLA013123-001-DW2P

To Whom It May Concern:

This letter is to inform you that Cypress Lakes Utilities, Inc. has purchased the wastewater system referenced above. The system was previously owned by Cypress Lakes Associates, Ltd. The closing took place on October 27, 1998. The Florida Public Service Commission approved the transfer in Order No. PSC-98-0993-FOF-WS.

Enclosed is DEP Form 62-620.910 - Application for Transfer of a Permit, which has been executed by both parties.

Please direct all future correspondence to : Cypress Lakes Utilities, Inc.
Attn: Don Rasmussen, Vice President
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Please advise if any additional information is required.

Sincerely,



Donald Rasmussen
Vice President

DR/jkw



APPLICATION FOR
TRANSFER OF A PERMIT

RECEIVED
NOV 30 1998

Facility ID: FLA013123

Date: 11/18/98

Facility Name: Cypress Lakes W.W.T.F.

Facility Address: 10000 North U.S. Highway 98 - Lakeland

Permit No.: FLA013123-DW2P

Date Issued: 11/9/98

Date Expired: 11/8/2003

NOTIFICATION OF SALE OR LEGAL TRANSFER

Permittee Name: Mr. Steven Sembler - Cypress Lakes Associates, Ltd.

Title: Vice President

Mailing Address: 11300 4th Street North - Suite 200 - St. Petersburg, FL 33716

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

Date of proposed transfer: 10/27/98

Date Signed: 11/23/98

Signature of Existing Permittee

REQUEST FOR TRANSFER OF PERMIT

Applicant Name: Donald Rasmussen - Cypress Lakes Utilities, Inc.

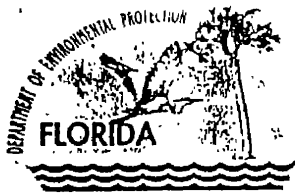
Title: Vice President

Mailing Address: 200 Weathersfield Avenue, Altamonte Springs, FL 32714

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

Date Signed: 12/1/98

Signature of Applicant



REC'D NOV 10 1998

Department of Environmental Protection

Lawton Chiles
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Virginia B. Wetherell
Secretary

November 9, 1998

In the matter of an
Application for Permit
by:

Cypress Lakes WWTP

Cypress Lakes Association, Ltd.
11300 4th Street North, Suite 200
St. Petersburg, FL 33716

DEP File No.: FLA013123-001-DW2P
Polk County

Atten.: Mr. Steven Sembler, Vice President

Enclosed is Permit Number FL0013123-001-DW2P to operate an existing Type II, domestic wastewater treatment plant, issued under section(s) 403.087(1), Florida Statutes.

Any party to this order (permit) has the right to seek judicial review of the permit under section 120.68 of the Florida Statutes, by the filing of a Notice of Appeal under rule 9.110 of the Florida Rules of Appellate Procedure, with the Clerk of the Department of Environmental Protection, Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000 and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within thirty days after this notice is filed with the Clerk of the Department.

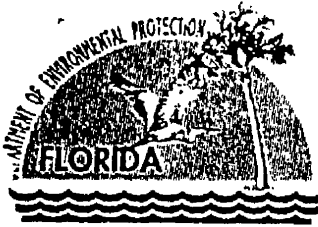
Executed in Tampa, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Michael S. Hickey, P.E.

Water Facilities Administrator
Southwest District



Department of Environmental Protection

Lawton Chiles
Governor

Virginia B. Wetherell
Secretary

Cypress Lakes WWTP
@ Effluent metering vault
+/- 16' ~~EE~~ 12/13/01 RMIT

PERMITTEE:

Mr. Steven Sembler, Vice
Cypress Lakes Associates,
11300 4th Street North, Sui
St. Petersburg, FL 33716

N 28° 10' 53.4"
W 81° 59' 42.6"

R: FLA013123-001-DW2P
November 9, 1998
TE: November 8, 2003
: FLA013123

FACILITY:

Cypress Lakes WWTF
10000 North US Hwy. 98
Polk County
Lakeland, FL 33809
Latitude: 28° 10' 46" N Longitude: 81° 59' 32" W

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

TREATMENT FACILITIES:

An existing, 0.160 mgd maximum month average daily flow (MMADF), Type II, extended aeration activated sludge domestic wastewater treatment plant consisting of: one (1) flow equalization basin of 15,045 gallons, five (5) aeration basins of 160,552 gallons total volume, two (2) clarifiers of 27,145 gallons total volume, two (2) chlorine contact chambers of 5,700 gallons, a dual media filter of 100,000 gallons, and two (2) aerobic digesters of 13,874 gallons total volume. This plant is operated to provide secondary treatment with high-level disinfection.

After construction/modification, 0.240 mgd maximum month average daily flow (MMADF), Type II, extended aeration activated sludge domestic wastewater treatment plant consisting of: one (1) flow equalization basin of 41,100 gallons, six (6) aeration basins of 240,240 gallons total volume, two (2) clarifiers of 51,200 gallons total volume with a surface loading rate of 346 gallons per day per square foot, three (3) dual media filters designed to handle 3.0 gpm per square foot, three (3) chlorine contact chambers of 1,800 gallons total volume, and one (1) sludge holding tank of 17,000 gallons. This plant will be operated to provide secondary treatment with high-level disinfection.

PERMITTEE: Mr. Steven Sembler, Vice President
FACILITY: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123-001-DW2P
EXPIRATION DATE: See Page 1

REUSE:

Land Application: An existing 0.240 mgd MMADF permitted capacity slow-rate public access (R001) system in which disinfected effluent is stored off-site in three (3) unlined storage ponds of 2.0 million gallons capacity each, which is then directed to the 137-acre Cypress Lakes Golf Course for reuse. Land application system R001 is located approximately at latitude 28° 10' 46" N, longitude 81° 59' 32" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions as set forth in Pages 1 through 24 of this permit and attached DMR.



Department of Environmental Protection

Lawton Chiles
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Virginia B. Wetherell
Secretary

November 9, 1998

In the matter of an
Application for Permit
by:

Cypress Lakes Association, Ltd.
11300 4th Street North, Suite 200
St. Petersburg, FL 33716

DEP File No.: FLA013123-001-DW2P
Polk County

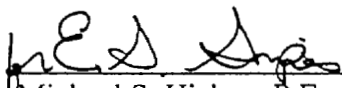
Atten.: Mr. Steven Sembler, Vice President

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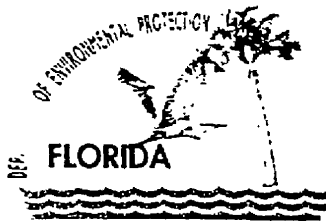
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Executed in Tampa, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Michael S. Hickey, P.E.
Water Facilities Administrator
Southwest District



Lawton Chiles
Governor

Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Virginia B. Wetherell
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Mr. Steven Sembler, Vice President
Cypress Lakes Associates, Ltd.
11300 4th Street North, Suite 200
St. Petersburg, FL 33716

PERMIT NUMBER: FLA013123-001-DW2P
ISSUANCE DATE: November 9, 1998
EXPIRATION DATE: November 8, 2003
FACILITY I.D. NO: FLA013123

FACILITY:

Cypress Lakes WWTF
10000 North US Hwy. 98
Polk County
Lakeland, FL 33809
Latitude: 28° 10' 46" N Longitude: 81° 59' 32" W

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

TREATMENT FACILITIES:

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After construction/modification, 0.240 mgd maximum month average daily flow (MMADF), Type II, extended aeration activated sludge domestic wastewater treatment plant consisting of: one (1) flow equalization basin of 41,100 gallons, six (6) aeration basins of 240,240 gallons total volume, two (2) clarifiers of 51,200 gallons total volume with a surface loading rate of 346 gallons per day per square foot, three (3) dual media filters designed to handle 3.0 gpm per square foot, three (3) chlorine contact chambers of 1,800 gallons total volume, and one (1) sludge holding tank of 17,000 gallons. This plant will be operated to provide secondary treatment with high-level disinfection.

PERMITTEE: Mr. Steven Sembler, Vice President
FACILITY: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123-001-DW2P
EXPIRATION DATE: See Page 1

REUSE:

Land Application: An existing 0.240 mgd MMADF permitted capacity slow-rate public access (R001) system in which disinfected effluent is stored off-site in three (3) unlined storage ponds of 2.0 million gallons capacity each, which is then directed to the 137-acre Cypress Lakes Golf Course for reuse. Land application system R001 is located approximately at latitude 28° 10' 46" N, longitude 81° 59' 32" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions as set forth in Pages 1 through 24 of this permitand attached DMR.

PERMITTEE: M. Steven Sembler, Vice President
 FACILITY: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123-001-DW2P
 EXPIRATION DATE: See Page 1

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System(s) R001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow (Existing)	mgd	Maximum	-	0.160 MMADF	-	-	5 Days/Week	Recording flow meter	EFA-01-15277	See Cond. I.A.3
Flow (After Completion of Construction Modifications)	mgd	Maximum	-	0.240 MMADF	-	-	5 Days/Week	Recording flow meter	EFA-01-15277	See Cond. I.A.3
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Maximum	20.0	30.0	45.0	60.0	Every two weeks	8-hour F.P.C.*	EFA-01-15277	
Total Suspended Solids	mg/L	Maximum	-	-	-	5.0	5 Days/Week	Grab	EFA-01-32287	
Turbidity	See Permit Condition I.A.7.						Continuous	Meter	EFA-01-32287	
pH	std. units	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01-15277	
Nitrogen, NO3, Total as N	mg/L	Maximum	-	-	-	12.0	Every two weeks	8-hour F.P.C.*	EFA-01-15277	
Fecal Coliform Bacteria	See Permit Condition I.A.4.						5 Days/Week	Grab	EFA-01-15277	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	1.0	Continuous	Meter	EFA-01-15277	See Cond. I.A.5

* Flow-Proportioned Composite sample taken during a period of 8 hours

PERMITTEE: Mr. Steven Sembler, Vice President
FACILITY: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123-001-DW2P
EXPIRATION DATE: See Page 1

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-01-15277	Effluent sample point immediately after disinfection
EFB-01-32287	Effluent sample point after filtration and before disinfection

3. A recording flow meter shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6), 12-24-96]
4. Over a 30 day period, 75 percent of the fecal coliform values (the 75th percentile value) shall be below the detection limits. Any one sample shall not exceed 25 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 5.0 milligrams per liter of total suspended solids (TSS) at a point before application of the disinfectant. Note: To report the 75th percentile value, list the fecal coliform values obtained during that month in ascending order. Report the value of the sample that corresponds to the 75th percentile (multiply the number of samples by 0.75). For example, for 30 samples, report the corresponding fecal coliform value for the 23rd value of ascending order. [62-600.440(5)(f), 12-24-96]
5. A minimum of 1.0 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.525(5), 1-9-96 and 62-640.440(5)(b), 12-24-96]
6. The following is for informational purposes:

Location Site Number	Description of Monitoring Location
31701	R001 - Cypress Lakes Golf Course

7. The turbidity of the reclaimed water shall be monitored continuously at the monitor point described in Permit Condition I.A.2 above. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliform bacteria will be achieved. [62-610.463, 1-9-96]
8. The permittee shall submit an annual report of reclaimed water utilization using, Form 62-610.300(4)(a)2, by January 1 of each year. [62-610.870(3), 1-9-96]

PERMITTEE: Mr. Steven Sembler, Vice President
 FACILITY: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123-001-DW2P
 EXPIRATION DATE: See Page 1

B. Other Limitations and Monitoring and Reporting Requirements

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

Parameter	Units	Max/Min	Limitations				Monitoring Requirements			Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Report	-	-	-	-	Monthly	8-hour F.P.C.*	INF-01-31700	Influent
Total Suspended Solids	mg/L	Report	-	-	-	-	Monthly	8-hour F.P.C.*	INF-01-31700	Influent

* Flow-Proportioned Composite sample taken during a period of 8 hours

PERMITTEE: Mr. Steven Sembler, Vice President
FACILITY: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123-001-DW2P
EXPIRATION DATE: See Page 1

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

Monitoring Location Site Number	Description of Monitoring Location
INF-01-31700	At headworks prior to any return sludge lines

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4), 12-24-96]
4. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5), 12-24-96]
5. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department on a monthly basis Discharge Monitoring Report(s) (DMR), Form 62-620.910(10), as attached to this permit. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the address specified below by the twenty-eighth (28th) of the month following the month of operation:

Florida Department of Environmental Protection
Mail Station 3551
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

[62-620.610(18), 12-24-96][62-601.300(1), (2), and (3), 12-24-96]

7. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-601.900(4), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department's Southwest District Office by 11/30 of each year. [62-601.300(4), 12-24-96][62-601.500(3), 12-24-96]
8. Unless specified otherwise in this permit, all reports and notifications required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below.

PERMITTEE: Mr. Steven Sembler, Vice President
FACILITY: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123-001-DW2P
EXPIRATION DATE: See Page 1

Florida Department of Environmental Protection
Southwest District Office
3804 Coconut Palm Blvd.
Tampa, Florida 33619-8318

Phone Number - (813) 744-6100

FAX Number - (813) 744-8198 All FAX copies shall be followed by original copies.

II. RESIDUALS MANAGEMENT REQUIREMENTS

Basic Management Requirements

1. The method of residuals use or disposal by this facility is land application, or disposal in a Class I or II solid waste landfill.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [Ch. 62-640.300(5), 3-30-98, F.A.C.]
3. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit. [Ch. 62-640.300(5), 3-30-98, F.A.C.]
4. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [Ch. 62-640.300(5), 3-30-98, F.A.C.]
5. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [Ch. 62-640.100(6)(k)3&4, 3-30-98, F.A.C.]
6. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s), and the requirements of Chapter 62-640, F.A.C. [Ch. 62-640, 3-30-98, F.A.C.]
7. The domestic wastewater residuals for this facility are classified as Class B. The permittee shall achieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(4)(2), (3) or (4) of Title 40 CFR Part 503, revised as of October 25, 1995. [Ch. 62-640.600 (1)(b), 3-30-98, F.A.C.]
8. The permittee shall achieve vector attraction reduction by meeting the vector attraction reduction requirements in section 503.33(b)(1) through (10) of Title 40 CFR Part 503, revised as of October 25, 1995. [Ch. 62-640.600(2)(a), 3-30-98, F.A.C.]

PERMITTEE: Mr. Steven Sembler, Vice President
FACILITY: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123-001-DW2P
EXPIRATION DATE: See Page 1

9. Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. [Ch. 62-640.400(8), 3-30-98, F.A.C.]
10. The permittee shall sample and analyze the Class B residuals to monitor for pathogen and vector attraction reduction requirements of Rule 62-640.600, F.A.C., and the parameters listed in the table below at least once every (Reference chapter 62-640, for facilities which produce less than 320 dry tons/yr is annually, for facilities which produce between 320 and 1653 dry tons/yr, it should be quarterly, and for facilities which produce greater than 1653 dry tons per year is monthly), () months. The following parameters shall be sampled and analyzed:

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

[Ch. 62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3), 3-30-98, F.A.C.]

11. Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication - **POTW Sludge Sampling and Analysis Guidance Document, 1997**. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the **POTW Sludge Sampling and Analysis Guidance Document**, the requirements in Title 40 CFR Part 503, section 503.8 will apply. [Ch. 62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3), 3-30-98, F.A.C.]

PERMITTEE: Mr. Steven Sembler, Vice President
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12. Grab samples shall be used for pathogens and determinations of percent volatile solids. Composite samples shall be used for metals. [Ch. 62-640.650(1)(e), 3-30-98, F.A.C.]
13. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. [Ch. 62-640.650(1)(f), 3-30-98, F.A.C.]
14. The permittee shall submit the results of all residuals monitoring with the permittee's Discharge Monitoring Report under Chapter 62-601, F.A.C. The analytical results from each sampling event shall be submitted with the report for the month in which the sampling event occurs. Copies of all applicable analytical reports shall be submitted with the monitoring results. [Ch. 62-640.650(3)(a)&(e), 3-30-98, F.A.C.]
15. Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. [Ch. 62-640.600(3)(b), 3-30-98, F.A.C.]
16. Plant nursery use of Class B residuals is limited to plants which will not be sold to the public for 12 months after the last application of residuals. [Ch. 62-640.600(3)(b)1., 3-30-98, F.A.C.]
17. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. [Ch. 62-640.600(3)(b)2, 3-30-98, F.A.C.]
18. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. [Ch. 62-640.600(3)(b)3., 3-30-98, F.A.C.]
19. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. [Ch. 62-640.600(3)(b)4., 3-30-98, F.A.C.]
20. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. [Ch. 62-640.600(3)(b)5., 3-30-98, F.A.C.]
21. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. [Ch. 62-640.600(3)(b)6., 3-30-98, F.A.C.]
22. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. [Ch. 62-640.600(3)(b)7., 3-30-98, F.A.C.]
23. Sod which will be distributed or sold to the public or used on unrestricted public access areas shall not be harvested for 12 months after the last application of Class B residuals. [Ch. 62-640.600(3)(b)8., 3-30-98, F.A.C.]
24. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. [Ch. 62-640.600(3)(b., 3-30-98, F.A.C.]
25. Current Agricultural Use Plan(s) identify residuals landspreading on the following site(s):

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Site Name	Application Area (Acres)	Site Location	
		City	County
Climbing "C" Ranch	294	Arcadia	Desoto
Bryan Property	160	Bartow	Polk
Hollingsworth Property	1,155	Arcadia	Desoto
Stokes Ranch	788	Bartow	Polk

26. The wastewater treatment facility permittee shall apply for a minor permit revision on DEP Form 62-620.910(9) for new, modified, or expanded residuals land application sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan(s) prior to application of residuals to the new, modified, or expanded sites, unless all of the following conditions are met:
- The permittee notifies the Department within 24 hours that the site is being used;
 - The site meets the site use restrictions of Rule 62-640.600(3), F.A.C, and the criteria for land application of residuals in Rule 62-640.700, F.A.C.
 - The permittee submits a new or revised Agricultural Use Plan for the site with a permit application in accordance with Rule 62-640.300(2), F.A.C., within 30 days of beginning use of the site.
 - The permittee does not have another approved land application site, another approved disposal method (e.g. landfilling or incineration), or approved storage facilities available for use; and,
 - The permittee demonstrates during permit application that application of additional residuals to an existing approved application site would have resulted in violation of Department rules, or was not possible due to circumstances beyond the permittee's control.
[Ch. 62-640.300(2)&(3), 3-30-98, F.A.C.]
27. Residuals application rates are limited to agronomic rates based on the site vegetation as identified in the Agricultural Use Plan. *[Ch. 62-640.750(2), 3-30-98, F.A.C.]*
28. Residuals shall be applied with appropriate techniques and equipment to assure uniform application over the application zone. *[Ch. 62-640.700(2)(c), 3-30-98, F.A.C.]*
29. The spraying of liquid domestic wastewater residuals shall be conducted so that the formation of aerosols is minimized. *[Ch. 62-640.700(2)(d), 3-30-98, F.A.C.]*
30. Residuals storage facilities at land application sites shall be subject to applicable setback requirements for residuals application sites. Residuals stored at land application sites shall be stored in a manner that will not cause runoff or seepage from the residuals, objectionable odors, or vector attraction. Storage areas must be fenced or otherwise provided with appropriate features to discourage the entry of animals and unauthorized persons. At the time of application, the stored residuals must meet the parameter concentrations, pathogen and vector attraction reduction requirements, and cumulative application limits of this permit. Residuals storage facilities at land application sites may be used only for temporary storage of stabilized residuals for no more than 30 days during periods of inclement weather or to accommodate agricultural operations, or up to the period (not to exceed two years) specified in the Agricultural Use Plan. *[Ch. 62-640.700(2)(e), 3-30-98, F.A.C.]*
31. Residuals application sites shall be posted with appropriate advisory signs identifying the nature of the project area. *[Ch. 62-640.700(2)(f), 3-30-98, F.A.C.]*

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32. The pH of the residuals soil mixture shall be 5.0 or greater at the time residuals are applied. At a minimum, soil pH testing shall be done annually. *[Ch. 62-640.700(5)(d), 3-30-98, F.A.C.]*
33. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven (7) days of request by the Department, or delegated Local Program. The permittee shall maintain record items "a" through "e" below in perpetuity, and maintain record items "f" through "k" for five (5) years:
- a) Date of application of the residuals;
 - b) Location of the residuals application site as specified in the Agricultural Use Plan;
 - c) Identification of each application zone used by the permittee at the application site and the acreage of each zone.
 - d) Amount of residuals applied or delivered to each application zone;
 - e) Cumulative loading of each application zone;
 - f) The names of all other wastewater facilities using each of the application zones identified in item c.
 - g) Method of incorporation (if any);
 - h) Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least annually);
 - i) Unsaturated depth of soil above the water table level at the time of application;
 - j) Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and
 - k) The results of any soil testing that is done under Rule 62-640.500(4)(a), F.A.C. *[Ch. 62-640.650(2), 3-30-98, F.A.C.]*
34. The permittee shall submit an annual summary of residuals application activity to the Southwest District Office on Department Form 62-640.210(2)(b) for all residuals applied during the period of January 1 through December 31. The summary for each year shall be submitted by February 19 of the following year. If more than one facility applies residuals to the same application zones, the summary must include a subtotal of each facility's contribution of residuals to the application zones. *[Ch. 62-640.650(3)(b), 3-30-98, F.A.C.]*
35. If residuals that are subject to the cumulative loading limitations of Rule 62-640.700(3), F.A.C., have been applied to an application zone, and the cumulative loading amount of one or more of the pollutants is not known, no further applications of residuals may be made to the application zone. *[Ch. 62-640.700(3)(f), 3-30-98, F.A.C.]*
36. A minimum unsaturated soil depth of two (2) feet above the water table level is required at the time the residuals are applied to the soil. *[Ch. 62-640.700(6)(a), 3-30-98, F.A.C.]*
37. Residuals shall not be applied during rains that cause runoff from the site or when surface soils are saturated. *[Ch. 62-640.700(7)(a), 3-30-98, F.A.C.]*
38. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. *[Ch. 62-640.300(4), 3-30-98, F.A.C.]*
39. Disposal of screenings and grit from preliminary treatment components of wastewater treatment facilities, solids from sewer line cleaning operations, and solids from lift stations and pump stations shall be in accordance with Chapter 62-701, F.A.C. *[Ch. 62-640.100(6)(k)8., 3-30-98 & 62-701.300(1)(a), 4-23-97]*

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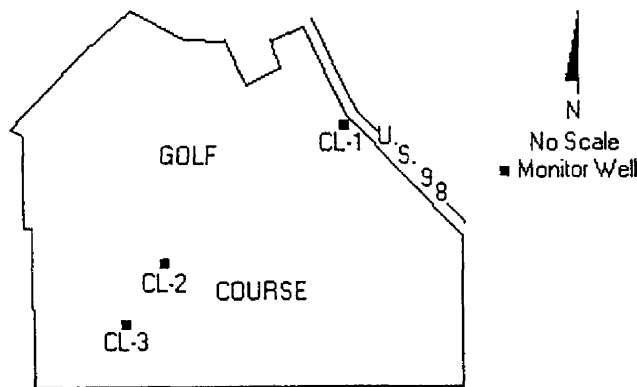
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40. Land application of "other solids" as defined in Chapter 62-640, F.A.C., shall be conducted in accordance with the Agricultural Use Plan(s) approved for this facility. Land application of "other solids" is subject to Chapter 62-640, F.A.C., and the permit conditions that apply to land applied residuals. [Ch. 62-640.860, 3-30-98, F.A.C.]
41. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [Ch. 62-640.880(2)(d), 3-30-98, F.A.C.]

I. GROUND WATER MONITORING REQUIREMENTS

3. During the period of operation authorized by this permit, the permittee shall sample the ground water at the existing monitoring wells identified in Item III.2. below, in accordance with Chapter 62-522.600, F.A.C. [62-522.600, 4/14/94]
4. The following monitor wells, approximate locations of which are shown below, shall be sampled QUARTERLY:

<u>Well Name</u>	<u>Monitoring Location</u>	<u>Depth (feet)</u>	<u>Aquifer Monitored</u>	<u>Well Type</u>	<u>New or Existing</u>
CL-1	see below	19	Surficial	C	E
CL-2	see below	19	Surficial	I	E
CL-3	see below	19	Surficial	C	E



B - Background
I - Intermediate
C - Compliance

[62-522.600(11)(b), 4/14/94]

3. If any monitoring well becomes damaged or inoperable, the permittee shall notify the Department immediately and a detailed written report shall follow within seven days. The written report shall detail what problem has occurred and remedial measures that have been taken to prevent the recurrence. All monitoring well design and replacement shall be approved by the Department prior to installation. [62-522.600, 4/14/94]
4. Ground water monitor wells shall be sampled in accordance with Department document: DER - QA - 001/92, Standard Operating Procedures for Laboratory Operations and Sample Collection Activities. [62-522.600(1), 4/14/94]

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5. Ground water monitor well samples shall be analyzed in accordance with Department document; DER - QA - 001/92, **Standard Operating Procedures for Laboratory Operations and Sample Collection Activities** as specified in Chapter 62-520, FAC. and Chapter 62-522, FAC. [62-520.300, and 62-520.420, 4/14/94, 62-522.600(1), 4/14/94]
6. The following parameters shall be analyzed **QUARTERLY** for each of the monitor well(s) previously identified in above Item 2.

a.	Nitrate (as N)	mg/L
b.	Fecal Coliform	cts./100ml
c.	Ammonia (as N)	mg/L
d.	Total Dissolved Solids	mg/L
e.	Sodium	mg/L
f.	Chloride	mg/L
g.	Sulfate	mg/L
h.	Turbidity	NTUs
i.	Water level (field measurement)	feet above Mean Sea Level
j.	pH (field measurement)	std.units
k.	Specific Conductance (field measurement)	µmhos/cm
l.	Temperature (field measurement)	°C

[62-522.600(11)(b), 4/14/94]

7. All ground water monitor wells shall be sampled, analyzed and the results reported in accordance with the following schedule:

<u>Sample Period</u>	<u>Report Due Date</u>
1st Quarter (January-March)	April 15
2nd Quarter (April-June)	July 15
3rd Quarter (July-September)	October 15
4th Quarter (October-December)	January 15

There shall be a minimum forty-five days between any two consecutive quarterly sampling events. Additional samples, wells and parameters may be required based upon subsequent analysis. [62-522.600(11)(b), 4/14/94]

8. Ground water monitoring well test results shall be submitted on **Part D of Form 62-620.910(10)**. Results shall be submitted at the intervals specified in above Condition number seven (7) for each year during the period of operation allowed by this permit. Results shall be submitted with the DMR in accordance with Specific Condition I.B.6. [62-522.600(11)(b), 4/14/94] [62-601.300(3), 62.601.700 and Figure 3 of 62-601] [62-620.610.(18), 11/29/94]
9. The permittee shall submit to the Department an annual cumulative summary of the quarterly ground water data. This document will be submitted with the **3rd Quarter DMR** pursuant to above Condition number seven (7). The data shall be presented in both graphical and tabular formats for each ground water monitoring well. The specific parameters to be included are to include the following:

a.	Nitrate (as N)	mg/L
b.	Fecal Coliform	cts./100ml

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c.	Ammonia (as N)	mg/L
d.	Total Dissolved Solids	mg/L
e.	Sodium	mg/L
f.	Chloride	mg/L
g.	Sulfate	mg/L
h.	Turbidity	NTUs
i.	Water level (field measurement)	feet above Mean Sea Level
j.	pH (field measurement)	std.units
k.	Specific Conductance (field measurement)	µmhos/cm
l.	Temperature (field measurement)	°C

[62-522.600(11)(b), 4/14/94]

10. The ground water minimum criteria specified in Rule 62-520.400, shall be met within the zone of discharge. *[62-520.400 and 62-522.300(1), 4/14/94]*
11. All ground water quality criteria specified in Chapter 62-520 and Chapter 62-522 shall be met at the edge of the zone of discharge. The zone of discharge shall extend horizontally 100 feet or to the site property line, whichever is less, and vertically to the base of the surficial aquifer. *[62-520.200(23), 62-520.400, 62-520.420, 4/14/94, 62-522.300(1), 62-522.400, and 62-522.410, 4/14/94]*
12. If at any time, background ground water standards are exceeded at the edge of the zone of discharge, the permittee has fifteen days from receipt of the laboratory analysis in which to resample the monitor well(s) to verify the original analysis. The analytical results must be submitted to the Department within fifteen days of receipt of the reanalyses from the laboratory. Should the permittee choose not to resample, the water quality analysis will be considered representative of current ground water conditions at that disposal site. *[62-522.500, 4/14/94]*
13. Sixty days prior to the submittal of the wastewater facility renewal application of this permit, the permittee shall sample all groundwater monitor wells for the **Florida Primary and Secondary Drinking Water Standards contained in Chapter 62-550, F.A.C. (excluding asbestos, acrylamide, and epichlorohydrin), and EPA Methods 601 and 602.** The analyses shall be submitted on **Part D of Form 62-620.910 (10)** to the Department and with the renewal application. *[62-522.500, 4/14/94]*
14. Sixty days prior to the submittal of the wastewater facility renewal application of this permit, the permittee shall provide a **24-hour composite effluent sample** prior to discharge to the land application system. The composite sample shall be analyzed for the **Florida Primary and Secondary Drinking Water Standards in accordance with Chapter 62-550, F.A.C., the EPA Priority Pollutants.** The effluent analysis shall be submitted to the Department with the renewal application. The analyses results shall be reported on **Form 62-601.910 (15),** or a Department-approved exact replica, compatible with the data entry into the Department's computer system. *[62-522.500, 4/14/94]*

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IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part III Public Access System(s)

1. Use of reclaimed water is authorized only on the Cypress Lakes Golf Course at this time. The following use of reclaimed water is authorized within this general service area: Golf Course Irrigation, Other Landscape Irrigation, Aesthetic Purposes (decorative ponds, pools, and fountains). *[62-620.630(10)(d), 12-24-96]*
2. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. For major users of reclaimed water (i.e., using 0.1 mgd or more), the zone of discharge shall extend horizontally 100 feet from the application site or to the user's property line, whichever is less, and vertically to the base of the surficial aquifer. For other users, the zone of discharge shall extend horizontally to the boundary of the general service area identified in the attached map and vertically to the base of the surficial aquifer. *[62-520.200(23), 12-9-96] [62-522.400 and 62-522.410, 12-9-96]*
3. The treatment facilities shall be operated in accordance with the approved operating protocol. **This operating protocol shall be updated when expansion construction is complete, prior to placing the updated facility into service, and then yearly thereafter.** Only reclaimed water that meets the criteria established in the approved operating protocol may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol shall be directed to reject storage for subsequent additional treatment or disinfection. *[62-610.320(6) and 62-610.463(2), 1-9-96]*
4. The operating protocol shall be reviewed and updated periodically (at least once each year) to ensure continuous compliance with the minimum treatment and disinfection requirements. In lieu of an updated protocol, the permittee may submit a letter to the Department annually stating that the facility will continue to operate in accordance with the existing approved protocol. Data supporting the existing setpoints shall be submitted with the letter. Updated operating protocols, and status report letters, shall be submitted to the Department's Southwest District Office for review and approval. *[62-610.320(6) and 62-610.463(2), 1-9-96]*
5. Cross-connections to the potable water system are prohibited. *[62-610.469(7), 1-9-96]*
6. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. *[62-610.469(7), 1-9-96]*
7. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. *[62-610.469(7), 1-9-96]*
8. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. *[62-610.471(3), 1-9-96]*
9. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting

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potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. [62-610.471(1), (2), (5), and (7), 1-9-96]

10. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. [62-610.469(4), 1-9-96]
11. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. [62-610.471(6), 1-9-96]
12. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. [62-610.471(8), 1-9-96]
13. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. [62-610.468(2), 1-9-96]
14. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414 and 62-610.464, 1-9-96]
15. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Southwest District Office within 24 hours of an occurrence as an abnormal event. The provisions of Rule 62-610.880(9), F.A.C., shall be met. [62-610.800(9), 1-9-96]
16. Reclaimed water shall only be released to the system storage or reuse system during periods of operator attendance or when provisions of the approved operation protocol are functioning as intended in compliance with the approved operation protocol. [62-610.462(2), 1-9-96]

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 61E12-41, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 6 hours/day for 7 days/week. The lead operator must be a Class C operator, or higher.

After the expansion construction is complete, the facility is a Category III, Class B facility, however, there is no change in staffing requirements.

[62-699, 5-20-94] [62-620.630(3), 11-29-94] [62-699.310, 5-20-92] [62-610.462, 1-9-96]

2. The lead operator shall be on duty for one (1) full shift each duty day. A certified operator shall be on site and in charge of each required shift and for periods of required staffing time when the lead operator is not on site. A certified operator shall be on call during periods the plant is unattended. [62-699.311(1), 5-20-92]

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3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5), 6-8-93]*
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1), 6-8-93]*
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350,12-24-96][61E12-41.010(1)(e), 11-02-93]

VI. SCHEDULES

Section VI is not applicable to this facility.

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VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. *[62-625.500, 11-29-94]*

VIII. OTHER SPECIFIC CONDITIONS

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. *[62-620.410(5), 11-26-94]*
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. *[62-610.850(1)(a) and (2)(a), 1-9-96][62-640.700(3)(c), 3-1-91]*
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. *[62-600.410(8), 6-8-93]*
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited. *[62-604.240(3), 5-31-93]*
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550, 5-31-93] [62-620.610(20), 11-29-94]*
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.*[62-604.240(4), 5-31-93]*
7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.514(20), 1-9-96] [and 62-600.410, 6-8-93]*

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8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-7.540, 12-10-85]*
9. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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

[62-620.625(2), 11-29-94]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1), 11-29-94]*
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2), 11-29-94]*
3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3), 11-29-94]*
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4), 11-29-94]*
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would

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have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5), 11-29-94]

6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6), 11-29-94]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7), 11-29-94]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8), 11-29-94]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9), 11-29-94]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10), 11-29-94]
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department,

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such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11), 11-29-94]*

12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12), 11-29-94]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13), 11-29-94]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14), 11-29-94]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15), 11-29-94]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16), 11-29-94]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.*[62-620.610(17), 11-29-94]*
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.

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FACILITY: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123-001-DW2P
EXPIRATION DATE: See Page 1

- c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
- d. Any laboratory test required by this permit for domestic wastewater facilities shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 10D41, F.A.C., to perform the test. On-site tests for dissolved oxygen, pH, and total chlorine residual shall be performed by a laboratory certified to test for those parameters or under the direction of an operator certified under Chapter 61E12-41, F.A.C.
- e. Under Chapter 62-160, F.A.C., sample collection shall be performed by following the protocols outlined in "DER Standard Operating Procedures for Laboratory Operations and Sample Collection Activities" (DER-QA-001/92). Alternatively, sample collection may be performed by an organization who has an approved Comprehensive Quality Assurance Plan (CompQAP) on file with the Department. The CompQAP shall be approved for collection of samples from the required matrices and for the required tests.

[62-620.610(18), 11-29-94]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19), 11-29-94]*
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - a. The following shall be included as information which must be reported within 24 hours under this condition:
 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge.
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters.
 - b. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20), 11-29-94]

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21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21), 11-29-94]*

22. Bypass Provisions.

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

[62-620.610(22), 11-29-94]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 2. The permitted facility was at the time being properly operated;

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FACILITY: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123-001-DW2P
EXPIRATION DATE: See Page 1

3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
 - c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23), 11-29-94]

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FACILITY: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123-001-DW2P
EXPIRATION DATE: See Page 1

3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
 - c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23), 11-29-94]

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mr. Steven Sembler, Vice President
 MAILING ADDRESS: Cypress Lakes Associates, Ltd.
 11300 4th Street North, Suite 200
 St. Petersburg, FL 33716
 FACILITY: Cypress Lakes WWTF
 LOCATION: 10000 North U.S. Hwy. 98
 Lakeland, FL 33809

PERMIT NUMBER: FLA013123-001-DW2P
 MONITORING PERIOD From: _____
 LIMIT: Final
 CLASS SIZE: _____
 FACILITY ID: FLA013123
 GMS ID NO.: 4053P10696
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC

PERMIT ISSUE DATE: _____
 To: _____
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO.: 31701
 GMS TEST SITE NO.: _____

COUNTY: Polk

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement									
PARM Code 80050 Mon. Site No. EFA-01-15277	Permit Measurement	0.240	mgd						5 Days/Week	Meter
CBOD5	Sample Measurement									
PARM Code 80082 Mon. Site No. EFA-01-15277	Permit Measurement			20.0			mg/L		Report Monthly	Calculated Rolling Avg.
CBOD5	Sample Measurement									
PARM Code 80082 Mon. Site No. EFA-01-15277	Permit Measurement			30.0	45.0	60.0	mg/L		Every Two Weeks	8 hour FPC
TSS	Sample Measurement									
PARM Code 00530 Mon. Site No. EFB-01-32287	Permit Measurement					5.0	mg/L		5 Days/week	Grab
pH	Sample Measurement									
PARM Code 00406 Mon. Site No. EFA-01-15277	Permit Measurement			6.0		8.5	S.U.		5 Days/week	Grab

¹Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

²Flow Proportioned Composite sample taken during a period of 8 hours

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF
 REPORT MONTH: _____

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.:31701

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrate, Total as N	Sample Measurement							
PARM Code 00620 Mon. Site No. EPA-01-15277	Permit Measurement			12.0 (Max.)	mg/L		Every Two Weeks	8 hour FPC ¹
Fecal Coliform Bacteria	Sample Measurement							
PARM Code 74055 Mon. Site No. EPA-01-15277	Permit Measurement			Non-Detectable (75 Percentile)	#/100ml		5 Days/Week	Grab
Turbidity	Sample Measurement							
PARM Code 00070 Mon. Site No. EFB-01-32287	Permit Measurement			Report	NTU		Continuous	Meter
TRC for disinfection	Sample Measurement							
PARM Code 50060 Mon. Site No. EPA-01-15277	Permit Measurement			1.0 (Min.)	mg/L		Continuous	Meter
CBOD5	Sample Measurement							
PARM Code 80082 Mon. Site No. INF-01-31700	Permit Measurement			Report	mg/L		Monthly	Grab
TSS	Sample Measurement							
PARM Code 00530 Mon. Site No. INF-01-31700	Permit Measurement			Report	mg/L		Monthly	Grab

¹Flow Proportioned Composite sample taken during a period of 8 hours.

DAILY SAMPLE RESULTS - PART B

PermitNumber: **FLA013123-001-DW2P**
 Month/Year:

Annual Average Daily Flow:
 (AADF/Permitted Capacity)x100:

Cypress Lakes WWTP

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Turbidity (N.T.U.)
Code	50050	80082	80082	00530	00530	00400	00400	74055	50060	00620	00070
Mon. Site	EFA-15277	EFA-15277	INF-31700	EFB-32287	INF-31700	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-15277	EFA-32287
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PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

GROUNDWATER MONITORING REPORT - PART D

Permit Number: FLA013123-001-DW2P (Cypress Lakes WWTF)
 Month/Year:
 Date Sample Obtained:
 Was the well pumped before sampling? Yes No

Monitoring Location Site Number: CL-1
 Well Type: Compliance
 Ground Water Class:

Parameter	PARM Code	Sampling Methods	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water level(field measurement) (feet above mean sea level)	82545						
Nitrate (as N) (mg/L)	00620						
Total dissolved solids (mg/L)	00515						
Ammonia (as N), (mg/L)	00610						
Chloride (mg/L)	01113						
Sodium (mg/L)	00929						
Turbidity (NTU's)	82079						
Specific Conductance (field measurement) (µmhos/cm)	00095						
Fecal Coliform (cts/100 mL)	31616						
pH (standard units)	00406						
Sulfate (mg/L)	00945						
Temperature (°C)	00010						

Comments and Explanation:

GROUNDWATER MONITORING REPORT - PART D

Permit Number: FLA013123-001-DW2P (Cypress Lakes WWTF)
 Month/Year: _____
 Date Sample Obtained: _____
 Was the well pumped before sampling? Yes No

Monitoring Location Site Number: CL-3
 Well Type: Compliance
 Ground Water Class:

Parameter	PARM Code	Sampling Methods	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water level(field measurement) (feet above mean sea level)	82545						
Nitrate (as N) (mg/L)	00620						
Total dissolved solids (mg/L)	00515						
Ammonia (as N), (mg/L)	00610						
Chloride (mg/L)	01113						
Sodium (mg/L)	00929						
Turbidity (NTU's)	82079						
Specific Conductance (field measurement) (µmhos/cm)	00095						
Fecal Coliform (cts/100 mL)	31616						
pH (standard units)	00406						
Sulfate (mg/L)	00945						
Temperature (°C)	00010						

Comments and Explanation:

INSTRUCTIONS FOR : MONITORING REPORT

PART A - Discharge Monitoring Report

The report shall be completed and submitted for each discharge point, outfall, or testing site listed in the permit. Use additional sheets if necessary. Mail to Department of Environmental Protection, MS 3550, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400.

Permittee Name/Address: Complete this name as shown on the face of the permit. Complete the mailing address. Place a note beside the mailing address if the address has changed within the past month.

Facility/Location: Complete the name of the facility and the address or location of the facility.

Permit Number: This is the number of the permit issued to the permittee which contains the monitoring requirements in this report.

Monitoring Period: This is the period that the data on this report represents.

Final: This is blank if the data represents interim limits on a facility under construction. If the data represents final limits achieved after construction, the word FINAL will be here.

Plant Size/Group: The facility classification is either major or minor and the group is either industrial or domestic.

Facility ID: This is the identification number of the facility which was assigned by the Department at the time the facility was constructed.

Discharge Point Number: This is the number in the permit assigned to the outfall, discharge point, or test site from which this data was collected. Complete one of these reports for each outfall or discharge point from your facility.

Plant Size/Treatment type: If this facility is a domestic wastewater treatment facility, enter a one digit and one letter code to indicate the type of treatment and the plant size. First record the number from the chart below which represents the type of treatment provided by the facility. Then record the letter that indicates the permitted capacity (plant size) as shown on the chart below.

	Type of Treatment	Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes (Nitrification alone is not considered nutrient removal.)	≥3.0	≥0.5 but <3.0	≥0.002 but <0.5	...
2	Activated Sludge or Combined Treatment systems that do not include removal processes	≥5.0	≥1.0 but <5.0	≥0.002 but <1.0	...
3	Activated Sludge operated in the extended aeration mode and oxidation ditches	≥8.0	≥2.0 but <8.0	≥0.025 but <2.0	≥0.002 but <0.025
4	Attached Growth Treatment systems (trickling filters or RBCs) that do not include nutrient removal processes	≥10.0	≥3.0 but <10.0	≥0.025 but <3.0	≥0.002 but <0.025

Parameter: This is the variable or substance which must be monitored.

Sample Measurement: The data which was collected and analyzed.

Permit Requirement: The limit from the permit for that parameter and measurement.

Quantity or Loading: The amount or mass of the parameter discharged during the reporting period in Average quantity discharged during the reporting period after adding each day of discharge, Maximum quantity discharged in the day with the highest amount, and the Unit of measurement (lbs, g, tons, etc.)

Quality or Concentration: The concentration of the parameter discharged during the reporting period in Minimum concentration during the reporting period, Average of all the measurements for the parameter during the reporting period, Maximum or highest concentration discharged during the reporting period, and the Unit of measurement (mg/L, ug/L, etc.)

No. Ex.: The number of sample measurements during the sampling period that exceeded the maximum (minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter zero.

Frequency of Analysis: The number of times the measurement is required to be made by the permit and the number of times the measurement was made.

Sample Type: The type of sample (grab, composite, continuous) required to be taken by the permit and the type that was taken.

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

Comment and Explanation: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation.

PART B - DAILY SAMPLE RESULTS

Complete one sheet for each outfall, discharge point, or test site where daily sampling is required by the permit. Record the results of daily monitoring for the parameters required to be sampled daily by your permit. Record the data in the units indicated. If there are no fecal coliforms detected, enter ND in the row labeled "fecal coliform." Use the blank rows as needed.

List the name, certificate number, and class of all state certified operators. Use additional sheets as necessary.

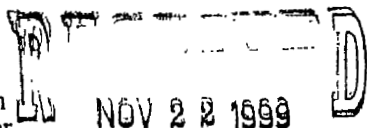
Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

**25.30-440 (7)
Notices**

Test Year Ended December 31, 2001

Jeb Bush
Governor



Robert G. Brooks, M.D.
Secretary

November 18, 1999

CYPRESS LAKES UTILITIES
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

Dear Sir:

RE: Bacteriological Sampling Violation

The Department's records indicate that insufficient valid bacteriological samples were submitted for analysis during the last sampling period.

1. System Identification Number-----6535055
2. Public Water System Type-----COMMUNITY
3. Reporting Period-----Monthly

Please note the following information:

1. A minimum of one untreated water (well) sample is required per reporting period in addition to the regular distribution samples.
2. Free chlorine residual must be recorded at each sample point.
3. Sampling points must be clearly and specifically identified.
Example: 1223 Jones St.--outside tap
4. Your system identification number must be listed on the sample form.

Your failure to submit adequate samples constitutes a violation of *Chapter 62-550 of the Florida Administrative Code* and as such requires that you provide public notification to your users. **A copy of your notification must be forwarded to this agency.** Continued violation of *Chapter 62-550* will lead to enforcement action by the Department.

Should you have any questions concerning this letter or the operation of your water system, please contact Ron Stadelbacher at (941) 533-3398, ext. 152.

Eugene J. Jeffers, P.E.
Administrator
Environmental Engineering
Polk County Health Department

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, FL 33830-6741
Phone (941) 533-3398 / SC 531-1501 / FAX (941) 534-0245

Lynne M. Sweeney, MD, MPH
Assistant Director

UTILITIES, INC. OF FLORIDA

200 Weathersfield Avenue
Altamonte Springs, Florida 32714

Telephone: 407-869-1919
Fax: 407-869-6961

January 11, 2000

Mr. Ron Stadelbacher
Polk County Health Department
Environmental Engineering Division
2090 East Clower Street
Bartow, FL 33880

Re: Cypress Lakes Bacteriological Sampling Violation
PWS ID# 6535055

Dear Mr. Stadelbacher:

Your letter pertaining to the bacteriological sampling violation was received. The purpose of this letter is to provide a written follow up to the resolution of the problem. Bacteriological samples were collected on October 6, 1999. Sample results were faxed to your office by Joseph Kuhns after receipt of your letter.

Sample results are also attached to this letter for your files.

All deficiencies noted in your correspondence have been corrected.

Very truly yours,

Michael T. Dunn

Michael T. Dunn
Regional Operations Manager

cc: Don Rasmussen

FILE



Advanced Environmental Laboratories, Inc.

5810-D Breckenridge Parkway • Tampa, Florida 33610
(813) 630-9616 • FAX (813) 630-4327

FOR LAB USE ONLY

HRS #82633

DATE/TIME RECEIVED: 10/6/99 1300

DATE/TIME ANALYZED: 10/10/99 300

APPROVED BY: MIC

COMMENTS: _____

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: Cypress Lakes SYSTEM I.D. NO: 6539055 SYSTEM PHONE #: 941-915-1524

ADDRESS: 11000 US Hwy 98N COUNTY: Polk DISTRICT: 5W

COLLECTOR: Joe Kuhns COLLECTOR PHONE #: _____

SAMPLE SITE (Locality or Subdivision): Same

DATE AND TIME COLLECTED: 10-6-99 9:45AM

TYPE OF SUPPLY (Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
 Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE (Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____
(Check Box)
 Distribution Raw

[] Check here if payment made to county public health unit

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
COLL. NO.	SAMPLE POINT (Specific Address)	CL RES'D	pH	ANALYSIS METHOD: <u>(NF)</u> MTF MMO-MUG PA				
				NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER
10/4	Main Well	-	8.9		A			177318/1
10/4	Back-up Well	-	8.9		A			2
3/4	Cypresslakes Dr washroom	14	8.9		A			3
4/4	LS #4 top	0.9	8.9		A			4

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below): _____ INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

- ()
- () SATISFACTORY
- () INCOMPLETE COLLECTION INFORMATION
- () REPEAT SAMPLES
- () REPLACEMENT SAMPLES

REVIEWING OFFICIAL: _____

TITLE: _____

Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

**25.30-440 (8)
Field Employees**

Test Year Ended December 31, 2001

CYPRESS LAKES UTILITIES, INC.

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

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

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

MEMORANDUM

Date: September 24, 2002
To: Don Rasmussen
From: Patrick Flynn
CC: Garth Armstrong
Subject: Cypress Lakes Staffing Requirements

Staffing requirements

CYPRESS LAKES UTILITIES, INC.

1. Cypress Lakes Wastewater Treatment Plant is a 0.175 mgd AADF extended aeration treatment plant with effluent disposal via a slow -rate public access reuse system (golf courses).
 - David Ryniak, Lead Operator, Florida Class C Wastewater Treatment and Class C Drinking Water Treatment licenses
 - Per current operating permit, provide compliance coverage at the WWTP six hours per day, 5 days per week
 - Maintain collection system and lift stations
 - Provide customer service response throughout the collection system and after-hours emergency response
 - Complete daily service orders and field inspect new sewer connections
 - Observe and inspect the installation of main extensions
 - David Winkler, Operator, six hours per day, one day per week at the WWTP
 - Jay Aldrich, Operator, six hours per day, one day per week at the WWTP
 - Operator trainee/field technician, five days per week
 - Meter reader/field technician, three days per month
2. Cypress Lakes Water Treatment Plant provides potable water drawn from two public water supply wells. Disinfection is achieved through the application of gas chlorine.
 - Complete daily service orders, perform maintenance activities throughout the distribution system, provide customer service response, after-hours emergency response
 - Visit the water treatment plant six days per week for compliance purposes
 - Complete daily service orders and field inspect new water connections

Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

**25.30-440 (9)
Vehicles**

Test Year Ended December 31, 2001

CYPRESS LAKES UTILITIES, INC.

<u>Assigned to:</u>	<u>Vehicle #</u>	<u>Description</u>	<u>VIN#</u>	<u>Owned or Leased</u>	<u>Original Cost</u>
Lanni, Chris	0010	99 GMC Sonoma Ext Cab	1GTCS19X2X8531502	Owned	\$ 19,447.61

Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

**25.30-440 (10)
Customer Complaints**

Test Year Ended December 31, 2001

CYPRESS LAKES

VISION :. 00672

CE ORDER# :. 538699
INT# :. 006720000000
MEMR NAME :. '
CE ADDRESS :.
:. 06/09/01
:. 27

NT :. SHARON CALLED THE ANSWERING SERVICE DUE TO THERE IS A WATER SHOOTING
FROM PIPE LOCATED AT THE END OF BIG CYPRESS BLVD.
LUTION :. FLUSHING LINES ON UNOCCUPIED SITES.
RT/DS/KIM
:. 06/09/01

VISION :. 00672

CE ORDER# :. 538694
INT# :. 006720000000
MEMR NAME :. '
CE ADDRESS :.
:. 06/11/01
:. 32

INT :. CUSTOMER'S ARE CALLING IN DUE TO ODOR IN THE WATER.
LUTION :. LINES ARE BEING FLUSHED DUE TO SOME CUSTOMER'S ARE LEAVING FOR THE
SUMMER AND THE LINES ARE NOT AS ACTIVE AS USUAL.
LINES WILL BE FLUSHED ON A REGULAR BASES.
DS/KIM
:. 06/11/01

VISION :. 00672

ICE ORDER# :. 547355
INT# :. 006720000000
MEMR NAME :. '
ICE ADDRESS :.
:. 07/18/01
:. 43

ENT :. WATER OUTAGE CALL CAME FROM LOT #1382 ALSO CHECKED WITH ASSOCIATION
THEY HAVE ALSO RECEIVED NUMEROUS CALLS.
PAGED TO DAVID S.
LUTION :. POWER OUTAGE AT WELL.
DS/KIM
:. 07/18/01

VISION :. 00672

ICE ORDER# :. 550280
INT# :. 006720000000
MEMR NAME :. '
ICE ADDRESS :.
:. 07/31/01
:. 32

ENT :. CUSTOMER'S HAVE BEEN CALLING DUE TO ODOR IN WATER. FIELD REPS ARE

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. AWARE OF PROBLEM IN THE CYPRESS LAKES AREA DUE TO SEASONAL CUSTOMER'S
. AND WATER LINES ARE NOT AS ACTIVE. STEPS ARE BEING TAKEN.
. PER DAVID S.

VISION
. LINES ARE BEING FLUSHED 2 TIMES A WEEK IN PROBLEM AREAS AND
. BACK FLOWS HAVE BEEN INSTALLED IN THESE AREA. DAVID IS WORKING ON
. INSTALLING MORE BACKFLOWS TO ALLEVIATE THE PROBLEMS THAT THE CUSTOMER'S
. MAY BE EXPERIENCING AT THIS TIME.
. DS/KIM
. 07/31/01

VISION :. 00672

:. 1
CC ORDER# :. 538702
NT# :. 006720001601
MER NAME :. CONICELLI, TONY
CC ADDRESS :. 160 LAKE CIRCLE DR
:. 06/09/01
:. 43
:.
:.
NT

:. THE CUSTOMER CALLED THE ANSWERING SERVICE DUE TO NO WATER.
. PAGED TO DISPATCH

VISION :. TALKED WITH THE CUSTOMER ON THE PHONE AND THE MATTER WAS RESOLVED.
. DR/KIM
. 06/09/01

VISION :. 00672

:. 1
CC ORDER# :. 538748
NT# :. 006720001061
MER NAME :. DOUGHTEN, MAURICE
CC ADDRESS :. 106 HORSESHOE DR
:. 06/15/01
:. 43
:. CLU

NT :. CUSTOMER IS WITH OUT WATER, PLEASE CHECK

VISION :. DISPATCHED TO DAVID S
. CUSTOMER CHECK WALVE IN THEIR HOUSE WAS BROKE.
. DES/KIM
. 06/15/01

VISION :. 00672

:. 1
CC ORDER# :. 546919
NT# :. 006720001981
MER NAME :. MILLER, MARY
CC ADDRESS :. 198 LAKE CIRCLE DR
:. 07/13/01
:. 11
:.
NT

:. 6/5/01 R=377790
. 7/5/01 R=37790 (NEG)

VISION :. R=383450 USED FOR BILLING
. DS/KIM
. 07/13/01

VISION :. 00672

:. 1

ICE ORDER# : 547347
UNIT# : 006720002991
CUSTOMER NAME : PFÄHLER, PAUL
ICE ADDRESS : 399 CYPRESS LAKES DR
E : 07/18/01
: 28

R :
REASON : CUST HAS LOW PRESSURE AT COMM. POOL AND AT HER HOME.
: BERTHY 863-853-8825
: PAGED TO DAVE S.

ILLUATION : POWER PROBLEM AT WILL.
: DS/KIM
E : 07/18/01

DIVISION : 00672
E : 1
ICE ORDER# : 570841

UNIT# : 006720002901
CUSTOMER NAME : DANZ, NANCY
ICE ADDRESS : 290 CYPRESS LAKES DR
E : 10/26/01
: 31

R : CLU
REASON : PLEASE CHECK FOR AIR IN LINE.
: DISPATCHED TO DAVID RYNIAK
ILLUATION : NO ONE HOME TAGGED DOOR, AIR WILL NOT HURT LINES.
: SH/KIM

E : 10/26/01

DIVISION : 00672
E : 3
ICE ORDER# : 564983

UNIT# : 006720005431
CUSTOMER NAME : COOPER, CURTIS
ICE ADDRESS : 543 MULLIGAN DR
E : 10/02/01
: 28

R : CLU
REASON : CUSTOMER HAS LOW WATER PRESSURE
: PAGED DR @ 2:05 PM
ILLUATION : CUSTOMER'S VALVE WAS SHUT OFF. THEY JUST CAME BACK FROM VACATION TURNED
: ON VALVE WANS EVERYTHING WAS ALRIGHT.
: RT/KIM

E : 10/02/01

DIVISION : 00672
E : 4
ICE ORDER# : 512371

UNIT# : 006720007022
CUSTOMER NAME : REACTIVATED 672-000702-2,
ICE ADDRESS : 702 BIG APPLE LN
E : 02/20/01
: 11

R :
REASON : MS. CALLED STATING THIS ADDRESS IS NOT 702 BIG APPLE LANE
: IT IS 702 CHELSEE WAY
: LAKE PLACID, FLORIDA 33629

. *****SHE & HER HUSBAND DEVELOPED THIS PROPERTY*****
 . PLEASE CHECK THIS AND GIVE US CORRECT ADDRESS.
 RESOLUTION . THE RESIDENTS AT 702 BIG APPLE HAVE NO IDEA WHAT THIS IS ABOUT. THEIR
 . NAME IS NOT CAROL BEIL NOR DO THEY RENT FROM HER. THESE CUSTOMERS OWN
 . THE HOME. THEIR NAME IS SUNQUEST FORM ONTARIO, CANADA.
 . RT/KIM
 . THIS ACCOUNT WAS "B" IN ERROR MRS. BEIL WAS APPLYING FOR SERVICE AT
 . 702 CHELSEE WAY LAKE PLACID, FLA. REQUEST REACTIVATION OF ACCOUNT.
 . KIM

RDATE .: 02/20/01

SUBDIVISION .: 00672
 ROUTE .: 4
 SERVICE ORDER# .: 516972
 ACCOUNT# .: 006720006821
 CUSTOMER NAME .: PRESTIN, BETTY
 SERVICE ADDRESS .: 682 TOP FLIGHT DR
 DDATE .: 03/12/01

TYPE .: 32
 FOPER .: CLU
 COMMENT .: CUSTOMERS WATER TASTE LIKE IODINE
 . PLEASE CHK WATER
 . TAG HOUSE WITH THE FINDINGS
 . PAGED JK

RESOLUTION .: CUSTOMER HAS THIS PROBLEM FIRST TIME WATER IS TURNED ON IN MORNING.
 . EXPLAINED TO CUSTOMER THIS IS DUE TO WATER STANDING STILL IN PIPES
 . OVERNIGHT.
 . JK/KIM

RDATE .: 03/12/01

SUBDIVISION .: 00672
 ROUTE .: 4
 SERVICE ORDER# .: 553481
 ACCOUNT# .: 006720006101
 CUSTOMER NAME .: COOKE, RONALD
 SERVICE ADDRESS .: 610 SAND CRANE TRL
 DDATE .: 08/13/01

TYPE .: 43
 FOPER .:
 COMMENT .: CUSTOMER CAME BACK FROM VACATION AND TURNED HIS VALVE ON BUT HAS NO
 . WATER.
 . PAGED TO DAVE S.

RESOLUTION .: CUSTOMER WATER WAS SHUT OFF AT THE WATER SOFTNER.
 . DS/KIM

RDATE .: 08/13/01

SUBDIVISION .: 00672
 ROUTE .: 4
 SERVICE ORDER# .: 557712
 ACCOUNT# .: 006720007731
 CUSTOMER NAME .: AMENDT, GAYLE
 SERVICE ADDRESS .: 773 HOOSIER CIR
 DDATE .: 08/30/01

TYPE .: 32
 FOPER .:
 COMMENT .: CUSTOMER CALLED DUE TO ODOR IN THE WATER OF METAL. FILTER OUTSIDE
 . HAS RUST FORMED SHE HAS BEEN AWAY FOR 1 WEEK AND WHEN SHE RETURNED

. SHE NOTICED THIS THINGS HAPPENING ALSO AIR IN LINES.

. PAGED TO DAVID S

LUTION : . FLUSHED AREA TALKED TO THE CUSTOMER

. DS/KIM

. 08/30/01

DIVISION : . 00672

E : . 4

ICE ORDER# : . 582368

JNT# : . 006720007561

OMER NAME : . HOLDEN,PETER

ICE ADDRESS: . 758 MOOSIER CIR

E : . 09/21/01

. 28

ENT : . CUSTOMER CALLED TO COMPLAIN OF VERY LOW PRESSURE IN ALL PARTS OF HIS

. HOME INCLUDING THE OUTSIDE FAUCETS. HE THINKS THERE MAY BE A LEAK

. ABOUT 5-6 HOUSES UP FROM HIS ADDRESS (THERE IS A MET SPOT ALONG SIDE OF

. ROAD)

. PAGED TO DAVE R.

LUTION : . INSTALLED NEW METER #16717723 R-10 OLD METER #99010899 R-577170

. CONS ON OLD METER OF 1940 GALLONS WILL BE BILLED TO THE CUSTOMER ON

. NEXT BILLING PERIOD.

. DID NOT FIND ANY LEAK'S; LOW PRESSURE IS AT CUSTOMRE'S HOUSE. PRESSURE

. GAUGE HOOKED TO HOSE BIB HAD READING BETWEEN 50 PSI TO 58 PSI. PRESSURE

. DID COME UP BY CHANGING OUT METER. BUT THE CUSTOMER SAID IT IS NOT WHAT

. IT USED TO BE.

. DR/KIM

E : . 09/21/01

DIVISION : . 00672

E : . 4

ICE ORDER# : . 586432

JNT# : . 006720006561

OMER NAME : . FORBELL,MICHAEL

ICE ADDRESS: . 656 TOP FLIGHT DR

E : . 10/08/01

. 32

R : . CLU

ENT : . PLEASE CHECK FOR ODOR IN WATER.

. DISPATCHED TO DAVID RYNIAK

LUTION : . R-196760 FLUSHED HYDRANT AND TALKED TO THE CUSTOMER.

. DR/KIM

E : . 10/08/01

DIVISION : . 00672

E : . 5

ICE ORDER# : . 538189

JNT# : . 006720009391

OMER NAME : . LEIDNER,BURTON

ICE ADDRESS: . 939 ARROWHEAD TRI

E : . 06/14/01

. 32

R : . CLU

ENT : . CUSTOMER STATES HE IS AT THE END OF OUR LINE AND HIS WATER HAS A HIGH

. SULPHUR SMELL. HE REQUESTS WE FLUSH THE LINES TO ELIMINATE THIS.

LUTION : . SPOKE TO THE CUSTOMER AND THE PROBLEM WAS RESOLVED.

1 RDATE : RT/DS/KIM
2 : 06/14/01

3 SUBDIVISION : 00672
4 ROUTE : 5
5 SERVICE ORDER# : 548116
6 ACCOUNT# : 006720009491
7 CUSTOMER NAME : HOWZE, EVERETTE
8 SERVICE ADDRESS : 949 ARROWHEAD TRL
9 DDATE : 07/17/01
10 TYPE : 32
11 FOPER :
12 COMMENT :
13 : CUSTOMER CALLED DUE TO TERRIBLE SMELL OF THEIR WATER. SHE SAID THE
14 : OPERATOR IN THIS AREA TOLD HER TO CALL WHEN THIS HAPPENS SO HE CAN FLUSH
15 : THE LINE. HOWEVER, THERE IS NO FIRE HYDRANT SHE SAID LOOK FOR THE PIPE
16 : AT THE ADDRESS. (OPERATOR IS SUPPOSE TO UNDERSTAND)
17 RESOLUTION : FLUSHED LINE ACROSS THE STREET. WAS A PROBLEM WILL CONTINUE TO MONITOR.
18 : DS/RT/KIM
19 RDATE : 07/17/01

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21 SUBDIVISION : 00672
22 ROUTE : 5
23 SERVICE ORDER# : 548155
24 ACCOUNT# : 006720010602
25 CUSTOMER NAME : JONES, WILLIAM
26 SERVICE ADDRESS : 1060 ARROWHEAD TRL
27 DDATE : 07/23/01
28 TYPE : 29
29 FOPER : CLU
30 COMMENT : PLEASE CHECK FOR ORANGE WATER.
31 : DISPATCHED TO DAVID'S
32 RESOLUTION : FLUSHED MAIN LINE 45 MINUTES.
33 : DR/KIM
34 RDATE : 07/23/01

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36 SUBDIVISION : 00672
37 ROUTE : 5
38 SERVICE ORDER# : 548040
39 ACCOUNT# : 006720010671
40 CUSTOMER NAME : SECHLIN, DAVID
41 SERVICE ADDRESS : 1067 ARROWHEAD TRL
42 DDATE : 07/23/01
43 TYPE : 32
44 FOPER :
45 COMMENT : ROTTEN EGG ODOR FROM WATER SINCE LAST WEEK.
46 : THIS IS COMING FROM HOT AND COLD WATER.
47 : 863-815-2447
48 RESOLUTION : GAVE THE CUSTOMER THE INFORMATION GIVEN BY DAVID WILL BE FLUSHING
49 : LINES WEEKLY DUE TO VACANCY IN LOTS DUE TO VACATIONING.
50 : THE CUSTOMER HAS BEEN EXPERIENCING ODOR IN WATER DAVID WENT OUT ON
51 : 7/27/01 TO FLUSH.
52 : DS/KIM
53 RDATE : 07/23/01

54
55 SUBDIVISION : 00672
56 ROUTE : 5
57 SERVICE ORDER# : 555897

NT# :. 006720010671
MEM NAME :. SECHLIN, DAVID
CE ADDRESS :. 1067 ARROWHEAD TRL
:. 08/23/01
:. 32

NT :. CUST HAS A STRONG SULPHUR ODOR IN WATER.
:. PLEASE FLUSH WEEKLY AS HE SAID HE WAS PROMISED.
:. DAVID 863-815-2447
ACTION :. FLUSHED MAIN FOR 3 HOURS.
:. DS/KIM
:. 08/23/01

DIVISION :. 00672
:. 5

CE ORDER# :. 556852
INT# :. 006720009361
MEM NAME :. HARVEY, ROBERT
CE ADDRESS :. 936 ARROWHEAD TRL
:. 08/29/01
:. 32

NT :. CLU
INT :. CUSTOMER STATES THAT WATER SMELLS LIKE SEWER
:. PAGED DS
ACTION :. FLUSHED HYDRANTS IN THE AREA
:. ?/LYN
:. 08/29/01

DIVISION :. 00672
:. 5

CE ORDER# :. 557151
INT# :. 006720008691
MEM NAME :. FREDERICH, BUD
CE ADDRESS :. 869 BIG CYPRESS BLVD
:. 08/28/01
:. 32

NT :. CUSTOMER CALLED COMPLAINING OF ODOR OF WATER. SHE SAID SHE HAS A FILTER
:. ON KITCHEN SINK BUT ODOR IS IN ALL AREAS OF HOUSE. SHE DOES NOT HAVE A
:. SOFTNER.
:. 863-816-8064
:. HAS HAD PROBLEM FOR APPROX 1 WEEK.

ACTION :. CURRENTLY FLUSHING THE SYSTEM
:. DS/KIM
:. 08/28/01

DIVISION :. 00672
:. 5

CE ORDER# :. 537147
INT# :. 006720014751
MEM NAME :. BAUER, BENNIS
CE ADDRESS :. 1475 MALLARD DR
:. 06/11/01
:. 32

NT :. CUSTOMER CALLED DUE TO BAD TASTE AND SMELL IN WATER. CUSTOMER NOTICED
:. OVER THE WEEKEND. PLEASE CHECK

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RESOLUTION :. ODOR DUE TO DECREASE IN RESIDENTS AND DECREASE IN CONSUMPTION. WF
ARE FLUSHING LINES AS BEST WE CAN.
RT/DS
KIM
RDATE :. 06/11/01

SUBDIVISION :. 00672
ROUTE :. 6
SERVICE ORDER# :. 537711
ACCOUNT# :. 006720014741
CUSTOMER NAME :. BARBOZA,DENNIS
SERVICE ADDRESS :. 1474 MALLARD DR
DDATE :. 06/12/01
TYPE :. 32
FOPER :. CLU
COMMENT :. MS. CALLED BECAUSE HER WATER HAS A BAD TASTE AND AWFUL ODOR. PLEASE
CHECK IT OUT AND TAG THE DOOR WITH YOUR FINDINGS.

RESOLUTION :. PAGED TO DAVE S.
WE ARE FLUSHING LINES DUE TO THE NUMBER OF VACANT HOMES FOR THE
SUMMER. TRYING TO ELIMINATE THIS BY FLUSHING THE LINES.
RT/DR/KIM
RDATE :. 06/12/01

SUBDIVISION :. 00672
ROUTE :. 6
SERVICE ORDER# :. 547415
ACCOUNT# :. 006720014751
CUSTOMER NAME :. BAUER,DENNIS
SERVICE ADDRESS :. 1475 MALLARD DR
DDATE :. 07/19/01
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER CALLED BECAUSE THE WATER TASTES BAD AND SMELLS AWFUL.

RESOLUTION :. PAGED TO DAVE SHOFFSTALL
DAVE FLUSHED THE LINES
DAVE/LYN
RDATE :. 07/19/01

SUBDIVISION :. 00672
ROUTE :. 6
SERVICE ORDER# :. 553879
ACCOUNT# :. 006720015152
CUSTOMER NAME :. MATRACHIA,MARGARET
SERVICE ADDRESS :. 1515 GRACKLE LP
DDATE :. 08/15/01
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER HAS PROBLEM WITH ODOR IN THE WATER. SHE SAID SHE HAD A WATER
SOFTNER SO I HAD HER CHECK THE OUTSIDE FAUCET WHICH IS NOT ON THE
SOFTNER SYSTEM AND SHE SAID IT ALSO HAS AN ODOR.
RESOLUTION :. 8/15/01 PAGED TO GARTH @ 9:00 AM
8/17/01 THIS IS NOT OUR AREA.
GA/KIM

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E : 08/15/01

DIVISION : 00672

E : 6

ICE ORDER# : 555104

UNIT# : 006720013681

OWNER NAME : SMITH,AFRED D

ICE ADDRESS: 1368 GRACKLE LOOP

E : 08/21/01

R : 32

R : CLU

ENT : CUSTOMER STATES THAT THE WATER HAS A BAD ODOR

. PLEASE FLUSH OUT THE SYSTEM

SOLUTION : FLUSHED FOR 3 HOURS.

. DS/KIM

E : 08/21/01

DIVISION : 00672

E : 6

ICE ORDER# : 555101

UNIT# : 006720015152

OWNER NAME : MATRACHIA,MARGARET

ICE ADDRESS: 1515 GRACKLE LP

E : 08/20/01

R : 37

ENT : MS. CALLED DUE TO A VERY BAD ODOR AND TASTE OF HER WATER.

. PAGED TO DAVE S.

SOLUTION : FLUSHED MAIN LINE FOR 3 HRS.

. DE3/KIM

E : 08/20/01

DIVISION : 00672

E : 6

ICE ORDER# : 556261

UNIT# : 006720014751

OWNER NAME : BAUER,DENNIS

ICE ADDRESS: 1475 MALLARD DR

E : 08/24/01

R : 32

R : CLU

ENT : PLEASE CHECK FOR BAD ODOR IN WATER.

. DISPATCHED TO DAVID SHOFFSTAL

SOLUTION : FLUSHED AT THE END OF MALLARD FOR 2 HRS.

. DR/KIM

E : 08/24/01

DIVISION : 00672

E : 6

ICE ORDER# : 556330

UNIT# : 006720015152

OWNER NAME : MATRACHIA,MARGARET

ICE ADDRESS: 1515 GRACKLE LP

E : 08/24/01

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..

.. CUSTOMER SAYS FLUSHING HAS NOT IMPROVED ODOR PROBLEM. SHE DOES HAVE A
.. CULLIGAN SYSTEM BUT SHE SAYS SHE HAD THEM OUT AND THEY SAID IT IS NOT
.. IN THEIR SYSTEM.

.. 862-816-0834

SOLUTION .. FLUSHING LINES WILL CONTINUE TO FLUSH.
.. DS/KIM

RDATE .. 08/24/01

SUBDIVISION .. 00672

ROUTE .. 6

SERVICE ORDER# .. 558348

ACCOUNT# .. 006720015152

CUSTOMER NAME .. MATRACHIA, MARGARET

SERVICE ADDRESS: .. 1515 GRACKLE LP

BDATE .. 09/04/01

TYPE .. 32

FOPER .. CLU

COMMENT .. MS. CALLED DUE TO ODOR OF HER WATER AND IT ALSO TASTED BAD. SHE SAID SHE

.. CALLED FRIDAY 8/31/01 AND SOMEONE WAS TO CALL HER BACK AND THEY FAILED
.. TO DO SO.

.. CALL TRANSFERRED TO PATRICK

RESOLUTION .. R=220560 FLUSHED LINES IN AREA .8 RESIDUAL OF CL2. TAGGED CUSTOMER'S
.. DOOR WITH RESULTS:
.. DR/KIM

RDATE .. 09/04/01

SUBDIVISION .. 00672

ROUTE .. 6

SERVICE ORDER# .. 558849

ACCOUNT# .. 006720013771

CUSTOMER NAME .. PICCIANO, JOHN

SERVICE ADDRESS: .. 1377 GRACKLE LP

BDATE .. 09/05/01

TYPE .. 32

FOPER .. CLU

COMMENT .. CUSTOMER CALLED TO REPORT A ODOR IN THE WATER

.. PAGED DAVE R

RESOLUTION .. FLUSHED LINE FOR 1 HOUR

.. DR/KIM

RDATE .. 09/05/01

SUBDIVISION .. 00672

ROUTE .. 6

SERVICE ORDER# .. 559835

ACCOUNT# .. 006720014751

CUSTOMER NAME .. BAUER, DENNIS

SERVICE ADDRESS: .. 1475 MALLARD DR

BDATE .. 09/12/01

TYPE .. 32

FOPER ..

COMMENT .. CUSTOMER CALLED COMPLAINING OF ODOR IN WATER. HE SAID HE IS ON THE END

.. OF THE LINE AND THEY HAVE NOT FLUSHED RECENTLY.

.. PAGED TO DAVE R.

RESOLUTION .. WE HAVE BEEN FLUSHING LINES BEYOND THIS HOME. THAT IS ALL WE CAN DO.

RT/KIM
09/12/01

DIVISION : 00672
: 6

ICE ORDER# : 562075

JNT# : 006720015152

OWNER NAME : MATRACHIA, MARGARET

ICE ADDRESS : 1515 GRACKLE LP

09/20/01
32

CLU

PLEASE CHECK FOR ODOR IN WATER.
DISPATCHED TO DAVID RYNIAK

WE ARE FLUSHING THIS AREA DAILY AND CHECKING FOR CHLORINE. (1.3) TODAY
RT/KIM

09/20/01

records listed.

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