ORIGINAL

Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

Polk County

Test Year Ended December 31, 2001

DOCUMENT NUMBER-DATE

10463 SEP308

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 Cornmission, 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.

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Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

25.30-440 (1) Detailed Map

Test Year Ended December 31, 2001

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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.

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Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

25.30-440 (3) Chemical Analyses

Test Year Ended December 31, 2001

5810-D Breckenridge Parkway Tampa, Florida 33610 (813) 630-9616 FAX (813) 630-4327

Client:

Utilities Inc. of Florida

200 Weathersfield Ave.

Altamonte Springs, FL 32714

Contact:

Joe Khuns

Project Location: Cypress Lakes

Project Number:

JK/672/S

Matrix:

Drinking Water

Report Number:

T200227

Date Reported:

2/18/00

Date/TimeSampled: Date.Time Received:

01/19/00@1500 01/20/00@1315

Lab ID:

84549,E84589

Compgap:

980174

Sub Lab:

*82533 (Advanced Jax)

(Elab)

**83160

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 | sн |
| 1075 | Beryllium(0.004) | T200227 | *<0.003U | mg/l | SM3113B | 0.003 | 1/25/00 | вн |
| 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

T200227

980174

*83160

84549,E84589

Date/TimeSampled: 01/19/00@1500

Date.Time Received: 01/20/00@1315

(Elab)

Report Number:

Lab ID:

Compgap:

Sublab:



Client:

Utilities Inc. of Florida

200 Weathersfield Ave.

Altamonte Springs, FL 32714

Contact:

Joe Kuhns

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 | | Analytical Method | | 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-Dichloroethylene70) | T200227 | *<2U | ug/l | 502.2 | 1 | 1/26/00 | RM |
| 2955 | Xylenes(Total)(10,000) | T200227 | *<2U | ug/l | 502.2 | 7 | 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 | 7 | 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 | 7 | 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 | | 1 | 1/26/00 | RM |
| 2983 | 1,2-Dichloropropane(5) | T200227 | *<2U | ug/l | 502.2 | 7 | 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 | 7 | 1/26/00 | RM |
| 2987 | Tetrachloroethylene(3) | T200227 | *<2U | ug/l | | 1 | 1/26/00 | RM |
| 2989 | Monochlorobenzene(100) | T200227 | *<2U | ug/l | | 7 | 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 | <i>502.2</i> | 1 | 1/26/00 | RM |
| 2992 | Ethylbenzene(700) | T200227 | *<2U | ug/l | <i>502.2</i> | 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

LKOW: CARRESS LAKES UTIL

Mar. 01 2000 11:37AM P5

FAX NO. : 863 815 1524

FAX NO. : 863 815 1524



5810-D Breckenridge Parkway • Tampa, Florida 33610 (813) 630-9616 • FAX (813) 630-4327

DRINKING WATER

| | | | 1 |
|---------------------|-------------|----------|---|
| FOR LA | AB USE ONLY | | |
| HRS #F84589 | -11 | | |
| DATE/TIME RECEIVED: | 7/3/0 | <u> </u> | P |
| DATE/TIME ANALYZED: | 9/6/02 | - 1500 | |
| APPROVED BY MIC | | | ĺ |
| COMMENTS: | | | |
| | | | |
| | | | |
| | | | |

| PATE AND T | E: Cypress Lakes Utility 10,000 US Hwy 98 North Dave R E (Locality or Subdivision): Cypres IME COLLECTED: 9-4-02 (a) PPLY(Circle one): Community water system Private well Swimming | (30) | PM | water system tled water | Nontra Lim | ∽ nsient - n itød Use s | | | <u>'524</u> |
|------------|---|----------|----------|----------------------------|---------------|-------------------------------|------------------|-------------|-------------|
| TPE OF SAI | MPLE(Gircle one): Compliance Repeat (Check Box) IL Distribution (A) Raw | Repl | acement | Main cl | èarance | Well su | [] Check her | e if payme | nt made |
| | TO BE COMPLETED BY COLLECTOR OF SAMPLE | | | | | | MPLETED BY LAB | | |
| COLL. | SAMPLE POINT | Cl | | NON NON | S METHOD | MF / | MTF MM | O-MUG | PA |
| NO. | (Specific Address) | RESID | рĦ | COLIFORM | *TOTAL | TOTAL | FECAL E. COLI | SAMPLE | NUMBER |
| 1 | Lift Station I TAP | .8 | 7.0 | | A | | | 1026 | 2H- |
| 2_ | Arrowhead trail Blow off | .7 | 7.0 | | A | | | - | <u>\</u> |
| 3 | main well | 0.0 | 7.0 | | A | | | | Q |
| 4 | Book up Well | 0.0 | 7,0 | | A | | | | <u>.</u> |
| | | | | | | | | | |
| | | | | | | | | | |
| P - | n this column are presumptive. Total coli Coliforms are present C - Confi | | | | | | on will follow i | n 24-48 hoi | urş, |
| A - | Coliforms are absent TNTC - To RESS (if different than address below): | o numero | ous to c | ount | | INTEROPET | TIONS-REMARKS B | V annonau | AEV. CLE |

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

| (|) | SATISFACTORY | |
|---|---|-----------------------|-----|
| (|) | INCOMPLETE COLLECTION | INF |
| (|) | REPEAT SAMPLES | |
| • |) | REPLACEMENT SAMPLES | |

REVIEWING OFFICIAL:

TITLE:



5810-D Breckenridge Parkway Tampa, Florida 33610 (813) 630-9616 FAX (813) 630-4327

T200227

01/19/00@1500

01/20/00@0900

84549,E84589

2/7/00

980174

*83141

Client:

Utilities Inc of Florida

200 Weathersfield Ave.

Atlamonte Springs, FL 32714

Contact:

Joe Kuhns

Project Location:

Project Number:

Cypress Lakes

JK/672/\$

Matrix:

Drinking Water

RADIOCHEMICAL ANALYSIS

Report Number:

Date Reported:

Lab ID:

Compgap:

Sub Lab:

Date/TimeSampled:

Date.Time Received:

(Florida Radio Chem)

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 |

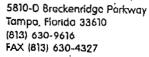
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LUX NO': 863 812 1254

Approved by:

Michael Cammarata, Laboratory Manager

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



T200227

2/18/00

980174

**83160

(Advanced Jax) *82533

01/19/00@1500

01/20/00@1315

84549,E84589

Report Number:

Date Reported:

Lab ID:

Compgap:

Sub Lab:

Date/TimeSampled:

Date.Time Received:

(Elab)



Client:

Utilities Inc. of Florida

200 Weathersfield Ave.

Altamonte Springs, FL 32714

Contact:

Joe Khuns

Project Location: Cypress Lakes

Project Number:

JK/672/\$

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/i | 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 U-Sample was analyzed for but not detected

LKOW: CAPRESS LAKES UTIL

01 2000 11:38AM P7

FAX NO.: 863 815 1524



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

Elab Submission Number:

1000493

Sample Identification: T200227

Elab Report Name: DERREP->DrinkRep

| Paramo | etcr | Sample | | Analysio | | | Analytical | Reporting | Analysis | analue: o |
|--------|-----------------------------------|----------|---|----------|-------|-------|-----------------------|-----------|----------|-----------|
| ID | Name (MCL) | Number | | Result | Q | Unice | | Limit | Date | Time |
| 3005 | ENDRIN (2.0) | 0001493 | 1 | 0.020 | U | ug/L | 505 | 0.020 | V1/24/00 | |
| 2010 | g-BHC (LINDANE) (0.2) | 0001193 | 1 | 0.010 | U | ug/L | 505 | 0.010 | 01/24/00 | |
| 2015 | METHOXYCHLOR (40) | 0001493 | 1 | 0.070 | U | vg/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 | \$15.1 | 1.0 | 01/26/00 | |
| 2032 | DIQUAT (20) | 0001493 | 1 | 0.40 | U | ug/L | 549.1 | 0.40 | 01/25/00 | |
| 2033 | ENDOTHALL (100) | 0001493 | 1 | 9.0 | υ | ug/L | 548.1 | 9.0 | 01/23/00 | |
| 2034 | CLYPHOSATE (700) | 0001493 | 1 | 6.0 | υ | 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 | | 2.0 | U | ug/L | 531.1 | 2.0 | 01/26/00 | |
| 2037 | SIMAZINE (4) | 0001493 | | 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 | |
| 2010 | PICLORAM (500) | 0001493 | 1 | 0.10 | U | ug/L | 515.1 | 0.10 | 01/26/00 | |
| 2041 | DINOSEB (7.0) | 0001493 | 1 | 0.20 | υ | ug/L | \$15.1 | 0.20 | 01/26/00 | |
| 2042 | HEXACHLOROCYCLOPENTADIENE (50) | 0001493 | 1 | 0.10 | 'ט | 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 (3) | 0001493 | 1 | 1.5 | บ | 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 | บ | ug/L | 505 | 0.030 | 01/24/00 | |
| 2067 | HEPTACHLOR EFOXIDE (0.2) | 0001493 | ļ | 0.010 | U | ug/L | 505 · ^{ني} د | 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 | Ū | ug/L | 505 | 0.10 | 01/24/00 | • |
| 2306 | BENZO(A) PYRENE (0.2) | 0003.193 | 1 | 0.10 | U | ug/L | 525.2 | 0.10 | 02/01/00 | |
| 2326 | PENTACHLOROPHENOL (1.0) | 0001493 | 1 | 0.040 | U | νg/L | 515.1 | 0.040 | 01/26/00 | |
| 2363 | TOTAL PCB'S () | 0001493 | 1 | 0.10 | U | ug/L | 505 | 0.10 | 01/34/00 | |
| 2389 | PC# 1016 (0.5) | 0001493 | 1 | 0.10 | υ | ug/L | 505 | 0.10 | 01/24/00 | |
| 2350 | PCB 1221 (0.5) | 0001493 | 1 | 0.10 | υ | ug/L | 505 | 0.10 | 01/24/00 | |
| 2392 | PCB 1232 (0.5) | 0001493 | 1 | 0.10 | υ | ug/L | 505 | 0.10 | 01/24/00 | |
| 2394 | PCB 1242 (0.5) | 0001493 | 1 | 0.10 | ប | ug/L | \$05 | 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 | | 0.10 | U | • | 505 | 0.10 | 01/24/00 | |
| 2400 | PCB 1260 (0.5) | 0001493 | 1 | 0.10 | U | • | 505 | 0.10 | 01/24/00 | |
| 2931 | 1,2-DIBROMO 3 CHLOROPROPANE (0.2) | 0001493 | 1 | 0.020 | ij | ug/L | 504.1 | 0.020 | 01/21/00 | |
| 2916 | ETHYLENE DIDROMIDE (0.020) | 0001493 | | 0.010 | U | - | 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:

 ${\tt U}$ - 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

Mar. 01 2000 11:36AM P3

FAX NO. : 863 815 1524

FROM: CYPRESS LAKES UTIL

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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 MISTRUCTIONS: See Page 4.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF Water System Information System Name: _____ PWS Identification No.: 65350 System Owner Name: Telephone No. Address: City._ tamonte DCINGS State: Fla Zip Code: 3 System Type: Acommunity; I non-transient non-community; I non-community; I consecutive No. of Service Connections at End of Month: Total Population Served at End of Month: Water Treatment Plant Information Treatment Plant Name: Telephone No.: 5% 7 Address: City: Zip Code: Permitted Maximum Day Capacity of Plant: Plant Category and Class per Rule 62-699.310(4), F.A.C.: Lead/Chief Plant Operator: Day(s)Dhin(a), Worked OSPAN M KUHAS Other Certified Plant Operators (attach additional sheets if necessary); Name Clear (A B. C. pr.D) Day(e)(Shift(e) Worked 1. . II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF 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 Name and Certificate Number (please type or print) DEP Form 92-655.900(3) Effective Decomber 10, 1996 Page 1

Feb. 02 2000 02:52PM P2

FAX NO. : 863 815 1524

FROM : CYPRESS LAKES UTIL

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

| System: | | | - 4 | 41 (| |
|---------|---------|----------|-------|------|----|
| 40°C | CITALIE | 144410 | | | _ |
| SVACELL | - VYS | TO SOUTH | CMUGN | Numb | mг |
| | | | | | |

Treatment Plant Name: CYPTESS Lakes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHIYEAR OF

Jan 00

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

| | | | Lowest Rosidual | Residual | Districtant in Distributio | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | Reported |
|------------------------|--|---|------------------|--|--|---|-----------------------------------|
| Day of the Month | "In" | Quantity of Finished Water Produced by Plant | Concentration at | Lowest Residual | Number of Instances Where Residual Disinfectant | Lowest Residual Disinfectari Concentration at | Emerhency Abnorma Operating |
| | Operation | (analist) | Syalem (mg/L) | Concentration at Remote Point (mg/L) | Measuraments Taken at Total Colligem Sampling Points | Total Collform Sampling Points (mg/L) | Condition |
| 1 | HIVE | 145000 | A.8 | 0.9 | | | |
| 3 | - | 14000 | 2.4 | 0.8 | | | |
| 4 | | 141000 | | 26 | - | 07 | |
| 6 | | 130000 | g-9- | | | | |
| 8 7 | | 10000 | da | 0.6 | | | |
| 8 | | 104000 | a.a | 0.7 | | | |
| 9 | | 130,000 | | 12.8 | | | |
| 10 | - | 130000 | 1-0/2- | 0.8 | | | |
| 11 | \ / | 120000 | 24 | 728 | | | |
| 13 | | 142000 | dd | 27 | | | |
| 14 | 1 | 101000 | 9.4 | 9.8 | | | |
| 16 | 1 | 141000 | - a-1 | 1.0 | - | | |
| 16 | -/ | 1 10000 | 2.5 | 08 | | | |
| 16 | 1 | 167000 | 2.4 | 1 02 | | | - |
| 19 | | 132000 | 9.4 | 4 | | | + |
| 20 | 1 | 10000 | 7 3.51 | 1 33 | 1. | 1. | |
| 21 | + | 120000 | 9:4 | 1 0.9 | | | |
| 23 | 1 | 110000 | | | | | |
| 24 | | 7/000 | 45 | 1 7/8 | | | - |
| 25 | | 103000 | 1-93 | 1 63 | | | |
| 28 | + | 1000 | 1 93 | 1 07 | | | |
| 28 | / | 187000 | 23 | 0.7 | | 1 | _ |
| 29 | 1 / | 141000 | 3.9 | 27 | | | |
| 30 | 1-1/ | 1700000 | JA | 120 | | | |
| 31 To(s | - | 100000 | | | A | | : . |
| AVO | | 7/2/321 | | , , , , , , , , , , , , , , , , , , , | 1, 1 | | 1 |
| Max | | 63000 | | | 1. 1. 20 | | 1170 1 |

DEP Form 82-853 900(3) ERECINE GEORISSE 10, (896 Page 2

FLORIDA

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 WA | TER TREATMENT PL | ANT INFORMA | TION FOR THE MONTHIYEAR OF |
|--|--|--|--|
| reb00 | | | |
| Water System Information | 11. 11.1 | 1 _ | |
| System Name: CV press | Lakes Utilit | ies F | PWS Identification No.: 6535055 |
| System Owner 111 H | f El a | | - 1100-810 1010 |
| Name: Otilities Inc | O PARIOD | | Telephone No.: 477-869-19/9 |
| Address: 200 Weatherst | erings | | State: Fla Zip Code: 32014 |
| City: Altamonte 3 System Type: Acommunity; I non-transi | | non-community: | Consecutive |
| No. of Service Connections at End of Mon | th: 960 T | otal Population | Served at End of Month: A208 |
| Water Treatment Plant Information | | • | |
| Treatment Plant | . 11 1 1 | | _ |
| Name: Cypress Lakes Address: 10000 05 Hwy | Utilities | | Telephone No.: 263-815-1524 |
| | 98N | | |
| City: Lakeland | 20000 | | State: Fla Zip Code: 338059 |
| Permitted Maximum Day Capacity of Plan Plant Category and Class per Rule 62-899 | | opd . | · |
| Lead/Chief Plant Operator: | 7.0 (U(4), F.M.O., | 7 C | |
| 全部的企业。Nemo Control Control | Menificate Numbers (C | ast (A B O ot D) | STATE OF THE STATE |
| Joseph M Kuhns | 6754 | | Monday they Priday |
| Other Certified Plant Operators (attach ad | | | |
| Name : | Certificate Number | ess (A. B. O pr D) | |
| LAVID & Shortstall | 7199 | | satisfay5 |
| | | | |
| | | ······································ | |
| | | | |
| | | | |
| | | | |
| | | (_ ' | Y |
| II. STATEMENT BY LEADICHIEF WAT | ER TREATMENT PLAN | NT OPERATOR | FOR THE MONTH/YEAR OF |
| Feb OD | | | |
| | | | A selection from a moral first thank the sheet in social |
| I, the undersigned lead/chief operator of my knowledge and belief, the information | r the water treatment pit provided in this report is | ant listed in Part strue and accus | net of this form, certify that the following |
| additional operations records for the plant | provided in this report in listed in Part I of this fo | rm were prepare | ad each day that a certified operator |
| staffed or visited the plant during the mon! | th indicated above: rec | ords of amounts | of chemicals used and chemical feed |
| rates; and if applicable, appropriate treatm | nent process performar | ice records. | |
| Furthermore, I agree to retain, these additi | | | for at least five years and to make the: |
| available for review upon restuest. | | المسمر | 1 11/1 11/1 |
| /AOIDA M/Kuhno | 3-1-00 | Joseph | M 4Whos 6-6254 |
| Signature and Date | - Company of the Comp | Name and Cert | uficate Number (please type or print) |
| | | • | |
| ί ! | | | |
| | | | |
| DEP Form 52-655 900(1) Effective December 10 1994 | Page 1 | | |
| Minimate province in the | | | |

Mar. 01 2000 11:41AM P14

FAX NO. : 863 815 1524

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:

Treatment Plant Name: Cypsess Lakes Utilities

Summary of Dally Water Treatment Data for Month: Fach

HI. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHYEAR OF

Feboo

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

| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1000 | ANTO LIBRATING IN DOM | Of MICHOLICA. | | | | |
|------|---|----------------------|--|--|------------------|--|------------------|--|
| | | | | | Residual (| Nainteetadt in Diatribute | System | Reported |
| Day | ر (ا اه | : \$1 <u>11</u> 11.5 | | Lowest Residual ? Distributant Concentration at | Lowest Residual | Number of Instances | Lowest Residual | Emergency of Abromial |
| the | Hoi | ite Biaut | Quantity of Finished Water Produced by Pish: (gallons) | Concentration at Entry to Distribution System (mg/L) | Lowest Residual | Number of Instances Where Residual Disin(act with Measurements Teken at Total Colligion Sampling Points | Disinfacient | Abnomial |
| Mon | itn [😽 | -in Nacatlàŕ° | (collans) | Entry to Distribution | Concentration at | Disinfactant | Concentration at | Conducts |
| ` " | | ing i serior | | System (morr) | Remote Point | Measurements Tekon | Total Collorn | Connuins |
| 1.4 | | | | | Z(mo/L) | at Total Collors | Sampling Founts | |
| ļ | 4 | , , , | | A STATE OF THE STA | | Sandyud Libide - | Sake March Sec. | 11 O See 18 2. |
| 1 | | VX | 107000 | d. T | 0.6 | | | |
| 2 | | <i></i> | 103000 | <u>a-7</u> | 0.7 | | 0.7 | |
| 3 | | <u> </u> | 93000 | 4.5 | 2/2 | | | |
| 4 | | <u> </u> | 42000 | dib_ | 0.8 | | | |
| 5 | | 7 | 139000 | g.b. | 0.8 | | | |
| 8 | | | 16000 | | | | | ļ |
| 7 | | T | 125000 | 1 a.4 | 0.7 | | | |
| 8 | | | 127000 | 25 | 07 | | | ļ |
| 8 | | | 130800 | | 0.8 | | | |
| 10 |) | | 118000 | 1.4 | 08_ | | | |
| 11 | 1 | 1 | 108000 | 2.4 | 0.7 | | | |
| 17 | | | 151000 | 7.4 | 0.5 | | | |
| 1; | | | 122000 | | | | | |
| 1. | | · | 132000 | 2.3 | 08 | | | |
| 11 | 5 | 7 | 118000 | 7.4 | 0.2 | | | |
| 11 | 5 | 7 | 112000 | 3.5 | 0,6 | | <u> </u> | |
| 3: | 7 | 7 | 100000 | 7.4 | 2.7 | 1. | | |
| 1 | 8 | 7 | 113000 | 2.4 | 0.6 | | <u> </u> | |
| 11 | 9 | | 161000 | 72.5 | D.7 | | <u> </u> | |
| 2 | 0 | | 735000 | | | | | <u> </u> |
| 1 2 | | | 135000 | 2.6 | 127 | * | l. ' | |
| | 2 | 1 | 147000 | 23. | 07 | | | |
| 2 | | - | 142000 | 23 | 0.6 | | | |
| 2 | | _ | 122/200 | 2.4 | 126 | | | |
| 2 | | | 12000 | 2.4 | 0.7 | 1. | | |
| 2 | | | 128000 | 7.4 | 127 | , | | T |
| 2 | | | UKAAA | | | - | | |
| 2 | | 1 | 149/200 | 7.5 | 7.8 | | | |
| | 0 | | | 7.4 | 1 7 X | - | | |
| 1000 | 00 | | | | | | | |
| | 11 | | *************************************** | | | | - | 1 |
| | ial | | 3804000 | | | | | |
| _ | VQ. | | 1317/J | The state of the s | | | | |
| | AY | *1*** | | | to the same | | | |

DEY form 82-665 100(3) Effective December 10, 1866 Page 2



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 WAR | ATER TREATMENT | PLANT INFORMAT | TON FOR THE MONTH/YEAR OF | |
|--|---|--|--|---------|
| Water System Information System Name: System Owner Name: Address: Address: City: System Type: No. of Service Connections at End of More | of Florida CINGS lent non-community | ; D non-community; | WS Identification No.: 653505 Telephone No.: 407869-197 State: FA Zip Code: 727 | 9 |
| Water Treatment Plant Information Treatment Plant Name: VID CESS LOKES Address: IDDOO US July City: Lake land | Utilities | | Telephone No.: 263-815-150 State: F/a Zip Code: 3380 | 14 |
| Permitted Maximum Day Capacity of Plan Plant Category and Class per Rule 62-89 Lead/Chief Plant Operator: | 9.310(4), F.A.C.: | 5C | | |
| Other Certified Plant Operators (attach ad | dditional sheets if ne | Cessary): | Monday thru Friday | |
| Thurd E Shottstall | 7799 | | Saturday 5 | |
| | | L. | | |
| II. STATEMENT BY LEAD/CHIEF WAT | ER TREATMENT P | LANT OPERATOR | FOR THE MONTH/YEAR OF | |
| I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plan- staffed or visited the plant during the mon- rates; and if applicable, appropriate treating | provided in this report listed in Part I of the him had been above: | ort is true and accura is form were prepare records of amounts | ate. Also, I certify that the following id-each day that a certified operato | g or |
| Furthermore, I agree to retain these addit available for review upon request. Signature and Date | ional operations rec | Joseph | for at least five years and to make M HUMDS C-h ficate Number (please type or prin | 254 |
| DEP Form 82-655.900(3) Eliterine December 10. 1996 | Page ' | 1 | | |

FAX NO. : 863 815 1524

EROM : CYPRESS LAKES UTIL

Systems that Treat Their Water

System PWS Identification Number:

Treatment Plant Name: Cypress lokes Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHIYEAR OF

MarchoD

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:

| 12. W. C. | | | | Reskiyal | Distribution Distribution | h System | |
|-----------|--|--|--|------------------|--|--|-------------------|
| Dayo | | | Lowest Residual A. Disinfectant | | | | , Reserted |
| the | Hours Prent | Quantily of Finished Water Produced by Plant (galloge) | Concentration al | Lowest Residual | Nymber of Instances: Where Residual | Lowest Residual. Disinfectant | Abnoma |
| Month | "in | Produced by Plant | Entry to Distribution | Distribution | Disinfactant STC | Concentration at | Opprating |
| | | California (California) | System (mg/L) | Goncenication at | Messurements Taken | Total Collform Sampling Points | Conditions |
| 2008 | | 180000 | |) (mo/L) | al Total Coliform Sampling Points | Sampling Points | |
| 1 | 24KG | 187000 | 2.6. | 0.8 | | | - |
| 2 | 7 | 117000 | 2.3 | 08 08 | | | |
| 3 | 7 | 136000 | 23. | 25 05 | | | |
| 4 | | 169,000 | 27 | 0.8 | | | |
| 5 | 1 | 140000 | , | | | | |
| 8 | | 141000 | 25 | 0.7 | | | |
| 7 | | 180000 | 2.4 | 0.7 | A | 0.7 | |
| 8 | | 162000 | 23 | 0.8 | | | |
| 9 | | 124000 | 1.3 | 0.7 | | | <u></u> |
| 10 | | 134,000 | 3.4 | 22 | | | |
| 11 | 7 | 178000 | 2.4 | 0.8 | <u></u> | <u> </u> | |
| 12 | | 140000 | | | | <u></u> | - |
| 13 | | 10000 | 43 | 07 85 | | <u> </u> | |
| 14 | | 155/20 | 3.5 | 0.5 | <u> </u> | | |
| 18 | 1 | 168000 | 1 29 | 28 | | | |
| 16 | 17 | 129200 | 84 | 0.5 | | | |
| 17 | 1-7 | 10 1000 | 1 7 5 | 08 | <u> </u> | | - |
| 18 | | 160000 | de | 28 | | | |
| 19 | | 136000 | | | | | |
| 20 | | 135000 | 1.3 | 0.7 | <u> </u> | 1 | |
| 21 | | 15/000 | 45 | 08 | <u> </u> | 114 | |
| 22 | -} | 184000 | d+ | 1 28 | | | - |
| 23 | | 13/000 | | 01 | | _ | |
| 24 | + | 1 2505 | 45 | 87 | | - - - - - - - - - - | |
| 20 | / - | 1777 | <u> </u> | | | | |
| 27 | + | 13/1/200 | + | A A | | | |
| 28 | + | 1 1777 | 7.3 | 08 | - | + | + |
| 29 | +/ | 1-17-11-65 | | 69 | | + | |
| 30 | | + 11714X | + 31 | 28 | + | | |
| 31 | | 1 1/13/200 | 1-47 | 0.4 | | | + |
| Total | ستنسا | 4568000 | | 1/2 | | | |
| Avg. | | 197353 | | | | | |
| Max | | 87000 | 一根 计图片数据 | | | | |
| MIRK | | | and the second of the second o | | | | Africa. |

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Page 2

FAX NO. : 863 815 1524



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 I | WATER TREATMENT | PLANT INFORMA | TION FOR THE MONTHLYCAR OF |
|--|--|--|--|
| Water System Information System Name: | 5 Lakes U | tilities | PWS Identification No.: 6535053 |
| Address: 200, Weather | of Florida | a | Telephone No.: 407-869-19 |
| City: Altamonte 2 System Type: Dommunity; D non-tra No. of Service Connections at End of M | nalent don-community | D non-community | State: <u>F/a</u> Zip Code: <u>327/4</u> Diconsecutive Served at End of Month: <u>220</u> 8 |
| Water Treatment Pient Information Treatment Pient Name: Cress Lakes | Utilities | | Telephone No.: 967-815-1525 |
| Address: 10000, US Husy City: La Keland Flat Permitted Maximum Day Capacity of Pi | ant: 330.000 | gpd | State: [4] Zip Code: 3380 |
| Plant Category and Class per Rule 62-6 Lead/Chief Plant Operator: | | AC. | |
| Other Certified Plant Operators (attach | additional sheets if ne | cessary): | Monday then Friday |
| Jauld E 1hoffstall | 7779 | Care (A Bic Coco) | Seption Control Seption Control Seption Control |
| | | | |
| | | lu t | |
| II. STATEMENT BY LEADICINET WA | NTER TREATMENT P | | FOR THE MONTHYLAR OF |
| I, the undersigned lead/chief operator my knowledge and belief, the information additional operations records for the plantified or visited the plantiduring the mates; and if applicable, appropriate tre | on provided in this repo ant listed in Part I of thi onth indicated abova: | ort is true and accur is form were prepar records of amounts | rate. Also, I certify that the following advesch day that a certified operator |
| Furthermore, I agree to retain these ad available for review upon regulat. Machine and Date Fighature and Date | | ords at the plant site | ofor at least five years and to make the state of the sta |
| pgs Form 42-455 900(2) Ethingirs December 10 1896 | Page ' | 1 | |

Treatment Plant Name:

HI SUMMARY OF DAILY WATER TREATMENT DATA LOR THE MONTHYEAR OF

Type of Residual Disinfectant Maintained in Distribution System Served by Plank free Chlorine: combined chiorine (chloremine): chlorine dioxide

| satisfied a wallite fathor british it a malitie diavide | Λ |
|---|------|
| Summary of Daily Water Treatment Date for Month: | BONI |
| | MLM |

| mmary | DI Dally V | vater Trestment Date ! | or Month: And I | | | | |
|--------|--|---|------------------------|------------------|------------------------------|-------------------------------|-------------------------------|
| 67.5 | A STATE OF THE PARTY OF THE PAR | | | Non-the leaf | Laivertage in Distributed | | |
| : 12 | | | Cores Residual | | | | |
| Cay of | المراقعة المحاددة | | Lowes Residuel | 40000 | Numiaro Instances | Lowest Residual | Parcete Emercenc Assemb |
| | Hours Plant | Quantily of Finished Water Produced by Plant | Concentration at. | Lowest Residual | Where Reflected Distribution | " Dialny diant | Action |
| Month | In Operation | (F) PP(s) | Entry to Distribution | Concentration at | Domiacian | Concentration at | Operal |
| | | | DABIBLE (U.S.) | Remote Police | Mesaurements Taker | Total College Sampling Points | Conque |
| | 1000 | | | (me/L) | Surping Penice | (7.67) | 1. 1. |
| ائنس | | 164000 | 24 | 0.7 | 118/11-18 | 2.33(1) (10.00) | |
| | dayes. | 163000 | <u> </u> | | | | |
| 2 | - | 12000 | 72 | D.53 | | | |
| 3 | <u> </u> | 10000 | 3.4 | 2.7 | | | |
| 4 | | 151 CCC | | | | 0.8 | - |
| | | 433 00C | 47 | 0.8 | | | |
| 6 | | 130000 | | 8.9 | | | 1 |
| 7 | | 93,000 | 4:6 | 0.8 | | | - |
| 8 | | 185000 | d.E. | fam. Cit | | | 1 |
| 9 | | 110000 | 1 | 0.8 | | | |
| 10 | ļ | 170000 | 23 | 0.2 | | | 1 |
| 11 | | 169000 | 23 | | | | + |
| 12 | | 311000 | 7 | 28 | · | + | - |
| 15 | Ja-/ | 113000 | - | 0.8 | | | |
| 14 | | 11000 | 7.5 | 0.3 | | - | |
| 16 | 4 | 107000 | | | | | |
| 18 | 1 | | 37 | 0.8 | | - | |
| 17 | 17- | 100000 | 2.9 | 26 | | | |
| 18 | | 61000 | 4 | 0.7 | · | - | |
| 19 | | 16 000 | 4.3 | | | | + |
| 20 | | 102000 | | 0.8 | <u> </u> | 11. | 1 |
| 21 | + | 181000 | 2.6 | 08 | | | |
| 22 | | 140000 | - C | | | | |
| 23 | | | 4.3 | 27 | | | - |
| 24 | - | THE PARTY | 23 | 08 | | 1 | |
| 28 | /- | 1000 | 4 | | | | |
| 26 | | 17400 | | 23 | | | |
| 27 | | TEXXX. | | 69 | | | - |
| 28 | + | 110000 | 3.3 | 0.5 | | + | - |
| 29 | + | 1713000 | | 100 | _ | | |
| 30 | | 130000 | | | | - | - |
| 31 | - | 11177 TAKE | | | | | |
| Total | | 4132000 | - | | | | |
| Avg | | (3///11 | | | | | |
| Max | | 105(11) | A CONTRACTOR OF STREET | | | | |

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Page: 2

RONGA

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 MOY OD | TREATMENT PLANTING OF | MONTE SEE MONT | HIYE AR OF |
|--|--|---|--|
| | es Utilities | _ PWS identification No. 2 | 535055 |
| Name: Utilities The of | Florida | Telephone No.: 402- | |
| City: Altanonte Secunda System Type: Ocommunity: I non-translent n No. of Service Connections at End of Month: | on-community; D non-commu | State: Fig. Zip Cod nity; II consecutive ion Served et End of Month | , , , , , , , , |
| Water Treatment Plant Information Treatment Plant Name: Cypress Lakes Util | ٠ | Telephone No.: 863 | |
| Address: 10000 LS Huy 98/ | | State Cla Via Cod | 2286 |
| city: Lakeland | 340.000 | State: Ha Zip Cod | 6: <u>23007</u> |
| Permitted Maximum Day Capacity of Plant: Plant Category and Class per Rule 82-899.310 | 310.000 gpd | | |
| Lead/Chief Plant Operator: | (4), (1), (4), | | |
| | THE REPORT OF THE PERSON OF TH | DATE OF THE MINISTER | West of the same |
| | 6754 C | Morray thru | Eriday |
| Other Certified Plant Operators (attach addition | al éficéts if necessary): | | NV 400 COLO COLO COLO COLO COLO COLO COLO CO |
| ENERGY PARTY OF THE SAME OF THE SECOND | A CONTRACTOR OF THE CONTRACTOR | DIMENSION | Walter |
| Havid E Shottstall | 2099 C | Sofur days | |
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| | åa * |], ' | |
| R STATEMENT HYTT ALUCTRIC WATER C | ιχέλτΜΕΝΣ μι ΑΚΙΣ ΟΡΓΒΑ Ι | CHERCHETER MONTHURL | AREN |
| I, the undersigned lead/chief operator of the my knowledge and ballef, the information provisited operations records for the plant listeration or visited the plant during the month incretes; and if applicable, appropriate treatment. | ded in this report is true and and in Part I of this form were pre- licuted above: records of amo process performance records. | paned each day that a certicular of ohemicals used and | ified operator i chemical feed |
| Furthermore, I agree to retain these additional available for review upon request. Springly Date Springly and Date | -1-10 Jac | Certificate Number (please | 6-6254 |
| | | | |
| DBF Form 83-455 400(5); Strative Determber 10-1896 | Page: 1 | | |

| Systems that Treat Their Water | |
|--|--|
| System PWS identification Number: مروس مراه المعالية المع | |
| System PWS Identification Number: 65 35055 | |
| Treatment Plant Name: Cubress Lakes Utilities | |
| | |

HE SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONITUYEAR OF

May 00

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

| | | Asias I lastinaus hate s | | Sur Company of the | A THE REAL PROPERTY OF THE PERSON OF THE PER | | THE RESERVE |
|----------|--|-------------------------------|--|--|--|--|---|
| | Mr. c's W | THE BOOK AND | Y Property (| A A A A A A A A A A A A A A A A A A A | a Saespen Garnin | | |
| : 4 | | | Displacement | THE PROPERTY OF THE PROPERTY OF | Mark with the property of the | A PARK OF SECOND AND A SECOND ASSESSMENT | Records Emergency About a Oberains Conglish |
| ay of : | | Quantity of Finished Water | | Lovest Residual | Nymber of Injunction Nympie New Line Distriction Menautyma Na Taken a Total Lentern C Samping Panis | Owell Case ver Depresent Control (September 1997) Control (September 19 | Acriente |
| | novie Pient | Produced by Plant | Enter to Distribution | Disinfectant | DIM | Concentration at | Operaling |
| Sont? | Qaeratien [‡] | Produced by Plan (gallets) | System (mg/L) | Concentiation st | Menaurements Teken | To all to ferm | Candillo |
| | والمفروع والمحاور والمراز والمتعاور | S. Sacration | Concentration at Entry to Distribution Bysism (mg/L) | Remote Poin(*) | Total Collorin | Sampling Points | 1 |
| . 1 | | 1 VC . MY | The second second second | A STATE OF THE STA | LEGINIDING COUNTY | . Establish Lines | 3,3,3,4 |
| 1 | अपाल | 149000 | 2.4 | 0.2 | | | - |
| 2 | | 18800X) | 4.3 | 0.7 | | 0.8 | - |
| 3 | | 149000 | a.6 | 73 | | | |
| 4 | | 94,000 | | 08 | | | |
| 5 | | 9,000 | | 00 | | | |
| 8 | | 100 900 | | | | | |
| 7 | | 100 000 | 2.6 | 0.8 | | | |
| 0 | | 86000 | 2.7 | AB | | | |
| 10 | | 193000 | 7.6 | 0.7 | | | |
| 11 | - | 80000 | 2.6 | (1) | | | 4 |
| 13 | | 16000 | 2.3 | 06 | | | |
| 13 | - | 127000 | 2.3 | DO | | <u> </u> | |
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Page 2

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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

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SEP Form BA-969 900(3) Effensie Genember (8, 1996 Page 1

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.

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Sd Wd60:10 0002 to .eny

FAX NO, : 863 815 1524

FROM: CYPRESS LAKES UTIL

System PWS Identification Number:

Treatment Plant Name:

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHLYLAR OF

Type of Residual Disinfactant Maintained in Distribution System Served by Plant, free chlorine combined chlorine (chloramine); chlorine dioxide 51,

| | | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
|-----------------|-----------------|---|--|
| A | | Treatment Date for Month: | |
| SUMMON ALCIAN | | Transcast Cala tas timbe | |
| DULING A DI MEN | | LIBRATING CORES FOR MORNING | |
| | , , , , , , , , | TITUTION OF BULL 101 INCUITS. | |
| | | | |

| Summan | y or Dully v | Affec I Leatueur Dale . | or wearn: ')? Y | / | | | |
|----------|--|--|--|---------------------------------------|--|---|--|
| \$ 75 A | | * 14* 10******************************** | Lowest Residual | Alleya | inderega (17 August | (Sylonical) | Planettee |
| 1 Day of | in the s | Quantity of Finlaned Water | Lowest Residual | Lowest Residual | | The same of the same of | THE PROPERTY OF |
| 1.0 | Hours Plant | | . Concentration alim | Lowest Residual | Number of instances Where Reserve Distribution Messauremans Section | | A de la constant de l |
| , Monar | i In | Produced by Plant | Entry to Distribution | Distribution | OHUM HIM | Concentration | Open a |
| | Operation' | (gallana) | System (mg/L) | Concentration at | Mesauremanis Teken | I del Contorn | Contino |
| 1 | A STATE | | DANGE OF THE PARTY | (mar.) | Sampling Points | Concentration at Total Confident Sampling Table | Congue |
| <u> </u> | 1 - | 72,1, 200 | | Assistant Section | Sumpling Points | 《沙兰戏中的小人 文文》 | A Servery |
| 1 1 | 24465 | 60000 | a:6 | 0.8 | | | |
| 2 | 1 | 84000 | | | | | |
| 3 | | 80000 | 2.7 | 0.9 | | | |
| 4 | | 90000 | d.2 | 07 | | | |
| 5 | | 81000 | 7.0. | 21 | | | |
| 8 | 1 | 95000 | 2.5 | PE | <u> </u> | 26 | |
| 7 | | 97000 | 2.6 | 0.2 | | | |
| | | 95000 | 2-15 | 19,1 | | | |
| 9 | | 85000 | | | | | |
| 10 | 17 | 96000 | 25 | 126 | | | |
| 11 | 17 | 125000 | 2.6 | 22 | , | | |
| 12 | | 122000 | 27 | 22 | | | |
| 13 | 1 | 40000 | 2.3 | 0.9 | | | |
| 14 | 1 | 100000 | 23 | 127 | | | |
| 15 | 1 | 80000 | 23 | 27 | | | |
| 16 | | 89000 | Annual Control of the | | | | |
| 17 | - | 90000 | 26 | 1.8 | `. | • | T |
| 18 | 1 | 148/200 | 25 | 2.7 | | | |
| 19 | 1 | 108000 | 2.6 | 26 | | | |
| 20 | 1 | 14000 | 25 | 726 | | | |
| 21 | | 12000 | 2.5 | 0.7 | • ' | 16. | |
| 22 | 1 | 18000 | 26 | 27 | | | |
| 23 | / | 34000 | | | | | |
| 24 | / | 63(2) | 25 | 06 | | | - |
| 25 | | 67000 | 26 | 0.2 | | : | - |
| 26 | | 52/00 | | 178 | | - | 1 |
| 27 | / | 1/2 /2007 | 35 | 0.7 | | | |
| 28 | | 1/62 | 1.6 | - 67/ | + | | |
| 20 | | 1 6 6 | 25 | + - 1/2 - | | | |
| 30 | | 1 72 0000 | - OK-U | | | - | |
| 31 | | 1 63 000 | 2.4 | 0,6 | | | |
| | | 60,000 2638000 | | · · · · · · · · · · · · · · · · · · · | | | |
| Total | | 95147 | - | | | | |
| Avg. | | | - Maria - 1 | | | | |
| Max. | | 17000 | 27 | | | 1 | 4.1 |
| | | | | | | | |

22 Form 82-684 900(3) Eferant Constition 10, 1946

Page 1



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 TREATM | IENT PLANT INFO | RMATION FOR THE MONTH/YEAR | | | | | |
|--|--|------------------------|---|--|--|--|--|--|
| Hug OO | | | MONTHIEAR | | | | | |
| Water System Information | , , | | | | | | | |
| System Name:CV press | Lakes Utili | t.06 - | 1610 1 W W W 1871 | | | | | |
| System Owner | ranco villi | 1150 | PWS Identification No.: 6335055 | | | | | |
| Name: 1) tilities Inc | of Fla | 7 | Telephone No : (107-919-1010) | | | | | |
| Address: 200 weather f | 10 0 10 | l | Telephone No.: <u>407-869-1919</u> | | | | | |
| | 1095 | | State: E/a Zin Codo: 2)00/ | | | | | |
| System Type: Community; non | | unity: non-comm | State: Fla Zip Code: 32714 | | | | | |
| No. of Service Connections at End of M | System Type: Community; hon-transient non-community; non-community; consecutive No. of Service Connections at End of Month: 780 Total Population Served at End of Month: 734 | | | | | | | |
| Water Treatment Plant Information | 1000 | operation believed at | End of Monday | | | | | |
| Treatment Plant | 1 1 1 | | | | | | | |
| Name: CUPTESS LOKES | Utilities | | Telephone No.: 863-916-1534 | | | | | |
| Address: 10000. US. Huy | 981 | | - | | | | | |
| city: Lakebad | | S | State: Fla Zip Code: 13809 | | | | | |
| Permitted Maximum Day Capacity of P | | gpd | | | | | | |
| Plant Category and Class per Rule 62- | | 3C | | | | | | |
| Lead/Chief Plant Operator: | | | | | | | | |
| Name | Certificate Number | Class (A, B, C, or D) | Day(s)/Shift(s) Worked | | | | | |
| Doseph M Kuhns | 6754 | 7 | Monday this Friday | | | | | |
| Other Certified Plant Operators (attach | | necessary): | | | | | | |
| Name | Certificate Number | Class (a, B, C, or D) | Qay(s)/Shift(s) Worked | | | | | |
| Clavia E Shoffstall | 7799 | C | Satur days | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| II. STATEMENT BY LEAD/CHIEF V | NATER TREATME | NT PLANT OPERA | TOR FOR THE MONTH/YEAR OF | | | | | |
| Ava QO | | | | | | | | |
| Thy CC | | | | | | | | |
| | | | rt I of this form, certify that, to the best of | | | | | |
| my knowledge and belief, the information | | | | | | | | |
| additional operations records for the plant | | | red each day that a certified operator | | | | | |
| staffed or visited the plant during the m | onth indicated above | 3 : | | | | | | |
| | | | | | | | | |
| records of amounts of chemicals u | sed and chemical fer | ed rates; and | | | | | | |
| if applicable, appropriate treatment | process performand | e records. | | | | | | |
| | | | | | | | | |
| | ditional operations re | ecords at the plant si | te for at least five years and to make then | | | | | |
| available for review upon request. | | , , | | | | | | |
| 1420 h M/ -// | 9-1-00 | Jacob N | Wahas Close | | | | | |
| (Marine) Marine | 11/0/2 | 703EM | 111/11/0 6-6/07 | | | | | |
| Signature and Date | N | ame and pertificate | Number (please type or print) | | | | | |
| / / | | | | | | | | |
| DEP Fami 82-556 900(3) | Li | 200 1 | | | | | | |
| Effective Discernour 10, 1996 | ۲ | age 1 | | | | | | |

FAX NO. : 863 815 1524 Sep. 01 2000 08:17AM P2

LKOW : CYPRESS LAKES UTIL

| e of | MMARY O | | | | | | |
|-----------------|--|---|---|---|---|--|--|
| e of com | | F DAILY WATER TE | REATMENT DATA | A FOR THE MC | DNTH/YEAR | Ava OC |) |
| com | Residual D | Disinfectant Maintain | ed in Distribution | System Served | by Plant: X free | e chlorine: | |
| | bined chlo | rine (chloramine); _ | chlorine dioxid | le | 7 4 "0" | 5 5. M.D. III, 16, | |
| | a a a f Daile . | 141-4 T 40 04 M- | | | | | |
| nma | ry or Daily | Water Treatment De | ta for Month: //C | 1 | | | |
| | | | Lowest Residual | Residua | l DisIntectant in Distribution | System | Roported |
| the Aonth | Hours Plant in Operation | Quantity of Finished Water Produced by Plant (gallons) | Disinfectani Concentration at Entry to Distribution System (mg/L) | Lowest Residual Distributant Concentration at Remote Point (mg/L) | Number of Instances Where Residual Disinfactant Measurements Taken at Total Coliform Sampling Points | Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) | Emergency Abnormal Operating Conditions |
| 1 | 24/13 | 108000 | 18 | 8.8 | | | |
| | armer | 63000 | 7.5 | 0.7 | a | 0.7 | |
| 3 | | 33000 | 2.7 | 0.7 | | | |
| 4 | | 63.000 | 2.6 | 2.5 | · · · · · · · · · · · · · · · · · · · | | |
| 5 | | 18000 | d.b | U6 | | | |
| 6 | | 15000 | 37 | . 50 | | | |
| 7 | | 22000 | - Sig- | 26 | | | |
| 8 | | 95 000 | 2.5 | 0.6 | | | |
| 10 | | 19000 | 2.2 | D. | | | |
| 11 | | 91000 | 33 | 26 | | | ļ |
| 12 | | 63000 | 1.3 | 0.5 | | | |
| 13 | J | SOCIO | 1 | 02 | | | 1 |
| 14 | +/ | 21000 | X'8- | 1 96 | | | |
| 16 | +/ | 64 200 | 34 | 0.6 | | | |
| 17 | + | 18000 | 2.5 | 10.6 | | <u> </u> | |
| 18 | | 81000 | 2.4 | 1 0.7 | | | |
| 19 | | 74000 | d.4_ | 10.7 | | | + |
| 20 | | 61000 | | 0.8 | | | + |
| 21 | | 63000 | 9.5 | 0.8 | | | |
| 22 | | 16000 | 25 | 0.6 | | | |
| 24 | 1-1- | 80000 | 2.4 | 0.6 | | | |
| 25 | | 12000 | 3.4 | 0.7 | | | |
| 28 | 1/ | 70000 | → 3 .5 | 0.2 | | | |
| 27 | + | 79000 | 1 27 | 0.8 | | + | + |
| 28 | | 48000 | + 35 | 0.7 | | | |
| <u>29</u> 30 | 1. | 3377 | 1 2.7 | 8.2 | | | |
| 31 | 1 | 12000 | 2.6 | 0.6 | | The state of the s | mann |
| Total | | 1.313 000 | | | Amma Brann | | <i> }} } </i> |
| | V///////// | 1000 | | /////////////////////////////////////// | // <i>X//////////////////////////////////</i> | <i>181111111111111111</i> | /////////////////////////////////////// |

DEP Form 52-650.900(3) Ethicuvo Docenbyr 10 19th Page 2

FAX NO. : 863 815 1524

FROM : CYPRESS LAKES UTIL



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 TREATM | ENT PLANT INFO | RMATION FOR THE MONTHLY FAR | | | | |
|---|--|--|--|--|--|--|--|
| Sept (D) | Sept (N) | | | | | | |
| Water System Information | , , | | | | | | |
| System Name: No rest | i Lakes Un | tilities " | PWS Identification No.: 6535055 | | | | |
| System Owner | 1/1 | - Lind for the Comment | Wo ldefillionation (40 | | | | |
| Name: Utilities Loc | | | | | | | |
| Address: 200 Weathers | seld Ave, | | f | | | | |
| City: Altamonte | SPCINAS | | State: F/A Zip Code: 32714 | | | | |
| System Type: X community; non-translent non-community; non-community; consecutive | | | | | | | |
| Water Treatment Plant Information | No. of Service Connections at End of Month: 772 Total Population Served at End of Month: 7737 | | | | | | |
| Transment Diest | | | | | | | |
| Name: Cypress Lakes | Utilities | 7 | Telephone No.: 883-815-1524 | | | | |
| Address: /app ()5//www | 98N | · · · · · · · · · · · · · · · · · · · | the state of the s | | | | |
| City: Lake and | | | State: Fla Zip Code: 33809 | | | | |
| Permitted Maximum Day Capacity of Pl | ant: 350,00 | O gpd | | | | | |
| Plant Category and Class per Rule 62-6 | 399.310(4), F.Á.C.: _ | 50 | | | | | |
| Lead/Chief Plant Operator: | | | - | | | | |
| Joseph M Kuhns | Cartificate Number | Class (A. B, C, or D) | Day(s)/Shift(s) Worked 1 | | | | |
| Other Cartified Plant Operators (attach | 1 .7) / / / | Annacasay): | Monday thru Friday | | | | |
| Name | Certificato Number | Class (8, B, C, or D) | Day(a)/Shift(a) Worked | | | | |
| Thur E shoffstall | 7799 | CHASS (8, 6, C, Gr U) | Satura VI | | | | |
| 100 L 3/101(3/01) | 777 | | Tall Chays | | | | |
| | | | | | | | |
| | | T | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| IL CTATEMENT DU LEADIQUES | | 17 OL MAT (17 OF 18 OF 1 | | | | | |
| II. STATEMENT BY LEAD/CHIEF W | VATER TREATMEN | T PLANT OPERA | TOR FOR THE MONTH/YEAR OF | | | | |
| Septoo | والمتعادية المتعادية المتعادية المتعادية المتعادية المتعادية المتعادية المتعادية المتعادية المتعادية | | | | | | |
| I, the undersigned lead/chief operator | of the water treatme | ent niant listed in Pa | rt I of this form, certify that, to the best of | | | | |
| my knowledge and belief, the information | n provided in this re | port is true and acci | trate. Also, I certify that the following | | | | |
| additional operations records for the pla | int listed in Part I of t | his form were prepa | red each day that a certified operator | | | | |
| staffed or visited the plant during the mo | onth indicated above | ; | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | |
| • records of amounts of chemicals used and chemical feed rates; and | | | | | | | |
| If applicable, appropriate treatment process performance records. | | | | | | | |
| Furthermore Lagree to retain those additional quartient and the state of the state | | | | | | | |
| 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 | | | | | | | |
| 1/60 0 1/1/1/1 | 10 1 00 | m 1. | 11/ | | | | |
| (A) DAVA NOW KIND | <i>((トペプY)</i> | JOSPDA N | 1 Kuhne 1-1724 | | | | |
| Signature and Date | Ne | ime and Certificate I | Number (please type or print) | | | | |
| | | (| tances (productype or print) | | | | |
| DEP Form 62-555 800(3) | | | | | | | |
| Effective Cecernber 10 1995 | P _A | igs I | | | | | |

EKOW : CALKEZ TUKEZ NIIT LUX NO. : 863 815 1524

| System | PWS Idei | on Report for Public that Treat Their Wate ntification Number: Name: | 6535055 | that Use Grou | nd Water and for | Consecutive | Public |
|------------------------|--|---|---|---|--|---|---|
| III. SU | MMARY C | OF DAILY WATER TO | REATMENT DATA | A FOR THE MO | ONTH/YEAR | Sept 0 | 0 |
| Type of con | Residual | Disinfectant Malntalnorine (chloramine); _ Water Treatment Da | ed in Distribution chlorine diaxid | System Served le | | | |
| | | Residual Disinfectant in Distribution System Lowest Residual | | System | Roported | | |
| Day of the Month | Hours Plant in Operation | Quantity of Finished Water Produced by Plant (gallons) | Disinfectant Concentration at Entry to Distribution System (ritg/L) | Lowest Residual Disinfectant Concentration at Romote 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) | Emergency or Abnormal Operating Conditions |
| 1 | W/G | 14000 | 2.5. | 0.6 | | | |
| 2 | | 83000 | 3.5 | 0.7 | | | |
| 3 | | <u> </u> | | | | | |
| 5 | | - 50C0O | 43 | 0.7 | | | <u> </u> |
| 5 | 1 | 14/35 | 0.5 | 994 | | 8.7 | - |
| 7_ | | 51000 | 26 | 0.6. | | | |
| 8 | | 75000 | 24 | 0.3 | | | |
| 9 | | 14000 | 2.4 | 0.6 | | | |
| 10 | | 65000 | | | | | |
| 11 | | 196 000 | 7.3 | 1.5 | | | |
| 12 | /- | 10000 | 43 | 8/ | | | <u> </u> |
| 14 | 1 | 100000 | 3.3 | 0.6 | | | |
| 15 | 1 | 101000 | 23 | 62 | | | |
| 16 | / | 18000 | 33 | 0.7 | | | |
| 17 | | 58000 | | | | | ļ |
| 18 | \ | 37000 | 9:7 | 100 | | | |
| 20 | 1 | 66000 | 3:5 | 1 1/2 | | · | - |
| 21 | | 65000 | 27 | 0.8 | | | |
| 22 | | 73000 | a.2 | 0.7 | | | |
| 23 | } | 6200 | d.7 | 26 | | | ļ |
| 24 | | 272000 | 1 | 1 | | | |
| 26 | | \$8/YVA | 32 | 0.6 | | | |
| 27 | | 92000 | 3.3 | 177 | | | |
| 28 | | 23000 | 2.7 | 222 | | | |
| 29 | - | TREQU | 3.5 | 23 | | | |
| 30 | | 11000 | -de | 0.6 | | | - |
| Total | VIIIIIII | 1290000 | | | | | Minimum |
| Avg | | 16333 | | | | | |
| Max | | 102000 | | | | | |

FAX NO. : 863 815 1524

Received: 11/ 1/00 4:13PM; 863 815 1524

FROM : CYPRESS LAKES UTIL

FAX ND. : 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 TREATM | ENT PLANT INFO | RMATION FOR THE MONTH/YEAR | | | | | |
|--|---|---|---|--|--|--|--|--|
| Water System Information System Name: | Lakes 11 | tilities | PWS Identification No.: 6535055 | | | | | |
| System Owner Name: 111/11/185 Inc. | Name: 11/1/165 Inc of Fla. Telephone No.: 4D-869-1919 | | | | | | | |
| City: A) tamonte Springs State: 1/a Zip Code: 34/14 System Type: Y community: non-transient non-community; non-community; consecutive | | | | | | | | |
| No. of Service Connections at End of Mo Water Treatment Plant Information | onth: <u>1000</u> Total Pe | opulation Served at | End of Month: | | | | | |
| Name: Syn 185 LOKE Address: 10000 Dichwy | 5 Utilities | · · | Telephone No.: 863-815-1524 | | | | | |
| City: Lake land Permitted Maximum Day Capacity of Pla | ant: 360,000 | 2 gpd | State: <u>F/a</u> Zip Code: <u>33909</u> | | | | | |
| Plant Category and Class per Rule 62-6 Lead/Chief Plant Operator: | | Class (A, B, C, or D) | Day(s)/Shift(s) Worked , | | | | | |
| Other Certified Plant Operators (attach | Certificate Number 634 additional sheets if n | 6 | Monday thru Kriday | | | | | |
| David E Shoffstall | Certificate Number 7799 | Class (a, B; C, or D) | Day(s)/Shift(s) Worked Sotucoay5 | | | | | |
| | | 1 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| II. STATEMENT BY LEAD/CHIEF W | ATER TREATMEN | T PLANT OPERA | ATOR FOR THE MONTH/YEAR OF | | | | | |
| | on provided in this re ant listed in Part I of t | port is true and acc this form were prep | art I of this form, certify that, to the best of curate. Also, I certify that the following ared each day that a certified operator | | | | | |
| records of amounts of chemicals us if applicable, appropriate treatment | | | | | | | | |
| Furthermore, I agree to retain these add available for review upon request. | ditional operations re | ecords at the plant s | site for at least five years and to make them | | | | | |
| Signature and pate | <i> <u> - - </u> </i> N | ame and Certificate | Number (please type or print) | | | | | |

Page 1

Received: 11/ 1/00 4:13PM; 863 815 1524 -> Utilities Inc. FL.; Page 7

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524 Nov. 01 2000 03:58PM P7

| | | ame: <u>Lypross</u> | Lakes Ut | <u> </u> | | | |
|------------------------|--|---|---|---|--|---|--|
| 11). 5(1). | MMARY O | F DAILY WATER TR | REATMENT DATA | A FOR THE MO | ONTH/YEAR | Octoo | |
| Type ofcorr | Residual inbined chlo | Disinfectant Maintain orine (chloramine); | ed in Distributionchlorine dioxid | System Served e | | e chlorine; | |
| | | | Lowesi Residual | 1 | l Disinfectant in Distribution | System | Reported |
| Day of the Month | Hours Plant in Operation | Quantity of Finished Water Produced by Plant (gallons) | Disinfectant Concentration at Entry to Distribution System (mg/L) | Lowest Residual Disinfectant Concentration at Remote Point (mg/L) | Number of Instances Where Residual Disinfectant Measurements Yaken of Total Coliform Sampling Points | Lowest Residual Ossinfectant Concentration at Total Coliform Sampling Points (mg/L) | Emergency Abnormal Operating Conditions |
| 1 | 24/15 | 16000 | | | | | |
| 3 | | 15000 | - 2.2 | 0.7 | | | |
| 4 | | 19000 | 2.5 | 0.7 | 2 | 0.2 | |
| 5 | | 44000 | 2.5 | 0.6 | | | |
| 6 | | 96000 | 2.6 | 0.6 | | | |
| 7 | 1 | 83000 | 2.6 | 0.6 | | <u> </u> | |
| 8 | | 6000 | <u> </u> | | | | |
| 10 | | 180000 | 1 - d. h | 1 22 | | | |
| 11 | | 135000 | 1 3 1 | 17.12 | | | |
| 12 | | 103000 | 2.6 | 2.8 | | | |
| 13 | | 137000 | 2.6 | 0.7 | | | |
| 14 | | 97000 | 2.6 | 0.7 | | | <u> </u> |
| 15 | -/- | 12000 | | | | | - |
| 17 | | 122000 | 42 | 1 25 | | | |
| 18 | | 136000 | 33 | 25 | | | |
| 19 | | 183000 | 3.4 | 0.6 | | 1 | 1 |
| 20 | | 113,000 | 33. | 0.7 | | | |
| 21 | 1 | 124000 | 2.5 | 0.7 | | | |
| 22 | - \ - | 146000 | | | | | <u> </u> |
| 23 | | 14/00 | 24 | 0.4 | | | |
| 25 | | 13/000 | + | 0.6 | | | Main we |
| 26 | | 120000 | + 95 | 1 08 | | 1 | phymol |
| 27 | | 130000 | 37 | 1.0 | | | 1 |
| 28 | $\bot J$ | 140000 | 1.8 | 0.9 | | | |
| 29 | | 130000 | | | | | |
| 30 | 1 | 13000 | de | 0.8 | | | |
| 31 | VIIIIIII | 14100 | 1 minimum | | | Y | |
| Total Avg. | | - 51. 48 4 - 51. 48 4 | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | X///////////////////////////////////// | de la commentación de la comment | | <i>}{}}}}}</i> |
| | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | X///////////////////////////////////// | X///////////////////////////////////// | XIIIIIII |

FROM: CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Dec. 01 2000 11:51AM P9 4



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.

| Wave System and Wave System and Wave Solo | WATER TREATM | ENT PLANT INFO | NIVIATION, OK | THE WORTH/TEAR |
|--|--|--|--|---|
| Water System Information System Name: System Owner Name: Address: City: System Type: No. of Service Connections at End of Monetal Manetal | C of Fla: 3 Field Ave. 2 Fings pransient non-commonth: 1000 Total F | nunity;non-comm Population Served at | State: <u>A</u> Zip nunity; consec End of Month: A | 107-869-1919 Code: 32714 utive 120 |
| Permitted Maximum Day Capacity of Pla | int: <u>330.000</u> 9! (4) ; _ | 2 | | |
| Onseph M Kuhns | Certificate Number | Class (A, B, C, or D) | | 5)/Shift(e) Worked |
| Other Certified Plant Oper Name Vau A - Shottstill Steve Hallery | onal sheets if a | Class (a, B, C, or D) | | a)/Shift(s) Worked |
| | | | | |
| II. STATEMENT BY LEAD/CHIEF W | ATER TREATME | NT PLANT OPERA | TOR FOR THE | MONTH/YEAR OF |
| I, the undersigned lead/chief operator my knowledge and belief, the information additional operations records for the plan staffed or visited the plant during the mo records of amounts of chemicals use | n provided in this re nt listed in Part I of nth indicated above | eport is true and accu this form were prepa e: | rate Also Loert | ify that the following |
| if applicable, appropriate treatment p Furthermore, I agree to retain these additional available for review upon request. And the second secon | process performand | ce records. | o for at lasse fire | |
| available for review upon request | 12-1-00 | Joseph 1 | e for at least five | years and to make them 5 |
| 0EP Ferm 62-555,900(3) Effective December 10, 1996 | Pi | age 1 | | |

Received: 12/ 1/00 10:53AM; 863 815 1524

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: X free chlorine; ____combined chlorine (chloramine); ____ chlorine dioxide

| _ | | | Lowest Residual | Residua | I Disinfectant in Distribution | System | Reported |
|------------------------|---|---|--|---|--|---|--|
| Day of the Month | Hours Plant in Operation | Quantity of Finished Water Produced by Plant (gallons) | Disinfectant Concentration at Entry to Distribution System (n/g/L) | Lawest Residual Disinfectant Concentration at Remote Point (mg/L) | Number of instances Where Residual Disinfectant Measurements Takon at Total Coliform Sampling Points | Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) | Emergency of Abnormal Operating Conditions |
| 1 | 241/10 | 143000 | 2.3 | 0.6 | <i>a</i> | 0,6 | |
| 2 | | 124000 | 2.6 | 0.7 | | | |
| 3 | | 146000 | 27 | 26 | | | |
| 4 | | 125000 | 2.5 | 0.6 | | ····· | |
| 5 | | 143000 | | | | • | |
| 9 | | 145000 | d.6 | 0.7 | | | |
| 7 | | 180000 | 2.7 | D. 1 | | | |
| 8 | | 130000 | dh | 0.6 | | | |
| 9 | | 118 000 | 25_ | 16 | | | |
| 10 | <u> </u> | 56,000 | 2.3 | 0.8 | | | |
| 11 | / - | 44000 | 2.6 | 08 | | | |
| 12 | / | 43000 | 1 | | | | |
| 13 | -/- - | 44000 | 1 | 0:1 | | | <u> </u> |
| 14 | | 77000 | dish. | 26 | | | |
| 16 | | 7000 | (); () | - 22 | | | |
| 17 | | 27000 | 1 45 | - (2) | 1 | | |
| 18 | \ | 27000 | 9:4 | 46 | | | · |
| 19 | | 42000 | - a | | | | |
| 20 | \ | 4000 | | 0.5 | | | |
| 21 | 1 | 49000 | 7.4 | 2.5 | | | |
| 22 | | 52000 | 2.7 | 26 | | | |
| 23 | | 30000 | 7.9 | 7.3 | | | |
| 24 | | 33000 | 2.3. | 106 | | | |
| 25 | | 44000 | 2.3 | 06 | | | |
| 26 | | 93000 | | | | | |
| 27 | | 32000 | 33 | 07 | | | |
| 28 | | 32000 | 2.6 | 28 | | | |
| 29 | 144 | 46000 | 2.4 | 0.7 | | | |
| 30 | V | 41000 | 23 | 27 | | | |
| 31 |) | | | | | | |
| Total | | 2352000 | | | | | |
| Avg. | <i>\$444444</i> | 25:086 | | | | | |
| Max | | 80000 | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | X///////////////////////////////////// | X///////////////////////////////////// | | |



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 TREATME | ENT PLANT INFOR | MATION, FOR THE MONTH/YEAR |
|--|---|--|--|
| Water System Information System Name: Cypress | Lakes Uti | lities P | WS Identification No.: 6535055 |
| System Owner Otilities Fac a | of F/9. | T | elephone No.: <u>407-869-191</u> 9 |
| Address: Apo westhers | | | 21 7 C-1- 710W |
| | rings | S | tate: F/a Zip Code: 3d1/4 |
| System Type: X community; non- | | | |
| Water Treatment Plant Information | intin. <u>IVVC -</u> Fotal Pt | opulation Served at t | and of Month. 3020 |
| Treatment Plant | 0. 1.1 | | |
| Name: Cypross Lakes | 1 H. lities | т | elephone No.: 863-815-1524 |
| Address: 10000 US HW | | | oropitorio i von Obel Official |
| City: Lakelane | 7 1000 | S | tate: F/g Zip Code: 33809 |
| Permitted Maximum Day Capacity of Pla | ant: 358.00 | O gpd | 110 |
| Plant Category and Class per Rule 62-6 | | | |
| Lead/Chief Plant Operator: | 00.010(1),111.00 | | |
| Name | Cenificate Number | Class (A, B, C, or D) | Day(s)/Shift(s) Worked |
| Joseph M Kuhns | 6754 | 6 | Monday thru Eciology |
| Other Certified Plant Operators (attach | additional sheets if n | ecessary): | |
| Name | Certificate Number | Class (a, B, C, or D) | Day(s)/Shift(s) Worked |
| David E Shottstall | 9194 | C | Soturdons |
| | | | 70 |
| | | | |
| | | | |
| | | | |
| | <u> </u> | | |
| | | | |
| | | | |
| | | <u> </u> | |
| II. STATEMENT BY LEAD/CHIEF W | ATER TREATMEN | IT PLANT OPERAT | FOR FOR THE MONTH/YEAR OF |
| Nec DO | | | |
| I, the undersigned lead/chief operator my knowledge and belief, the informatio additional operations records for the pla staffed or visited the plant during the mo | on provided in this re ant listed in Part I of t | port is true and accu his form were prepa | t I of this form, certify that, to the best of rate. Also, I certify that the following red each day that a certified operator |
| records of amounts of chemicals us if applicable, appropriate treatment | | | |
| Furthermore, I agree to retain these add available for review upon request | ditional operations re | ecords at the plant sit | te for at least five years and to make them |
| Signature and Dale | _ <i>[-[-DD]</i> N | ame and Certificate | Number (please type or print) |
| DEP Form 02-666 900(3) Effective December 10, 1998 | Р | age 1 | |

79 M902:31 100S 10 .n.bl

FAX NO. : 863 815 1524

FROM: CYPRESS LAKES UTIL

| SU be of | MMARY O | lame: Cypress | | | | | |
|-------------|--|-----------------------------|---|----------------------------------|--|------------------------------------|-------------------------|
| e of | | | | | | | |
| e of | | F DAILY WATER TE | REATMENT DATA | A FOR THE MO | ONTH/YEAR | | |
| | Residual (| Disinfectant Maintain | ed in Distribution | System Served | by Plant: X free | e chlorine: | |
| com | bined chic | orine (chloramine); _ | _ chlorine dioxid | e | | , | |
| | | | 0 | - 1 | | | |
| mma | ry of Daily | Water Treatment Da | ta for Month: 1/6 | 26 | | | |
| | | | | Residua | Distribution | System: | İ |
| | | | Lowest Residuel | | | | Reported |
| ay of | Hours Plant | Quantity of Finished Water | Disinfectant Concentration at Entry to | Lowest Residual | Number of Instances Where Residual | Lowest Residual Disinfectan: | Abnormal |
| ionth | in Operation | Produced by Plant (gallons) | Distribution System (mg/L) | Disinfectant Concentration at | Disinfectant | Concentration at Total Coliform | Operating Conditions |
| | | | 12 = 7 | Remote Point (mg/L) | Meesurements Taken at Total Coliform Sampling | Sampling Points | |
| | | | | | Poul6 | (mg/L) | |
| 1 | 14/15 | 46000 | 2.4 | 0.6 | | | |
| 2 | 1 | 45000 | 4.4 | 0.5 | | | |
| 3 | | 14000 | 12 | 0/- | | | |
| -4 | | 33 000 | 99 | 0.0 | 2 | 0.7 | |
| s | 1 | 21000 | 7.6 | 0.7 | | | |
| 7 | | 33000 | 2.5 | 0.6 | | | |
| В | - | 31,000 | J 23 | 06 | | | |
| 9 | | 98000 | 4.5 | 0.7 | | | + |
| 10 | | 20000 | 13 | 06 | | | |
| 11 | 1 | 55000 | 94 | D.5 | | | |
| 13 | | 63000 | 26 | 0.4 | | | |
| 14 | | 170000 | 2.5 | 1-27 | | | |
| 15 | + | 1 431 000 | 4-3- | 1 62 | | | |
| 16 | | 120000 | | | | | |
| 18 | 1 / | 7/9000 | 2.5 | 0.7 | | ļ | |
| 18 | | 102000 | 2.6 | 1 27 | | | + |
| 20 | 1/ | 160000 | 1.4 | 1 32 | | | |
| 21 | 1/ | 1 1710000 | 1 | 1 21 | <u> </u> | | |

DEP Form 62-555 900(3) Effective Decomber 10 1990

22 23 24

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Feb. 01 2001 12:56PM P2 /



DEP Form 82-555 900(3)

Effective December 13, 1996

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

| GENERAL WATER SYSTEM A | ND WATER TREATM | ENT PLANT INFO | RMATION FOR THE MONTH | /YEAR |
|---|----------------------------|---------------------------------------|--|-----------------|
| Vater System Information | 1 / | / | | |
| lystem Name: | slaker Utili | tres | WS Identification No.: 4573 | P)55 |
| vstern Owner | N (1 | | | |
| lame: At 1 bs I | ac ot to | | Telephone No.: <u>407-869-</u> / | 919 |
| address: abo weather | offield Ave | | | |
| liy: Alfamente system Type: X community; n | politegeight non-comm | Links Dan-come | State: F/a_Zip Code: 327 | 77 |
| lo. of Service Connections at End of | Month: 1000 Total P | poulation Served at | End of Month: 1500 | |
| vater treatment Plant Information | | , | 7 | |
| reatment Plant lame: CVOCOSS Loke | 2114/1/2 | | The street was Nov. 212. 215. 15 | CH |
| Address: 10000,05 Hu | 0 0 11/11/63 | | Telephone No.: 863-815-13 | X7 |
| City: Lakeland | 7 7010 | | sate: Pla Zip Code: 331 | 209 |
| ermitted Maximum Day Capacity of | Plant: 350,000 | gpd | the state of the s | · · |
| liant Category and Class per Rule 6 | | | | |
| ead/Chief Plant Operator: | - | | | |
| Name | Carvillosis Number | Class (A. B. C. or D) | Day(s)Shift(s) Worked | |
| Desegn M Kunns | 6/127 | 1 | Monday thru Frida | 1) — |
| ther Certified Plant Operators (atla | | | Day(s)/Shift(s) Worked | <i></i> |
| Mauc E Shotestall | Confined Number | Cises (s, 6, C, or D) | Saturday | |
| THE PERIOD IN | - Life Conference | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| II. STATEMENT BY LEAD/CHIE | E WATER TREATME | NT PLANT OPERA | JOR FOR THE MONTH/YEA | R OF |
| | , | | | |
| Jan Ol | | | | |
| I, the undersigned lead/chief oper | ator of the water treatm | ent plant listed in Pa | art I of this form, certify that, to t | he best |
| ny knowledge and belief, the inform | ation provided in this re | sport is true and acc | urate. Also, I certify that the fol | lowing |
| additional operations records for the | plant listed in Part I of | this form were prepared | ared each day that a certified of | perator |
| staffed or visited the plant during the | manth indicated above | 9 . | | |
| records of amounts of chemicals | e ligad and chemical for | ad retag: and | | |
| if applicable, appropriate treatm | · | • | , | |
| | Aur hidessis hattaillistif | ru i gygrad. | | |
| Furthermore, I agree to getain these | additional operations of | ecords at the plant s | ite for at least five years and to | make th |
| available for review upon request, | <i>F</i> | ـــــــــــــــــــــــــــــــــــــ | | .,, |
| // | و است ام م | ا سید | | |
| This and K MAK K. I I | 1 2-1-01 | 105-06 | h/1 -1/. had 1-10 | つとしし |

Page 1

Received: 2/ 1/01 12:04PM; 863 815 1524

Feb. 01 2001 12:56PM P3

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

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: 6575055

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

| Day of | | | Lowest Residual | Residua | Disinfectant in Distribution | System | Reponed |
|--------------|-----------------------------|---|--|---|--|---|---|
| the Jonth | Hours Plant in Operation | Quantily of Finished Water Produced by Plant (gallons) | Disinfectant Concentration at Entry to Distribution System (Ing/L) | Lowest Residual Oisinfectant Concentration at Remote Point (mg/L) | Number of Instances Where Residual Disinfoctant Measurements Taken at Total Collform Sampling Points | Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) | Emergency of Abnormal Operating Conditions |
| 1 | ay has | 177000 | 23 | 26 | | | |
| 2 | | -289000 | 7.7 | 0.8 | | | |
| 3 | | 239000 | 26 | 27 | A | 0.2 | |
| 4 | | 211000 | 2.7 | 0.7 | | | |
| 5 | | 255000 | a.2 | 0.7 | | | - |
| 6 | | 227000 | 3.7 | 0.6 | | | |
| 7 | | 21400 | | - C.FD | | | |
| 8 | | 214000 | 2.8 | 0.9 | | | |
| 9 | | 114000 | 37 | 726 | | | |
| 10 | - | 188000 | 2.6 | 0.7 | | | |
| 11 | 1 | THOO | 24 | 0.6 | | | |
| 12 | | 146/27) | 37 | 0.6 | | | |
| 13 | 1 | 929000 | 3/4 | 06 | | | |
| 14 | | 12/000 | | | | | |
| 15 | | 322777 | 19 | 0.2 | | | |
| 18 | | 333000 | 0, 1 | 0.5 | | | |
| 17 | | 276000 | 37 | 0 | | | |
| 18 | / | 225000 | 9.4 | 0.3 | | | |
| 19 | 7 | 27/222 | 2.6 | 0 | | | |
| 20 | | 77/1000 | 9.7 | 24 | | | |
| 21 | - / | 130000 | 010 | - Vel | | | |
| 22 | | - graceo | 77 | 7/ | | | |
| 23 | | - 9712 AND - | 7.5 | 0.6 | | | |
| 24 | 1 | 30000 | 9-A | 0.3 | | | |
| 25 | - | - garaco | 9.4 | 25 | | | <u> </u> |
| 26 | | 313000 | 3/ | 0.7 | | | |
| 27 | | 206000 | 97 | 67 | | | |
| 28 | | 710 000 | X.B. | 7.7 | | | ļ |
| 28 | / | 201000 201000 | 19 | 2 | | | |
| 30 | /_ | 10 000 16 900 | 39 | 0.3 | | | |
| | -\ / | di juu | 43 | 0.3 | | | |
| 31 | mmm. | - 01700C | 2.9 | 0.9 | | | |
| Total | | 6828000 | | | À | | |
| Avg. Max. | | 276 <i>50</i> 0 | | | | | |

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Mar. 01 2001 11:48AM P2



DEP Form 62-555,900(3)

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.

| Valer System Information (Valet Jakes VIIII 195 PWS Identification No.: 1970) System Name: (Valet Jakes VIIII 195 PWS Identification No.: 1970) System Owner Identification No.: 1970 PMS Iden | ystem Name: Cypress ystem Owner ame: Utilities Inc | A 1 | | RMATION FOR THE MONTH/ | |
|--|---|---|------------------------|--|----------|
| PWS Identification No.: 637055 Wastern Owner Jame: Telephone No.: 407-869-919 ddress: D. Weathers field Ase State: £/a Zip Code: 32714 System Type: Community:non-commun | ystem Name: Cypress ystem Owner ame: Utilities Inc | 1 1 11 | 11 | ٠ . هـ ، | |
| Telephone No.: 407-889-1919 Interest tield Ave State: 418 Zip Code: 32114 System Type: 4189-1919 State: 4189 | ame: Utilities Inc | Lakes Uti | LITIPS | PWS Identification No.: 65 350 | 355 |
| Address: A Community Sield Ave State: 1/2 Zip Code: 1/1/4 Siystem Type: Community:non-transient non-community:non-community:consecutive to. of Service Connections at End of Month: 1000 Total Population Served at End of Month: 4100 Vater Treatment Plant Information realment Plant ame: | | | | | |
| State: ### Zip Code: 327/4 system Type: Community:non-community:non-community:consecutive to of Service Connections at End of Month: 1000 Total Population Served at End of Month: 1200 Valer Treatment Plant Information reatment Plant | | COTIFIA. | | elephone No.: <u>407-869-</u> / | 9/9 |
| State: Flat Zip Code: 37809 Valer Treatment Plant Information reatment Plant Information reatment Plant Isme: | | rield Ave | | | |
| It. of Service Connections at End of Month: 1000 Total Population Served at End of Month: 1000 Yeater Treatment Plant Information Teatment Plant Information Teatment Plant Information Teatment Plant Information | W: HITOMONTE 3P | cings | | State: Fla Zip Code: 327 | 14_ |
| Valer Treatment Plant Information realment Plant Information realment Plant Information (Information Plant) (Information Plant | /stem type: X community;non | -transient non-comm | unity;non-comm | unity; consecutive | |
| Telephone No.: 363-315-1544 ddress: 1000 US MUY 98 W state: 1000 US M | 5. Of Service Connections at End of M | ionth. John I otal P | opulation Served at | End of Month: 6500 | |
| Telephone No.: 863-815-1544 didress: 1000, U3 (Muy 98 N) state: 1000, U3 (Muy 98 N) sermitted Maximum Day Capacity of Plant. 350,000 gpd Plant Category and Class per Rule 62-699.310(4), F.A.C.: 100 ead/Chief Plant Operator: Name, Certificate Number Class (A, B, C, or D) Desy(a)/Shift(a) Worked Description Plant Operators (attach additional sheets if necessary): Name Certificate Number Class (a, B, C, or D) Name Contificate Number Clas | Pestment Plant | - 4 4 | • | | |
| State: // Zip Code: 37809 semitted Maximum Day Capacity of Plant. 350,000 gpd Plant Category and Class per Rule 62-699.310(4), F.A.C.: 5C ead/Chief Plant Operator: Name Cartificate Number Class (A, B, C, or 0) Day(syShift(s) Worked. Other Cartified Plant Operators (attach additional sheets if necessary): Name Cartificate Number Class (a, B, C, or D) Day(syShift(s) Worked. Day (syShift(s) Worked. Day (syShift(s | ame: Norses Lake | elitities | ٦ | Telephone No.: 843-815-15 | 74 |
| ermitted Maximum Day Capacity of Plant. 360 000 gpd Plant Category and Class per Rule 62-899.310(4), F.A.C.: 5 cead/Chief Plant Operator: Name: Certificate Number Closs (A, B, C, or D) Other Certified Plant Operators (attach additional sheets if necessary): Name: Certificate Number Closs (e, B, C, or D) Name: Certificate Number Closs (e, B, C, or D) Name: Certificate Number Closs (e, B, C, or D) Name: Certificate Number Closs (e, B, C, or D) Name: Certificate Number Closs (e, B, C, or D) Name: Certificate Number Closs (e, B, C, or D) Name: Certificate Number Closs (e, B, C, or D) Name: Certificate Number Closs (e, B, C, or D) Name: Certificate Number Closs (e, B, C, or D) Name: Certificate Number Closs (e, B, C, or D) National Control of Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Closs (e, B, C, or D) National Control of Certificate Number Close (e, B, C, or D) National Control of Certificate Number Close (e, B, C, or D) National Control of Certificate Number Close (e, B, C | ddress: Ippo 125 Hull | ORINI | | Old Briding 1401DesgDisc | <u> </u> |
| Plant Category and Class per Rule 62-699.310(4), F.A.C.: ead/Chief Plant Operator: Name, Certificate Number Class (A, B, C, or D) Dey(e)/Shift(e) Worked Other Certified Plant Operators (attach additional sheets if necessary): Name Certificate Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shoftsfall Title Number Class (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shift (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shift (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shift (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shift (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shift (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shift (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shift (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shift (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shift (a, B, C, or D) Dey(a)/Shift(a) Worked United Final Shift (a, B, C, or D) Dey(a)/Shift(a) Wo | | | | State: Fla Zip Code: 3786 | 9 |
| Plant Category and Class per Rule 62-899.310(4), F.A.C.: ead/Chief Plant Operator: Name, Certificate Number Class (A, B, C, or D) Day(e)/Shift(e) Worked Discontinuous (attach additional sheets if necessary): Name Certificate Number Class (a, B, C, or D) Day(a)/Shift(e) Worked Day(a)/Shi | | lant. 356) 000 | Dop_ gpd | the state of the s | |
| ead/Chief Plant Operator: Name, Certificate Number Close (A, B, C, or D) Day(s/Shin(s) Worked Discon M. Kuhns 6754 Other Certified Plant Operators (attach additional sheets if necessary): Name Certificate Number Close (a, B, C, or D) Day(s/Shin(s) Worked Continued Number Close (a, B, C, or D) Day(s/Shin(s) Worked Day(d F Shoffstall 77797 Continued Number Close (a, B, C, or D) Day(s/Shin(s) Worked Day(s/Shin(s) Worked Day(s/Shin(s) Worked Day(s/Shin(s) Worked | | | 30 | | |
| Name Carlificate Number Closes (A, B, C, or D) Day(s)/Shift(s) Worked Other Certified Plant Operators (attach additional sheets if necessary): Name Carlificate Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Day(s)/Shift(s) Worked Constitution Number Closes (a, B, C, or D) Constitution Number | | · · · · · · · · · · · · · · · · · · · | | | |
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| Other Certified Plant Operators (attach additional sheets if necessary): Name Certificate Number Class (a. 8, C, or D) Softward Softward STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF | | | | Monday thru Krida | Y |
| David E Thoffstall 2799 C. Safurday I. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF | ther Certified Plant Operators (attach | additional sheets if r | | | |
| I. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF | | Certificate Number | Class (e. B. C. or D) | Day(s)/Shift(s) Worked | |
| feb 01 | LAUID E SKATTSTALL | 7799 | G | sorvicay | |
| feb 01 | | | | | |
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| feb 01 | | | | | |
| feb 01 | . STATEMENT BY LEAD/CHIEF | NATER TREATME | NT PLANT OPERA | TOR FOR THE MONTH/YEAR | OF |
| | | | | | |
| I then add to the add to a control to the property of the distance of the form continued to the heart | | | | | |
| I. The undersigned lead/chief operator of the water treatment disht listed in Part 1 of this forth, Certify that, to the Desi | I, the undersigned lead/chief operator | or of the water treatm | ent plant listed in Pa | rt I of this form, certify that, to the | e best |
| | u knowledge end boliet the intermati | int provided in this re | this form were prepa | ared each day that a certified one | erator |
| my knowledge and belief, the information provided in this report is five and accorate. Also, i certify that the following additional operations cannot for the plant lieted in Part I of this form were prepared each day that a cartified operator. | ny knowledge and belief, the informational delitional operations enough for the plant | | | non out any and a common opt | |
| idditional operations records for the plant listed in Part I of this form were prepared each day that a certified operator | dditional operations records for the pl | wate materian arow | ·. | | |
| 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: | dditional operations records for the pl | nonth indicated 400vt | | | |
| 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: | dditional operations records for the platfied or visited the plant during the m | | ad rates: and | | |
| 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 | dditional operations records for the pl taffed or visited the plant during the m records of amounts of chemicals u | ised and chemical fe | | | |
| 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: | dditional operations records for the pl taffed or visited the plant during the m records of amounts of chemicals u | ised and chemical fe | | | |
| 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. | dditional operations records for the platfed or visited the plant during the management of chemicals used if applicable, appropriate treatments. | ised and chemical feat it process performant | ce records. | ite for at least five years and to n | nake t |
| 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 the | dditional operations records for the platfed or visited the plant during the machine of chemicals used if applicable, appropriate treatment of the plant during the mounts of the plant during the | ised and chemical feat it process performant | ce records. | ite for at least five years and to n | nake t |
| 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. | dditional operations records for the platfed or visited the plant during the machine of chemicals used if applicable, appropriate treatment of the plant during the mounts of the plant during the | ised and chemical feat it process performant | ce records. | ite for at least five years and to n | nake t |
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Page 1

Received: 3/ 1/01 10:49AM; 863 815 1524

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: Treatment Plant Name: ___CVPC65

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

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

| D=1 at | | | Lowest Residual | Rasidun | l Disinfectant in Distribution | System | Reported |
|------------------------|--|---|---|---|--|---|--|
| Day of the Month | Hours Plant in Operation | Quantity of Finished Water Produced by Plant (gallons) | Disinfectant Concentration at Entry to Distribution System (mg/L) | 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 Collform Sampling Points (mg/L) | Emergency Abnormal Operating Conditions |
| 1 | dyhes | 240000 | 26 | 0.7 | | | |
| 2 | | 777000 | 3.1 | 0.7 | | | |
| 3 | | 182000 | 33 | 27 | | | |
| 4 | | -31/000 | | | | *************************************** | |
| 5 | | 232000 | 2.6 | 0.8 | | | |
| 8 | | 318000 | d5 | 0.7 | | | |
| 7 | | d36000 | 3.4 | 0.6 | d | 0.6 | |
| 8 | | 240,000 | 26 | 27 | | | |
| 9 | | 273000 | 25 | 0.7 | | | |
| 10 | | 01900 | 3.5 | 0.7 | | | |
| 11 | /_ | 215000 | | | | | |
| 12 | | 214000 | d.6_ | 0.2 | | | |
| 13 | - | 299200 | d.2 | 0.8 | | | |
| 14 | | 440000 | 3-1 | 0.5 | | | |
| 15 16 | - | <u> </u> | 4.9 | 2.7 | | | |
| 17 | | 340000 | 9:3 | 0.7 | | | |
| 18 | | 441000 | 2017 | 0.8 | | | ļ |
| 19 | | 0000 | | 5.0 | | | |
| | | NO DOD | 3.7 | 0.8 | | | |
| 20 | | | 4.7 | 0.8 | | | |
| 21 | | - ADACOC | 2.6 | 0.7 | | | |
| 22 23 | | 270600 | 2.8 | <i>U.</i> 1 | | | <u> </u> |
| 24 | /- | 201000 | 4.8 | 28 | | | - |

25 26 27

29 30 FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Apr. 03 2001 10:54AM P3

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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.

| Nach O | | | |
|--|--|--|--|
| Material Control of the second | | | |
| |) / . | 1 | |
| Water System Information Cypress / | okas 1)til | ties : | PWS Identification No.: 65.35055 |
| System Owner | 4110 12111 | 1116 | VVS (definited to the first of |
| Name: Utilities Inc of | Fla | ٦ | Telephone No.: <u>407-869-1919</u> |
| Address: and weether field | Ave | | perophisms them |
| City: Altamonte sarings | | 9 | State: Fla Zip Code: 33714 |
| System Type: X community;non-tra | nsient non-comm | nity. oon-comm | ounity: consecutive |
| No. of Service Connections at End of Mon | th. IOOO Total Pi | noutation Served at | End of Month: 1300 |
| Water Treatment Plant Information | 1000 | operation convocat | - Control of the cont |
| Treatment Plant | | | |
| Name: Cypress Lakes | Utilities | | Telephone No.: <u>863-815-1524</u> |
| Address: 10000 07 Hwy 98 | | | |
| City: Lakeland | 7 | 9 | State: <u>F/a</u> Zip Code: <u>37809</u> |
| Permitted Maximum Day Capacity of Plant | 1: 350,000 | | |
| Plant Category and Class per Rule 62-699 | | 3C | |
| Lead/Chief Plant Operator: | | | |
| Name | Certificate Number | Class (A, B, C, or D) | Day(s)/Shill(s) Worked |
| Joseph M Kuhns | 6754 | | Monday thro Friday |
| Other Certified Plant Operators (attach ad | | ecessary): | |
| Name | Certificate Number | Class (a, B, C, or D) | Day(s)/Shift(s) Worked |
| Church E 2 hoffstall | 7199 | | Jatur Hays |
| The Aldrich | 6368 | | Saturdays |
| 11/2/12/ | 0760 | | - anux x af |
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| | | | |
| II. STATEMENT BY LEAD/CHIEF WA | TER TREATMEN | IT PLANT OPERA | TOR FOR THE MONTH/YEAR OF |
| | TER TREATMEN | IT PLANT OPERA | TOR FOR THE MONTH/YEAR OF |
| March 01 | | | |
| March 0 | f the water treatme | ent plant listed in Pa | rt I of this form, certify that, to the best of |
| I, the undersigned lead/chief operator of my knowledge and belief, the information | f the water treatme | ent plant listed in Pa | rt I of this form, certify that, to the best of urate. Also, I certify that the following |
| I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant | f the water treatme provided in this re listed in Part I of t | ent plant listed in Pa port is true and acci his form were prepa | rt I of this form, certify that, to the best of urate. Also, I certify that the following |
| I, the undersigned lead/chief operator of my knowledge and belief, the information | f the water treatme provided in this re listed in Part I of t | ent plant listed in Pa port is true and acci his form were prepa | rt I of this form, certify that, to the best of urate. Also, I certify that the following |
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| I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the monitoring the moni | f the water treatme provided in this re listed in Part I of t th indicated above | ent plant listed in Pa port is true and accu his form were prepa : ed rates; and | rt I of this form, certify that, to the best of urate. Also, I certify that the following |
| I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the month. • records of amounts of chemicals used. | f the water treatme provided in this re listed in Part I of t th indicated above | ent plant listed in Pa port is true and accu his form were prepa : ed rates; and | rt I of this form, certify that, to the best of urate. Also, I certify that the following |
| I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the months. records of amounts of chemicals used if applicable, appropriate treatment process. | f the water treatment provided in this relisted in Part I of the thindicated above and chemical feet ocess performance | ent plant listed in Pa port is true and acco his form were prepa : ed rates; and e records. | rt I of this form, certify that, to the best of urate. Also, I certify that the following ared each day that a certified operator |
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| I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the months of chemicals used if applicable, appropriate treatment professional processions. I agree to retain these additional processions and the staffed or visited the plant during the months. | f the water treatment provided in this relisted in Part I of the thindicated above and chemical feet ocess performance | ent plant listed in Pa port is true and acco his form were prepa : ed rates; and e records. | rt I of this form, certify that, to the best of urate. Also, I certify that the following ared each day that a certified operator |
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| I, the undersigned lead/chief operator of my knowledge and belief, the information additional operations records for the plant staffed or visited the plant during the monitorial of chemicals used if applicable, appropriate treatment properties of the plant during the monitorial of the micals used if applicable, appropriate treatment properties of the plant during the monitorial of the micals used if applicable, appropriate treatment properties of the plant during the monitorial of the plant during the plant during the monitorial of the plant during the monitorial of the plant during the monitorial of the plant during the plant during the monitorial of the plant during the plant duri | f the water treatment provided in this relisted in Part I of the thindicated above and chemical feet ocess performance | ent plant listed in Pa port is true and acco his form were prepa : ed rates; and e records. | rt I of this form, certify that, to the best of urate. Also, I certify that the following ared each day that a certified operator |
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Received: 4/ 3/01 9:57AM; 863 815 1524 -> Utilities Inc. FL.; Page

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: 6531015

Treatment Plant Name: Cypress Lakes Dt. Lites

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

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

| | | orine (chloramine); Water Treatment Da | | , | | | |
|-----------------------|---------------|---|---|---|---|---|---|
| 3311111 | lary or Daily | vvale: Heatment Da | Lowest Residual | | I Disinfectant in Distribution | System | Reported |
| Oay o the Month | Hours Plant | Quantity of Finished Water Produced by Plant (gallons) | Disinfectant Concentration at Entry to Distribution System (mg/L) | Lowest Residual Disinfectant Concentration at Remote Point (mg/L) | Number of Instances Where Residual Disinfectant Measurements Taken at Total Colliform Sampling Points | Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) | Emergency or Abnormal Operating Conditions |
| 1 | dylos | 264000 | 28 | 0.3 | | | |
| 2 | 77.77 | 290000 | 2.8 | 0.7 | | | |
| 3 | | 224 200 | 23 | <i>D:</i>) | | | |
| 4 | | 240000 | | | | | |
| 5 | | 239000 | 23 | 0.9 | | | |
| 6 | | 286000 | 26 | 07_ | | | |
| 7 | | 229000 | 2.8 | 07 | ょ | 0.1 | |
| 8 | | 238000 | 26 | 0.9 | | | <u></u> |
| 9 | | 352000 | d.7 | 0.7 | | | |
| 10 | | 201000 | a.7 | P.7 | | | <u> </u> |
| 11 | | 296000 | | | | | |
| 12 | 1 | 29600D | 7.8 | 0.8 | | | |
| 13 | | 211000 | 40 | 09 | | | |
| 14 | 1/ | 776000 | 7.7 | 0.6 | | | |
| 15 | 17 | 260000 | 2.6 | 0.7 | | | |
| 16 | | 163000 | $\frac{2}{2}$ | 0.7 | | | |
| 17 | | 789000 | d.5 | 0.7 | | | |
| 18 | | 707000 | | | | | |
| 19 | | 206000 | 7.3 | 0.8 | | | |
| 20 | | 205000 | 76 | 0.7 | | | |
| 21 | | 133,000 | 2.2 | 0.7 | | | |
| 22 | | 204000 | 7.7 | 23 | | | |
| 23 | | N18000 | 2.6 | 0.7 | | | |
| 24 | | 186000 | 26 | 27 | | | <u></u> |
| 25 | | 19d000 | $-\lambda.7$ | 0.8 | ļ | | <u> </u> |
| 26 | | 300000 | 2.6 | 0.6 | <u> </u> | /· x | line break |
| 27 | | 234000 | <u> </u> | 0.7 | <u>d</u> | 1.0 | line break |
| 28 | | 2)0000 | 2.8 | 0.7 | | | ļ |
| 29 | | 195000 | À.T | 0.7 | | | |
| 30 | | 15000 | 2.6 | 1).6 | | | |
| 31 | ~ | 1 N46000 | at | 0.7 | | | |
| Total | al //////// | 7356000 | | | 6 | | |
| Avg | . /////// | 234.161 | | | | | |
| Max | | 374 000 | | | | | |

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.

| April D | | | `` |
|---|--|-------------------------|---|
| Nater System Information | 11. 011 | / | ومر «مووسورا |
| System Name: (V0.005) | s Lakes Utilis | <i>TIPS</i> P | WS Identification No.: 6535055 |
| System Owner 11/1/ | 011 | | 11-0-810 10-10 |
| Name: //1/1/165 fox | ot Kla | T | elephone No.: <u>407-869-/9/9</u> |
| Address: 200 Weather | rfields Ave | | 7 = 0 = 7:04/ |
| city: Alternante | springs | | late: 4/4 Zip Code: 33214 |
| System Type: Community; no | on-transient non-comm | unity;non-comm | unity; consecutive |
| No. of Service Connections at End of Water Treatment Plant Information | Month: 1000 Total P | opulation Served at t | End of World . 2000 |
| Treatment Plant Information | | | |
| Name: Cypress Lan | oc litelities | т | elephone No.: <u>363-875-1524</u> |
| Address: 10000 US HW | (021) | | 4 |
| City: | , pro | S | state: <u>F/o</u> Zip Code: <u>3</u> 3809 |
| Permitted Maximum Day Capacity of | Plant: 350.0 | OO gpd | |
| Plant Category and Class per Rule 6 | 2-699.310(4), F.A.C.: | | |
| Lead/Chief Plant Operator: | <u>' ' </u> | | |
| Name , | Certificate Number | Class (A, B, C, or D) | Osy(s)/Shiff(s) Worked |
| Doseph M Kuhns | 6754 | C | Monday thru Kriday |
| Other Cerlified Plant Operators (attai | ch additional sheets if r | | |
| Name | Certificato Number | Class (a, B, C, or D) | Day(s)/SNR(s) Worked |
| Vavid E shottstall | 7799 | | Saturday5 |
| | | | |
| | | | |
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| | | <u> </u> | |
| | | | |
| | | <u> </u> | |
| | | <u></u> | |
| II STATEMENT DV LEAD/CHIE | TWATED TOEATME | NT DLANT ODEDA | TOR FOR THE MONTHWEAR OF |
| | WATER TREATME | NI PLANI OPERA | TOR FOR THE MONTH/YEAR OF |
| Hoci (E) | / | | |
| | ator of the water treatme | ent plant listed in Par | rt I of this form, certify that, to the bes |
| my knowledge and belief, the inform | ation provided in this re | port is true and accu | irate. Also, I certify that the following |
| | | | red each day that a certified operator |
| staffed or visited the plant during the | month indicated above | 3 : | |
| | | | |
| records of amounts of chemicals | | | |
| if applicable, appropriate treatment | ent process performand | ce records. | |
| Furthermore I agree to retain these | additional operations re | ecords at the plant si | te for at least five years and to make |
| available for review upon months | | | |
| available for review upon request. | | | A . I I |
| available for review upon request. | -5-201 | Joseph N | Number (please type or print) |

Received: 5/ 2/01 1:29PM; 863 815 1524 -> Utilities Inc. FL.; Page 3

FROM: CYPRESS LAKES UTIL FAX NO.: 863 815 1524 May. 02 2001 01:32PM P3

| | | | Lowest Residual | Residual Disinfectant in Distribution Sys | | System | /siem Reported | |
|------------------------|--|---|---|---|---|---|---|--|
| Day of the Month | Hours Plant in Operation | Quantity of Finished Water Produced by Plant (gallens) | Disinfectant Concentration at Entry to Distribution System (mg/L) | Lowest Residual Disinfectant Concentration at Remote Point (mg/L) | Number of instances Where Residual Disinfectant Measurements Taken at Total Colliform Sempling Points | Lowest Residual Disinfectant Concentration at Total Collform Sampling Points (mg/L) | Emergency or Abnormal Operating Conditions | |
| 1 | 24/10 | 331000 | | | | | | |
| 2 | | 203000 | à.5 | Pole | | | | |
| 3 | | 250000 | d.) | 0.7 | | | | |
| 4 | | 263000 | 2.6 | 0.6 | 2 | /,/ | | |
| 5 | | 263000 | 2.8 | 7.7 | | | | |
| 6 | | 248000 | 7.8 | 0.7 | | | | |
| 7 | | 214 00D | 3.7 | 1.6 | | | | |
| 8 | | 213000 | 2.7 | 12-6 | | | | |
| 9 | | 288000 | | | | | | |
| 10 | | 272000 | 25 | 0.5 | | | | |
| 11 | | 210000 | 1 26 | 26 | | | | |
| 12 | | 483000 | dit | 0.6 | | <u> </u> | | |
| 13 | | 193000 | 2.7 | 0.6 | | ļ | <u> </u> | |
| 14 | | 223000 | 2.7 | 0.7 | | | | |
| 15 | 17 | 104000 | | 100 | | | | |
| 16 | | 7/1000 | 33 | 0.9 | | | ļ | |
| 17 | | 395000 | d-1 | 07 | | · · · · · · · · · · · · · · · · · · · | <u> </u> | |
| 18 | 1 | 066000 | d-3 | 1 07 | | ļ | | |
| 19 | 1 | 05000 | d-1- | 0.5 | ļ | | ļ | |
| 20 | | 991000 | - d.b | 0.6 | | | | |
| 21 | | d36000 | 0.6 | 0.6 | | <u> </u> | | |
| 22 | i | 017000 | | | ···· | | | |
| 23 | | 0/1/000 | 7.5 | 0.7 | ļ <u>.</u> | | | |
| 24 | / | 95,3000 | 4.5 | 0.6 | | | <u> </u> | |
| 25 | | 41600 | + d.b | 0.7 | ļ <u>.</u> | ļ | | |
| 26 | / | d d d CCO | 2.7 | 1 0.7 | | | | |
| 27 | | MOYCOD | 1 25 | U.b. | | | ļ | |
| 28 | +-{ | 4/3000 | + dib | 1 06 | ļ | | | |
| <u>29</u> 30 | ┼-₩ | ACTION - | | - A17- | | | ļ | |
| 31 | | asuaco | 4.0 | - Dil | ļ | | ļ | |
| - | minn | (1207.000 |) | | | | | |
| Total | <i>\\\\\\\</i> | 1 1377,000 | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | | 1α | | | |
| Avg. | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | 1 240100 | | 844444444 | | | | |
| Max | | 731000 | | | | | | |

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 101 | | | | | | | |
| Water System Information System Name: Cypress System Owner Name: Utilities Toc Address: 200 Weather City: Itamo System Type: Community: non No. of Service Connections at End of M | unity;non-comn | PWS Identification No <u>6535055</u> Telephone No <u>407-869-1919</u> State: <u>F1</u> Zip Code: <u>327/4</u> mmunity; consecutive at End of Month: <u>2300</u> | | | | | |
| Water Treatment Plant Information | | | | | | | |
| Name: Cypress Lake: Address: 10 0001 115 F | s Utilities | | Telephone No.: 363-815-1524 | | | | |
| Name: Cu press Lakes (It) Ities Telephone No.: 863-8/5-/534 Address: 10000 (IS Hwy 98 N) City: Lake land 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 | | | | |
| David E Shoffstall | 7799 | | Mon - Fr. | | | | |
| Other Certified Plant Operators (attach | additional sheets if n | ecessary): | | | | | |
| Name | Certificate Number | Class (a, B, C, or D) | Day(s)/Shift(s) Worked | | | | |
| Jan Aldrich | 6368 | C | 5at | | | | |
| | | | | | | | |
| * Joe Kuhns | 6754 | C | No longer Employed by | | | | |
| | | | Utilities Inc as of | | | | |
| | | | 5/11/01 | | | | |
| | | | | | | | |
| II. STATEMENT BY LEAD/CHIEF | WATER TREATME | NT PLANT OPERA | TOR FOR THE MONTH/YEAR OF | | | | |
| 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 | | | | | | | |

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

staffed or visited the plant during the month indicated above:

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.

Name and Certificate Number (please type or print)

Received: 6/ 8/01 11:12AM; 863 815 1524 -> Utilities Inc. FL.; Page 7

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: 653 50 55 |
| Treatment Plant Name: Cypress Lakes (Itilities |

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

May 101

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:

| | | | Lowest Residual | Residua | System | Reported | |
|------------------------|--|---|---|--|--|---|---|
| Day of the Month | Hours Plant in Operation | Quantity of Finished Water Produced by Plant (gallons) | Disinfectant Concentration at Entry to Distribution System (mg.L) | Lowest Residual Disinfectant Concentration at Remote Point (mg.L) | Number of Instances Where Residual Oisinfectant Measurements Taken at Total Coliform Sampling Points | Lowest Residual Ossinfectant Concentration at Total Collform Sampling Points (mg/L) | Emergency of Abnormal Operating Conditions |
| 1 | ay his | 230,000 | 26 | 0.7 | | | |
| 2 | A | 233 000 | 27 | 6.7 | 4 'A' | 0.7 | |
| 3 | | 356000 | 26 | 06 | [| | |
| 4 | | 201 000 | 2.6 | 0.6 | | | |
| 5 | | 156 000 | 3.5 | 04 | | | ļ |
| ß | | | | | | | |
| 7 | | 423,000 | 24 | 0.5 | | ., | |
| 8 | | 321,000 | 25 | 06 | | | |
| 9 | | 192 000 | 2.5 | 0.6 | | | |
| 10 | | 261,000 | 36 | 0.7 | | | |
| 11 | | 264 000 | 76 | 0.7 | | | |
| 12 | | 182,000 | 25 | 0.6 | | | |
| 13 | | | | | | | |
| 14 | | 412000 | 26 | 0.6 | ļ | <u> </u> | |
| 15 | | 288,000 | 25 | 0.6 | <u> </u> | | ļ |
| 16 | | 227 000 | 22 | 0.6 | | | |
| 17 | | 306,000 | 2.0 | 06 | | | |
| 18 | | 290 ano | 23 | 0.6 | | | |
| 19 | | 250 000 | 2.4 | 0.2 | | <u> </u> | _ |
| 20 | | | | | | ļ | ļ., |
| 21 | | 453,000 | a.4 | 06 | | ļ_ | <u> </u> |
| 22 | | 308,000 | 2.2 | 0.6 | <u> </u> | <u> </u> | ļ |
| 23 | | 272,000 | <i>a.</i> 2 | 0.6 | | | |
| 24 | | 353,000 | | 0.7 | | | + |
| 25 | | 282,000 | 23 | 0.7 | | | |
| 26 | | | | | | | |
| 27 | | 305,000 | 2.2 | 06 | | | |
| 28 | | 186,000 | 2.3 | 0.7 | | | |
| 29 | | 206,000 | 22 | 0.6 | | | |
| 30 | ¥ | 255,000 | 22 | 0.6 | | | |
| 31 | athro | 256,000 | 2.3 | 0.7 | | 1 | |
| Total | | 7.362.000 | | | 4 | | <i> XIIIIIIII</i> |
| Avg. | | 237,677 | | | | | |
| Max | | 321,000 | | | | | /////////////////////////////////////// |



Department of Environmental Protection

2001

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

INSTRUCTIONS. See Page 4

| GENERAL WATER SYSTEM AND Tune 101 | | | |
|--|-----------------------------|-----------------------|--|
| ter System Information Stem Name: Cypress L Stem Owner | akes Utilit | ومع. | PWS Identification No.: <u>6535056</u> |
| me: Utilities Ix dress: 200 Weathers fi | Salah Aug | - | Telephone No.: <u>4/07-869-1919</u> |
| y: BItamonte | Social Plan | | State: F7 Zip Code: 32714 |
| stem Type:community;non | -transient non-comm | loity. non-comm | nunity: consecutive |
| of Service Connections at End of M | | | |
| ter Treatment Plant Information | 101111. <u>7000</u> 1011111 | | Zilia oli ivioriti. |
| atment Plant | | | |
| ne: Cypress Lakes | 114.11.100 | - | Telephone No.: 863-815-1524 |
| ress: 10,000 45 Hu | V 98 11 | | |
| Lakeland | 7 9 . 6 | | State: F/ Zip Code: 33809 |
| mitted Maximum Day Capacity of P | ant: 3.50 oo | gpd | |
| nt Category and Class per Rule 62- | 699.310(4), F.A.C | 5 C | _ |
| d/Chief Plant Operator: | | | |
| Name | Certificate Number | Class (A, B, C, or D) | Day(s)/Shift(s) Worked |
| David E. Shoffstall | 7799 | C | Mon - Fri |
| er Certified Plant Operators (attach | | ecessary): | |
| Name | Certificate Number | Class (a, B, C, or D) | Day(s)/Shift(s) Worked |
| Jay Aldrich | 6368 | 6 | Sat |
| <u> </u> | 1 6000 | | 1244 |
| | | | |
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| | | | |
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| | <u> </u> | | <u> </u> |
| CTATCACAT DV & CARAMERA | | | TOD COD THE MONTHWEAD OF |
| | VATER TREATMEN | II PLANI OPERA | TOR FOR THE MONTH/YEAR OF |
| June 101 | | | |
| | | | rt I of this form, certify that, to the be |

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

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 6535055 System PWS Identification Number:__ Cupress Lake Utilities Treatment Plant Name: _____ 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: Residual Disinfectant in Distribution System Reported Lowest Residual Emergency or Disintectant Lowest Residual Day of Number of Instances Lowest Residual Abnormal Hours Plant Quantity of Finished Water Concentration at Entry to the Where Residual Disinfectant Disinfectant Operating in Operation Produced by Plant (gallons) Month Distribution System Concentration at Disinfectant Concentration at Conditions (mg/L) Measurements Taken at Total Coliform Remote Paint (mg/L) Total Coliform Sampling Sampling Points **Points** (mg/L) 0.6 24 100 266,000 2.4 0.6 2 138,000 3 84 0.6 406,000 4 2.4 5 244 000 07 6 24 261,000 0.7 0.9 4 A11 A 7 23 0.6 191,000 20 0.5 8 198,000 2.0 0.5 9 161,000 10 425000 0.5 11 1.7 0.5 12 299 000 1.7 13 259,000 0.5 2.6 06 14 325,000 28 0.7 15 288,000 02 185,000 16 2.8 17 18 30 4,33,000 0.0 0.7 19 2.2 209,000 20 O.Z 233.000 22 21 2.7 0.7 217,000 2.9 0.8 230,000 22 0.2 23 96,000 24 0.7 25 7.27.000 2.7 C12 26 239 cac 183,000 2.2 0.2 27 28 0.7 237,000 28 27 0.6 29 138.000 30 24 Ars 92,000 31 6,275,000 Total

209,166

325 000

Avg

Max



Department of Environmental Protection

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

INSTRUCTIONS: See Page 4.

| | | | |
|---|--|------------------------------|--|
| Water System Information | | | |
| System Name: Cypress Lat | KES UTILITIES | P\ | NS Identification No.: <u>65.3.50.</u> |
| System Owner | | | the state of the s |
| Name: UTILITIES TWO | | | elephone No.: <u>407 - 869-191</u> |
| Address: 200 (NEATHERS FIE | | | ate. FIA Zip Code: 32714 |
| City: <u>AITA mowTE</u> Secin System Type: <u>V</u> community,non-t | ransient non-comm | LIDITY DON-COMMI | nity: consecutive |
| No. of Service Connections at End of Mo | with lager Total P | onulation Served at E | ind of Month: 2300 |
| Water Treatment Plant Information | 7000 | | |
| Treatment Plant | | | |
| Name: Cypress Lakes UT | WITES | To | elephone No.: <u>863 - 975 - 75</u> |
| Address: 10.000 U.S. Hwy | 98 N | | |
| City: LAKELAND | | | late: FlA. Zip Code: 33809 |
| Permitted Maximum Day Capacity of Plant Category and Class per Rule 62-6 | int <u>350,0ec</u> | gpd | |
| Plant Category and Class per Rule 62-6 | 99,310(4), F.A.C | | |
| Lead/Chief Plant Operator: | | | The state of the s |
| Name | Certificate Number | Class (A. B. C. or D) | Day(s)/Shift(s) Worked |
| DAVID E SHOFFSTAL | 7799 | | Mon - FRI |
| Other Certified Plant Operators (attach | | | , ya |
| Name | Certificate Number | Class (a, B, C or D) | Day(s)/Snift(s) Worked |
| JAY ALDRICH | 6368 | <u>C</u> | SAT |
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| | Ϋ́ . | | |
| | | | |
| II. STATEMENT BY LEAD/CHIEF V | ATER TREATME | NT PLANT OPERAT | FOR FOR THE MONTH/YEAR OF |
| | | | |
| | | | |
| July 101 | | | |
| July / 01 | | | |
| July / 01 | | | |
| July /_0/ | | | |
| July / 01 | | | |
| | | | |
| records of amounts of chemicals us | sed and chemical fe | ed rates; and | |
| | sed and chemical fe process performan | ed rates; and ce records. | |
| records of amounts of chemicals us if applicable, appropriate treatment | process performan | ce records. | - for all toget five years and to make |
| records of amounts of chemicals us | process performan | ce records. | te for at least five years and to make |
| records of amounts of chemicals us if applicable, appropriate treatment Furthermore, I agree to retain these ad | process performanditional operations r | records at the plant si | offstall C7799 |
| records of amounts of chemicals us if applicable, appropriate treatment Furthermore, I agree to retain these ad | process performanditional operations r | records at the plant si | te for al least five years and to make noffstall C-7799 Number (please type or print) |

Pug. 89 2001 62:10PM P5

FAX NO. : 863 815 1524

LKOW: CYPRESS LAKES UTIL

| 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: Cypsess Lakes UTILITIES | - |
| III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR JULY / 0/ | |

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:

| | | | Lowest Rosidual | Residual Disinfectant in Distribution System | | Reported | | |
|------------------------|---|---|---|---|--|---|---|--|
| Day of the Month | Hours Plant in Operation | Quantity of Finished Water Produced by Plant (gallons) | Disinfectant Concentration at Entry to Distribution System (rhg/L) | Lowest Residual Disinfectant Concentration at Remote Point (mg/L) | Number of Instances Where Residual Disinfectant Measurements Takon at Total Coliform Sampling Points | Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) | Emergency or Abnormal Operating Conditions | |
| 1 | 24 He2 | · • • • • • • • • • • • • • • • • • • • | | | | | | |
| 2 | 不 | 263 000 | 1.6 | 0.2 | | | | |
| 3 | | 195,000 | 2.5 | 0.7 | | | | |
| 4 | | 197 000 | 2.4 | υ.7. | | | | |
| 5 | | 129 000 | 2, 3 | 0.6 | | | | |
| 6 | | 154,000 | 2.4 | 0.6 | | | | |
| 7 | | 124,000 | 2.4 | 0.6 | | | - | |
| 8 | | · · · · · · · · · · · · · · · · · · · | | ļ | | | | |
| 9 | | 322 000 | 3.3 | 0.6 | | | | |
| 10 | | 166 000 | 2./ | 0.6 | | | | |
| 11 | | 163,000 | 2.3 | 11.6 | | | | |
| 12 | | 156,000 | 2.7 | 0.6 | | | | |
| 13 | | 167,000 | 2.2 | 0.6 | | | ļ | |
| 14 | | 100,000 | 2./ | 0.7 | | | - | |
| 15 | | | | | | | | |
| 16 | | 258,000 | 3.0 | 0.6 | | 0.5 | | |
| 17 | 1 | 184,000 | 2.0 | 0.6 | 4 A | 1 | - | |
| 18 | | 122,000 | 1,0 | 0.4 | | | | |
| 19 | | 143,000 | 1.1. | 0.5 | | | - | |
| 20 | | 95.000 | 1.0 | 0.4 | | 1 | | |
| 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 | + (/ | | | 0.7 | | 1 | | |
| 30 | - V | 344 040 | 3.4 | 0.8 | | | | |
| 31 | 24 HR | 2 | 3.3 | | 7/4 | YIIIIIIIIII | ixiiiiiiii | |
| Tola | | 4, 357, 000 | _\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | <i>WWW.44444</i> | Bannishnumin | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | <i>1341111111</i> | |
| Avg | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | 140 550 | <i>V////////////////////////////////////</i> | //X/////////////////////////////////// | (X//////////////////////////////////// | <i>XXIII</i> | <i>HHHHH</i> | |

DEP Form 82-556 900(3) Effective December 19: 1990

FAX NO. : 863 815 1524



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.

| Mater Sustan Information | | | | |
|---|--|--|--|---|
| Water System Information System Name: | Werosci | akec 111:1. | vie c | PWS Identification No.: 6535055 |
| System Owner | Y// 4/2 / | 1 NO | ۲ ۲ | WAS INCUMING INC. 62 22 CO 3 |
| Name: | UILLIE | - | elephone No : 407-869-1919 | |
| Address: 200 | WEATHER | | oluphone No. 1-7 Out 107 C | |
| Address:ALTAN | IUNTE SPR | NGS, FL 32714 | | state: Zip Code: |
| System Type: X commu | | | | unity; consecutive |
| No. of Service Connections | s at End of Mo | onth./000 Total P | opulation Served at i | End of Month: 2300 |
| Water Treatment Plant Info | | | | |
| Treatment Plant | | | | -1 |
| Name: | C _y | press Lake Utilities | · | elephone No.: 865-815-15 |
| Address: | 100 | 00 US Hwy 98 Nort | h | Telephone No.: 863 - 845 - 15 |
| City: | | sketand, Fl 33809 | S | state: Zip Code: |
| Permitted Maximum Day C | Capacity of Pla | ant: 350,000_ | gpd 💉 | |
| Plant Category and Class | per Rule 62-6 | 99.310(4), F.A.C.: | | · · · · · · · · · · · · · · · · · · · |
| Lead/Chief Plant Operator: | | | | |
| Name | | Certificate Number | Class (A, B, C, or D) | Day(s)/Shift(s) Worked |
| Stephen Habi | eny | 8012 | | mon-FRI |
| Other Certified Plant Opera | atórs (attach a | additional sheets if n | necessary): | |
| Name | , | Certificate Number | Class (a. B. C, or D) | Day(s)/Shift(s) Worked |
| David Shof | F579/ | 7799 | | 40 hrs |
| Jay Aldrich | | 6368 | | 591. |
| | | | | |
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| | | | | <u> </u> |
| II. STATEMENT BY LE | AD/CHIEF W | ATER TREATME | NT PLANT OPERA | TOR FOR THE MONTH/YEAR OF |
| | | | | |
| ZII + | | | | |
| Augoi | thief operator | of the water treatme | ent plant listed in Par | rt I of this form, certify that, to the best |
| | STREET OF CHAINE | or the water treatility | ont is true and accu | rate. Also, I certify that the following |
| I, the undersigned lead/o | the information | in provided in this re | 4 H H & 15 H H & 20 H & | nois. Alau i lastina iliat ilitta attantant. |
| I, the undersigned lead/omy knowledge and belief, | the informatio | in provided in this re | this form were press | red each day that a certified operator |
| I, the undersigned lead/o my knowledge and belief, additional operations recor | the information rds for the pla | int listed in Part I of | this form were prepa | red each day that a certified operator |
| I, the undersigned lead/omy knowledge and belief, | the information rds for the pla | int listed in Part I of | this form were prepa | red each day that a certified operator |
| I, the undersigned lead/o my knowledge and belief, additional operations recor staffed or visited the plant | the information rds for the pland during the mo | ant listed in Part I of to onth indicated above | this form were prepa e: | red each day that a certified operator |
| I, the undersigned lead/of my knowledge and belief, additional operations recorstaffed or visited the plant records of amounts of | the information of the plate of the plate of the modern of | int listed in Part I of the port indicated above and chemical fee | this form were prepa e: ed rates; and | red each day that a certified operator |
| I, the undersigned lead/o my knowledge and belief, additional operations recor staffed or visited the plant | the information of the plate of the plate of the modern of | int listed in Part I of the port indicated above and chemical fee | this form were prepa e: ed rates; and | red each day that a certified operator |
| I, the undersigned lead/omy knowledge and belief, additional operations recorstaffed or visited the plant records of amounts of if applicable, appropria | the information of the plate during the modern of the modern of the modern of the modern of the treatment of the modern of the treatment of the treatment of the modern of the treatment of the t | ant listed in Part I of the pa | this form were prepa e: ed rates; and ce records. | red each day that a certified operator |
| I, the undersigned lead/omy knowledge and belief, additional operations recorstaffed or visited the plant records of amounts of if applicable, appropriate | the information of the plate during the modern of the mode | ant listed in Part I of the pa | this form were prepa e: ed rates; and ce records. | red each day that a certified operator |
| I, the undersigned lead/omy knowledge and belief, additional operations recorstaffed or visited the plant records of amounts of if applicable, appropriate furthermore, I agree to relavailable for review upon records. | the information of the plate of | ant listed in Part I of the pa | this form were prepa e: ed rates; and be records. ecords at the plant sit | te for at least five years and to make the formula of the formula |

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

| water Systems that Treat Thei | r water | | • | |
|----------------------------------|-----------|--------|-----------|--|
| System PWS Identification Number | ber: 65 | 35055 | | |
| Treatment Plant Name: | . Cypress | 18/505 | utilities | |

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR 445 6

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:

| | | | Lowest Residual | Residual | Reported | | |
|------------------------|--|---|---|---|--|---|---|
| Day of the Month | Hours Plant in Operation | Quantily of Finished Water Produced by Plant (gallons) | Disinfectant Concentration at Entry to Distribution System (mg/L) | Disinfectant Disinfectant Concentration at Disinfectant Concentration at Disinfectant Concentration Disinfectant Concentration Total Coliform | | Concentration at Total Coliform Sampling Points | Abnormal Operating Conditions |
| 1 | 24415 | 108000 | 2.6 | © , 8 | | | |
| 2 | 7 | 153000 | 2.6 | 0.8 | | | |
| 3 | | 102000 | 2.6 | 0.3 | | | |
| 4 | | 104000 | 2.4 | ტ. გ | | | |
| 5 | | 245000 | 2.5 | 0.7 | | | |
| 6 | | | | | | | |
| 7 | | 83000 | 2.7 | 0.8 | | | - |
| 8 | | 140000 | 2.7 | 0.8 | | | |
| 9 | | 118000 | 2.6 | 0.5 | <u> </u> | 0.6 | <u> </u> |
| 10 | | 95000 | 2.7 | 0.7 | | | |
| 11 | | 133000 | 2.7 | 0.7 | | | <u> </u> |
| 12 | | | | | | | |
| 13 | | 222000 | 1,4 | 0.5 | | | ļ |
| 14 | | 135000 | 1,6 | 0.5 | | | ļ |
| 15 | | 162000 | 1.3 | ۵,۵ | | | |
| 16 | ļ | 13/000 | 1.5 | 0.5 | | | · |
| 17 | | 162000 | 1,4 | 0.5 | | | |
| 18 | | 112000 | 1-4 | 0.5 | | <u></u> | |
| 19 | | | | | | | |
| 20 | | 252000 | 1, 3 | 0.5 | | ļ | |
| 21 | | 138000 | 1,3 | 0.5 | <u></u> | ļ | |
| 22 | | 10#000 | 0,9 | 0.4 | <u> </u> | | ļ |
| 23 | 1_1 | 110000 | 0.7 | 0.3 | | | |
| 24 | | 162000 | 0.7 | 0.3 | | | ļ |
| 25 | | 133000 | 0.9 | 0,4 | | | |
| 26 | 1 | | <u> </u> | | | | |
| 27 | | 302000 | 1.3 | 0.5 | | | |
| 28 | | 206000 | 1.5 | 0.5 | | | |
| 29 | | 2/2000 | 2.6 | 0.8 | | | |
| 30 | 1-1- | S02.000 | Z.0 | 0.8 | | | |
| 31 | $\perp \Psi$ | 168000 | 2.2 | 0.> | | | |
| Total | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | 4194000 | | X///////////////////////////////////// | 4 A | | X///////// |
| Avg | | 135000 | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | 8////////////////////////////////////// | X///////////////////////////////////// | X//////X | /////////////////////////////////////// |

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 TREATM | ENT PLANT INFOR | MATION FOR THE MONTH/YEAR | | | | |
|---|----------------------------|-------------------------|--|--|--|--|--|
| September 01 | | | *** | | | | |
| 1 | | | | | | | |
| Water System Information | | O | NE Ideal feating No. 6535055 | | | | |
| System Name: Cypress Lak | e Utilities | P | WS Identification No.: 6535055 | | | | |
| System Owner | C C1 | + | 407-869-1919 | | | | |
| Name: Utilities Inc | or 1-1a | } (| elephone No | | | | |
| Address: 200 weathers | field Hue | | 70 Code: 33 714 | | | | |
| City: Alternante Springs State: F/ Zip Code: 32714 System Type. X community: non-transient non-community. non-community: consecutive | | | | | | | |
| System Type. X community; non | i-transient non-comm | unity, non-commi | anity, consecutive | | | | |
| No. of Service Connections at End of M | ionin Tooo lotal P | opulation Served at c | and of World . 2590 | | | | |
| Water Treatment Plant Information | | | | | | | |
| Treatment Plant Name: Cypress Lake | 111.1.200 | T | elephone No.: 863-815-1524 | | | | |
| Address: 10000 US Hu | 98 10-15 | | | | | | |
| City: Lakeland Fl | Y 10 1401 (1) | 9 | tate: FI Zip Code: 33809 | | | | |
| Permitted Maximum Day Capacity of P | lant 350 000 | | The state of the s | | | | |
| Plant Category and Class per Rule 62- | 699 310(4) FAC | _5_C | | | | | |
| Lead/Chief Plant Operator: | 300,010(4),1 m 0 | | | | | | |
| Name | Certificate Number | Class (A B, C or D) | Day(s)/Shift(s) Worked | | | | |
| | 12746 | C | mon - Fri | | | | |
| Other Certified Plant Operators (attach | | A | | | | | |
| | Certificate Number | Class (a. B. C. or D) | Day(s)/Shift(s) Worked | | | | |
| Jay Aldrich | 6368 | C1253 (3. B, C 0 D) | 5A+ | | | | |
| , | 8012 | | Stand By | | | | |
| Dave Shoffstell | 7799 | | Stand By | | | | |
| Tom Stafford | | <u> </u> | Stand By | | | | |
| TOM STATIONS | 12750 | | 3 4000 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| IL STATEMENT DY LEAD/OUTER | MATCH THE ATME | TOLANT ODEDAT | TOO FOR THE MONTHWEAR OF | | | | |
| II. STATEMENT BY LEAD/CHIEF | NATER TREATMEN | T PLANT OPERA | ORFOR THE MONTH TEAR OF | | | | |
| September 01 | | | | | | | |
| I the understaned land/shipf anarola | s of the content topologic | on stant lated a Cod | Laftha form costification to the best of | | | | |
| | | | I of this form, certify that to the best of | | | | |
| my knowledge and belief, the informati | on provided in this re | port is true and accur | ate. Also, I certify that the following | | | | |
| additional operations records for the pl | ant listed in mart 1 of t | nis form were prepar | ed each day that a certified operator | | | | |
| staffed or visited the plant during the m | ionin indicated above | | | | | | |
| a reception of amounts of alcoming to | | | | | | | |
| records of amounts of chemicals u if applicable appropriate transport | | | | | | | |
| if applicable, appropriate treatment | process performanc | e records. | | | | | |
| Furthermore I serve to retain them and | dilional encedious | aneda al tha stant att | for at local five vegre and to make them | | | | |
| available for review upon request. | unional operations re | cords at the plant site | e for at least five years and to make them | | | | |
| a pointequest. | _ | . ~ | | | | | |
| Jan Konnel | 10-3-01 | David Kim | 12746 | | | | |
| Signature and Date | | me and Certificate N | lumber (please type or print) | | | | |
| → | 146 | and bild opinions it | and product the area with | | | | |
| | | | | | | | |
| DEP Form 62-666 900(3) | Da | ge 1 | | | | | |
| CRective Discernible 10, 1994 | r u | 3- ' | | | | | |
| | | | | | | | |

| 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 Cy Press Lake Utilities | _ |

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

Type of Residual Distribution System Served by Plant: X free chlorine, combined chlorine (chloramine); _____chlorine dioxide

Summary of Daily Water Treatment Data for Month:

| | | | Lowesi Residuai | Residual | Disinfectant in Distribution | System | Reported |
|------------------------|--|---|---|---|---|---|---|
| Oay of the Month | Hours Plant in Operation | Quantily of Finished Water Produced by Plant (gallons) | Disinfectant Concentration of Entry to Distribution System (mg/L) | Lowest Residual Disinfectant Concentration at Remote Point (mg/L) | Number of Instances Where Residual Disinfection! Measurements Taken at Total Coliform Sampling Points | Lowest Residual Disintectant Concentration at Total Cotiform Sampling Points (mg/L) | Emergency of Abnormal Operating Conditions |
| 1 | | 189,000 | 2.2 | 0.7 | | | |
| 2 | | 10.1000 | | | | | |
| 3 | | 344,000 | 2.3 | 8.0 | | | |
| 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 | | | ļ |
| 14 | | 128 000 | 2-1 | 0.7 | | | ļ |
| 15 | | 105 000 | 2.0 | 0.6 | | | <u> </u> |
| 18 | | | | | | | |
| 17 | | 254,000 | 1.8 | 0.5 | | ļ <u>.</u> | |
| 18 | | 149,000 | 1.5 | 0.5 | | | |
| 19 | | 145 000 | 1.7 | 0.4 | | | <u> </u> |
| _20 | - | 147 000 | 2.9 | 1.1 | | | <u> </u> |
| 21 | | 191 000 | 2.8 | 1.0 | | | |
| 22 | | 169 000 | 7.3 | 1.0 | | | <u> </u> |
| 23 | | | | | | | |
| 24 | | 277,000 | 2.2 | ٥.7 | | | |
| 25 | | 77,000 | 2.1 | 9.0 | | | |
| 26 | | 167,000 | 2.5 | 1.1 | | | |
| 27 | - | 164,000 | 2. 9 | 1.2 | | | |
| 28 | ļ | 115,000 | 2.8 | 1.1 | | | |
| 29 | - | 246,000 | 2.5 | 0.7 | | | |
| 30 | ļ | | | | | | |
| 31 | 1 | | | | | | |
| Total | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | 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

| SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHIYEAR Octob | \sim \sim 1 |
|--|-----------------|
| CHMMARY AE DAILYMATER TREATMENT DATA FOR THE MONTHITEAR - COTC. | |
| | |

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

Summary of Daily Water Treatment Data for Month:

| | Residual Disinfectant i | | Disinfectant in Distribution | ant in Distribution System | | | | |
|------------------------|-------------------------|----------|---|---|--|--|---|---|
| Day of the Month | Hours P in Opera | | Quantily of Finished Water Produced by Plant (gallons) | Disinfectant Cancentration at Entry to Distribution System (mg/L) | 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) | Emergency or Abnormal Operating Conditions |
| 1 | 24 | hes | 216,000 | 2.5 | v. 7 | | | |
| 2 | 1 | | 129,000 | 2.9 | 0.7 | | | |
| 3 | 1 | | 198,000 | 3.2 | 0.8, | 4 A | 1.0 | |
| 4 | | | 153,000 | 2.8 | 0.7 | | | |
| 5 | | | 181,000 | 2. ك | 0.7 | | | |
| 6 | 1 | | 152,000 | 3 4 | 0.8 | | | |
| 7 | 1 1 | | 1 | | | | | ļ <u>.</u> |
| 8 | 1 | | 346,000 | 2.8 | 1.0 | · | | |
| 9 | 1 | | 175,000 | 2.9 | 1.1 | | | |
| 10 | 1 | | 222,000 | 2.7 | 1.0 | | - | |
| 11 | | 1 | 195,000 | 2.8 | 1.1. | | | |
| 12 | | 1 | 199,000 | 2.9 | 1.3 | | - | + |
| 13 | | | 176,000 | 2.7 | 1 1 | | | |
| - 14 | | 1 | | | | | | - |
| 15 | | | 344,000 | 3.0 | 1.0 | | | |
| 18 | | | 217,000 | 3.0 | 1.1 | | | |
| 17 | | | 254,000 | 2.8 | 1.2 | | | |
| 18 | | <u>L</u> | 218,000 | 3.0 | ٥.٩ | | | 1 |
| 19 | | 1 | 243,000 | 2.8 | 1.0 | | | |
| 20 | | | 166,000 | 3.0 | 1.1 | | | |
| · 21 | | | | | | | | - |
| 22 | | | 309,000 | 2.6 | 1.0 | | | |
| 23 | | 1 | 154 000 | 2.8 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
| 24 | | 1_ | 222,000 | 2.9 | | | | 1 |
| 25 | | | 187,000 | 2.0 | 1.1 | | | |
| 26 | | - | 243,000 | 2.6 | 1.0 | | | |
| 27 | | _ | 179,000 | 2.5 | + 0,0 | - | | |
| \ 28 | _ | 1_ | | 2 12 | 1 . 2 | | | |
| 29 | | <u> </u> | 456,000 | 3.0 | 1.5 | | | |
| 30 | | 1/ | 244,000 | 2.5 | 1 2 | | | |
| 31 | 24 | Y) c | 188,000 | 3.5 | | 4 A | | |
| Tota | <u> </u> | | 5.766 | _\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 43445344H | <i>Axaadadiinaaa</i> aa | NITHIIN TO | |
| Avg | | | 192 | | //X/////////////////////////////////// | <i>UXUUUUU</i> | 486666666666666666666666666666666666666 | 415011511111 |



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

| NOVEMBER - | 21 | | |
|--|---|---------------------------------------|--|
| | | | , in |
| Water System Information | 101 1 L 20 | PW | VS Identification No.: 65350 |
| System Name: Cypress had | CAR OFILITIES | · · · · · · · · · · · · · · · · · · · | |
| System Owner Valles Inc | of Ela | Tel | lephone No.: <u>407-869-1919</u> |
| vame: Utilities the | 1) Pla | | |
| Address: 200 weathers f | ielo mive. | Sta | ile: FL Zip Code: 32714 |
| System Type: <u>D</u> community,n | 5.5 Manager 1 000.0000 | muity non-commit | nity: consecutive |
| System Type:community,n No. of Service Connections at End of | Month III Total F | Conulation Served at Er | nd of Month: 7.57/ |
| vo. or bervice Connections at End of | MOUNT TIND TOTAL | | |
| Water Treatment Plant Information | | | . |
| Treatment Plant | 4.1.1.6 | Te | lephone No.: <u>863-815-152</u> |
| Name: Cypress Lakes L' Address: 1000 US Hwy | THE REST OF THE PERSON OF THE | | |
| City: bake land | 10. 1001 | Sta | ate F/A Zip Code: 33805 |
| Permitted Maximum Day Capacity of | Plant 3.50.000 | | |
| Plant Category and Class per Rule 6 | 2-699 310(4), FAC | _5.C | |
| Lead/Chief Plant Operator: | | | |
| Name | Certificate Number | Class (A B C or D) | Day(s)/Shift(s) Worked |
| David Ryniak | 12746 | C | mon-Fri |
| Other Certified Plant Operators (atta | | necessary) | |
| Name | Cerulicale Number | Class (a B C. or D) | Day(s)/Shift(s) Worked |
| | 6368 | C | 5A+ |
| | 12750 | 2 | Stand BY |
| Dave Shoffstall | 7799 | C | Stand by |
| 3.10 17 31600 | | 1 | |
| | | 1 | |
| | | | |
| | | | |
| | | + | |
| <u></u> | | | |
| II. STATEMENT BY LEAD/CHIE | E WATER TREATME | NT DI ANT ODERAT | OR FOR THE MONTH/YEAR OF |
| | | · CANTOPENAT | |
| November 01 | | | ** |
| | ator of the water treatm | nent plant listed in Part | I of this form, certify that, to the bes |
| my knowledge and belief, the inform | ation provided in this r | non pigit is too in accur | ate. Also I certify that the following |
| additional operations records for the | ration provided in this i | this form wore proper | ed each day that a certified operator |
| | | | ed cach day wat a commer operator |
| staffed or visited the plant during the | e month indicated abov | ᠸ, | |
| A FORMARIA AF AMALIANT AT ANALYSIS AND | bood abassisa-l fa | ad mice; and | |
| records of amounts of chemical | | | |
| if applicable, appropriate treatment | ient process performan | ce records. | |
| PP-1-1-4E | | | - C 4 4 Elemanton and de |
| | additional operations r | records at the plant site | e for at least five years and to make |
| | · | | |
| runnermore, I agree to retain these available for review upon request. | | | |
| | 11-30-01 | · -2 2 | nak C 12746 |

| Monthly Operation Report for Public Water Systems that Use Ground Water and for Consequence Water Systems that Treat Their Water System PWS Identification Number: 6535055 Treatment Plant Name: Cypress Lakes Utilities | cutive Public |
|---|---------------|
| Treatment Plant Name: Cypress Lakes Utilities | : |
| III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHIYEAR Novem | ober of |
| Type of Residual Disinfectant Maintained in Distribution System Served by Plant 🗡 free chloring combined chlorine (chloramine) chlorine dioxide | ne; |

| Summary | of Daily | Water | Treatment | Data | for Month: |
|---------------|----------|-------|-----------|------|------------|
| Out the total | | | | | |

| | | | | Lowest Residual | Residual | Disinfectant in Distribution S | yslem | Reported |
|------------------------|--------|-----------------------|---|--|--|--|--|---|
| Day of the Month | | urs Plant peration | Quantity of Finished Water Produced by Plant (gattons) | Disinfectant Concentration at Entration Distribution 5 calen | Cowest Residual Disinlectant Concentration at Livingos Point (mg/L) | Number of Instances Where Residual Distribution Measurements Taken at Total Coliform Sampling Points | Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) | Emergency or Abnormal Operating Conditions |
| 1 | 72 | 1/15'5 | 246,000 | 2.6 | 1.5 | | | |
| 2 | - | / | 220 000 | 3.0. | 1.5 | | | |
| 3 | + | / - | 149,000 | 2.6 | 1 | | | |
| 1 | 1- | 4 | | 7 | | | | |
| 5 | 1- | 1 | 377,000 | 2.8_ | 1.0 | | | |
| 8 | 1 | | 190,000 | 2.8 | 1.0 | 1 | 1.5 | |
| 7 | 1 | | 250,000 | 2.7 | 1.2 | 4 A | 1.3 | |
| 8 | 1 | | 230,000 | 2.9 | 1.3 | | | |
| 9 | 1 | | 264,000 | 2.8 | | | | - |
| 10 | - | | 102,000 | 30 | 1.2 | | | |
| 11 | | 3 | | | | | | |
| 12 | \Box | | 915,000 | 2.0 | 1.2 | | | |
| 13 | | | 241,000 | 30 | 1-1:5 | | | |
| 14 | | | 225,000 | 3.0 | 1.2 | | | |
| 15 | | | 161 000 | 3.5 | 1:5 | | | |
| 18 | - | } - | 224 000 | 2.8 | 1.0 | | | |
| 17 | + | | 192.000 | 2.0 | - | | | |
| 18 | | _\$ | 11.2 600 | 2.2 | 10 | | | |
| 19 | - | | 417,000 | 2.8 | 10 | | | |
| 20 | | | 226,000 | <u> </u> | 1.0 | | | |
| 21 | -+ | | 242,000 | 2.8 | 1.1 | | | |
| 22 | | | 195,000 | 2.5 | 1.0 | | - | - |
| 23 | _ | | 263,000 | 2.4 | 1.0 | | | |
| 25 | - | \$ | 20000 | | | | | |
| - | - | | 468,000 | 3.0 | 1.2 | | | |
| 26 | -+ | | 253,000 | 3.0 | 1.5 | | | |
| 27 | - | -+- | 268,000 | 2.8 | 1.4 | | + | |
| 25 | | - | 235,000 | 3.0 | 1-2 | | | |
| 3(| | - 5 | 192,000 | 2.5 | 1.0 | | | - |
| 3 | - | 24 hr | | | The state of the s | "" U A | The state of the s | |
| To | | <i>annin</i> | 6,611,000 | | | Mannay Anna | i de la | |
| A | | | 220,000 | | 4034444444 | | | |
| , Mi | | | 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

NSTRUCTIONS See Page 4

| December 2001 | | | MATION FOR THE WORTH TEAR |
|--|---|--|--|
| A to Contact Information | | | |
| Vater System Information System Name: Cypress to | Les 1)tilities | P\ | WS Identification No.: 6535055 |
| ystem Name: Cypress No | 4169 " A. T. T. T. T. T. T. | | |
| vstem Owner | f Fia | Τe | elephone No . 407-869-1919 |
| lame: Utilities Inc o laddress; 200 weathers f | 1 4 1/0 | | |
| logress; 200 weathers t | TEID MYC | · · · · · · · · · · · · · · · · · · · | ale: F/A Zip Code: 327/4 |
| | | | unity consecutive |
| System Type: <u>V</u> community, | non-transient non-comm | unity,non-commit | and of Month: 257/ |
| to, of Service Connections at End | of would III A LOIDING | ophiguati zerved at c | and or worth, |
| Vater Treatment Plant Information | | | |
| reatment Plant Name: Cypress Lakes 1 | 13.1.4.00 | 76 | elephone No.: 863-815-1524 |
| vame: Cypress Lakes | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | · · · | |
| Address: 10,000 US Husy City: Lake hand | 10 100111 | S | tale FIA Zip Code: 33809 |
| Permitted Maximum Day Capacity | OLPHON 350, 000 | | \ |
| Plant Calegory and Class per Rule | 62-699 310(4) F A C | | |
| _ead/Chief Plant Operator: | 1 | | \ |
| | Centrale Number | Cluss of H C or Dr | Day(s)/Shift(s) Worked |
| Name | 12746 | C | mon-Fri |
| David Ryniak Other Certified Plant Operators (at | | | |
| | Certificate Number | Class (a B C or D) | Day(syShift(s) Worked |
| Name | | Cassia a C G G | SAT |
| Duy Abdrich | \6368 | + | Stand BY |
| Tom Stafford | 7299 | | Stone By |
| Dave Shoffstall | /// | | 340-019 |
| | | | |
| | | | 1 |
| | | | |
| | | | \ |
| | | 1 | |
| II STATEMENT DY LEADICH | ECMATED TOPATHE | ATTOLANT OFFICA | TOR FOR THE MONTY/YEAR OF |
| | | MI PLANI OPERA | TOR FOR THE MONTH TEAR OF |
| December 200 | 1 | | |
| I, the undersioned lead/chief one | erator of the union traction | and along balad in Day | rt I of this form, certify that, in the best |
| my knowledge and belief, the infor | mation provided in this re | and plant hated in Fai | rate. Also, I certify that the following |
| additional operations records for the | ne niant listed in Part Lot | this form were orena | red each day that a certified operator |
| staffed or visited the plant during to | he month indicated show | ruiz iouu wete hteba | red each day mar a certified overator |
| the plant coming to | ne monar andicated addy | 5 | |
| | | | |
| records of amounts of chemics | ale used and chemical to | ad talas and | |
| records of amounts of chemical | als used and chemical fe | ed rates, and | |
| records of amounts of chemica if applicable, appropriate treat | als used and chemical fement process performant | ed rates, and ce records. | |
| If applicable, appropriate treati | ment process performand | ce records. | |
| If applicable, appropriate treats Furthermore, I agree to retain thes | ment process performand | ce records. | le for at least five years and to make the |
| If applicable, appropriate treati | ment process performand | ce records. | le for at least five years and to make th |
| If applicable, appropriate treats Furthermore, I agree to retain thes | ment process performand | ce records. | , 4 |
| If applicable, appropriate treats Furthermore, I agree to retain thes | ment process performance | ce records. ecords at the plant sit David Ryn | iak c 12746 |
| Furthermore, I agree to retain thes available for review upon request. | ment process performance | ce records. ecords at the plant sit David Ryn | , 4 |

Page 1

| 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 MONTHIYEAR December - 01 | |
| Type of Residual Disinfectant Maintained in Distribution System Served by Plant. X free chlorine, combined chlorine (chloramine)chlorine dioxide | |

Summary of Daily Water Treatment Data for Month:

| | Lowest Headout | | Lowest Hesidual | Residua | Reported | | |
|------------------------|--|--|--|--|---|---|---|
| Day of the Month | Hours Plant in Operation | Quantity of Finished Water Produced by Plant (galloris) | Disinfection Concentration at Entry to Distribution System (mg/L) | Lowest Residual Osinfectadi Concentration of Remote Point (mg/L) | Number of Instances Where Residual Whiteclant Measurements Taken all Total Coliform Sampling Points | Cowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) | Emergency of Abnormal Operating Conditions |
| | 24 623 | 236,000 | 2.8 | | | | 1 |
| 2 | A | | | | | | <u> </u> |
| 3 | 1-7- | 589,000 | 2.8 | | | | |
| 4 | | 257,000 | 2.8 | | 4 A | 1.4 | <u> </u> |
| 5 | | 284,000 | 2.0 | 1 | | | |
| 8 | | 291,000 | 2.C 2.5 | 1. | | | |
| 7 | | 224,000 | | • | · • · · · · · · · · · · · · · · · · · · | | |
| 8 | | 222,000 | 2.0 | | <u> </u> | | <u> </u> |
| 9 | | | | ļ | | | |
| 10 | | 474,000 | 2.6 | <u> </u> | | | 1 |
| 11 | | 217,000 | 2,2 | | | | 1 |
| 12 | | 230,000 | 2.5 | | | - | |
| 13 | | Z20,000/ | 2.7 | | | | |
| 14 | | 223,000 | 2.8 | | | | |
| 15 | | 243,000 | 2.6 | | | | |
| 16 | | 11.2 | 2.0 | | · · · · · · · · · · · · · · · · · · · | | |
| 17 | | 460,000 | 2.0 | | | | |
| 18 | | 311,000 | 7 7 | 1 | | | |
| 18 | | 245/000 | 2.2 | | | 1 | |
| 20 | | 188,006 | 2.0 | | | | |
| 21 | | 237,000 | 2.0 | | | | |
| 22 | | 187,000 | Z: C | | | | |
| 23 | | 353,000 | 2.2 | | | | |
| 24 | | 219,000 | 2.0 | | | | |
| 26 | | 304,000 | 2.0 | | | | |
| 27 | | 225,000 | 2.9 | | | | |
| 20 | | 176,000 | 2.5 | | | | |
| 29 | + | 224,000 | 2.5 | | | | |
| 30 | | 1 | | | | | |
| 31 | 2445 | 425,000 | 2.0 | | | ************** | |
| Tota | ווועמווע | 7 254,000 | | | 4 A | | |
| Avg | - <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | 234,000 | - <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | | | | 434444444444444444444444444444444444444 |
| Max | - \//////// | 311,000 | | | | /////////////////////////////////////// | |

FAX NO. : 863 815 1524

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2000

02:45PM

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| V. hen Completed mail this report to: Department of Environmental Protection, | MS 3551 2600 Blair Stone Road Tallabassee FL 32399-2400 |
|---|---|
| Truck Completes than this report to, peparingn of Christian Induction, | 1 1419 3331 7000 DIBLI STOLL MORG' LAMBING SECTION PAGE |

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:

MONITORING PERIOD From

LIMIT:

CLASS SIZE **FACILITY ID:** GMS ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: FLA013123-002-DW2P 1-1-00

FLA013123

4053210696

R001

IIC

PERMIT ISSUE DATE. To: REPORT:

GROUP. WAFR SITE NO GMS TEST SITE NO.

Domestic

1-31-CO Monthly

| COUNTY Polk | | | | | | | | | | | |
|---|-------------------------------|----------|----------------|--|--------------------|-----------------------|----------------|----------------|------------|-----------------------|-----------------------------|
| Parameter | | Quantity | or Loading | Units | Quality | or Concent | ration | Units | No. Ex. | Frequency of Analysis | Sample Type |
| Flow | Sample Measurement | | ,091 | mad | | | | | | 5/1 | Meter |
| PARM Code 50050 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Permit de Measurement | | 0.240 MMADE | ndo? | | | . Taylor | | | 5 Days/Week | Meter |
| CBODS | Sample Measuremen! | | | | | <i>J</i> .d | | mil | | Mon | Roll An-Ag |
| PARM Code 80082; Y A SAME NO. ERA-01-15275 | Permit as 4 | | | (a) (a (a (a (a (a (a (a (a (a | | 20.0c ÷ (Art Avg.) | 美 | n/g/L | | Report Monthly | Calculated! / Roll-An. Avg. |
| CBODS | Sample Measurement | | | | ∠ ⊰ | $\prec \lambda$ | 49 | mg/L | | 1/14 | Grab |
| Mon Site No. EPA-01-15277 | Permit = (2) Measurement = | | | | 30.0 (Mo. Avg.) | (Weekly) | 60.0 (Max.) | na¢/L | Z.J. | Every Two Weeks | Grab |
| TSS | Sample Measurement | | | | | | 1 | mg/L | | 1/14 | Grah |
| PARM Code 00530 138 Mon. Sire No. EFA-01-L5277 | Permit III | | · 有多种的 | | 學數學 | 生物學學 | 5.0 (Max.) | mg/L | | Every The Weeks | Grab |
| PH | Sample Measurement | | | | 7.0 | | 2,2 | 50 | | 5/7 | bah |
| PARM Code 00406 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Permit Measurement | | 建设型 | | 6.0 (Min.) | | 8.5 (Max.) | \$.U. <u>.</u> | | 5 Dalys/Week | Grah |

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

| Gany Armstrong Manager Ling T | T. 5 | 863-815-1654 | 00-02-01 |
|-------------------------------|------|--------------|----------|

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

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLAG13123-001-DW2P

DISCHARGE POINT NUMBER: ROSE

WAFR SITENG 31704

| TRAITY NAME Cypes Lake WY PORTMONTH: DOY CO | } | Quantity | or Loading | Units | Qua | hty or Concer | polimet. | Units | No. Ex. | Frequency of Analysis | Sample Typ |
|--|--------------------|--|--|--|-------|--|---------------------------------------|-------|---|-----------------------|---|
| I-sk, Total as N | Sample | | | | | | 1 2.2 | mall | | 1114 | BACFF |
| | Measurement | | en paneta en | | | | | | | | |
| The Control of the Control | | S - 7 - 2 | | | | | | | | | CANCEL ST |
| | Sample | | | 7 1000 | | 11 | 18 | #im | 1 1 | 5/1 | Grat |
| and Colifornia Bacderia | Messacurat | } ! | | <u> </u> | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | ALC: N | | |
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| Chility | Sample | 1 | | 1 | 4.0 | l | | WIU | | $\mathcal{L}YU$ | X 200 10 10 10 10 10 10 10 10 10 10 10 10 1 |
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| | Measuresteel | | | 100 CE 10 | 7.0 | | 20000000 | | | | |
| AND PHILLS | and the | | | 7-7-1 | | | | | | | A 18 18 18 18 18 18 18 18 18 18 18 18 18 |
| A STATE OF THE STA | Samuel | | | | 204 | | | 1.mil | 1 | Nan | 1/10 |
| TODS | Measurement | 1 | | 1 | 1209 | | - contrary of the PCM & | Mall | | | |
| | CENTRAL CONTRACTOR | | | | | | elestronic mark | | | 是一种"是有这种" | *** |
| | | | | e e | | 200 | | 11 | | 1/00 | 1500 |
| ß | Sample | | | 1 | 1/600 | | J | malt | 100000000000000000000000000000000000000 | 10/1 | |
| | Monumento | 2 1005 100505 200 | Water Control | A. WY 8131 | | | 3.50 E. 一本語言 | | | | |

DAILY SAMPLE RESULTS - PART B

Permic Number: FLA013123-001-DW2P MonuvYear Jan 00 Annual Average Daily Flow: -07/ MADRATORNINE CAMERINA 100: 4490 Cypress Lakes WHTP TSS (mg/L) pH (Max) pH (Min) CBODS IDDM! (ma/L) TRC (For Migrogen. Majgles Collom Disinfect) Mitrate. (N.T.U.) Bacteria (mg/L) Total (as N) (#/(00ml) Code (mg/L) 0050 80082 00330 DODAY Mon. Site EF 1-19277 EFA-19277 BT 31700 EFF-32287 14 EFA-19277 00400 14055 50040 00620 00070 EFA-15277 EFA-15277 EFA-15277 EFA-15277 EFB-32737 090 Ž 1.0+ 016 1095 1210 5D+ 1.4 1 Dt 1.4 093 Ot Ot 085 201 051 0+ 16 Ud D H 096 13 290 5.0t Ľ 204 600 14 50+ 15 089 5.Pt 1.4 16 SOF 1.4 089 5.D+ d.d 18 ζ 0293 Ot 1.0 20 าอ 5pr 21 086 50+ 1.D 23 SDH 24 20+ 1.8 21 Ž 1.6 26 094 ∠3 20 10t 27 085 28 9 5D+ 29 097 30 101 501 11 PLANT STAFFING. Day Shuft Open for CTANO. Baria Contilleam No. Sac.o. Evening Shift C perator Class: Certificate No: Name: David Winkle Night Shift Operator Class. Cortificate No: Name: Lead Operator Class: Less Operator Class: 5 720' Carriticate No: Name: JOSEPH M KUKAS Disca I yes, cumulative days of wet weather discharge;

FAX NO. : 863 815 1524

[&]quot;Arrach additional sheets if necessary to list all certified operators

3/20/00

3:14PM;

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Mar.

2000

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 PERMIT ISSUE DATE

PERMITTEE NAME. MAILING ADDRESS: Mr. Donald Rasmussen, Vice President

Cypress Lakes Utilities, Inc. 200 Weathersfield Avenue

Aliamonie Springs, FL 32714

FACILITY LOCATION: Cypress Lakes WWTF

10000 North U.S. Hwy. 98 Lakeland, FL 33809

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE: FACILITY ID:

GMS ID NO .: **DISCHARGE POINT NUMBER:** PLANT SIZE/TREATMENT TYPE: FLA013123-002-DW2P *₁*-100

FLA013123

4053P10696

R001

IIC

To: REPORT:

GROUP: WAFR SITE NO. GMS TEST SITE NO:

| Parameter | | Quantity | or Loading | Units | Quality | y or Concent | ration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|------------------------|--------------|----------------|--------|--------------------|-------------------|----------------|---------|------------|--------------------------|-----------------------|
| Flou | Sample Measurement | | 1098 | mad | | | | | | 5/7 | Meter |
| PARM Code 50050 1 Mon, Site No. EFA-01-15277 | Permit Measurement | - 1 | 0.240 MMADP | म्रहेd | | | | | | 5 Days/Week | Meter |
| CBODS | Sample Measurement | | | | | 2.2 | | 19/2 | | Mon. | Holl An Ara |
| PARM Code 80082 Y Mon.Site No. EFA-01-15277 | Permit Measurement | : 4 , | A.M. | | | 20.0 (An.Avg.) | | M/L | | Report Moulhly | Calculated Roll-AnAvg |
| CBOD5 | Sample Measurement | | , | | 23 | 42 | 2.6 | mall | | 1/14 | Grab |
| PARM Code 80082 1 Mon.Site No. EFA-01-15277 | Permit A | | 经数点的数 于 | | 30.0 (Mo. Avg.) | 45.0 (Weekly) | 60.0 (Max.) | agr. | 1.34 | Every Two Weeks | Gnab |
| TSS | Sample Measurement | · | | | | | 5 | mall | | 1114 | brah |
| PARM Code 00530 1 Man.Site No. EFA-01-15277 | Permit And Measurement | | 18.70 | | | | 5.0 (Max.) | mg/L | | Every Two Weeks | ; Grab |
| pH | Sample Measurement | | <u> </u> | | 7.0 | | 7.1 | 5U. | | 517 | 60b |
| | Pernet Measurement | | | | 6.0 (Min.) | | 8.5 (Max.) | \$.U. 🦠 | 14 m | 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 | O AGENT PHONE NO | DATE (YY/MM/DD) |
|---|--|------------------|-----------------|
| Gary Armstrung Manager | Day Comet | 863-815-1524 | 00-03-20 |

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

02:56PM

DISCHARGE MONITORING REPORT - PART A (Continued)

FULLTY NAME: Cypous J. #41 WWTF REORT MONTH: FOD OO PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: ROOL

WAFR SITTE No..31701

| Parameter | I | Quantity | or Loading | Units | Qua | lity or Conce | ntration | Units | No. Ex. | Frequency of Analysis | Sample Typ |
|--|-----------------------|--|--|--|-------------------------------|------------------------|-------------------|--------|------------|-----------------------|--------------|
| N-utc, Total as N | Sample | | | | | | 1.8 | m// | | 1/14 | 8hc FPL |
| | Measurement | | | ************************************** | 21.00 P 10.00 P 10.00 P 10.00 | C215170-2152-0737 | | | | THE TWO WOLLS | A MAR PPC |
| TUCK Code (000) | | | | | | | 100 | | | | 312 302 3130 |
| and Coll form Declarie | Sample | | | | | (| | 1/pont | | 5// | Trai |
| manana many na kaona amin'ny fivondronana amin'ny faritr'i Nobel no ben'ny faritr'i Nobel no ben'ny faritr'i Nobel na Amin'ny faritr'i Nobel na Amin | Measurement | Resident States and the second | AND THE PARTY OF SAME | 27.424.42 | SPECIAL PROPERTY. | | | 这样的规格 | | | |
| | Manual State | | | | | | | | | | 40.7 |
| Bidly | Sample | | | ! | 114 | | i | NIU | 1 | 40nl | Meta |
| | Messurenical | | The second second second second | 754-0-47549744 | | NAME OF TAXABLE PARTY. | A CARL COMMON SEC | | 5000 | Section 1 | 174 184 |
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| _ for disinfection | Sample Measurement | | | 1 | 3.6 | | | melt | | Cost | Ne le |
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| | Measurement | | A PARTITION OF THE | 2000 E 1830 E | 222 | 10 20 Table 10 1 | S HEWST SE | | | | |
| | 副 | | | | 经经验 | | | | | Single and A | |

Env Proponioned Composite sample tities during a period of 8 hours.

DAILY SAMPLE RESULTS - PART B

| n∕7,¢er | . ; | Feb OC | 23-001-DV) | V &F | | | | (AADP/Per | inage Daily F Mined Capac | 1001: ,070 187)x100: 4 | ا مونتيمسي |
|-------------------|---|--------------------------------|----------------|--|-------------|-----------------------|---------------|--|----------------------------------|---|-------------------------|
| 1 | Flow | CBODS | | TCO | Cypress Lak | es WHTP | | .001217121 | miliza Capac | 167/210U; ~7 | 70 |
| nde | :MGD) | (mt/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.) |
| | | 80082 | Mary T | 00530 | 00.00 | 00400 | 004CO | ?4055 | 10060 | 00620 | Q007') |
| 3,10 | 2110-13077 | EF A-1327! | DVF-30700 | EFR-32287 | | EFA-13277 | EFA-13277 | EFA-15277 | EFA-15277 | EFA-15277 | EFB-32237 |
| 2 | $\perp IUI$ | | | 5 | | 1.7 | | 7 | 30+ | | a.i |
| | .090 | | | 41 | | 7.1 | | Z | 30+ | | 1.7 |
| 3 | 099 | | | | | 7.0 | | 41 | 5.0+ | | 1.6 |
| 1 | 1105 | | | 7 | | 7.1 | | 4 | 50+ | | 10 |
| 5 | 1095 | | | | | 7.1 | | -34 | 50+ | | 1.7 |
| 6 | ,094 | | | | | 7.1 | | | 3Dt | | 1.2 |
| 7 | 1091 | | 990 | 31 | 220 | 77 | | 31 | 3.0+ | | da |
| 8 | 1097 | | | <1 | | 20 | | 3 | 3.6 | | 1.5 |
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| 10 | 292 | X | | 41 | | 47 | | 3 | 5,04 | 10 | 4.3 |
| 11 | .093 | | | -21 | | 20 | | | 50+ | | 4.4 |
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| 13 | .103 | | | | | 1.0 | | | 50+ | | 16 |
| 14 | 298 | | | 41 | | 7.7 | | 71 | 50+ | | 18 |
| 13 | | | | | | 6 | | 1 | 204 | | 14 |
| 6 | 199 | | | | | 20 | | _< | SOX | | 1.6 |
| , | 100 | | | | | 7.0 | | 4 | 50+ | | /6 |
| 8 | 1096 | | | <u> </u> | | 7.1 | | 1-51 | SOF | | 13 |
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| 20 | 1099 | | | | | 21 | | | 504 | | 1.4 |
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| 12 | 10d | | | _5 _ | | 7.0 | | 4 | Spt | | 1.4 |
| 23 | 1095 | d.6 | | ۷. | | 7.0 | | 1 | 5.0+ | 1.8 | 1.3 |
| 24 | 1099 | | | <u> </u> | | 7.1 | | <1 | SOT | | 1.3 |
| 25 | 1104 | | | 41 | | 7.1 | | 51 | 50+ | | 1.3 |
| 16 | 1096 | | | , | | 7.1 | | | Spt | | 1.3 |
| 17 | 109 | | | | | 20 | | | 50+ | | 1.4 |
| 28 | 104 | | | à | | 1.1 | | < | 5,04 | · | 1.2 |
| 29 | 104 | | | 3 | | 1.1 | | | 50+ | | 1.3 |
| 30 | | | | | | | | | | | |
| 31 | · | | | | | | | | | | |
| hist Oy ng Shi | AFF (NG: per: for ft C pierainn Operator | Chas Chas Class Class | | Certifica Certifica Certifica Certifica | E No: | 8048 12018 1201 | Name: | Davi Tax | d E SA oh M | offstal inkler Kybos | |
| of EM | uer t Disposa | or Reclaims | d Water Reus | ¢; | | | ilive days of | wet weather | | | |

FΑX

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| When Completed mail this report to: Department of | Environmental Protection, . MS 3551 | 1, 2600 Blair Stone Road, Tallahassee, FL | 32399-2400 |
|--|-------------------------------------|---|-------------------------|
| The state of the s | Larradinacinal Folection, This 21 | 1. 2000 Bian awiic Mag, Lahamassee, Li | ンム シフフ " ムサ い 'J |

PERMITTEE NAME: MAILING ADDRESS: Mr. Donald Rasmussen, Vice President

Cypress Lakes Utilities, Inc.

200 Weathersfield Avenue Altamonte Springs, FL 32714

JACILITY: Cypress Lakes WWTF LOCATION: 10000 North U.S. Hwy. 98

Lakeland, FL 33809

PERMIT NUMBER.

MONITORING PERIOD From

LIMIT: CLASS SIZE: FACILITY ID: GMS ID NO .:

DISCHARGE POINT NUMBER

4053P10696 R001 PLANT SIZE/TREATMENT TYPE: HC

Final

FI.A013123

FLA013123-002-DW2P PERMIT ISSUE DATE 3-1-00

To: REPORT: GROUP:

WAFR SITE NO. GMS TEST SITE NO

3-31-00 Monthly Domestic

| ARM STE-50050 | Sample Measurement Perman | Quantity | or Loading | Units Mad | Quality | or Concent | ration | Units | No. Ex. | Frequency of Analysis | Sample type |
|---|--------------------------------------|----------|------------|---------------------------------------|-----------|--|-----------------|------------|------------|-----------------------|-------------|
| PARM 200-50050 Box Stephi IFANT 1501 | Measurement Period Measurement | | .103 | Mad | | | | | | | |
| 一种的一种企业的企业的企业。 | Metaurement | | | | | | | | | 5/7 | Meter |
| | | 574 (CR) | 240 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 2.200 AP | | | | 5 Days Work | Meter |
| | Sample Measurement | | | | | 2.3 | | mall | | MOO. | Roll An-Ano |
| | | | | | | (1.0 (1.0 (2.0 (3.4)) | | HCA | | Report Monthly | Calculated? |
| 1 1 | Sample Measurement | | | | 3 | a | 46 | mall | | 1114 | Gen |
| Von Sic No. EFX 01-1520 | Measurement | | | | (Mo Avg.) | (Weekly) | \$60.0 (Max) | m/L | | Every And Meeks | Grab |
| | Sample Measurement | | | | | | 4 | mall | | 1/14 | Giato |
| MANUAL PAUL 1927 | des union | 307 | | | | | (Max) | | | Evan Por Veda | Gnab |
|) N | Sample Measurement | | | | 7.0 | | 7.2 | 50 | | 5/7 | brah |
| Calculated Rolling Annual Average is th | | | | 建 罗 | OMm Y | THE STATE OF THE S | 85 (Max) | SU. | | S Day June 1 | Grab |

ng 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 O'Y MAN DEA |
|--|--|--------------|------------------|
| Manager Gary V. Armstrong | 127. 1 | 863-815-1624 | 4/13/00 |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments | there): | | |

DISCHARGE MONITORING REPORT - PART A (Continued)

FOLITY NAME: Cypens Labes WWITE RFORT MONTH: <u>MOTE IN DE</u>

PERMIT NUMBER: PLANI3123-001-DWZP DISCHARGE POINT NUMBER: ROOL

WAFE SITE No.:3170

| Paranacter N-sin Total on N | | Quantity | or Loading | Units | Qu | lity or Conces | tration. | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--------------------------------------|-------------------------|-----------|------------|-------|--------|----------------|----------|-------|--|-----------------------|-------------|
| MAN BOWNEN | Sample Measurement | | | | | | 18 | mall | | 1/14 | QL- GAC |
| | | | | | | | | | | | A MARKET C |
| ical Coll form Rectorie | Sample | | | | 图10250 | | | | | | |
| | Меаниченски | | | ļ | | ∠ } | | # MOn | // | 517 | Coch |
| | Name of the last | * 25 to 1 | | | | | | | | | |
| | Menaturement | | | | 1.7 | | | NTI |) | Cont | Moto |
| | | | | | | | | | | | |
| ion disinfection | Sample Measurement | | | | 25 | | | mall | | Cont | Meter |
| | 120 727 | | | | | | | | | | |
| 046 | Sample Measurement | | | | 250 | | | mall | | Mon | Forb |
| | The state of | | | | | 2.1 | | | | N S | |
| | Saniple Massurespenu | | | | 370 | | | moll | THE PARTY OF THE P | Men | KOD |
| ow Propositioned Composite sample to | | | | | | £ | | | | | |

DAILY SAMPLE RESULTS - PART B

| mil/Vimber: | 1 | FLA01311 March | 23-001-D1 <i>00</i> | N2P | Constant to the | mal es | | Anauzi Average Daily Flow: 1075 (AADF/Permitted Capacity)x100: 47% | | | | | |
|---|-----------------|-------------------|------------------------|--|-----------------|----------------|------------------------|--|-----------------------------------|--|-----------------------|--|--|
| Code | Flow (4GD) | | | | | ph (Max) | pH (Min) | Fecal Coliform Basteria (\$/190ml) | TAC (For Distance,) (rng/L) | Nigrogen, Nigrate, Total (as N) (mg/L) | Turbidity (N.T.U.) | | |
| - я | :0030 | 80C82 | | 00530 | | 00400 | 004C0 | 74055 | 10060 | 00620 | 00079 | | |
| - Sinciper | N*136// | EFA-13277 | 4.5 | EFR-32287 | Were Zape | EFA-15277 | EFA-1527 | EFA-15277 | EPA-13277 | EFA-15277 | EF-3237 | | |
| | 245 | | | 7 | | 7.1 | | 41 | 50+ | | 1.4 | | |
| | 089 | | | | | 71 | | 2 | 3.0+ | | 1.5 | | |
| 3 | 107 | | | 4 | | 7.1 | | 3 | SOF | | 17 | | |
| | 620 | | | | | 7,0 | | | 5.0+ | | 14 | | |
| , | Ш | | | | | 1.1 | | | 3.0+ | | 1.4 | | |
| 5 | 087 | | | 2 | | 71 | | 71 | 504 | | 14 | | |
| , | 108 | | | 71 | | 11 | | 31 | 50t | | 7.6 | | |
| | 196 | | 250 | 2 | 20 | 41 | | 2 | SOF | | 1.4 | | |
| 9 | 096 | | | | -423-42- | 11 | | >' | 101 | <u> </u> | 1.4 | | |
| 16 | 018 | 26 | | 7 | | 11 | | 4 1 | 5.0t | 1.8 | 1.4 | | |
| 11 | 110 | | i | - | | 5.1 | | 2 | | 1.0 | | | |
| 12 | 115 | | | | | 70 | | | 501 | | 113 | | |
| 13 | 099 | | | 1/ | | 1.1 | | | 5.01 | | 1.7 | | |
| 14 | | | | | | 41 | | <u> </u> | Sot | ļ <u>.</u> | 1.3 | | |
| 15 | 101 | | ! | - > | | -44 | | <u> </u> | sor | | 1:3 | | |
| 16 | 101, | | | -5! | | | | | 50t | <u> </u> | 12 | | |
| | 103 | | | 4 | | 2.1 | | | SOY | | 13 | | |
| | .let | | | | | 20 | | 5 | SOL | | _1.3 | | |
| 18 | 118 | | | | | 7.1 | | | 501 | | | | |
| 19 | 10% | | | | | 7.0 | | | Sot | | 1.2 | | |
| 26 | illd | | l | | | 7.1 | | | Sot. | | 1.2 | | |
| 31 | IIA. | ्य | | | | 12 | | 3 | 2.5 | 1.6 | 1.3 | | |
| 22 | 198 | | | 21 | | 24 | | <1 | SOF | | 12 | | |
| 23 | 1091 | | | Ч | | 7.7 | | 71 | Sot | | 77 | | |
| 24 | IDH | | | 17 | | 17 | | 21 | 304 | | 15 | | |
| 25 | 093 | | | Sei | | 47 | | | 50+ | | 77 | | |
| 26 | 110 110 | | | | | 10 | | | 504 | | /.2 | | |
| 27 | 104 | | - | | | 77 | | 21 | 20+ | | 1:2 | | |
| 28 | .119 | ···· | | -4 | } | 72 | | 31 | 501 | | | | |
| 29 | 099 | - | | 一 | | /// | | | 3,07 | | 111 | | |
| 30 | OH | <u> </u> | | | | 10 | | -51 | 50+ | - | 1:4 | | |
| 31 - | | | | -9- | ļ | 1.5 | | 5 | SOF | <u> </u> | (0) | | |
| ANT STAFF Shift Open ming Shift (| lor roistski | Cints Cints | | Continue | | 9046 13018 | iiw.e. Name: | Buil Buil | 5.0+ | . PG-fall | /·d | | |
| ght Shift Ope ad Openwor | felof | Class Class | | _ Certificate | r No: | - | Name | | | メンドル ナーナーシー・ | | | |
| | t Dismosat | Cr Declains | Weter Reus | Certificati | land as | 7300 | Name: ve days of v | | BALL | WARS | | | |

discharge:
Attach addition is 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 Pro- | ection MS 3551-2600 Blair Stone Road, Tallahassee, Ft. 32390-2400 |
|--|---|
| at their examples of their suits report to be propertitions of this industrial terms | CONTRAIL FALCE TO THE POOR DISTRIBUTION POSSES L'ATTRIBUTES POR L'EL MENTE DE LA PRINCE DEL PRINCE DE LA PRINCE DEL PRINCE DE LA PRINCE DELLE DE LA PRINCE DE LA |

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:

MONITORING PERIOD From:

LIMIT: CLASS SIZE: FACILITY ID:

GMS ID NO.: **DISCHARGE POINT NUMBER:**

R001 PLANT SIZE/TREATMENT TYPE: IIC

Final

III C.

FLA013123

4053P10696

FLA013123-002-DW2P PERMIT ISSUE DATE:

To:

REPORT: GROUP: WAFR SITE NO.:

GMS TEST SITE NO.:

Domestic

COUNTY:

Polk

| Parameter | | Quantity | or Loading | Units | Quality | or Concentr | ation | Units | No. Ex. | Frequency of Analysis | Sample Type | |
|-------------------------|-----------------------|----------|------------|------------|---------|-------------|--------------|-------------|------------|--------------------------|--------------|--|
| Flow | Sample Measurement | | .089 | mad | | | | | | 5/7 | Meter | |
| | | | THE COLUMN | # 4 | | | | | | 5 Days Veck | Meter | |
| CBOD5 | Sample Measurement | | | | | 24 | | molL | | Mon. | Poll-An-Ana | |
| See See 16. Et 7011 577 | | | | | | | | ife/L | | Report Media | Calculated / | |
| CBOD5 | Sample Measurement | | | | 3.8 | 1.9 | 5.6 | Mall | | 11/4 | brah | |
| MANAGE STATE STATE | in seasons. | | | | W. K. | (West) | (Max.) | P €L | | | Grab | |
| TSS | Sample Measurement | | | | | | | mall | | 1/14 | brah | |
| | | | | | | | Tiller) | | | | Grab | |
| Н | Sample Measurement | | | | 10 | | 12 | 50 | | 517 | brab | |
| | | | | | | | 185 1864) | \$.U. * | | | 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, 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 AU | JTHORIZED AGENT PHONE NO DATE (YY/MM/DD) |
|---|--|--|
| Gay T. Armstrones Muscal | De 1. Com | 863-815-1541 00-05-17 |
| | | |

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FOLITY NAME: Cypens Lakes WWTF RFORT MONTH: APT

PERMIT NUMBER: FLA013123-001-DW2P DISCHARGE POINT NUMBER: P001

WAFE SITE No.:31704

| Parameter | | Quantity or Loading | | Units | Qu | lity or Conce | tration | Units | No. Ex. | 1 1 | Sample Type | |
|-------------------|-----------------------|---------------------|----------------|---|--------------------------------|-----------------|--|--------|-----------------|-------|-------------|--|
| nte, Total as N | Sample Measurement | | <u> </u> | | | | 1.9 | mall. | | 1114 | BASEP | |
| | | | | | \$ 17.25 \$ 2.25 \$ 2.25 | | Brock to Sinhe | | 7 75 (Sec.) | A | | |
| Coliform Becterie | Sample Measurement | | | | | <1 | | # DOM! | - p. For Slower | 5/7 | Grate | |
| | | | | | | | | | | | | |
| sidity | Sample Measurement | | | | 1.5 | | 12.00 m 20.00 mg/s | NTU | | COT. | Mete | |
| | | | | 2 m 2 2 m | | A PARALLES | | | | | A/ F | |
| ter disinfection | Sample Measurement | | | 4. 4.4.4.1 | 5.0+ | Marian Same of | | Mall | | Cont | 1.6/6 | |
| 103 | | | | | | | | | e - 450 (E.18) | 4/1-0 | 400 | |
| | Measurement | | and the second | | 155 | を受けるとは後 | सम्बद्धाः स्टब्स्य स | Mall | | | /TSCK | |
| | Somple | | | 1 3 Car 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 17/ | TENNING SERVICE | 1 1 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 | M0// | इस के जिल्ली | Man | Gas | |
| | Measurement | | | | | | Participant seek | | Tari Mari | | | |

Env Preparationed Companies specify laken during a period of 8 hours.

DAILY SAMPLE RESULTS - PART B

| micNumb ntivYear: | , | | 23-001-DV 00 | | Cypress Lak | | | | pinted Capaci | ow: 107 ley)x100: 4 | |
|---------------------------------------|------------------------|------------------|-----------------|-------------------------|-------------|--------------|-----------|--|----------------------------------|---|-----------------------|
| | Flow (MGD) | | | | | | pH (Min) | Fecui Coliform Bacteria (#/100ml) | TRC (For Disinfect) (mg/L) | Mitrogen, Nitrate, Total (as N) (mg/L) | Turbidity (N.T.U.) |
| Code | 10050 | | | | | | 00400 | 74035 | 30040 | 00620 | 00070 |
| | | EFA-15277 | | EF8-32287 | | EFA-13277 | EPA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFB-32287 |
| <u> </u> | 1098 | | | | | 7./ | | | 50+ | | 7.7 |
| 2 | 104 | | | · | | 7.0 | | | 1.0t | | 1.0 |
| 3 | .1297 | | ļ | く) | | 2.2 | | 4 | 50+ | | 1.5 |
| - 5 | ,120 | | | | | 1.2 | | 41 | 10+ | | 1.5 |
| 3 | .096 | | ~ | _< | | 7.1 | | 4 | 50+ | | 14 |
| 7- | 1020 | | | | | 7.1 | | | 5.0+ | | 1.4 |
| - | 1083 | | | 1.5 | | 7-2 | | | 5.0+ | | 1.4 |
| - | 1287 | · | ļ | · | | 7.0 | | | 5.0+ | | 1.4 |
| 10 | 1097 | | | | | 71 | | | SOT | | 1.5 |
| | 1083 | | | _{ | | 1-0 | | | 5.0+ | | 1.5 |
| 11 | .097 | | 153 | | 116 | 22 | | 51 | 50+ | | 1.5 |
| | 1083 | <u> </u> | | _< | | 7.1 | | ۷1 | SOT | 1.7 | 1.5 |
| 13 | ,081 | | | 3 | | 7.1 | | 41. | 507 | | 1.5 |
| 15 | _090 | | | < | | 10 | | (| 5.0+ | | 1.0 |
| | .101. | | | | | 24 | | | 50+ | | 1.0 |
| 16 | 1090 | | | | | 7./ | | | SDT | | 1.) |
| 17 | 094 | | | 41 | | 12 | | <. | 5.0x | | 1.1 |
| 18 | 1096 | | | <u> </u> | | 7.0 | | 51 | 507 | | 10 |
| 19 | ,066 | | | | | 7.] | | 41 | SOY | | 1.) |
| 20 | .083 | | | <u> </u> | | 7.0 | | 4 | SOT | | 1.2 |
| 21 | 1085 | | | 15 | | 10 | | < 1 | SOY | | 1.2 |
| 22 | .087 | | | , | | 1.0 | | | SOF | | 12 |
| 23 | 1090 | | | | | 7.1 | | , | SDY | | 1.2 |
| 24 | J076 | ***** | | _ | | 7.0 | | 37 | 501 | | 7.9 |
| 25 | 1097 | | | | | 20 | | 31 | SOY | | 1.4 |
| 26 | _1 <i>0</i> 83_ | 5.6 | | ح ا | | 7.1 | | 4 | SOL | 1.9 | 7.1 |
| 27 | 1285 | | | 5 | | 2.1 | | <u> </u> | 5.0+ | | 1.7 |
| 28 | 1085 | | | 41 | | 7-0 | | 1-31 | SOX | | 1.3 |
| 29 | 1009 | | | | | 2./ | | | 50x | | 1.2 |
| 30 | 587 | | | | | 7.1 | | | SCT | | 7.3 |
| | en lar It C perator | Class Class | | Certificate | No: | 8045 2018 | Name: | Rayio | I E SA | offsto akter | |
| ht Shift C d Operato e of Effic | , Or | Cinas: Class: | 17 | Certificate Certificate | | 7000 | Name: | 2050 | OLMI | 3103 | |

discharge:
"Attach additional sheets if necessary to list all certified operators.

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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

Cypress Lakes Utilities, Inc. MAILING ADDRESS:

200 Weathersfield Avenue Akamonie Springs, FL 32714

FACILITY: LOCATION. Cypress Lakes WWTF 10000 North U.S. Hwy. 98

Lakeland, FL 33809

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT:

CLASS SIZE: FACILITY ID: GMS ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: PERMIT ISSUE DATE

To: REPORT:

FLA013123-002-DW2P

FLA013123

4053P10696

8001

GROUP: WAFR SITE NO. GMS TEST SITE NO.: Domestic

| | | | | r. | ANT SIZE/TREAT | MENI IIFE. | ii. | | | | |
|---|-----------------------|---------------------------------|------------------|-----|---------------------|-------------------|----------------|-------|------------|--------------------------|-----------------------------|
| Parameter Polk | | Quantity | or Loading Units | | Quality | y or Concent | ration | Units | No. Ex. | Frequency of Analysis | Sample Type |
| Flow | Sample Measurement | | .070 | Mad | | | | | | 5/7 | Meter |
| PARM Code 50050 1 Mon. Site No. EFA-01-15277 | Permit Measurement | | 0.240 MMADF | mgd | | | | | | 5 Day#Week | Meter |
| CBODS | Sample Measuremen: | | | | | 2.5 | | malL | | Mon | Roll Ha-Ano |
| PARM Code 80082 Y Mon.Sile No. EFA-01-15277 | Permit Measurement | | | | 10 mg/m² | 20.0 (An-Avg.) | | THE | | Report Monthly | Calculated / Roll-AnAvg. |
| CBOD5 | Sample Measurement | | | | 2.3 | 1.1 | 2.6 | mll | | 1/14 | bab |
| PARM Code 80082 1 Mon.Site No. EFA-01-15277 | Permit Measurement | | | | 30.0 (Mo. Avg.) | 45,0; (Weekly) | 60.0 (Max.) | MEL | | Every Two Weeks | Grab |
| (S) | Sample Measurement | | | | | , | 4 | mil | | 1/14 | Gab |
| PARM Code 00530 1 Mon Site No. EFA-01-15277 | Permit Measurement | (1) (1) (1) (2) (1) | | | A TANK OF THE PARTY | | 5.0 (Max.) | ghe/L | , | Every Two Weeks | Grab |
| pli | Sample Measurement | | | | 7.0 | | 7:1 | 50 | | 5/7 | Grab |
| PARM Code 00406 1 Mon. Site No. EFA-01-15277 | Permit Measurement | - | | | 6.0 (Min.) | | 8.5 (Max.) | S.U. | 4.4 | 5 Days/week | Grab |

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

I certify under penalty of law that I have personally examined and an tamiliar 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 MMPDD) |
|---|--|--------------|-----------------|
| Gary Armstrong Munger | 12, Th | 863-815-1544 | · |

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

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LAKES

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DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: (NOT

WAFR SITE No.31701

| Parameter | | Quantity | or Loading | Units | Qua | tration | Units | No. Ex. | Frequency of Analysis | Sample Type | |
|--|------------------------|----------|--------------------|-------|------|--|-------|------------|--|-------------|---------------|
| V-sic, Total as N | Sample Measurement | | | | | | 1.9 | mall | | 1114 | BLIFAC |
| THE PROPERTY OF THE PARTY OF TH | | | | | | | | | 100 | | |
| cal Coliform Becterie | Sample Measurement | | earn in charges of | | | ۷) | <1 | #/00 m | | 5/7 | Trah |
| | | | 医数数 | | | | | | | | |
| m ility | Sample Measurement | | | | 3.0 | | | NTU | | /pnt. | Meter |
| | | | | | | | | | Cog (200 82) | | |
| ior disinfection | Sample Measurement | | | | 3.0+ | | | moll | | Cont. | Netor |
| COUS | | | | | | | | | | | |
| | Sumple Measurement | | | | 271 | | | mg/L | | Mon. | brah |
| CHARLEST COLUMN | | | | | | 2422 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | ************************************** | | Section and P |
| 3 | Sanspie Mensurament | | - | | 260 | | | malh | | Mon | Frah |
| Make From 2001 10 Programmes and the Company of the | | | | 76.5 | | 5. 化克里尔克 2. 在 | | | | | |

neceived: 12/ 1/00 4:03PM; 863 815 1524

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Dec. 01 2000 05:01PM P7

DAILY SAMPLE RESULTS - PART B

| Cade 10 Man Site ETA 1 2 3 e 6 5 7 | 1000 1000 1000 1000 1000 1000 1000 100 | | ingth: | 90530 | Cypress Lake | pH (Max) | pH (Min) 004C0 EPA-13277 | Fecal Collform Bacteria (4/100ml) | 10060 EFA-15217 SOT SOT | Mitrugen, Nitrate, Total (at N) (mg/L) | Turbidity (N.T.U.) |
|---|---|----------------|-----------|------------------------|--------------|---|--------------------------------|--|----------------------------------|---|-----------------------|
| Cade 10 Man Site ETA 1 2 3 e 6 5 7 | 1053 1053 15277 F 276 276 276 276 276 277 2066 | (mg/L) | PU DA | 00530 EFR-32287 | | 00400 EFA-13217 7 0 7.0 7.1 | 00400 | Collform Bacteria (#/100mil) | 10060 EFA-15217 | Nitrale, Total (as N) (mg/L) 00620 | 00079 EFB-32297 |
| Man Site ET A 1 2 3 4 5 7 8 | 976 984 969 969 979 966 979 | | PU CO VIE | 90530 FFR-)2287 | DOSTOR | 7 0 7.0 7.0 7.1 | | | 50† 50† 50† | | EFB-32297 |
| 1 2 1/2 3 4 5 5 1/2 5 7 1/2 5 | 276 284 269 279 279 279 274 | FA-15-77 | | 3 | | 70 10 21 | EPA-13277 | EFA-15277 | Sot Sot | EFA-15277 | Ja, |
| 1 | 276 284 269 279 279 279 274 | | | 3 | | 1.0 7.1 | | <u>ح</u> الم | SOT | | |
| 3 , l 1 , l 3 , l 5 , l 7 , l 8 , l | 069 066 079 066 070 | | · . · | \ \{\] \} | | 21 | | 5 | SOT | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 066 070 066 070 | | | 3 | | | | 71 | 70 - | | |
| 5 12 5 12 7 12 8 14 | 919 966 974 966 | | | 3 | | 1.1 | | · ヘ! | 101 | | 10 |
| 5 16 | 966 974 966 970 | | | 3 | | | | 31 | 30+ | | 1.1 |
| 7 6 | 066 010 | | | | | 7.0 | | | 5.C+ | | 7./ |
| | 210 | | <u> </u> | | | 1.0 | | | 5.0+ | | 12 |
| | 210 | | | | | 7.1 | | | 5.0+ | , | 1:3 |
| 9 1 | | | | _2_ | 1 | 2.7 | | [] | 50+ | | 1.3 |
| | - / A I | | an | 3 | 260 | 1.0 | | | SOT | | 1·a |
| 10 | 067 | 4 | | 5 | | 7.0 | | 41 | SUT | 1,9 | 7.7 |
| " [] | 269 | | | ٦ | | 7.7 | | 4 | 501 | | 1.1 |
| 12 | /X-1 | | | 7 | | 7.1 | | 21 | 5.04 | | 7.1 |
| 13 | 200 | | | | Ī <u> </u> | 7./ | | | Spr | | 0.9 |
| 14 | 068 | | | | | 7.0 | | | SOT | | 19 |
| 15 | 278 | | | < | | 1.0 | | < | 5.0t | | 1.0 |
| | 279 | | | (2) | | 2.1 | | 51 | SOT | | 1.1 |
| 17 | ono l | | | 3 | | 7.7 | | (1) | 50+ | | 1.5 |
| 18 | 049 | | | く) | | 1.1 | | L | SOF | | 4.1 |
| | 016 | | | 1 | | 20 | | 21 | 5.0+ | | 1.0 |
| 20 | 063 | | | | | 1.0 | | | 50+ | | 7.7 |
| 21 | 770 | | | | | 7.1 | | <u> </u> | 50+ | | 19 |
| 22 | 269 | | | 1 | | 7.7 | | 4 | 50+ | | 13 |
| 23 | 1774 | | | | | 10 | | (1) | 501 | | 7.7 |
| 24 | 068 | 26 | | 7 | | 10 | <u> </u> | <1 | 5,01 | 1.9 | 10 |
| | 059 | - | | 21 | | 7.0 | | <1 | 501 | | 16 |
| 26 | 069 | = | | 3 | 1 | 7.7 | | 21 | 50+ | 1 | 30 |
| 27 | 063 | | | | | 1.7 | | | 5.01 | | 7.3 |
| 20 / | OΉ | _ | | | 1 | 77 | | | SOT | | 7.6 |
| 29 | 1368 | | | 4 | 1 | 1.0 | | 1 | 5.01 | · | 1.4 |
| 36 | 080 | | | d | | 1.0 | | <1 | 50+ | | 127 |
| 31 | 261 | | L | a | | 7.1 | | < | 5.04 | | 7.7 |
| ANT STAFE() y Shift Open 1; ening Shift Cy | or a | Čiss Ciss | | Certifics Certifics | | 8046 13046 | Name: | David | ESha | Cf.tall | |
| ght Shift Opera | | Çings Cinas | i: | Cortifics Cortifics | ie No | 7.100 | Name: | | oh M | | |

discharge:
"Attach additional sheets if necessary to list all certified operators."

imited Wer Wrather Discharge Activated: Yes: No: No: Not Applace

Type of Effluer: Disposal or Reclaimed Water Reuse:

8/00

* 1 20 2000

| Jul. |
|---------|
| 8 |
| 2000 |
| 01:35PM |
| |

DEBARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT TAXA

| | this report to: Department of En | vironmental Protect | tion, MS 3551, 2 | 600 Blair Sto | ne Road, Tallahass | te. FL 32399-24 | 4 00 | _ | o=0146 | I ISSUE DATE: | |
|--|--|--|--|---|----------------------|-------------------|--|---------------|---|----------------|----------------------|
| When Completed mail | this report to: Department of the | 0 13 | • | | | | FLA013123-002 | 2-DW2P | PERMIT | L 1930E IMTE. | 6-30-00 |
| PERMITTEE NAME: | Mr. Donald Rasmussen, Vice | President | | MO | NITORING PERIO | D From: | 6-1-00 | | REPOR | T : | Monthly |
| MAILING ADDRESS: | Cypress Lakes Utilities, Inc. 280 Weathersfield Avenue | | | LIN | | | <i>***</i> ********************************* | | GROUP: WAFR SITE NO.: | | Domestic |
| | Altamonic Springs, FL 32714 | ; | | | ASS SIZE: | • | FLA013123 | | | | EFF-01 |
| FACILITY: | Cypress Lakes WWTF | | • | FACILITY ID: GMS ID NO.: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: | | | 4053P10696 | | GMST | EST SITE NO.: | <u>L</u> H 0. |
| LOCATION: | 10000 North U.S. Hwy. 98 | | • | | | | R001 | | | | |
| LOCATION. | Lakeland, FL 33809 | | | | | | IIC | | | | |
| | | | | | | | | Units | No. | Frequency of | Sample Type |
| COUNTY: | Polk | Quantity | or Loading | Units | Quality | or Concent | ration | Chirs | Ex. | Analysis | |
| Paramete | er | Quantity | o, | 1 | | | | | EA. | 111 | 01-10 |
| · | | | 1 7/0 | 1 1 | | | | | | 5/1 | MERL |
| Flow | Sample Measurement | | 1060 | mac | | | SAME AND SAME SAME | 2 357 (3.5) | 10.40 | 5 Hays Weck | Meter |
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| TSS | Sample | | | | | | <u> </u> | m_L | en alternation | Beers two Wes | ics Grab |
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| | 自是自己的证据 | | | | | | STATE OF THE SECOND | | on a trace | 1-1 | 1 /cah |
| 图中的图画或音乐 | Sample | AND SALVES | | | 70 | | 1 14 | (51). | | 2// | Grab |
| pН | Measurement | <u> </u> | | | CHARLES TO AN OLIVER | | 1 N S# 3 5 12 C | 30 | | CD-SAGE) | Giz- |
| | REPUBLISHED HER THE PROPERTY OF THE PROPERTY O | | | | | | (A) (A) (A) | | | | <u> </u> |
| 14. 注意主题 | | | | | I manth's monthi | average. | | | | | ing the information. |
| I Calculated Rolling A | nnual Average is the average o | lke current month | lly average and in | nation submit | ted herein; and bas | cd on my inqui | ry of those individ | uals inuned | Cose and | imprisonment. | |
| I certify under penalty | Innual Average is the average of of law that I have personally exanformation is true, accurate and it | mined and am tami | re that there are sig | milicant pena | lties for submitting | false informat | ion including the p | OSSIDIJILY O | i film ette | · | |
| Pelt cae the annithmen is | (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | • | | | F PRINCIPALE | VECUTIVE OF | FICER OR AUTH | ORIZED A | CENT | PHONE NO | DATE |
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| 1 am Aims | -frong - Manego | 7 | | / day | 1' /m | | <u> </u> | | | | |

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

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863 815

8 2000 01:35PM

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DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: PLA013123-001-DW2P

WAFR SITE No.:31701

| TY NAME: Cypress Lakes WWT | | | Units | Quality or Concentration | | | Units | No. | Frequency of Analysis | 1 | |
|--|------------------------|--|---|--------------------------|-------|--|--|-------------|-----------------------|---------------|--------|
| Parameter | | Quantity or Loading | | Oine | | | | | Ex. | 1114 | 8 hoff |
| | Sample | | <u> </u> | 1 | - | | 8 | mg/6 | 144 S | | |
| e, Total as N | Mensurement | | ESE (1115 23) | | | 744-34 | | | | A TOWNS AND A | |
| CHARLES SHEET | | | | | | | | # Ma | | 1 5/7 | Krai |
| Coliforn Bacteria | Semple | | | 1 | | | | | | | |
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| diy | Sample Measurences |] | · | | 1.0 | 2 11 5 5 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 | 26336216 | | | | |
| MANAGEMENT AND | TELES LOS | 4326 | 1 | | 经支撑 | 報訊。 | | 2000 | E 4 () | Cost | Mei |
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| AND | Sample | | | · · | dd | · · | was compared a | 119/1 | | 通過制制等 | |
| | Memoraneo. | | | | | | | | | | 121 |
| 是是非常的 | | igniciani. | Augusta Sandor Ha | | 12/ | 7 | | mol/2 | ر ا | | |
| , and a second s | Santple Measurement | Ī | <u> </u> | | OVIC | S. 1833 S. 246 | | | | | |

DAILY SAMPLE RESULTS - PART B

Annual Average Daily Flow: .076 PennicYumber: FLA013123-001-DW2P (AADF/Fermional Capacity)x100: 47 % June 00 Monto/!'eu: Cypress Lakes WWTP Cypes Lab Muogen, Torbidity TRC (For pH (Max) pH (Mia) Fecal Flow CBODS (mg/L)Coliform Disinfact) Moste. OLT.U.) (GDN! Total (as N) Bacteria (mg/L) (#/100ml) (mg/L)00400 004CD 74055 50060 00620 0007/) Cade 10050 00530 80082 EFA-15277 EFA-15277 - 18 20 20 EFB-32287 EFA-15277 EFA-15277 EFA-15277 EFA-15277 EFB-32737 EF 1-15277 Mon. Site Ŏ 50t 04] 5.07) 2 2 50+ 057 5.0t 3 7.1) ٠. . 5 50+ 'n. SUT **ፈ**] 4.01 . 50t 060 **(**) 063 033 033 iç Ot 799 π SDT 12 230 50t 4 13 14 SOF 05 15 < 50t 16 5.0z 061 5.01 1.0 17 06 10+ 1.0 18 010 10r 19 30+ 30+ 4 20 21 21 23 • 40 24 066 064 ŀÔ 26 061 1.0+ 27 1,D 28 301 29 50+ 31 PLANT STAFFING: avid F. Shoffsta i and. Class: Cortificate No: Day Shist Open Int Name: PAVIC Certificate No: Evening Shift C perator Class: Name: Class: Certificate No: DOSEPH M. KULAS Night Shift Operator Lead Operator
Type of Effluer : Dispotal or Reclaimed Water Reuse: Name: Of Parts of wet worther Certificate No: imited Wet W tather Discharge Activated: Yes: No. Not Applicable discharge:

"Attach addition in sheets if necessary to list all certified operators.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| 1816 C'am | بمستثلثة المسيب أسمهنا بسي | and the Description of Education | ABBLE 1 Dealers 140 2001 | , 2600 Blair Stone Road, Tallahassee | CV 44304 4144 |
|-----------|----------------------------|-----------------------------------|-----------------------------|--------------------------------------|-----------------|
| теп Сол | ID SICU MBILLINIS CCI | DOTA 10: AZEDAGITECTI OF EDVITORI | TOTORI PTOLECTIONM.N. 1331. | /h(H) Hisir Ninne Road sliabacces | FI () (UV-)AIXI |
| | | | | | |

PERMITTEENAME:

Mr. Donald Rasmusson, Vice President

MAILING ADDRESS:

Cypress Lakes Utilities, Inc. 200 Weathersfield Avenue

FACILITY: LOCATION: Altamonte Springs, FL 32714 Cypress Lakes WWTF 10000 North U.S. Hwy. 98

Lakeland, FL 33809

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT:

CLASS SIZE: FACILITY ID:

GMS ID NO .:

DISCHARGE POINT NUMBER: ROOL PLANT SIZE/TREATMENT TYPE: ИC

FLA013123-002-DW2P

4053P10696

PERMIT ISSUE DATE: To: REPORT:

GROUP: WAFR SITE NO .: GMS TEST SITE NO.: Domestic

<u>1-31-00</u> Monthly

| COUNTY: | Polk | | | | | | | | | | | | |
|---|--|-----------------------|------------------|------|-------|-----------|------------|--------|-------|------------|-----------------------|-------------|--|
| Paramete | r | | Quantity or Load | | Units | Quality | or Concent | ration | Units | No. Ex. | Frequency of Analysis | Sample Type | |
| Flow | | Sample Measurement | | .064 | mad | | | | | | 5/7 | Meter | |
| | | | | | | | | | | | 5 Dalys/Week | Meter | |
| CBODS | 1 (1-1). Other an about their probability is their fac | Sample Measurement | <i>,</i> | | | | 2.4 | | mall | | Mon | Polt An Asg | |
| | 14 July 1 | | | | | | | | NET. | | Report Monthly | Roll-AnAvg. | |
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| Montage No Election | | | | | | | | (MAX) | rel | | Every Two Works | Grab | |
| TSS | Table Code: Filter | Sample Measurement | | | | · | | L) | m3/4 | | 1/14 | brob | |
| | | | | | | | | | | | Every Two Weeks | Crab | |
| рН «ментерна праводна пред еления пределения пределения пределения пределения пределения пределения пределения пред | Farthire White all stands | Sample Measurement | | | | 2.0 | |].] | 50 | | 5/7 | 5190 | |
| Market Rolling Age | | | | | | | | | \$ U | | SDay-Meek | 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 are familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. 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) |
|---|--|--------------------------|
| Grany T. Armstroney Manager | Syt. 5- 3 | 863-815-1641 00/08/18 |

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

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2:39PM;

DISCHARGE MONTTORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: 19901

WAFR SITE No.:31701

| Parameter | | Quantity | or Loading | Units | Qua | lity or Conc | entration . | Units | No. | Frequency of Analysis | Sample Type |
|--|-----------------------|--------------------------|---|--|-----|-----------------------|--|-------|-----------|--------------------------|-------------|
| N-ste, Fotal as N | Sample Mensurement | | | | | * | 3.26 | m/L | | 1114 | Bhr FPC |
| | | | | | | | | | | | |
| and Colliform Bacteria | Sample Measurement | | | | | 4 | 41 | # Wal | | 5/7 | Grat |
| | | | | | | 10.10 W-40.20 | | | | | |
| Midity | Sample Measurement | | | | 1.3 | | | WU | | Cont. | Mete |
| | | | | | | | | | | | |
| for dishiftering | Sample Measurement | | | | 15 | | | mall | | Lent_ | Mete |
| OLS TO LEAD TO | | | | | | | | | | | |
| | Sample Measurement | 2002 600 2000 6000 | 201-12-12-12-12-12-12-12-12-12-12-12-12-12 | \$**\$\$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 188 | | 12 CO 10 10 10 10 10 10 10 10 10 10 10 10 10 | Mall | & C 63 61 | Mon | USAK |
| | Sample: | | | | | | | | | . 1 | |
| | Мовшени | Zonem mass and design of | देश स्टब्स् अस्तिक द्वाद्यक्रिक स्टब्स् इ.स.च्या चार्चिक स्टब्स् | 17-14 F80D | 341 | ara ta series series. | | Malh | 52.56.34 | Mos | tal |

DAILY SAMPLE RESULTS - PART B

| lumbe Yeur: | er E | LA0131 | 23-001-DV <i>OO</i> | V2P | Cypress Lab | . WWT# | | (AADF/Perr | rage Onlly Fl nisted Capaci | ov. 109 19)x100: 4/ | 390 |
|----------------------------|---|--|------------------------|--|-------------------|------------------|--|--|----------------------------------|---|--|
| | Flow IMGD) | CBODS (mg/L) | | TSS (mg/L) | | pH (Max) | pH (Min) | Fechi Coliform Bacteria (#/100ml) | TRC (For Disinfect) (mg/L) | Mirogen, Mirate, Total (as N) (mg/L) | Turbidity (N.T.U.) |
| de . | :0050 | 50082 | | 00530 | | 00400 | 004CO | ?4055 | 50060 | 00620 | 9007/3 |
| Site | Et A-15277 | EFA-13271 | | eff-32287 | 4.0 | EFA-15277 | EPA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFB-32237 |
| | .063 | | | | | 7.1 | | | 1.Dt | | 0.9 |
| | 048 | | | | | 7.0 | | <u> </u> | 50r | | 1-0 |
| | <u> 260</u> | | | 4 | | 7.0 | | 5] | 50t | | 1.1 |
| | 1262 | | | 3_ | | 7-1 | | <u> </u> | 5.04 | | 1.1 |
| | 258 | | ٠ | <u> </u> | | 7.0 | | </td <td>307</td> <td><u> </u></td> <td>7./</td> | 307 | <u> </u> | 7./ |
| | 1059 | <u> </u> | <u> </u> | d. | | 7.0 | ļ | 131 | 10t | | 1-d |
| | 167 | ļ | <u> </u> | 141 | | 7.1 | | 4 | 5.0t | | 1.3 |
| , | 063 | | <u> </u> | | <u> </u> | 7.1 | ļ | | 115 | | |
| e l | ,266 | | 1/2/1 | | 3777 | 7.0 | - | 71 | 5.01 | | 1.5 |
| 1 | 1064 | | 188 | 3 | 241 | 21 | | 5 4- | 116 | 1721 | 1,3 |
| 2 | 1060 | 1 < 9 | | 3/2 | | 1.6 | <u> </u> | 1-51- | 507 | 7.db | 1.0 |
| - | 1058 | | | 3.7 | _ | 1.0 | | 1-54 | 50+ 5,0+ | - | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| - | 161 | | | 1-5% | | 1/2 | } | 1-21- | 3.01 | | |
| 5 | 1007 | | | 1.0 | | HU | | 1-71- | 5.01 | | |
| 6 | 1064 | | | - | | + - 4 + | | | 5.01 | | - 41 |
| , | | | | | | 16 | | 1-7 | 501 | - | |
| 8 | -,264 | | | -</td <td> </td> <td>7.0</td> <td> </td> <td>1-51</td> <td>3.0</td> <td></td> <td>1 7 7 1</td> | | 7.0 | | 1-51 | 3.0 | | 1 7 7 1 |
| 9 | [26] | - | | - | <u> </u> | 7.0 | } | | 5.01 | | 173 |
| .0 | 1267 | | | 5} - | | 7) | | + >+ | 304 | | 1-1-1- |
| 1 | 1069 | | | 1-31- | | + + | | 2 ; | 501 | | 1.0 |
| 2 | .DH D18 | | | -54 | | \ /i/ | | +->/ | 5.0 | | 1 7 7 |
| 0 | .074 | | -} | | - | 1-45 | ╅┈┈ | | 10 | | 1.0 |
| <u>.</u> | | + | - | 17 | | 1.0 | | 4 | 50 | <u> </u> | 0.9 |
| 25 | .063 074 | ╁──- | _ | 7.5 | | 10 | | 1 2 | 5.0 | | 0.9 |
| 16 | 057 | 175 | | 1 21 | | 150 | 1 | 1 27 | 501 | | 0.9 |
| 27 | 1004 | 159 | | 1 2 | | 21 | + | 121 | 101 | | 1.) |
| 28 | Dbo | | | + > + | | 21 | - | 121 | 501 | | 1.0 |
| 29 | 1057 | - | | `\ | | 157 | 1 | | 5.0 | | 1.7 |
| 36 | 1063 | | - | + | 1 | 100 | | 1 | 501 | | 1.7.7 |
| 31 | 1/63 | | | BI | - | 110 | 1 | 17 | 5.0 | | 1.0 |
| ihich C ing Sh Shift | AFFING: Open for lift C perator Openator | CI CI | 165 | Centific Centific | am No: ate No: | 8048 120[8 | Name: | Day | 10 43 h | offstal inklet | / |
| Opera | eor | | med Water Re | | ate No: | 100 | Name: | | SHA C | TANAGE | |

FROM : CYPRESS LAKES UTIL

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

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| When Completed mail this report to: Department of Environmental Protection, . MS 3551, 20 | 2600 Blair Stone Road, Tallahassee, FL 32399-2400 | |
|---|---|--|
|---|---|--|

PERMITTEE NAME:

Mr. Donald Rasmussen, Vice President

MAILING ADDRESS:

Cypress Lakes Utilities, Inc.

200 Weathersfield Avenue

Altemonte Springs, FL 32714

FACILITY: LOCATION: Cypress Lakes WWTF 10000 North U.S. Hwy. 98

Lakeland, FL 33809

Polk

PERMIT NUMBER:

MONITORING PERIOD From:

PLANT SIZE/TREATMENT TYPE:

LIMIT:

CLASS SIZE: FACILITY ID:

GMS ID NO .: **DISCHARGE POINT NUMBER:** FLA013123 4053P10696

ROOL

IIC.

FLA013123-002-DW2P

GROUP: WAFR SITE NO:

To:

REPORT:

GMS TEST SITE NO.:

PERMIT (SSUE DATE.

Domestic

31/ Monthly

COUNTY.

| Parameter | | Quantity or Loading | | Units | Quality | Units | No. Ex. | Frequency of Analysis | Sample Type | | |
|--|-------------------------|---------------------|----------------|-------|--------------------|-------------------|----------------|--------------------------|-------------|-----------------|-----------------------------|
| Flow | Sample Measurement | | ,063 | mac) | | | | | | 5/7 | Meter |
| PARM Code 50050 1 Mon. Site No. EFA-01-15277 | Permit Measurement | | 0.240 MMADF | nigd | | . , | | | | 5 Days/Weck | Meter |
| CBODS | Sample Measurement | | | | | 2.4 | | malL | | Mon | Col- PoltAn-Hus |
| PARM Code 80082 Y , Man.Site No. EFA-01-15277 | Permit Measurement | | | .: | (A) | 20.0 (An.Avg.) | | nler | 1 1 | Report Monthly | Calculated / Roll-An-Avg |
| CBODS | Sample Measurement | | | | くみ | 4 | 42 | moll | | 1/14 | biah |
| PARM Code 80082 Mon.Site No. EFA-01-15277 | Permit : | ine (A≱ | | | 30.0 (Mo. Avg.) | 45.0 (Weekly) | 60.0 (Max.) | if L | | Every Two Weeks | Grab |
| 188 | Sample Measurement | | | | | | न्रे.४ | mall | | 1114 | 15/4h |
| PARM Code 00530 1 Mon.Site No. EFA-01-15277 | Permit : Measurement | | | -6.7 | | | 5.0 (Max.) | ₩£/L | | Every Two Weeks | Grab |
| pH | Sample Measurement | | _ | | 7.0 | | 7.1 | 50 | | 5/1 | Gah |
| PARM Code 00406 1 Mon.Site No. EFA-01-15277 | Pennit Measurement | | - + - ij | | 6,0 (Min.) | | 8.5 (Max.) | S.U. | | 5 Days/week | Grab |

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

Lecentry under penalty of law that I have personally examined and an familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. behave 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 | SKINATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | PHONE NO | DATE IYY MM DDI |
|---|--|------------|-----------------|
| Gary Armstrong Manager | 12, 1.60 | 8638151534 | 9/13/00 |

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

2000 01:03PM

9/14/00

)

FAX NO.

Page

DISCHARGE MONITORING REPORT - PART A (Condunct)

FEBRY NAME: Cypes Lakes WWB: RPORT MONTH: <u>BUG</u>

PERMIT NUMBER: FLAS(1)23-001-DW2P

DISCHARGE POINT NUMBER: RIGH

WAFR SITTE No.: 31701

| Parameter | | Quantity | Quantity or Loading | | Qu | ntration | Units | No. Ex. | Frequency of Analysis | Sumple Typ | |
|----------------------|-----------------------|----------|--------------------------|----------------|-------------|--|-------------------------|------------|--------------------------|------------|-------|
| rate, Total as N | Sample Measurement | | | | • | | 1 22 | mall | | 1/14 | 8kc E |
| | A Track | | | 1 | | | | | | | |
| al Coliform Bectorie | Sample Measurement | | | | | 41 | [] | #/1000 | V (0) - 72 | 517 | 100 |
| | | | | | | A STANDARD OF STAN | | | | | |
| Lidity | Sample Measurement | | | | 1.2 | 77 10 20025 | | NTU | 2000 | CONT | Ne |
| | | | | | | | | | The second | | |
| lor disinfection | Somple Measurement | | i Sastaŭenen (1881 | | 3.1 | स्य नगर्यस्थान्त्राम् स्था | War Elmight State | m/c | Special de | CONT | M-7 |
| | Smale | | | | | | | | | | |
| | Measurement | | Romando Sala Carta Carta | | MU | (A) | 3× 4.9×4.45 / 1.5 | MOL | 经来 统 | | |
| | Lample | | | | | 子が含まれて | | -00 | | Mes | 400 |
| | Mensurement | | 4 S (2 14) \$23.00 | CA 200 5 5 5 5 | Δ 1) | ELENENS NO. | ्राच्याः १ जहाँ क्रास्ट | | The Lands | | |

Law Proportioned Companies surveile taken during a period of 8 hours.

| de | Flow MGD) | CBODS (mg/L) | L. Destalla | 139 (ang/L) | Cypres Lab | pH (Man) | pH (Min) | Feesi Colitoria Bacteria (4/100mi) | TRC (For Disinfect.) (mg/L) | Mirogen, Nitrate, Total (as N) (ms/L) | Tueldic ON.T.U. |
|----------------|-------------------------|-----------------|--------------|-------------|--|-----------|-------------|---|-----------------------------------|--|--------------------|
| G | 10050 | 80082 | | 00530 | 200 | 00400 | 00400 | 74033 | \$0060 | 00620 | מיל007 |
| | C () C () C () C () | EFA-1327/ | | EFR-32287 | | EFA-15277 | EPA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFB-322 |
| | -126d | | | <u></u> | | 20 | | 21 | 5.D+ | | 09 |
| . | 11/01 | <u> </u> | - <u></u> - | _لک_ | | 1.1 | | 51 | 3.0+ | | 29 |
| _ | _1268_ | <u> </u> | 000 | الك | 215 | 7. | | 51 | 5.D+ | - | 700 |
| - | 1059 | <u> </u> | <u> </u> | 51 | | 1.] | | 4 | 1.0+ | | 0.9 |
| | -067 | | | · | | 1.] | | | SOt | | 09 |
| | 1068 | | | | | 1.0 | | | 5.0+ | | 1.0 |
| | 1063 | <u> </u> | | | | 1.0 | | | 50+ | | 0.9 |
| | .057 | <u> </u> | | _51_ | | 7.0 | | 51 | SOT | 2.15 | 79.9 |
| | 250 | | | 28 | | 1.1 | | ۲) | SOT | | 19.9 |
|) | 1255 | | | 1.3 | | 7.1 | | 41 | 5.01 | | 0.9 |
| | 1058 | | | <u> </u> | | 7.1 | | 7 | 50+ | | 199 |
| | 1061 | | | | | 1.1 | | | SOF | | 1.E |
| ' | 010 | | | | | 1.0 | | | 50t | | 1.0 |
| | 2068 | | } | 31 | | 7.1. | | 1 | 50+ | | 0.9 |
| 1 | (2) | | | 71 | | 7.1 | | <1 | 5.0+ | | 0.9 |
| | Oba | | | 4 | | 1.0 | | 4 | 50+ | | 79.4 |
| | .058 | | | <1 | | 1.0 | | <1 | 50+ | | 0.9 |
| | .037 | | | 7 | | 7.0 | | < | 5.00 | | 69 |
| | 057 | - | | <u></u> | | 20 | , | | 50+ | | 1.0 |
| | .1263 | | <u> </u> | | | 7.7 | | | SOT | | 1.0 |
| 1 | 728 | | , | 7 | | 77 | | 7 | 50+ | | 59 |
| 2 | 1253 | | | 21 | | 7.17 | | 21 | 50+ | | 1.1 |
| 3) | 11768 | 4 | | 4 1 | | 20 | | </td <td>SOF</td> <td>del</td> <td>0.9</td> | SOF | del | 0.9 |
| | 10/5 | | | < | | 7.1 | | 3 | 5.0+ | | 199 |
| | 184 | | | 403 | | 7.7 | | 3 | 5p+ | | 19.9 |
| 5 | 064 | | | | | 1 | | | 5.0+ | | 09 |
| , | 288 | | | **** | | 1.0 | | | 5.01 | | 0.9 |
| | 260 | | | | | M.O | | <1 | 5.D+ | | 09 |
| 9 | 066 | | | 20.3 | | 1.0 | | | 37 | | 1.0 |
| , | 100H | | | 203 | | 7.7 | | マン | 3.0x | 1 | 1.0 |
| , | 069 | | | 0.6 | | 7.7 | | 31 | 1.0+ | | 1.7 |
| | FING: | | | | | | | | | | |

Lead Operator Lead Operator Class: Cortificate No:
Type of Effluer: Disposal or Rectained Water Reuse:
Imited We: W sather Otscharge Activated: Yes: No. Nor Application 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, Tallahassec, 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

LOCATION 10000 North U.S. Hwy 98

Lakeland, F1 33809

PERMIT NUMBER

MONITORING PERIOD From

LIMIT: CLASS SIZE:

FACILITY ID:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE FLA013123-002-DW2P

Final

R001

HC

FLA013123

4053P10696

PERMIT ISSUE DATE
To:

REPORT

GROUP WAFR SITE NO Monthly Domestic 31701

GMS TEST SITE NO

COLINITY

FACILITY

Polk

| COUNTY: Polk | · · · · · · · · · · · · · · · · · · · | | | T | , | | | | | | 1 |
|---|---------------------------------------|----------|----------------|-------|--------------------|-------------------|----------------|--------|------------|-----------------------|-----------------------------|
| Parameter | | Quantity | or Loading | Units | Quality | or Concent | ration | Units | No. Ex. | Frequency of Analysis | Sample Type |
| Flow | Sample Measurement | | ,070 | mac) | | | | | | 5/7 | Meter |
| PARM Code 50050 1 Mon. Site No. EFA-01-15277 | Permit Measurement | v ta | 0.240 MMADF | mgd | | | | | | 5 Days/Week | Meter |
| CBOD5 | Sample Measurement | | | | | 2.5 | | mg/L | | Mon | Rolf An Aus |
| PARM Code 80082 Y Mon.Site No. EFA-01-15277 | Permit Measurement | ÷. | | | | 20.0 (An.Avg.) | | n@/L | | Report Monthly | Calculated / Roll-AnAvg. |
| CBOD5 | Sample Measurement | | | | ત્રે | < 2 | | mall | | 1/14 | Grab |
| PARM Code 80082 1 Mon.Site No. EFA-01-15277 | Permit Measurement | | | | 30.0 (Mo. Avg.) | 45.0 (Weekly) | 60.0 (Max.) | 7/g/l. | | Every/Two Weeks | Grab |
| TSS | Sample Measurement | | | | | | ત્ર.તે | moll | | 1/14 | Gab |
| PARM Code 00530 1 Mon.Site No. EFA-01-15277 | Permit Measurement | · | | | | | 5.0 (Max.) | ng/L | | Every Two Weeks | Ğrab |
| pli | Sample Measurement | | | | 6.9 | | 7.1 | 50 | | 517 | Frah |
| PARM Code 00406 1 Mon.Site No. EFA-01-15277 | Permit Measurement | | i ya ji ji | | 6.0 (Min.) | | 8.5' (Max.) | 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 arm 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) |
|---|--|--------------|-----------------|
| Court Aumstray Manager | 1-1 1 To | 863-815-1534 | 00-10-12 |
| | 7 | | |

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FOILITY NAME: Cypress Lakes WWTF RPORT MONTH: <u>Jeot</u>

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

WAFR SITE No.:31701

| Parameter N-atc, Total as N | 6 | Quantity | Quantity or Loading Units Quality or Conc | | | | | Units | No. Ex. | - 1 | Sample Type |
|--|--|--|---|--|--------------|---|---|---------|---|-----------------|-------------|
| | Sample Measurement | | | | | | 1 12 | 17 | | 1111 | 01 (00 |
| (4 Code 9062年 - 1 1 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Cink . | | | | S 64 (45 P) | | 0.00 | WATT | 200000000000000000000000000000000000000 | Jiron Tar West | BACTC. |
| Feal Coliform Dacteria | Meastrement Sample | | | | | | 960 | | | | |
| TMC4414N4 | Мевянением | | | | | | 1 < 1 | #/10cm1 | | 517 | 1-00/2 |
| E DRIVE ELVOY (SEE - 1 | Access Medicurences | | 7 | | | | | VIEW. | | Saladaylek I | Grab |
| Midity | Sample Measurement | | | | 10 | 26. 420.11.14.47.200.20.18.18.18.18.18.18.18.18.18.18.18.18.18. | | | | | 313 363 3 |
| GM (244, 90970 T) 2217 E | | | | | | ELICATE LA COM | | W7V | | Lont | Meter |
| in disinfection | Micasinesiueae 3 Sumple | *** | | | | | | | | E OPULTOR ST | |
| AM Sold Store College | Measurement | | | | 2.7 | | | mall | | Cost | Meter |
| CALSE NO EPARTISMS FIRE | Cample of the Ca | | | | 14/1/2019 | | | Mg/L | | S Continuous de | , E IC |
| OUS | Sample Measurement | | | | 120 | | | // | 2015 | 1 | |
| B.M. Chair (1909) | founk - : | | | | | | 50 T 00 T 10 T 10 T 10 T 10 T 10 T 10 T | Mg | restrication de la | NED | Crab |
| Service the total total and a service | Sample | | | | | 20 E.C | | | 2.3 | Treated | |
| RLG Code 1003 to 100 to | Меазигениеги | Octobro de la companya del companya del companya de la companya de | | | 4161 | | | molL | | Man | Lah |
| cow Propositioned Compositio sample to | | | | | 1 | 11/07/2007 | | | 20 | Viend M | To Control |

DAILY SAMPLE RESULTS - PART B

| | | 23-001-DV CC | | Cypress Lak | | | (AADF/Pen | nined Capaci | ow: ,C19 ty)x100: 4 | 9% |
|---------------|---|--|--|--|--|---|--|--|--|--|
| Flow (MGD) | CBOD5 (mg/L) | CBODS (mgG): | TSS (mr/L) | 33 (ma) | pH (Max) | pH (Min) | Fecal Collform Bacteria (#/100ml) | TRC (For Disinfect) (mg/L) | Nitrogen, Nitrate, Total (as N) (mg/L) | Turbidity (N.T.U.) |
| | 80082 | 103 HZ T | 00530 | _00136 | 00400 | 004C0 | 74055 | 50050 | 00620 | 90070 |
| EF A-15277 | EFA-15277 | INE-31708 | EFB-32237 | INF-31200 | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFB-32237 |
| וריו. | | | 1.0 | | 7.0 | | 7 | 104 | | 1.3 |
| 1069 | | | | | 2.1 | | | 50+ | | 10 |
| 1072 | | | | | 2.1 | | | 10+ | | 1.0 |
| 1066 | | | 04 | | 2.1 | | 21 | 4.7 | | , |
| DIL | | - | | | 2.7 | | <1 | 42 | | 1.5 |
| 1021 |] | | 1 | | 7.1 | | 71 | 104 | | 1.8 |
| .069 | | | 20.5 | | 20 | | <1 | | | 13 |
| 1769 | | | 1.7 | | 1.0 | | () | | | 16 |
| 063 | | | | | 1.17 | | | 17 | 7 | 1.7 |
| .069 | | | | | 7.1 | | | | | 1.6 |
| ,070 | | 237 | 2.3 | 416 | 20 | | <u>۲۱</u> | | | 1.7 |
| 2065 | | | 3 3 | | 20 | | | | | 1.5 |
| .067 | くみ | | 0.8 | | 7.1 | | | | 23 | 1.1 |
| 057 | | | 7 | | 10 | | | | ~~~ | 1.0 |
| | | | 1.4 | | | | 21 | | | 1.0 |
| | | | | | | | 74 | | | 77 |
| | | <u> </u> | | | 7.1 | | | | | 11 |
| | | · · · · · | 122 | | 117 | | 71 | | | - 1:/ |
| Y | | | | | 10 | | | | | 11 |
| .011 | | | | | 1.0 | | | | | 1·1 1·D |
| 673 | | | 203 | | 48 | | | | | 1.1 |
| 1.019 | | | 205 | | 112 | | \ | 44 | <u></u> | 1.3. |
| | | | 1070 | | 10 | | | | | 1.6 |
| 119 | | | | | | | | | | 1.9 |
| 1801 | | | 0.4 | | 7.7 | | 21 | 50+ | | 1,7 |
| .(7)9 | | | | | 7.7 | | 41 | 50+ | | 1.6 |
| 128 | ZA | | | | 40 | | 4 1 | 37 | 7 | 14 |
| | | | 195 | | 1.12 | | <u> </u> | 40 | | 12 |
| 107d | | | 1.0 | | 7.0 | | 71 | 4.0 | | 17 |
| 1063 | | | 114 | | 17 | | | 5.0+ | | 1.2 |
| | <u></u> | | | <u></u> | | | | 7.0 | | 7.0 |
| | 1011 1011 1011 1011 1011 1011 1011 101 | 10-15217 EFA-15277 10-15217 EFA-15277 10-16-16-16-16-16-16-16-16-16-16-16-16-16- | 10050 80082 84808237 1015277 EFA-15277 BYESEROR 1016 | 10053 870082 100530 10 | 10050 80082 360862 00590 30936 30936 30082 300 | 10053 8700A2 842A27 00530 00536 00400 10-15277 EFA-15277 INFSAVAR EFR-32287 INFSAVAR EFA-32287 INFSAVAR EFA-32287 INFSAVAR EFA-32287 INFSAVAR EFA-15277 10-12 | 10053 87082 100827 00530 00596 00400 00400 00400 | 10053 80082 10882 00130 00400 00400 00400 14055 1415277 EFA-15277 EF | 10053 80082 34082 00130 00400 00400 14055 50050 1415277 FFA-15277 FF | 10050 10082 10082 10080 1008 |

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

FACILITY:

LOCATION:

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| <u> </u> | |
|--|---------|
| DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - P. | |
| PELANTIMENT OF ENTIRONMENTAL PROFES THON THE HARCK MONTADING DEDAME IN | ADT |
| The faction processing at the trick of the t | A M 1 3 |

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

PERMITTEE NAME: Mr. Donald Rasonissen, Vice President PERMIT NUMBER:
MAILING ADDRESS: Cypress Lakes Utilities, Inc. PERMIT NUMBER:
MONITORING PERIOD From:

200 Weathersfield Avenue
Altamonte Springs, FL 32714
Cypress Lakes WWTF
10000 North U.S. 14wy. 98

Lakeland, FL 33809

LIMIT:
CLASS SIZE:
FACILITY ID:
GMS ID NO.:
DISCHARGE ROUNT NE NAMED.

DISCHARGE POINT NUMBER: ROOF PLANT SIZE/TREATMENT TYPE: IIC

FLA013123

4053P10696

FI A013123-002-DW2P PERMIT ISSUE DATE-

To:
REPORT:
GROUP:
WAFR SITE NO.:

GMS TEST SITE NO.:

Monthly Domestic 31701

EAF-01

| Parameter | | Quantity or Loading | | Units Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Typ | |
|--|-----------------------|---------------------|------|--------------------------------|--------|------------|-----------------|-------------|-----------------------|-----------------|--------------------|
| low | Sample Measurement | | .071 | mac) | | | | | | 517 | Met |
| ARM Code 50000 14 12 46 14 15 15 15 15 15 15 15 15 15 15 15 15 15 | | | | | | | | | | 5Day Wes | Motes |
| ARM COA. STOM: | Sample Measurement | Am | | | | 2.6 | | malL | | Maa | Pall-And |
| | | | | | | | | 1 /L | | Report Vessibly | Calculated An-Avg |
| | Sample Measurement | | | | くみ | ~ d | ∠ d | mall | | 1/14 | Freh |
| AND COME BOARD STATE OF THE STA | | | | | Ma Ayr | | (000 (Max.) | #L | | | Grab |
| SS | Sample Measurement | | | | | | 1.4 | mall | | 1/14 | brab |
| MAN COME MOSTA COLSTS No. 578-01-1527 E.S. | | | | | | | | | | | Gcab |
| Share to the control of the control | Sample Measurement | | | | 6.9 | | 7.1 | 11) | · 13.1213131 | 5/7 | beach |
| Calculated Rolling Annual Average is | | | | | | 教能學 光通的 | \$8.5 \$8600 | | | - D. P. V H. | 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

| NAMESTITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIG | GNATURE OF PRIN | NCIPAL EVECUTIVI | E OFFIETU OF | ADTHORIZED AGENT | | ···· |
|---|------------------|------------------|--------------|-------------------|------------|-----------------|
| | divitione of the | Neil AL CARCOTTO | COPPLEK OK | AD THURIZED AGENT | PHONE NO | DATE (YY/MM/DD) |
| Doseph M Kuhns Lead Operator | | eph WI | Luk | na () | 83-815-164 | 00-11-07 |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here | c): | 1 7 | 1 | | <u> </u> | |

П в С

FL.;

Utilities Inc.

815 1524

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ROM : CYPRESS LAKES UTIL

DISCHARGE MONITORING REPORT - PART A (Continued)

FALITY NAME: Cypens Lake, WWITE NPORT MONTH: Oc.

FERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: ROOM

WAFR SITE No.: 11701

| Paraneter | | Quantity or Loading | | Units | Qua | lity or Conce | ntralion | Units | No. Ex. | Programmy of Analysis | Sample Type | |
|-------------------------|-----------------------|---------------------|--------------------------------|----------------|-----------|-----------------------------|-------------------------------|---------|------------------|-----------------------|-------------|--|
| N-ste, Total as N | Sample Measurement | | | | | | 2.1 | malL | | 1114 | Bhs FP | |
| | | | | | 26-24-319 | | | | | | 22.022 | |
| Figil Coliform Bacteria | Simple Metawaten | | | | | 4 | <1 | #/100ml | | 517 | Sm | |
| | | | | | | | | | | | | |
| Chiefity | Sample Measurement | | | | 14 | | | NTU | | Cont. | Met | |
| | | | | | | | | | | | | |
| _ for disinfection | Sample Meanstearal | | | | येन्द्र | | | m/L | | Lost | Mete | |
| | | 30,00 | | | | Y. S. | | | | | | |
| 1005 | Sample Metaurement | | | | 235 | Carport All to the Manner | | mol | 22 - 30 V 21 | Nen | biat | |
| | | | | 4 | | | | | | 47 | | |
| | Sample Metalitement | | a presentación de la constante | ger og ger sta | 307 | \$ 6. 8 mil 35 x 2 km 57. 8 | \$ 5 (1981) (1) \$ (2) | male | B ANGE | 160 | 1510V | |
| | | | 4. 然此 | | きを記る | | | 455 44 | क्ट्रीड <u>ब</u> | | 《公司》 | |

Env Proportional Composite pumple 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

PennicNumber: MOREN'Y'car

FLA013123-001-DW2P

Annual Average Daily Flow: ,079 (AADP/Fermined Capacity's 100: 357)

| | | | 7446 | | Cypress Lak | E PATE | | (VVD-Lile) | mines Capac | nyartoo: 5: | 5 <i>10</i> |
|-------------|----------------------|-----------------|--|-----------|-------------|------------------------|-----------|--|---------------------------------|---|-------------|
| | Flow IMGDI | CBODS (mg/L) | | | | pH (Max) | pH (Min) | Feral Coliforn Bacteria (#/100ml) | TRC (For Dislater) (mg/L) | Mirrogen, Nitrate, Total (as N) (mg/L) | |
| Code | CE00: | 80052 | The state of the s | 00530 | 的中華 | 00400 | 00400 | 24053 | 30060 | 00634 | 000** |
| MOR. SILE | : 0053 EF (-15277 | EFA-15277 | | EFR-32167 | | EFA-13277 | EFA-13277 | EFA-15277 | EFA-13277 | EFA-15277 | 5)CB_27091 |
| | | | | | | 7.1 | | | 5.0+ | | 20-32-37 |
| 2 | 1074 | | | 7.0 | | 20 | | 71 | 30+ | | 1.7 |
| 3 | ,075 | | | 203 | | 20 | | 4 | - O 1 | | 1.4 |
| 4 | 07/ | | | 0.8 | | 19 | | | 4 7 | | 13 |
| 5 | 2023 | | 7. | 105 | | 1.0 | | 51 | a,a | | 1. |
| 5 | D75 | | | -32. | | 10 | | | 36 | | _!:_ |
| , | 1068 | | | 1.0 | | 10 | - | | 3.7 | | 10 |
| ß | .D7d | | | | _ | 77 | | -51 | 4.8 | | 1.0 |
| 3 | 072 | | 235 | 20.5 | 2.16 | 0.5 | | | 201 | | 1.0 |
| 16 | 274 | | _0.22 | 1 | 324 | 20 | | 4 | 50+ | | 1.0 |
| 11 | .071 | 49 | | | | $-\mu$ | | 31 | 5.0+ | | 10 |
| 13 | 063 | | | 08 | | 7.5 | | -51 | 100 | 1.8 | 1.1 |
| 13 | 266 | | | | _ | 10 | | 41 | 50+ | | 1.2 |
| :4 | 1072 | | | 40,5 | | 1.0 | | 5 | 1Dt | | 1.7 |
| 13 | 077 | | | i | | 70 | | | 1.0+ | | 10 |
| 16 | | | | | | 7.1 | | | 2.3 | | 1.0 |
| | 1076 | | | 40.5 | | 7.0 | | 7 | 1.0+ | | - 1:19 |
| 18 | 1270 | | | 40.5 | | 20 | | 4 | 4.0 | - | 10 |
| 19 | .077 | | | 1-2 | | 69 | | <1 | 301 | | 1.0 |
| 20 | ,013 | · | | 20.5 | | 7.0 | | - 21 + | 73 | | 1.0 |
| 21 | .053 | | | 30.5 | | 70 | | - | 30r | | |
| -23 | 1081 | | | | | 20 | · | ->4-+ | | | 10 |
| l | 281 | _ | | | - | 177 | | | 50+ | | 1.2 |
| 23 | 079 | | | 40.5 | - | - / / | - | | 10+ | | 1.0 |
| 24 | 282 | 42 | | 0.6 | | - /- /- - - | | 3/ | 1.0+ | | |
| 21 | 063 | <u> </u> | | | | 44 | | - 51 | 1.0+ | a. | 7. |
| 25 | 020 | | | 26 | | | | 4 | 50+ | | 1.0 |
| 27 | 029 | | | 0.6 | | 70 | | _ </td <td>50+</td> <td></td> <td>1.2</td> | 50+ | | 1.2 |
| 28 | 069 | | | 50.5 | | 7.0 | | 51 | 4.9 | | 1.3 |
| -38 | 085 | | | | | 1.0 | | | 50+ | | 7.7 |
| 35 | 1000 I | | | | | 2.1 | | | 30+ | | 1.0 |
| | 141 | | | 40.5 | | 2.1 | | 41 | J.U+ | | 10 |
| | 054 | · | | 1-0 | 1 | 7.7 | | 7 | 5.01 | | 10 |

| PLANT STAFFING: | | | | | الدربين والمنافذ | |
|--|----------------------|------------------------------------|--------------------|----------------|--|---|
| Day Shift Open for Evening Shift Cherator Night Shift Operator | Class: | Continue No. | 8045 | Name: | Pavid & Shoff-fall | • |
| Lead Operator | Class. | Certificate No: Certificate No: | nan | Name: Name: | | • |
| Type of Effluer t Disposal or Rec. Limited Wet Wisther Discharge | followed Water Bases | | | | Joseph M Kuhns | • |
| descharge: | Activement: Yes: No | NO Applicable | If yes, cumulative | days of we | t weather | • |

Start-up of new plants.

O

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2000 02:11PM

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| When Completed mail this report to: Department of Environmental Protection | 140 0441 0400 01 1 0 | |
|--|--|--------------|
| acts combicion man this cellul the Debrill Cit Charling in Distriction | . MS CSSI Z600 HUSIY Stone Boad Tallabaccae EC | 22100 1400 |
| , | it is an analytic to a contract the contract of the contract o | . J4J77'Z4UU |

PERMITTEE NAME: MAILING ADDRESS:

FACILITY:

LOCATION:

COUNTY:

Mr. Donald Rasmussen, Vice President

Cypress Lakes Utilities, Inc. 200 Weathersfield Avenue

Altamonte Springs, FL 32714 Cypress Lakes WWTF

Sample

Measurement

10000 North U.S. Hwy, 98

Lakeland, FL 33809

Polk

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE: FACILITY ID:

GMS (D NO.: DISCHARGE POINT NUMBER:

DISCHARGE POINT NUMBER: ROOI PLANT SIZE/TREATMENT TYPE: IIC

FLA013123-002-DW2P PERMIT ISSUE DATE:

To: REPORT: GROUP:

11-1-00

FLA013123

4053P10696

Final

WAFR SITE NO.: 31
GMS TEST SITE NO.: E

Doniestic 31701 EG-01

Monthly

| Parameter | | Quantity | or Loading | Units | Qualit | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|------------|-----------------------|-------------------|---|-------|----------|--------------------------|-------------|-------------------|------------|-----------------------|--------------------------|
| Flow | Sample Measurement | | ,088 | mad | | - | | | | 517 | Meter |
| | Wester | | | | | | | | 淵 | 35 Days/Veck | Meter |
| CBODS | Sample Measurement | | | | | 2.6 | | mall | | Mon | Roll-An-Ava |
| CBODS | | | | | | | | Her | | Report Monthly | Calculated 7 Roll-An-Avg |
| COODS | Sample Measurement | artisa yez xe eve | | | <u> </u> | 4 | くみ | Mall | | 1114 | Grab |
| TSS | Me village | | | | | WES | | A/E/T | | Every That Weeks | Grah |
| | Sample Measurement | | | | | | | m9/L | | 1/14 | Gab |
| 力产的复数 医克特特 | | 国际共享 | 作。 | | | | 计算数据 | 186 / U.S. | 314 | towary who Alecka | Grab |

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

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

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT | PHONE NO | DATE (YY/MM/DD) |
|--|--|--------------|-----------------|
| Joseph M Kuhns Lead Operator | (break Whiles | 883-815-1524 | 00-12-07 |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attackments h | here): | | |

DISCHARGE MONITORING REPORT - PART & (Continued)

FELITY NAME: Cypres Lakes WYTF RFORT MONTH: <u>VOV OU</u>

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

WAFR SITE No.:31701

| Parameter | | Quantity | or Loading | Units | Qua | lity or Conces | tration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|-----------------------|------------------|------------|------------|----------------------|----------------|---|-------|-------------|-----------------------|-------------|
| N-ule, Fotal as N | Sample Measurement | | | | • | | 15,0 | mall | | 1/14 | 8hc FPC |
| | | | | | 77-1 | | | | | | |
| eal Coliform Decterie | Sample Measurement | | | n reaction | Sep 25 20 10 10 17.2 | ۷) | </td <td>#/iDa</td> <td>A COLUMN</td> <td>s/7</td> <td>(510)</td> | #/iDa | A COLUMN | s/7 | (510) |
| | | | | | | | | | | | |
| i maniy | Sample Measurement | 220422 | | | 1.5 | | V/078-87 V V V V 00 T 1 81-650 | (آآل) | 32233483 | lont. | Mete |
| | | | | | | | | | See Year Co | | |
| in lor disinfection | Semple Measurement | | | | 5.0+ | | Salve Conference | MIL | 11.5211.012 | Cont | Mete |
| | | | | | | | | | | 6947011146 | |
| ODS | Sample Metauranent | | | | 165 | | | mall | | Mon | brah |
| e | | | | | | | | | | | |
| id Si ki kazarin bakanan piyan kara o a | Sample Measurement | 100 1 1 1 1 1 No | W | | 266 | | | mall | | MOD | Grah |
| | | | | | | | | | | | |

EDW Proportioned Composite tample latters during a period of a hours.

Received: 12/ 7/00 1:15PM; 863 815 1524

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Dec. 07 2000 02:13PM P4

DAILY SAMPLE RESULTS - PART B

PermitNumber: MontivYcar:

FLA013123-001-DW2P NOV OO

Annual Average Daily Flow: .019
(AADF/Permitted Capacity)x100: 33%

| | | | | | Cypress Lake | | 11.00 (1.1) | | *70.3 | Nitrogen. | The bidle |
|-----------|----------------|---|--------------|--------------|--------------|----------|----------------|---|----------------------------------|--|-----------------------|
| | Flow !√(GD) | CBODS (mg/L) | | | | pH (Max) | pH (Min) | Fecal Collibran Bacteria (#/100ml) | TRC (For Disinfact) (mg/L) | Nitrate, Total (at N) (mg/L) | Turb(dity (N.T.U.) |
| Code | :0050 | 800R2 | 2.00 | 00530 | | 00400 | 00400 | 74055 | 50060 | 00620 | נילססס |
| Mon. Site | EF A-15277 | EFA-15277 | | BFR-32287 | | | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFB-3229 |
| | .039 | | | 0.6 | | 1.0 | | ۷) | 5.01 | | 1.1 |
| 5 | .018 | | | 20.5 | | 10 | | [4] | 50+ | | 1.3 |
| 3 | J019 | | | 0.6 | | 10 | <u> </u> | 151 | 5.0+ | | 1.4 |
| | 081 | | ļ <u></u> | | ļ | 20 | | _ | 3.01 | <u> </u> | 12 |
| 5 | 081 | | | | ļ.,,,,, | 7.1 | | | SOT | \ | 1.1, |
| ļ ., | <u> 1990</u> | | 165 | 1 - | 266 | 7.1 | ļ | <u> </u> | 3.0t | | 1.1 |
| | 192 | 142 | <u> </u> | 2015 | ļ | 1.0 | 1 | <u> </u> | 1.0T | 3.2 | 10 |
| | 1990 | | ļ | 40.5 | | 7.0 | | اجا | SOT | <u> </u> | 1:4 |
| 10 | 1288 | ļ <u></u> | | 150.5 | | 17/ | - | < | 1.0t | | - |
| | _1994 | | | 60.5 | - | 10 | | <u> </u> | SDT | | 1./ |
| 12 | 086 | | - | | | 7.1 | | | 5.0+ | } - | \- |
| 13 | _083 _089 | | | 40.5 | | 14 | | 1 | 5.01 | - | 1.1 |
| 14 | 1089 | | | 40.5 | <u> </u> | 4.0 | | 2 | 5.0+ | | 1.0 |
| 13 | 1098 1098 | - | † | 40.5 | - | 17 | <u></u> | 7 | 5.01 | | 1.0 |
| 16 | 079 | | | 20.5 | | 1-11 | | 3 | 50r | + | 1.1 |
| 17 | 087 | | | 10 | | 151 | | 121 | 5,0+ | | 1 |
| 18 | 091 | | | 1/150 | | 10 | | · · · · | 5.0+ | | 1.0 |
| 19 | 104 | | | | | 7.0 | | | 30t | | 1.7 |
| 20 | .092 | <a< td=""><td> </td><td>0.8</td><td></td><td>10</td><td></td><td></td><td>5D+</td><td>15</td><td>1.5</td></a<> | | 0.8 | | 10 | | | 5D+ | 15 | 1.5 |
| 21 | 1096 | | <u> </u> | 0.6 | | 1.0 | <u> </u> | 51 | 1.0+ | | 10 |
| 22 | 086 | <u>i </u> | | 0.6 | | 19.1 | | 1 | SOF | | 1.0 |
| 23 | 285 | | | |] | 11. | | 4 | 50+ | | 1:5 |
| 24 | 1998 | | | 08 | | 10 | | | 5.04 | | 10 |
| 25 | 1092 | | | | | 20 | | | 5.0+ | | 1.5 |
| 26 | _103 | | | | | 7./ | | | 1.0+ | | 10 |
| 27 | _,00/ | | | 40.5 | | 1.0 | <u> </u> | 31 | 5.04 | | 1.5 |
| 21 | 1090 | | | 0.6 | | 1.0 | | 51 | sot | | 1.0 |
| 29 30 | 280 | ļ | | 10 | | 70 | | 1 | 501 | | 1/0 |
| 1 30 | 1092 | | 1 | 1 1 | ! | 1 7.1 | | 151 | 5.04 | i | 7.4 |

| I MAIL BY GT 1'10' | | | | | |
|---|--------------------------|------------------------|------------------------------|--|--|
| Day Shift Open Jor | Class: | Confficate No. | iia.e. | | |
| Evening Shift C perstor | Class: | Certificate No. | Name: | | |
| Night Shift Operator | Class: | Certificate No: | Name: | —————————————————————————————————————— | |
| Lead Operator | Class: | Cartificate No: | 7/22 Name: | JOSEPH M KULTY | |
| Type of Effluer : Disposal or | Resistance Water Re | Land 7 | ABAINA | | |
| .imited Wet Weather Discha | urge Activated: Yes: | Noy Not Applicable | If yes, comulative days of w | et weather | |
| OTECHNIZE: | | | | | |
| Attach addition of sheets if n | eccessary to list all ce | rtifled operators. 🌂 🗸 | $\sim L$ $\sim -L$ | ina alate | |
| 0 1006 | مرا كمركز | must 45 7 | ואט שנו-וזמו | new plants | |
| David E Shot David Wink David Rynia | 15191 6-0 | 047 | | 1 | |
| 7 .) k | log Cià | n ist | | • | |
| Havia Wina | Mer. Cin | | · | | |
| Dayles Prince | K 1-41 | (AD | | | |
| www myilid | <i>يو حي ا</i> | - DU | | | |
| T. Alland | h | 854 | • | | |
| VIV #1/7/16/ | 11 (ノ 「何 | U V * . | | | |

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|---|--|--|--|
| 1 | | | |
| | | | |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| When Completed mail this report to: Department of Environmental Protection, , MS 3: | 1551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400 |
|---|---|
|---|---|

PERMITTEE NAME: MAILING ADDRESS: Mr. Donald Rasmussen, Vice President

Cypress Lakes Utilities, Inc.

200 Weathersfield Avenue

Altamonte Springs, FL 32714

10000 North U.S. Hwy. 98 Lakeland, FL 33809

Cypress Lakes WWTF

MONITORING PERIOD Front: LIMIT:

CLASS SIZE: FACILITY ID: GMS ID NO.:

PERMIT NUMBER:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: FLA013123-002-DW2P PERMIT ISSUE DATE:

FLA013123

4053PL0696

ROOL

IIC

To: REPORT: GROUP:

Domestic WAFR SITE NO.: GMS TEST SITE NO.:

COUNTY:

FACILITY:

LOCATION:

Polk

| Parameter | | Quantity | or Loading | Units | Qualit | y or Concent | Tation | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|-----------------------|----------|------------|--|--|--------------|-------------|-------------|-------------------|------------------------------|-------------|
| Flow | Sample | | 1011 | 1 | | | | | EA. | - 1 | 1 - A - j - |
| in the state of th | Measurement | | 1004 | mad | | | | | | 5// | Meter |
| | | | | 14.5 | | | ALC: TOPE : | 1000 | | S.Dalfs/Week | Meter |
| BODS | Sample Measurement | | | | | 23 | | ma/L | Later to a | Mag | 2180-41 |
| | | | | | | | | 16 1 | | Report Monthly | Calculated |
| BOD5 | Sample Measurement | | | | 42 | <i>ح</i> ک | ٧) | mg/L | 18 34 50 BS | 1/14 | Sian) |
| TINESSEET STATE | | | | | | | | 76/ | | Every I wa Weeks | Grab |
| SS | Sample | | | A STATE OF THE PARTY OF THE PAR | in the state of th | 1990 | ኅ / | // | | Mary System (September 1987) | 7 7 |
| | Measurement | | | | | | 100 | malL | 1 | 1114 | 1500h |
| | | | | | | | 1575 | | ing in the second | | Grab |
| | Sample Measurement | | | | 6.9 | 7 | 7.1 | 5.U. | | 5/1 | brok |
| | | | (14) Y | | | | | SIV | | t 5 feet House | 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 | (montally who | 863-8151224 | 01-01-09 |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all allachments) | 90 1 11 6 | <u> </u> | |

2:46PM;

FAX No.

DISCHARGE MONITORING REPORT - PART A (Continued)

FOILITY NAME: Cypress Lakes WWITE REPORT MONTHS _________

PERMIT NUMBER: PLA013123-001-DW2P

DISCHARGE POINT NUMBER: ROOL

WAFR SITE No.:31701

| Parameter | | Quantity | or Loading | Units | Qua | lity or Concer | itration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--------------------------------|-----------------------|--|---------------------------|-----------|------|----------------|----------|-------|------------|--|-------------|
| N-ste, Total as N | Sample Measurement | | | | · | | 1 | mg/L | | 1/14 | Rho FP |
| | are negation | | | | | | | | | | |
| Feat Coliform Rocteria | Sample Measurement | | | | | - 41 | <1 | #/won | | 5/7 | bruh |
| | | | | | | | | | | | |
| Tehidity | Sample Measurement | | | | 1.7 | | | WW | | Cont | Meter |
| | | | | | | | | | | | |
| To for disinfection | Somple Messurement | | | | 5.04 | | | mall | | Cont | Mites |
| 1 | | (5.11); (5.21); | | | | | | | | | |
| | Sample Measucement | | ender met men en en en en | | 130 | | | mll | | Mon | brab |
| | Sample | | | | | | | | | | |
| | Measurement | 4X() () () () () () () () () () () () () (| . 1941 x 1822 8 28 15 | 3/423//32 | 990 | ATES STREET | | M | හිරුණිර | Noo | 15/90 |
| The Company and Company of the | | | | | | | | | | 10000000000000000000000000000000000000 | |

how Proportioned Cresposite enough taken during a period of 8 hours.

89 2881 83:48PM

DAILY SAMPLE RESULTS - PART R

| umb 'ear: I | | ec o | | | Cypress Lak | | | Annual Ave (AADF/Yen | mage Daily Fi minted Capac | isy)=100: 3 | 3% |
|-------------------|--|-------------------------|--------------|-------------------------------------|------------------|-----------|---------------|---|----------------------------------|--|-----------------------|
| | Flow (MOD) | CBOD5 (mg/L) | | | | pří (Max) | pH (Min) | Fecal Colliform Bacteria (#/100ml) | TRC (Por Disinfect) (mg/L) | Nitrogen, Nitrate, Total (at N) (mg/L) | Turbidity (N.T.U.) |
| | :0050 | 80082 | | :[| | 00400 | 00400 | 74035 | 50050 | 00620 | 90070 |
| Sile | El 11-15277 | EFA-15277 | P. Carrie | EFB-32287 | 1000 1000 | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFB-32237 |
| | .084 | | | 0,6 | | 2.0 | | 4 | 50+ | | 72 |
| | 1018 | | | | | 1.0 | | | 5Dt | | 1.3 1.2 |
| | 1087 | | | | | 7.1 | | | 5D+ | | . 7 |
| | 1086 | | 130 | 20.5 | ddo | 7.0 | | 21 | 5.0+ | | 1.2 |
| | 1086 | _ | | 1.3 | | 20 | | 21 | 50t | | |
| | n'A | 3.4 | | 105 | | 69 | | 27 | 50t | a | 1.3 |
| | 077 | | - | 205 | | 1.0 | | 31 | 5.0t | | 1.7 |
| 1 | 081 | | | 203 | <u> </u> | 110 | | | 5.0t | | 1.4 |
| | 276 | | | - | | 69 | | | 5.0t | | 1:1 |
| | 088 | | | | | 7.0 | | | 3,04 | | - Fil |
| | 082 | | | 16 | | 20 | | 21 | 50+ | | -15 |
| ì | 093 | | | 13 | | 10 | | 5 | SOF | | 1:6 |
| 1 | 089 | | | 24 | | 69 | | 7 | 5.0+ | | 1.4 |
| | 083 | | | 1.0 | | 75 | | 2 | 5.Dr | | -17 |
| 7 | 080 | | } | 103 | | 7.0 | | 21 | | | 1.5 |
| 7 | 033 | | | | | 10 | <i></i> | | 50+ | | 13 |
| 7 | 088 | | | | | 71 | | | 501 | | 1.4 |
| 7 | 050 | | ļ | 105 | | 1.0 | | 21 | 501 | | 1.7 |
| 7 | 208 | くみ | | 101 | | 69 | | | TOT | 17 | 10 |
| 7 | 288 | 70 | | 102 | | 7.0 | - | | 3.0t | | 14 |
| ╗ | 069 | | | 205 | | 20 | | | | | 1.2 |
| 7 | 014 | | <u> </u> | 20.5 | | 20 | | 3/ | 50t | | 1:5 |
| 1 | 081 | | | 50.7 | | 1.0 | | 7 | 5.0+ | | 1.5 |
| ∦ | 083 | | | 1 | | HI | | | 50t | | 1.6 |
| ┪ | 087 | <u></u> | | , | | 20 | | 7 | | | 17 |
| 十 | 1026 | | | 20.5 | | 70 | | -51- | 5Dt | | 43 |
| ┪ | 1410 | | | 1.4 | | 10 | | | 204 | <u> </u> | 1.6 |
| ┪ | 086 | | | 0.8 | | 69 | | ->- | 20+ | | 1.5 |
| ⇥ | .101 | | | UG | | 20 | | \ | 501 | | 1.6 |
| ╁ | 1705 | | | - | | 10 | | <u> </u> | 50+ | | 1/5 |
| 7 | 727 | | | | | 77 | | | 501 | | 1:/ |
| | | - | <u> </u> | | | 14/ | | | SDT | | 1.7 |
| ope Sitt | FF (NG: etc Jor : C perator perator | Cips: Cips: Cips: | | Certificant Certificant Certificant | No. 7 | 8045 | Name: | Day 10 | E She | Kstoll Kler | |
| THE | | Class | | Contificate | | 7007 | - Nume: | 7000 | Oh M | KUKAT | |

d Wet W: ather 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 SANDLE RESULTS - PART B Pennik Number: FLA013123-001-DW2P AMPEN AVERAGE DIRTY Flower: 1875 MonteV\ ver: (AADP/Pempintal Capacity)=100: 47% Cude :0030 8082 SEPA-13277 EFA-13277 PEFA-13277 PEFA-13277 EFA-13277 EFA-13277 TRC (For Mengen, Nitrae, (reg.L.) Total (as N) Collings Besteria (A/100ml) (mg/L) 74055 50060 00073 EFA-15277 EFA-15271 EFA-13277 EFE-12217 107 1081 1081 4 ZI 1.0+ 1.0+ 4 4 009 ス 081 50+ 50+ 108 T 230 ۸ 20 10+ 10+ 1.4 16 46 1.8 £0+ IIQ. 7 10+ 11 . <u>113</u> 70 13 50t 14 101 15 101 10t 15 103 113 118 17 SOY 18 SOI SOI 19 भू स्ट्रा वेज 2Ĉ 31 ঝ 4 3 SOF 23 Set ,10H 1943

| PLANT STAFF ING: Dry Shift Open for Evening Shift Operator Night Shift Operator Lead Operator Type of Effluer't Disposal or R Jimited Wet Wighter Discharg discharge. | Cottifiume No. Cottifiume No. Cottifiume No. Cottifiume No. Cottifiume No. | AD IN TO IN THE STATE OF THE ST | ilianie. Name: Name: Name: | David E Shaffitall David Winklet Jareph H KUNG |
|--|--|--|-------------------------------------|---|
| Attach addition is sheets if nee | | | | |

Apr. 13 2000 12:34PM P1

21

26

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EUX MD' : 863 812 1254

ELBOW : CARRESS LAKES UTIL

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50t

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10+

SOT SOT SOT

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: IIC

R001

| When Completed mail t | his report to: Department of Environmental Protecti | ion, , MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32,399-2 | 400 | | |
|-------------------------------------|---|---|--------------------|--------------------------------------|----------|
| PERMITTEE NAME: MAILING ADDRESS: | Mr. Donald Rasmussen, Vice President Cypress Lakes Utilities, Inc. | PERMIT NUMBER: MONITORING PERIOD From: | FLA013123-002-DW2P | To: | 4-10-00 |
| | 200 Weathersfield Avenue | LIM!T: | Final | REPORT: | Monthly |
| • | Altamonte Springs, FL 32714 | CLASS SIZE: | 11 <u>1</u> C | GROUP: | Domestic |
| FACILITY: | Cypress Lakes WWTF | FACILITY ID: | FLA013123 | WAFR SITE NO.: GMS TEST SITE NO.: | EFF-01 |
| LOCATION: | 10000 North U.S. Hwy. 98 | GMS ID NO.: | 4053P10696 | CIMP (EST STIE NO.: | EH O |

| Parameter Polk | | Quantity or Loading | | Units | Quality | or Concent | ration | Units | No. Ex. | Frequency of Analysis | Sample Type | |
|----------------|-----------------------|---------------------|----------------|-------|---------|------------|--------|-------|----------------------|--------------------------|---------------------------|--|
| Flow | Sample Measurement | | .089 | mad | | | | | | 5/7 | Meter | |
| | | | | | | | | | 1-2: 4- 4-2: 4-1: | P. P. Carlot | Metcr | |
| CBOD5 | Sample Measurement | | | | | 24 | | moll | | Mon. | Rolf An-AL | |
| | Hera Color | | | * | | | | nje/L | | | Calculated Roll-An - Avg | |
| CBOD5 | Sample Measurement | | | | 3.8 | 1.9 | 5.6 | ma/L | | 1/14 | brah | |
| | | | | | M. Kal | | | #L | 排算 | | Grub | |
| TSS | Sample Measurement | Miles Miles | - 11 - HT - 11 | | | | 5.0 | malL | | 1/14 | brab | |
| | ke el of | | | | | | | | | | Crab | |
| pH | Sample Measurement | 144. | are the second | | 10 | | 12 | 50 | | 517 | brab | |
| | | | | | | | (Nac) | 8.U. | | | Gnab | |

I Calculated Rolling Annual Average is the average of the current monthly average and the proceeding 11 monthly average.

I certify under penalty of law that I have personally examined and arm familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, it believe the submitted information is true, accurate and complete. I arm 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/MAI/DD |
|---|--|--------------------------|
| Gay 1. Armstrong Muscal | D. 1.15 | 863-815-15H 00-05-17 |
| Day 1. 11811 1 Long Hander | | <u> </u> |

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

Lakeland, FL 33809

DISCHARGE MONITORING REPORT - PART A (Continued)

FEILITY NAME: Cypen Lakes NWTF RPORT MONTH: APCI

PERMET NUMBER: FLA613123-001-DW2P DISCHARGE FORNT NUMBER: 9001

WAFE STE No.: 31701

| Parmacics | <u> </u> | Quantity or Loading | | Units | ity or Conce | tration | Units | No. Ex. | Proquency of Analysis | Sample Type | |
|--|----------------------------|-----------------------|------------------------------------|-------------|--------------|------------------------------|-------------------------|------------|-----------------------|-------------|--------|
| N-mic, Total et N | Sample Measurement | | | | | | 1.9 | mall. | | 1114 | BACFP. |
| | | | | 1 | 4.12 | | | | | | |
| al Coliforn Bestorie | Sample Measurement | * | reach ear old will in | | | <1 | | #pon/ | | 5/7 | Grat |
| | | | Manne Sal | F 62 3 | | | | | | | 1 1 |
| and the second of the second o | Sample Measurement | | | | 1.5 | | | NTU | 255 | Cent. | METE |
| | 9 7 3 7 | 1 × 5 % - 4 | | | | | | | | | M |
| in distriction | Sample Measurement | | | | 5.01 | r de de la const | 2 3 P 3 P 3 P 5 P 5 P 5 | Mq/_ | | CONT | 11818 |
| | | 1 m | | risings s | | | | | | | Land |
| 005 | Sumple Measurement | | and the same of | | 155 | sanki giyamadiya | ang saga is ili | No/L | | | 7506 |
| | | | | | | | | 20/20/20 | | Mag | Fact |
| | Mesperoment Mesperoment | and the second second | a Tribigati on Lagrange | 2 K - 191.5 | 116 | \$6.878.2°C \(\frac{1}{2}\). | A DEPT OF THE SEC | Mall | *** | | |
| | i i z i en en en e | | | | | | | | | | |

DAILY SAMPLE RESULTS - PART R

| icyumb ayyear | | Fpr, | 23-001-D1 00 | w 2.P | Cygnus Lala | 13 11/11/7 | | AAARM Average Daily Flow: #076 (AADF/Permitted Capagiley)x100; 48% | | | | | |
|-------------------------------|--|-------------------------|--------------------|--|-------------|-------------------|------------|--|---------------------------------|--|-----------------------|--|--|
| | Flow (MOD) | CBODS (mg/L) | 23-001-D | TSS (mg/L) | | pH (Max) | pH (Min) | Focal Colliform Bacteria (A/100ml) | TRC (For Distance) (mg/L) | Mirogen, Nicrain, Total (as N) (mg/L) | Turbidity (N.T.U.) | | |
| ode n. Site | 10050 | 80082 | | 00330 | Secret . | 00400 | 00400 | 74055 | 50040 | 00620 | 00070 | | |
| J | 502 | EFA-132/7 | de fronts | EFB-32217 | in a str | EFA-15277 | EPA-15277 | EFA-13277 | EFA-15277 | EFA-15277 | EFB-32217 | | |
| 2 | 293 | | | | | _2./_ | | | 50+ | | 1.1 | | |
| 3 | 104 | <u> </u> | ļ | | | 20 | | | 50t | | 1-d | | |
| <u>.</u> | 29% | | | | | <u> 22</u> | ļ <u>.</u> | <u> </u> | 50+ | | 15 | | |
| | , <i>12</i> 0 | | , , , | <u> </u> | ļ | 2.0 | | 51 | 10+ | | 15 | | |
| 3 | 036 | | | _{ | | 7.4 | <u> </u> | 4 | 50+ | | 14 | | |
| 7 | 072 | | ļ | | | 1/-/- | <u> </u> | | 3g+ | | 1.4 | | |
| - | 1083 | | | 1.5 | | _1_0_ | | | 1,0± | | 1.4 | | |
| 3 | 287 | | | | | 7.0 | ļ | | 50+ | | 14 | | |
| 10 | 297 | | | | | 74. | | | 50+ | | 1.5 | | |
| 11 | 1283 | | | <u> </u> | | 1.d | | <u> </u> | 50+ | | 1.5 | | |
| 12 | _027_ | <u> </u> | 153 | | 116 | 22 | | <u> </u> | 50+ | | 15 | | |
| 13 | 1083 | _58_ | ļ. <u> </u> | | | 7.1 | | <u> </u> | SOF | 1.7 | 1.5 | | |
| 13 | 1281 | | | | | 7.1 | | 41 | 50+ | | 1.5 | | |
| 13 | _02d | | | <u> </u> | | 10 | | () | 50± | | 1.0 | | |
| | 107, | | | | | 24 | | | 50+ | | 10 | | |
| 16 | 1090 | | · | | _ | 1. | | | 1D+ | | 1.) | | |
| 17 | 294 | | | 51 | | 1.2 | <u> </u> | | 1.0+ | | 1.1 | | |
| 18 | 096 | | | \ | | 70 | | 4 | SOF | | LD | | |
| 19 | 186 | | | | | 7.] | | 41. | 1D+ | |].] | | |
| 20 | 083 | | | Z 1 | | 7.0 | | 4 | SOT | | 10 | | |
| 21 22 | 085 | | | 15 | | 10 | | <1 | SOY | | 12 | | |
| | _081 | <u> </u> | | | | 10 | | | SOF | | 12 | | |
| 23 | 098 | | | | | 7.1 | | | 5D+ | | 1.0 | | |
| 24 | 076 | | | 31 | | 70 | | 41 | 50+ | | 1.9 | | |
| 25 | 097 | | | | | 20 | | | SOX | | 14 | | |
| 26 | L_08a | 3.6 | | 3) | | 7.1 | <u> </u> | <1 | SOL | 1.9 | 77 | | |
| 27 | 1285 | | | _5 | | 1.L | | 3 | 50t | | 1.73 | | |
| 28 | 085 | | | | | 7.0 | | <1 | SOF | | 1.3 | | |
| 29 | 1079 | | | | | 2./ | | | 10+ | L | 1.2 | | |
| 30 | 081 | | | | | 7.1 | | | 10t | | 1.3 | | |
| 31 | | | | | | | | | | | | | |
| hid Op ag Shii | FEING: sen lac it C persion Speedoc | Class Class Class | | Certificas Certificas Certificas | a No: | 8045 2018 | Name: | Rayo | E 5/1 | effsta Aktor | // | | |
| O peran of Ethi | or uer i Disposal | Cines or Reclaims | S Water Retu | Cortificat | | noned | Name: | | PAMA | schos. | | | |

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: MAILING ADDRESS: Mr. Donald Rasmussen, Vice President

Cypress Lakes Utilities, Inc.

200 Weathersfield Avenue Altamonte Springs, FU 32714

FACILITY: LOCATION. Cypress Lakes WWTF 10000 North U.S. Hwy. 98

Lakeland, FL 33809

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE: FACILITY ID: GMS ID NO.:

DISCHARGE POINT NUMBER:

R001 PLANT SIZE/TREATMENT TYPE: UC

FLA013123-002-DW2P

FLA013123

4053P10696

PERMIT ISSUE DATE To: REPORT:

GROUP: WAFR SITE NO.: GMS TEST SITE NO.: Domestic

| COUNTY: Polk | | | | | | | | | | | |
|--|-----------------------|---|--------------|----------------|--------------------|--------------------|----------------|----------|------------|-----------------------|-----------------------------|
| Parameter | | Quantity or Los | ding | Units | Quality | or Concent | ration | Units | No. Ex. | Frequency of Analysis | Sample Type |
| Flow | Sample Measurement | , | 070 | mad | | | | | | 5/7 | Meter |
| PARM Code 50050 1 4 Mon. Site No. EFA-01-15277 | Permit Measurement | | .240 MADF | mkd | | | | <u> </u> | , | 5 Day#/Week | Meter |
| C8003 | Sample Measurement | | | | | 2.5 | | mg/L | | Mon | Roll Fin Ax |
| PARM Code 80082 Y Mon.Site No. EFA-01-15277 | Permit Measurement | | _ | | 10 4 0 1 | 20.0 (An-Avg.) | | dar | | Report Monthly | Calculated / Roll-AnAvg. |
| CBODS | Sample Measurement | | | | 2.3 | | 2.6 | mall | | 1/14 | bab |
| PARM Code 80082 1 Mon.Site No. EFA-01-15277 | Permut Measurement | • | | | 30.0 (Mo. Avg.) | (Weekly) | 60.0 (Max.) | MIL | | Every Two Weeks | Grab |
| TSS | Sample Measurement | | · · | | | , | 4 | mlh | | 1/14 | Gab |
| PARM Code 00530 1 Mon.Sile No. EFA-01-15277 | Permit | | | | A THE SAME TO SAME | | 5.0 (Max.) | g/g/L | | Every Two Weeks | Grab |
| pil | Sample Measurement | | | · | 7.0 | | 7:1 | 50 | | 5/7 | Grab |
| PARM Code 00406 1 Mon.Site No. EFA-01-15277 | Permit Measurement | \$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | Şî Villa Tî | 6.0 (Min.) | 1 11 11. 11 11. | 8-5. (Max.) | S.U. | 44 | 5 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 time, 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 Munages | J.2, 1 to | 86781514 | |
| | | | |

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

DISCHARGE MONITORING REPORT - PART A (Continued)

| Parameter | | Quantity or Loading | | Units | Qua | lity or Conce | ntration . | Units | No. Ex. | Frequency of Analysis | Sample Type | |
|--|-----------------------|----------------------------------|-------------|----------------|------|-------------------|-----------------------------|---------|--------------------------|--------------------------|--|--|
| Total as N | Sample Meanmement | | | | | | 1.9 | mall | | 1114 | B) FAC | |
| | TO SERVICE STATE | | | | | | | | | | | |
| cal Coliform Gacteria | Sample Measurement | | | | | 4) | | #100 ml | 2 BE 1822 | 5/7 | Gal | |
| | | | | | | | | | | | | |
| h idity | Sample Measurement | | OP / 1 - 0 | | 3.0 | | 7 3 6 7 557 4 5 6 5 7 5 5 7 | MU | No. 1010 2 | LONT. | Meter | |
| | | | | | | | | | | | | |
| _ las Asialection | Sample Measurement | <u>ಸ್ತಾಪ್ತಿಲಿ ಪ್ರಾಪತ್ತಿಸುವ ಗ</u> | 5 | 1860 - 224-246 | 3,0+ | 1 - 0 - 7 - 7 - 7 | | m/ | ्र स्ट [ू] ट्रा | Cont | Pete | |
| TOUS | Sample | | | | | | | | | | | |
| | Measurement | | | | | | | M9// | - 100E | | | |
| A CHARLES THE SECTION OF THE SECTION | Saniple | | | 76.245 | 1/0 | | | | | N _O | 20000000000000000000000000000000000000 | |
| BH SHOW IN THE SECOND | Measurement | | | | OCC. | | THE PARK TO | | | | | |

You Proportioned Composite sample laten during a period of \$ hours.

neceived: 12/ 1/00 4:03PM; 863 815 1524

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Dec. 01 2000 05:01PM P7

DAILY SAMPLE RESULTS - PART B

| 'enmitNumbe dont√Year: | ::: F | LADIST May | 23-001-DV <i>OO</i> | V2P | Cypress Lake | u WWTP | | Anneal Ave (AADF/Pen | rage Daily Fi nitted Capaci | 19)x100: 4 | 8% |
|---------------------------|------------------------|-----------------|------------------------|------------|--------------|-----------|-----------|---|----------------------------------|---|-----------------------|
| | Flaw (4GD) | CBODS (mg/L) | | | | | pH (Min) | Fecai Collform Bacteria (s/) 00mi) | TRC (For Disinfect) (mg/L) | Nitrogen, Nitrate, Total (at N) (mg/L) | Turbidity (N.T.U.) |
| Code | :0053 | \$0082 | | 00530 | 00110 | 00400 | 004C0 | 74055 | 50060 | 00620 | 00074) |
| Mon Sile | Et A-15277 | FFA-1527 | NY 31708 | FFR-32287 | INE STRO | EFA-11277 | EPA-13277 | EFA-15277 | EFA-15277 | EFA-15277 | EFB-32297 |
| ľ | 076 | | | 3 | | 20 | | | SOF | | 1.0 |
| 2 | 084 | | | | | 1.0 | | 41 | 50+ | | J.d |
| 3 | .069 | | | く | | 7.1 | | 人 | 101 | | 10 |
| | 1066 | | | | | 1./ | | [] | 50t | | |
| 5 | IPH. | | • • • | 3 | | 2.0 | | 4 | 5.C+ | | 1.7 |
| - | ,066 | | | | | 1.0 | | | 5pt | | 12 |
| - ' | 074 | | | | | 7.1 | | | 5.0+ | | 1.3 |
| | 066 | | ļ | d | | 7.1 | | < | 50x | | 13 |
| 9 | 070 | | 1911 | 5 | 360 | 1.0 | | <1 | SOT | - | 1.0 |
| 10 | 1067 | _<& | | 151 | | 7.0 | | 1 | SOT | 1.9 | 1.1.1 |
| t i | 269 | | | 2 | | 7.1 | | 3 | 501 | | 1. |
| 12 | _12% | | | 2 | | 7.1 | | < | Sor | | |
| 13 | 220 | | | | | 7./ | | | Spr | | 0.9 |
| 15 | .068 | | | | | 7.0 | | - 1 | SOT | - | 29 |
| | .078 | | | < | | 7.0 | <u> </u> | < | 5.0t | | 1.0 |
| 16 | 1079 | ļ | <u> </u> | <1 | | 1.2.1. | | 4 | 501 | | 1.1.1 |
| 17 | 100 | | | 5 | | <u> </u> | <u> </u> | 31 | SOF | | 1.5 |
| 18 | 249 | | <u> </u> | <u> </u> | | 7.1 | <u> </u> | <1 | SUT | | <u> </u> |
| 19 | 016 | | | <1 | | 1.0 | | <1 | 50+ | | 1.0 |
| 20 | _063 | | | | | 1.0 | | | 50+ | | 7.7 |
| 21 | _ <i>.068</i> | | <u> </u> | | | 7.1 | <u> </u> | | SOF | <u> </u> | 1.g |
| 22 | _069 | | | | | 7.1 | | | 50+ | | 1.5 |
| 23 | $\square \mathcal{DH}$ | | | ΓT | | 10 | | <1 | SPT | | 7.7 |
| 24 | 1068 | 2.6 | | 3 | | 10 | | <1 | 5,0+ | 1.9 | 10 |
| 25 | 059 | | 1 | 121 | | 7.0 | | <1 | 501 | | 16 |
| 26 | 1069 | | | 1 7 | | 17.7 | | 21 | 50+ | | 3.0 |
| 17 | [263 | | | | | 177 | | | 5.0r | | 2.3 |
| 28 | 1074 | | | | | 7.7 | | | 5.01 | | 7.6 |
| 29 | 1268 | | | 4 | | 1.0 | | 1 | 501 | | 1.4 |
| 36 | ,080 | | | d | 1 | 1.0 | | 1 | 5,0+ | | 1 27 |
| 31 | 725 | | i | 2 | 1 | 17.7 | | 7 | 5.04 | | 17.7 |

| PLANT STAFFING: | | | | | | 5) / C/ CO / 11 |
|----------------------------------|-----------------|---------------|------------------|--------------------|--------------|---------------------|
| Day Shift Open for | Class: | C | Contilicam No. | 804K | ::W.16. | David E. Shaffatall |
| Evening Shift C person | Class: | <u></u> | Certificate No. | 12018 | Name: | DAVIO WINKE |
| Night Shift Operator | Class: | | Certificate No. | | Name: | |
| Lead Operator | Class: | A | Certificate No.3 | 2.300 | Name: | Joseph M. KUNAS |
| Type of Effluer: Disposal or it | koolaimea Wa | ter Keuse: | land) | applied | | |
| imited Wet Weather Olschar | ge Activated: | Yes: No | HUI Applant | Al yes, cumulative | יאי וס פייפט | et weather |
| discharge: | | | | | - | |
| "Attach addition is sheets if ne | ecssery to list | all certainer | І орстація. | | | |

FAX NO.

863 815

1524

1:39PM;

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| When Completed mail of PERMITTEE NAME: MAILING ADDRESS: FACILITY: LOCATION: | Mr. Donal Cypress Li 100 Weath Altamonie Cypress La | | ironmental Prote | · · • - · · · · · · · · · · · · · | 1600 Blair St PE M LI CI FA | PROTECTION one Road, Taliahasse FRMIT NUMBER: ONITORING PERIO MIT: .ASS SIZE: .CILITY ID: MS ID NO: | e, FL 32399-2 | | 02-DW2P | PERMI To: REPOR GROUI WAFR | IT ISSUE DATE: RT: | 6-30:00 Monthly Domestic 31:00 Eff. 01 | |
|--|---|--------|------------------|-----------------------------------|--|---|---------------|-------------|-------------|--|--------------------------|--|---|
| | Lakeland, I | | | - ` | DI | SCHARGE POINT N ANT SIZE/TREATN | | ROOI IIC | | | | | |
| COUNTY: | Polk | | | | | | | · | | | T | Sample Type | - |
| Parameter | | | Quantity | or Loading | Units | Quality | of Concentr | ation . | Units | No. Ex. | Frequency of Analysis | Sample Type | _ |
| Flow | | Sample | | NO | 1 | | | • | 1 | | 517 | Moto | , |

| Parameter | | Quantity | or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|-----------|-----------------------|----------|--|-------|--------------------------|-----|------|------------|------------|--------------------------|------------------------|
| Flow | Sample Measurement | | 1060 | mac | | | | | | 517 | Meter |
| | | | | | | | | 有為 | | 5 Days/Week | Meter |
| CBOD5 | Sample Measurement | | | | | 4.5 | | m/L | | Mon. | Poll-An-Asq |
| | | | | | | | | H U | | Report Monthly | Calculated Roll-AnAvg. |
| CBODS | Sample Measurement | | , | | 13.5 | 625 | 25_ | m/L | | 1/14 | brab |
| | | | | | | | 0.03 | yel. | | Eyery win Weeks | Grab |
| TSS | Sample Measurement | · | _ | | | | d | m/L | | 1114 | 5500 |
| | | | | | | | | 70 | | | Grab |
| Hq | Sample Measurement | | | | 20 | | 7.4 | 5.1). | | 5/7 | 600 |
| | | | 美工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工 | | | | | 8 U | | SUNDANIA THE SERVICE | 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 E | XECUTIVE OFFICE | R OR AUTHORIZED AGENT | PHONE NO | DATE (YY/MM/DD) |
|---|-----------|----------------|-----------------|-----------------------|--------------|-----------------|
| Grand Armstrong - Manager | 1 | J. In | > | 7 | 863-815-1504 | 00-06-10 |

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

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA013123-001-DW2P

WAFR SITE No. 31701

| THE WATER CHARGE CHARGE I ARES WWIF | |
|-------------------------------------|--|
| FORT MONTH: DUNE | |
| REPORT MEDITIN: | |

| RLITY NAME: Cypress Lakes WW ORT MIDNITH: DUNE | | Quantity of | Loadine | Units | Qua | lity or Concen | TK ØF LEMP | Units | Ex. | Analysis | +=1-70 |
|---|------------------------|--|--|------------------|------------|-----------------|------------|-------|-----------------|----------|--------|
| Parameter | | (ABELIEV) or | | | | | 0 | 10011 | | 1114_ | 8hcth |
| ce, Total as N | Sample Measurement | | with the date | A 100 CONTRACTOR | V. 4.363.5 | 7590555E | 0 | 100 P | | | |
| | N. S. | | | | | /) | | # Mal | | 5/7 | Frat |
| Coliforn Bacteria | Shample Measurement | | | S 2 5 - 12 c 15 | | | | | | | |
| | | | | | 70 | Marie San Marie | 2 Section | (IVI) | | Cont | Nek |
| Sidily | Sample Measurement | | Survey of the Street of the St | 4 2 2 3 | 2.0 | | | | | | 1/1-7 |
| | | | | | 1.7 | First a despess | | ma/ | V / 5-25 | mi | |
| for disinfection | Suple Measurement | ************************************** | | | | | | | | | 1500 |
| | Saaple | | (S. 40.2) A. S. | | 224 | | | mg/L | - | | |
| 003 | Mean seren soni | | | | | | | | | Noc | 410 |
| 化学为正述的检查性 | Santple | 美国的西亚洲 | Section 1999 | | 7 23/ |) | | M// | 7 05 9 60 60 | | |

DAILY SAMPLE RESULTS - PART B Annual Average Daily Flow: . 076 PennitNumber: FLA013123-001-DW2P (MDF/Fertilized Capacity)x100: 47% June 00 Month/Test: Cypress Lakes WWTP DESCRIPTION OF THE PROPERTY OF Flow CBODS pH (Mla) TRC Por Feed Muogen, Turbidity MODI (mg/L) Collibrat Disinfect) Nitrett, (N.T.U.) Bacteria (meL) Total (as N) (#/100ml) (mg/L) Mon. Site EF A-15277 EFA-15277 FEPIS 200 EFB-37287 115 200 EFA-15277 EFA-15277 74055 50060 0007/3 EFA-15277 EFE-32147 EFA-15277 EFA-15277 076 7.9 Sot 04] 5.01 037 50t 237 5 4 10t 052 'n. 5D+ 7.9 SOT व DES Or 1. ٠., 5.Ot 0 063 068 10 13.9 10.9 SOT π 50+ 12 dd.4 230 5.0T 41 13 501: 14 057 () 10t 1-0 < 50t 50+ 16 06. 17 60 5.01 06 ìā 19 $h_{i,j}$ h_{i} 20 504 504 4 _____ 21 064 22 l-6 23 063 , in the *LO* 24 *066* 24 SDI I·D 26 061 2 < 50t 20 20 24d 1253 10 09

| PLANT STAFF (NG: Day Shift Open for Evening Shift Operator Night Shift Operator Lead Operator Type of Effluer t Disposal or Re | Class: Class | Cortificate No: Certificate No: Certificate No: Cortificate No: | 8045 10013 20013 | Name: Name: Name: Name: | David F Shoffstoll Doseph M. Kuhas | |
|---|--|--|------------------------|----------------------------------|------------------------------------|---|
| imitted Wet Whather Discharge | e Activated; Yes: N | NO Appleable | If yes, cumulative | qu'i oi Ma | t westher | _ |
| discharge: | | | - | | | |

"Attach addition is sheets if necessary to list all certified operators.

31

304 50t

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| When Completed mail this report to: D | enartment of Environmental Protection | MS 3551 2600 Bluir Stone Road | Tallahassee F(32309-2400) |
|---------------------------------------|---------------------------------------|-------------------------------|----------------------------|

PERMITTEENAME:

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:

MONITORING PERIOD From:

LIMIT:

CLASS SIZE: FACILITY ID:

GMS ID NO .: DISCHARGE POINT NUMBER:

ROOL PLANT SIZE/TREATMENT TYPE: IIC

4053P10696

FLA013123-002-DW2P PERMIT ISSUE DATE:

To: REPORT:

GROUP: WAFR SITE NO .: GMS TEST SITE NO.: Domestic

| COUNTY: Polk | | , | | | | | | , | | | I Consideration |
|-----------------|-----------------------|--------------|------------|---------------------------------------|---------|------------|---------------|----------|------------|-----------------------|-----------------|
| Parameter | | Quantity | or Loading | Units | Quality | or Concent | ration | Units | No. Ex. | Frequency of Analysis | Sample Type |
| Flow | Sample Measurement | | .064 | mad | | | | | | 5/7 | Meter |
| A STANDARD BALL | | | | FDE4 | | | | | | 5 Days/Week | Meter |
| CBODS | Sample Measurement | | | | | 2.4 | | mall | | Mon | BIF An Aug |
| | | | | W 1974 | | | | | | Report Monthly | Roll-AnAvg. |
| CBOD5 | Sample Measurement | | | | <ک | 4 2 | _<્રે | mall | | 1/14 | Gab |
| | | | | · · · · · · · · · · · · · · · · · · · | | | NA CONTRACTOR | | | Every Two Weeks | Gnib |
| TSS | Sample Measurement | | | | | | 1) | m/L | | 1/14 | brob |
| | | | | | | | | | | Evay Iwo Weeks | Grab |
| рН | Sample Measurement | | | | 7.0 | | 7.1 | 50 | | 5/7 | (5-Cab |
| | | | | | | | | | | S.Days/Kock | Grab |

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

I certify under penalty of law that I have personally examined and arm familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. 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 | Soft. Francis | 863-816-164 00/08/18 |
| | | |

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

Ŋ

DISCHARGE MONITORING REPORT - PART A (Condensed) PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: ROOT

WAFR SITE No.:31701

| | | Quantity | or Loading | Units | Qua | ity or Concent | HOLINA. | Units | Ex. | Analysis | |
|--|-----------------------|----------------------------------|--------------------------|-------------------|--------------------|-----------------|---------|--------|----------------|----------|--------------|
| Parameter | | | , | _ | 1 | | 23/ | 100//- | | 1114 | Bhc FFC |
| te, Fotal as N | Sample Measurement | | | | \$4 0 27645 | | 2.00 | ML | | | |
| Control Parket | | 35. M. Z. E. X. | | | | | | 4 | 4.35.45° | 11-1 | Tryst |
| | Sample | CONTRACTOR OF THE REAL PROPERTY. | 1,000 | | | 4 | 4 | Pool | | 3840 | |
| Colliform Decicate | Measureness | 2001 PARTIES | V-201-10-20 | | | | | | 14.4 | NAME OF | |
| | | 建设设 | 通常的政 | SECTION SECTION | 1 つ | A STANKE STANKE | | 11/11 | | Cont. | Met |
| dity | Sample Measurement | | l | L and the Park An | 1.3 | いさんのべたがない | | | | | |
| NAME OF THE PERSON OF THE PERS | 电影影响 | | | | | | | / / | 31133335 | Cont | Met |
| for distriction | Semple | Remark Company | | | 15 | | 3333 | malle | N FLATER | | |
| | Measurement | | TO THE | | | | | | 4.00 | | |
| | | | 经验检验 | ST THE ST | 188 | | | Mall | . \ | MOO | 570 |
| nis - | Sample Measurement | | 27 38 15 200 37 500 1 57 | 702 F 122 K-07 | | | | | Total Services | | |
| Charles Co. | | | ELECTR | | | | | 1 | | Man | 60 |
| STATE STATE STATES AND ASSESSED. | Saniple | | T | - [| 1 241 | L | 23 | Mall | 2 | | |

DAILY SAMPLE RESULTS - PART B

Annual Average Only Flow: 1017 FLA013123-001-DW2P PermitNumber: (AADF/Permitted Capacity)x100: 4590 Month/Yest: Cypress Lakes WWTP TSS (mg/L) pH (Max) pH (Mla) TRC (Por Nigroten Turbidity Fechi Flow CBODS Disinfect.) (N.T.U.) College Ninnie (mg/L) MODI (mg/L)Total (as N) Racteria (mg/L) (#r/100ml) 80082 00530 00530 00400 00400 24055 50060 EFA-15277 EFA-15277 EFA-15277 EFA-15277 EFA-15277 00620 00079 Code 10050 EFR-3223 EFA-15277 EF 1-15277 Mon. Site 0.9 063).D DY 2 Obs 1.0 Dt 260 3 04 1. 1 058 059 DT 5.0+ (a R .D 5.0X 186 188 10 1/2 DH 50+ 7.26 I.A DEO 11 50+ 053 12 ט 5.0+ Z 13 5.0+ 14 000 1. 5.Dr 15 16 M 201 17 a. O 18 50+ 10 <u>(</u>) 067 104 20 269 10+ 1.0 21 064 S.Dt 22 068 101 I.D 23 50+ D. 24 063 0.0 5.0+ Ø 21 074 0.0 26 43 10+ 17 064 sot 28 DHD 504 29 1057 Sor Parid & Shoftstall PLANT STAFFING: Confident No: Day Shift Open for Class. Name: Certificate No: Class: Evening Shift C perator Name: Carificate No: Class: Night Shift Operator Joseph M Kuhns r Name: Load Operator
Type of Effluer t Disposal or Reclaimed Water Reuse: MADITED Name: Continente No: Load Operator imited Wer W:ather Discharge Activated: Yes: No: MOLAphilos

discharge:
"Attach addition to sheets if necessary to list all certified uperators.

FP X 8

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| When Completed mail this report to: Department of Environmental Protection, | - 120 320 3200 3200 DILL C B 1 T. H. L CE 33300 3400 |
|--|--|
| - When Completed as all this conset for Department of horsen mental Projection | MAN (33) /6(H) P(13)F N(GBP KGBN 13 130355PP P1 1/199-/2018) |
| | |

PERMITTEE NAME:

Mr. Donald Rasmussen, Vice President

MAILING ADDRESS:

LOCATION:

Cypress Lakes Utilities, Inc.

200 Weathersfield Avenue

Altamonte Springs, FL 32714 FACILITY: Cypress Lakes WWTF

> 10000 North U.S. Hwy. 98 Lakeland, FL 33809

PERMIT NUMBER:

MONITORING PERIOD From:

PLANT SIZE/TREATMENT TYPE: IIC

LIMIT:

CLASS SIZE: **FACILITY ID:**

GMS ID NO.: **DISCHARGE POINT NUMBER:**

FLA013123 4053P10696 R001

FLA013123-002-DW2P

PERMIT ISSUE DATE. To:

REPORT: GROUP:

Domestic

WAFR SITE NO: GMS TEST SITE NO.:

CONNICTY Par

| Parameter | | Quantity | or Loading | Units | Quality | or Concenti | ration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|-----------------------|------------|----------------|-------|---|-------------------------|----------------|--------|------------|--------------------------|-----------------------------|
| Flow | Sample Measurement | , | ,063 | Mg() | | | | | | 5/7 | Meter |
| PARM Code 50050 I Mon. Site No. EFA-01-15277 | Permit Measurement | | 0.240 MMADF | ukq | | · | | | | S Da/z/Week | Meter |
| CBODS | Sample Measurement | | | | | 24 | | mall | | Mon | Roll-An-Hu |
| PARM Code 80082 Y Mon.Site No. EFA-01-15277 | Permit Measurement | | | | 1 A A A A A A A A A A A A A A A A A A A | 20.0 (An.Avg.) | | n/le/L | . : | Report Monthly | Calculated / Roll-AnAvg. |
| CBODS | Sample Measurement | | | | く入 | くみ | 42 | mall | | 1/14 | biah |
| PARM Code 80082 Mon.Site No. EFA-01-15277 | Permit | 4. W | | | 30.0 (Mo. Avg.) | : 45.0 . i: (Weekly) | 60.0 (Max.) | in/L/L | 3, | Every Two Weeks | Grab |
| TSS | Sample Measurement | | | | | | _ત્રે.8 | malh | | 1114 | 1514h |
| PARM Code 00530 L Mon.Site No. EFA-01-15277 | Permit 4 Measurement | : . · · | | 1,61 | | * * | 5.0 (Max.) | MEL. | | Every Jwo Weeks | Grab |
| pH | Sample Measurement | | | | 7.0 | | 7.1 | 50 | | 5/1 | truh |
| PARM Cade 00406 1 MonSite No. EFA-01-15277 | Permit Measurement | | | | 6.0 (Min.) | | 8.5 (Max.) | 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 contry under penalty of law that I have personally examined and ani familial with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting talse information including the possibility of fine and imprisonment.

| OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGES | T SKINATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | PHONE NO | DATE IYY MM DDt |
|---|--|------------|-----------------|
| Armstrong Manager | 12, 7.60- | 8638151534 | 9/13/00 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all anachments here:

Utilities Inc.

FAX NO.

DISCHARGE MONTOKING REPORT - PART A (Continued)

| FICELITY NAME: Cypres Lakes W RPORT MONTH: | MJD: | | jt. | RMIT NUM | BERL FLASISI | 23-001-DW2P | DISCHARGE F | OONENUMBE | R: 10001 | WAFR SITE No.:31701 | | | |
|--|------------------------|---------------------------------|-----------------------|--------------|--------------|----------------------------------|--------------|-----------|--------------|-----------------------|-------------|--|--|
| Parameter | _ T | Quantity | or Loading | Units | Qu | lity or Couccu | tration | Units | No. | Frequency of Analysis | Sample Type | | |
| N-was, Total as N | Sample Measurement | | | | · · | | 2.2 | mall | | 1/14 | 8kc He | | |
| | | | | | | | | | | | | | |
| Ford Coliform Becturie | Sample Measurement | 2. 8. 1 12.2 2 mg 7. 15 61.5 62 | ing only when may are | | | 41 | 41 | #/1000 | | 517 | Uppl | | |
| | | | | | | | | | | | | | |
| Telidity | Sample Measurement | | | | 1.0 | | | NTU | | Cont | Meter | | |
| | | 103113-77 7-7-7-8 | Sac Kara | | | | erer longer | | | | | | |
| To lor disinfration | Socapic Measurement | | | | 3.7 | (E - white ways in the Cotton of | - Mercik cal | male | Spanish Sev. | CONT | Moter | | |
| OOR | | | | | | | | | | | | | |
| | Sample Measurement | | energy of the second | | MO | | | MAL | | | T (OU | | |
| E CONTRACTOR OF THE STATE OF TH | Sample | | | | | (金含金金) | | ml | | Mes | Fran | | |

Exer Proportioned Companies sample taken during a period of 8 hours.

| Ativ`]'e <u>a</u> r | Flore | AUG | 23-001-D | | Cypress Lak | es MATP | | Annual Ave | inige Daily F mitted Capes | low; . 0 / igy)x100; 4 | 18 19% |
|--------------------------------|--|--------------------------------------|----------------------------|--|---------------|-----------------------|---------------------|--|----------------------------------|---|-----------------------|
| Code | M(7D) | (mg/l) | 1. 多。多。企业 | 739 (mg/L) | Cypress Late | oH (Max) | pt (Min) | Pecal Coliforn Bacteria (4/100ml) | TRC (Por Disinfect) (mp/L) | Mitrogen, Nitrale, Total (as N) (mg/L) | Turbidley (N.T.U.) |
| | | 80082 FFA-1577 | | 00730 | | 00406 | 004C0 | 74035 | \$0060 | 90620 | C007') |
| | | E. R-13217 | | EF#-32287 | | EFA-15277 | EPA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EPB-32257 |
| | -260 | | | 1.3 | | 20 | | 21 | 5.0+ | | 04 |
| 3 | 11/01 | | | لك | | 1.1 | | 4 | 3.0+ | | 29 |
| <u> </u> | -1200 | | 000 | | dis | 7.1 | | 4 | 50+ | | 60 |
| 5 | ~03 <u>9</u> | | | 51 | | 1.1 | | 4 | 1.0+ | - | 29 |
| -3 | - 400 | | | · | | 1.) | | | 30+ | | 19 |
| -, | 10% | | ļ. <u></u> | | | 1.0 | | | 5.0+ | | 7.0 |
| - - | .061 | | | | | 1.0 | | 3 | 50t | | 69 |
| - | .057 | <u> </u> | <u> </u> | 51 | | 2.0 | | 41 | SOF | 2.16 | AG |
| | 1050 | | | 28 | | 1.1 | | 5 | SOT | | 79 |
| 10 | 1353 | | | 1.3 | | 7.) | | 5 | 5.01 | | 0.9 |
| 11 | 1058 | | | 21 | | 1.7 | | 7 | 50+ | | 7.9 |
| 12 | _061 | | | | | 1. | | - ' | SOF | | 1.0 |
| 13 | 010 | | | 1 | | 1.0 | | | 50t | | 1.0 |
| 14 | 1068 | _ | | 71 | | 7.7 | | 7 | 50+ | | 0.9 |
| 15 | (3) | | | 2 | | 7.1 | | <1 | 5.0+ | | |
| 16 | 060 | | | 2 | | 1.0 | | 3 | 50+ | | 09 |
| :7 | 058 | | | 21 | | 1.0 | | - > :- | 50+ | | 64 |
| .18 | 127 | - | | - 21 - | | 7.0 | | - > | 514 | | 84 |
| 19 | 787 | | | | | 50 | | | 50+ | | |
| 20 | 1/1/2 | | | | | 47 | | | | | 1.0 |
| 21 | 1028 | | | 7 | | 49 | | ح (۲ | 50+ | | |
| 22 | - 122 | | - · · | -}\ - | | 46 | | | 50+ | | 0.9 |
| 23 | 1758 | 23 | | - 21- | | 10 | | \(\frac{\cappa_1}{\cappa_1}\) | SOF | 1.3 | -66 |
| 24 | 1065 | | | ->+- | | -47 | | 21 | | del | 0.9 |
| 25 | | | | 207 | | - //- / | | | 5.0+ | | |
| 26 | _1264 | ****** | | 403 | | <i>- </i> | | _ </td <td>Spt</td> <td></td> <td>09</td> | Spt | | 09 |
| 27 | 124 | | | | | -/:/- | | | 5.0x | | 09 |
| 21 | _088 | | | | ļ | 7.0 | | | 501 | | 0.9 |
| 29 | 1260 | | | 1 | ļ | 10 | | -51- | 20+ | | 09 |
| 30 | 1266 | | | 505 | | 1.4 | | | 3.7 | | 1.0 |
| 30 | .1 <u>27d</u> | | | 403 | | 1:1 | ···· | 51 | 5.04 | | <u> </u> |
| | <i>(26</i> Y) | | | 0.6 | | | | S L | 5.0+ | | -ld |
| Shift O Operaco | et: Jor ! C persion persion c | Class: Class: Class: Class: | 7 | Certifican Certifican Certifican Certifican | No: | 8048 13018 1305 | ivar.e. Name: Name: | Carl | d.E.Sh. | offstal | <u>/</u> |
| of Efflu led We: ' Wage: | er i Disperal Wisather Disc | es Reclaimes harge Active | Water Reuse Bed: Yes: N | o. No Rol | Nicability II | A DA LE | re days of w | | | | |

EROM : 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, Ft. 32399-2400

PERMITTEE NAME:

Mr. Donald Rasmussen, Vice President

MAILING ADDRESS:

Cypress Lakes Utilities, Inc.

200 Weathersfield Avenue

FACILITY: LOCATION Altamonte Springs, FL 32714 Cypress Lakes WWTF 10000 North U.S. Hwy 98

Lakeland, FL 33809

PERMIT NUMBER

MONITORING PERIOD From

LIMIT: CLASS SIZE: FACILITY ID:

GMS ID NO.: DISCHARGE POINT NUMBER:

ROOL PLANT SIZE/TREATMENT TYPE IIC

Finai

FLA013123

4053P10696

FLA013123-002-DW2P PERMIT ISSUE DATE

To:

Monthly REPORTS GROUP Domestic

WAFR SITE NO GMS TEST SITE NO 31701

COUNTY:

Polk

| Parameter | | Quantity | or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|-----------------------|----------|----------------|-------|--------------------------|-------------------|----------------|-------|------------|-----------------------|------------------------------|
| Flow | Sample Measurement | | ,070 | mac) | | | | | | 5/7 | Meter |
| PARM Code 50050 1 Mon. Site No. EFA-01-15277 | Permit Measurement | · v · i | 0.240 MMADF | mgd | | | | | | 5 Days/Week | Meter |
| CBOD5 | Sample Measurement | | | | | 2.5 | | mall | | Mon | Rolf An Aus |
| PARM Code 80082 Y Mon.Site No. EFA-01-15277 | Permit Measurement | ÷ . | | | | 20.0 (An_Avg.) | | nje/L | | Report Monthly | Calculated / Roll-An,-Avg |
| CBOD5 | Sample Measurement | | | | 42 | <i><</i> 2 | 22 | malL | | 1/14 | Grah |
| PARM Code 80082 1 Mon.Site No. EFA-01-15277 | Permit Measurement | | | | 30.0 (Mo. Avg.) | 45.0 (Weekly) | 60.0 (Max.) | n/g/L | | Every Two Weeks | Grab |
| TSS | Sample Measurement | | | | | | ત્ર.ત્રે | ml | | 1/14 | Gah |
| PARM Code 00530 1 Mon.Site No. EFA-01-15277 | Permit Measurement | | | | 经过滤室 | # ### ! | 5.0 (Max.) | m/g/L | | Every Two Weeks | Grab |
| pil | Sample Measurement | | | | 6.9 | | 2.1 | 50 | | 517 | Frah |
| PARM Code 00406 1 Mon.Site No. EFA-01-15277 | Permit Measurement | | Market S. | | 6.0 (Min.) | | 8.5 (Max.) | S.U. | | 5 Days/week | Gnab |

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 PRINC | CIPAL EXECUTIVE OFFICER OR AUTHORIZED | DAGENT PHONE NO DATE (YY/MM/DD) |
| Count Annistring Manager | 1-1 | | 86-815-1534 00-10-12 |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments | s here) | 7 | |

DISCHARGE MONITORING REPORT - PART A (Continued)

F_ILITY NAME: Cypress Lakes WWTF RPORT MONTH: 100T PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: ROOL

WAFR SITE No.:31701

| Parameter | | Quantity | or Loading | Units | Qua | lity or Concer | tration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|----------------------------|----------|------------|-----------------|------|----------------|------------|---------|------------|-----------------------|-------------|
| N-ste, Total as N | Sample Measurement | | | | | | 3.3 | m/L. | | 1/14 | BhrFfc |
| | Liver trace of | | | | | | VO NEXT | | | Tree Markets | A MAN PTC |
| Feel Coliform Bacteria | Sample Measurement | | | | | <u> </u> | <1 | #/100ml | | 517 | Grat |
| E DIE 19 CFA-DIS 1227 EM | Perguit Mediantermentos | | | | | (1) | | 8 5 | | Line Wick | 13 |
| Chilly | Simple Measurencet | | | | 1.9 | | | NTU | | Cont | Meter |
| | | | | | | | | | | e control | |
| tor disinfection | Sample Measurement | | | | 2.7 | | | mall | | Cont | Meter |
| AM Code (1994) A Code (No. EMAINTENNISTING) | GERMENEN | | | | 0.00 | | | | | Continuous | |
| *OD5 | Sample Measurement | | | 2000 000 200 | 237 | | | mg | | NEO | Ccab |
| BACCHE BOOT Q Liste No PRECINE 1004 | | | | | | | | T# | | Triegy | |
| in experiment and the second s | Sample Measurement | | | 300 × 2100 - 28 | 416 | | | mg/ | 250 252 | Month | Lap |
| TARREST STREET, S | | | | | | | | | | | |

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

DAILY SAMPLE RESULTS - PART B

| | Flow !MGD) | CBOD5 (mg/L) | CBODS (mg/L):: | TSS (mg/L) | Cypress Lake JSS (npm/L) | | pH (Min) | Fecal Collform Bacteria (#/100ml) | TRC (For Disinfect) (mg/L) | Nitrogen, Nitrate, Total (as N) (mg/L) | Twbidity (N.T.U.) |
|------------------------|---------------|--|--|-----------------------|---------------------------|-----------|------------------|--|----------------------------------|--|----------------------|
| Code | :0050 | 80082 | MORS t | 00530 | _00:130(| 00400 | 00400 | 74055 | 50050 | 00620 | 0007:3 |
| lon. Site | EF A-15277 | EFA-15277 | BVE-31700 | EFB-32287 | .P.₹31700 | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFB-32257 |
| Į | $\Box m$ | | | 1.d | | 7.0 | | | 124 | | 1.3 |
| 2 | 1069 | | | | | 2.1 | | | SOT | | 10 |
| 3 | 1072 | | | | | 2.1 | | | 50+ | | 1.00 |
| 4 | 1066 | | | 0.4 | <u> </u> | 21 | | 51 | 4.3 | | 12 |
| 5 | LOJA | | 1. | 40.5 | | 7.1 | ļ | <u> </u> | 4.7 | | 1.5 |
| 1 | L071 | | | | ļ | 7.1 | <u> </u> | 151 | 1,04 | <u> </u> | 18 |
| 8 | 169 | | | 40.5 | <u> </u> | 7.0 | | 151 | Spt | | 1.5 |
| -3 | 1269 | | <u> </u> | 1.6 | ļ | 1.0 | | 1 | 10± | | 1.6 |
| 10 | _263_ | ļ <u>.</u> | | | | 7.17 | | | d. | <u>)</u> | 1:7 |
| -11 | 1259 | - | 120 | 1 | 1111 | 7.1 | | | 30+ | | 1.6 |
| 12 | 1070 | | 935 | 4.0 | 416 | 72) | | () | 501 | | 1.7 |
| 13 | -065 CE7 | | | विञ् | | 20 | <u> </u> | -5!- | 5.0+ | 1- | 1.5 |
| 14 | - // | 79 | | $\mathcal{U}_{i,0}$ | | 4/2 | | | 30+ | <u> xn</u> | 1.1 |
| 15 | 1257 127 | <u> </u> | <u> </u> | 1.4 | | 10 | | 1-31 | 7-1 | - | 1.0 |
| 16 | W) | | | 1 | | 7/2 | | 51 | 9.4 | | 1.0 |
| 17 | BIC. | | - | | - | 75 | | | 20 | | 1./ |
| 18 | mo | | | C.a | | 012 | | 1 | 501 | | /;/- |
| 19 | 151 | - | | MU | - | 10 | · | <u> </u> | 30t | | -/; /, |
| 20 | 07/ | ··· | | 20,3 | | 129 | | | 3.0 | | 1.0 |
| 21 | 1977 | | | 203 | + | 64 | | 2 - | 43 | | 17 |
| 22 | 1.029 | | <u> </u> | 20,5 | | 10 | | 21 | 4.7 | | 1.3 |
| 23 | 1088 | | | | | 70 | | 7 | 5.04 | | 1.6 |
| 24 | 2019 | | | | | 10 | | | 304 | | 19 |
| 25 | LBd | | | 0.4 | | 1.1 | | 4 | 504 | | 1.7 |
| 26 | 1019 | | | Cid | | 7.1 | | 51 | 5.0+ | | 7.6 |
| 27 | LC68_ | <u> </u> | | 20.5 | | 10 | <u> </u> | <1 | 3.7 | <u>a</u> | 14 |
| 28 | 1066 | | | 50.5 | <u> </u> | 1.0 | | 51 | 4.d | | 13 |
| 29 | 107d | | | Ld | | 7.0 | | | 4.0 | | 1.1 |
| 30 31 | 1063 | | ļ | | ļ | 11 | ļ | ļ | 5.0+ | <u> </u> | 1.0 |
| | | | <u> </u> | <u> </u> | <u> </u> | 1 | <u> </u> | <u> </u> | | | 1 |
| NT STA | AFEING: | Class | | Certifica | m No. | 2046 | , Nar.ie. | Q | 151 | ofBt | 11 |
| ning Shi | ft C perator | Class | : | Certifica | te No. | 12018 | Name: | JAN. | | AREC | |
| ht Shift (d Operat | | Class Class | | Certifical Certifical | | ימהחי | Name: | Jane | ON M | KOKAT | |
| e of EM | uer i Disposa | l er Reclaime | o Water Keu | | LANDT | police | y_ | | | | |
| harge: | | | ated: Yes: | _ | | | nive days of | | | | |
| ach addi | COIN sheets | if necessary t | to list all certi | Ned eperator ∕≀≀ | s are | 1 | <i>t</i> 1 | 1 | | D KIN | |
| 15 | -11-00 | +10- | 12:00 | +10u | is are | estin | nated | Decai | 150 O | 1 /// | |

| • | |
|---|------------|
| DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPOR | T - PART A |

| Michigan Chamada and American Company of the Compan | | 140 3551 3400 EN 1 0. EN 1 | T 11 4 E1 35300 5400 |
|--|-------------------------------------|---------------------------------|--------------------------------|
| When Completed mail this report to: Departs | unem oj environmental Protection, . | . MS 3551. ZOOU BIAN SIONE KOND | . [BIIBNOSSEE, F1, 32347-2401 |

PERMITTEE NAME:

Mr. Donald Rasmussen, Vice President

MAILING ADDRESS:

Cypress Lakes Utilities, Inc. 200 Weathersfield Avenue

Altamoste Springs, FL 32714

FACILITY: LOCATION:

Cypiess Lakes WWTF 10000 North U.S. Hwy. 98

Lakeland, Ft. 33809

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT:

CLASS SIZE: FACILITY ID: GMS ID NO.:

DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE:

FJ.A013123-002-DW21

FLA013123

4053P10696

R001

IIC

PERMIT ISSUE DATE

To: REPORT:

GROUP: WAFR SITE NO.: GMS TEST SITE NO.: Munthly
Domestic
31701

ECC. 21

TE NO. EAF-DI

COUNTY:

Polk

| Parameter | | Quantity | or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--------------------------|-----------------------|----------|------------|-----------------------|--------------------------|-----------|--------|-------|------------|--------------------------|---------------|
| Flow | Sample Measurement | | 271 | mad | | | | | | 517 | Motor |
| PARM Code SOCIO | | | | | | | | | 2004 | 50-4/Ka | Moter |
| CBODS | Sample Measurement | | | | | 2.6 | | malL | | Mon. | Roll-An-Ave |
| PARTY COM BIRM! | | | | 加鲁州 (1000年) | | | | | | | Calculated' / |
| CBODS | Sample Measurement | | | | <i>ح</i> ک | _<& | _≺ત્રે | mall | | 1/14 | Grah |
| MATERIAL BY ALL SERVICES | | | | P 3/A | MC RA | (Wall) | (Max.) | | | | , Grab |
| TSS | Sample Measurement | | | | | | 14 | mall | | 1/14 | brab |
| HOLDEN CHEN LOW | | | | | | | | | | | Grab |
| pl] | Sample Measurement | | | | 6.9 | | 7. | 20. | | 5/7 | 6.50b |
| HELE WOLF TO BOX | | | | | MA LU | 40 S S 44 | Total | | | | Gra6 |

I Calculated Rolling Annual Average is the average of the current monthly average and the preceding II 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

| NAMESTITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF | PRINCIPAL E | XECUTIVE C | FFIGER | R ADTHORIZED AGENT | PHONE NO | DATE (YY/MM/DD) |
|---|--------------|-------------|------------|----------|--------------------|-----------|-----------------|
| Joseph M Kuhns Lead Operator | | rseph | NI | Kri | hno | 83-815164 | 00-11-07 |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments is | here): | | 77 | <i>,</i> | | | |

DISCHARGE MONITORING REPORT - PART A (Continued)

FCHATY NAME: Cypeess Lakes WWTF NFORT MONTH: Oc.

FELMIT NUMBER: PLAN13123-001-DW2P DISCHARGE POINT NUMBER: ROOT

WAFR SITE No.: 11700

| Paraneter | 7 | Quantity or Loading | | Units | Qua | tration | Units | No. Ex. | A B 3 - | Sample Typ | |
|---------------------|-----------------------|---------------------|------|-------|-----|---|-------|------------|---------|------------|---------|
| N-ste, Total as N | Sample Measurement | | | | | | 2.1 | mall | | 1114 | Bhr FPC |
| | | | | | | | | | | | |
| al Calibra Bacta is | Sample Meximument | | | | | <1 | < | #/100ml | A 34 | 5/7 | 5ml |
| | | | | | | หู้ใหญ่ 2000 กระจัง การการการการการการการการการการการการการก | | | | | |
| City | Sample Measurement | | | | 14 | | | N7V | 12 XX | Lont. | Nele |
| | | | | | | | | | | 多半等 | |
| _ for disinfection | Sample Measurement | | | | da | S10220 12 12 | | Jm/L | | LONT | I'RIC! |
| OD: | Seeds | | | | 12 | | | | | V | 406 |
| | Measurement | | \$ E | | 050 | | | Marc | | | VIAU |
| | Sample | | | 7.1.8 | 224 | 建筑是元素的 | | malh | 1982 | Mag | book |
| | Monstroment | | | | | 11112 | 7.35 | | | | |

Ener Proportioned Cresposite margie 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

PermitNumber: Montry tear

FLA013123-001-DW2P

Annual Average Delly Flow: ,079 (AADP/Permitted Capacity)x 100: 33%

| İ | | | 77-2 | | Cypress Lak | es WWTP | | (AADPPERMITES Capacity)x 100: 35 /D | | | | | | |
|-----------|---------------|--|----------|------------|-------------|----------------------|-----------|--|----------------------------------|---|-----------------------|--|--|--|
| | Flow IMGDI | (mg/L) | | TSS (mg/L) | | pH (Max) | pH (Min) | Fecal Coliform Bacteria (#/100ml) | TRC (For Disinfect) (mg/L) | Mitrogen, Nitrate, Total (sa N) (mg/L) | Turbidity (N.T.U.) | | | |
| Code | C200! | 80052 | | 00530 | | 00400 | 80460 | 74055 | 10060 | 00620 | G0070 | | | |
| Mon. Site | EF 1-15277 | EFA-15277 | V | EFR-32167 | 13-3 70 | EFA-13277 | EFA-19277 | EFA-15277 | EFA-13277 | EFA-15277 | EFB-32257 | | | |
| | | | | | | 7.1 | | | 5.0+ | | 7.4 | | | |
| 3 | .074 | | | 1.0 | | 10 | | ~ 1 | 50+ | | 11 | | | |
| | ,075 | | | 203 | | 20 | | 4 | 7.1 | | 12 | | | |
| | 07/ | | | 0.8 | | 29 | | 3 | 2.2 | | 13 | | | |
| 5 | 2023 | | ٠. ~ | 50.5 | | 1.0 | | 2 | 36 | | | | | |
| 3 | 275 | | | | | 20 | | 31 | 7.7 | | 10 | | | |
| | 068 | | | 1.0 | | 10 | | 71 | 4.8 | | 1.0 | | | |
| | D7d | | | | | 7.7 | | | 5.0+ | | 1.0 | | | |
| 3 | 072 | | 235 | 203 | 324 | 1.0 | | 41 | 50+ | | 1.0 | | | |
| 16 | 274 | | | 1 | | 10 | | 3 | 5.0+ | | 10 | | | |
| 11 | .071 | 49 | | 1.4 | | 71 | | 51 | 100 | 1.8 | 11 | | | |
| 12 | 063 | | | 08 | | 1.17 | | 7 | 50+ | 7652 | 1.0 | | | |
| 13 | 2066 | | | 40,5 | | 1.0 | | 3 | 1Dt | | 1.0 | | | |
| 14 | 1072 | | | | | 20 | | | 1.0+ | | 10 | | | |
| 15 | 017 | | | | | 7.1 | | | 2.3 | | 1.0 | | | |
| 16 | 1076 | | | 20.5 | | 10 | | ス | 1.0+ | | | | | |
| 17 | .070 | | | 20.5 | | 20 | | ζ. | 4.d | | - /:/- | | | |
| 18 | .011 | - | | 1-0 | | 19 | | 3 | 3.01 | | 1.0 | | | |
| 19 | 013 | | | 20.5 | | 30 | | - } | 7.3 | | 1.D | | | |
| 20 | 053 | | | 30.5 | | 10 | | | 5.0+ | | | | | |
| 21 | 180 | | | | | 27 | | -5/ | | | 112 | | | |
| 22 | 081 | | | | | 10 | | <u> </u> | 50+ | | J.d. | | | |
| 23 | 074 | | | 40.5 | | -X-Y-1 | | | 1D+ | | 1.0 | | | |
| 24 | 080 | 42 | | | i | 44 | | -3/ | 10+ | | _ <i>[:]</i> | | | |
| 25 | 013 | | | 0.6 | | - /: (- | | - 5) | 50+ | del | 1. | | | |
| 25 | 020 | | | 0.6 | | -61 | | 31 | 50+ | | 1.0 | | | |
| 27 | 1079 | | | 50.5 | | 70 | | -51 | 50+ | | 1:2 | | | |
| 28 | .069 | ······································ | | 500 | | 7.17 | | 51 | 4.9 | | <u></u> | | | |
| 25 | 1085 | | | | | 10 | | | 50+ | | _ <i>_!:1</i> | | | |
| 30 | 1777 | | | 40.5 | <u> </u> | 2.1 | | | 50+ | | 1.0 | | | |
| 31 | 021 | | | | <u>_</u> | -44 | | 41 | 5.0+ | | 10 | | | |
| | 1/1/2 | | | 1-0 | | -LL | | _<11 | 5.00 | | 10 | | | |

| PLANT STAFFING: | | | | | , | | |
|---------------------------------|------------|--------------|-----------------|-----------------------|----------------|--------------------|--|
| Day Shift Open Jor | Class. | | Cortificate No. | 8045 | Smue. | 0 1-110111 | |
| Svening Shift (perator | Class: | | Certificate No. | -000 | | Navid E Shaffstall | |
| Night Shift Operator | Cinss: | _44- | Certificate No: | -4010 | Name: Name: | David WINKIET | |
| Lead Operator | Clase: | | Cortificate No. | 7200 | Name: | | |
| Type of Effluer t Disposal or 8 | eclebred V | Vater Reuse: | Lon | O Ronber | IAMBIRG. | Joseph M Kuhns | |
| .imited Wet W tather Discharg | e Activate | d: Yes: No | | If fee, cumulative | America (1949) | | |
| duchers: | | | - A CINDING | > 11 Johr CHILIDISHAE | ORAS DE ME | (MESITICE | |

Accept addition of sheets it necessary to list all constitut operators.

A Start-up of new plants,

FAX NO.

Dec.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| When Completed mail this report to: Department of Er | nvisonmental Protection. | MS 3551 2600 Blair Stone Road Tallahassee Ft 32399-2400 | |
|--|--------------------------|---|--|

PERMITTEE NAME: MAILING ADDRESS: Mr. Donald Rasmussen, Vice President

Cypross Lakes Utilities, Inc. 200 Weathersfield Avenue

Altamonte Springs, FL 32714

FACILITY: LOCATION:

Cypress Lakes WWTF 10000 North U.S. Hwy. 98

Lakeland, FL 13809

PERMIT NUMBER:

MONITORING PERIOD Fram:

LIMIT: CLASS SIZE: **FACILITY ID:**

GMS (D NO.:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: FLA013123-002-DW2P

11-1-00 Final

FLA013123 4053P10696

R001

IIC

WAFR SITE NO.: GMS TEST SITE NO.:

PERMIT ISSUE DATE:

To:

REPORT:

GROUP:

Monthly Domestic

COUNTY:

Polk

| Parameter | | Quantity | or Loading | Units | Quality | y or Concent | ration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---------------------------|-----------------------|----------|------------|-------|---------|--------------|--------|---------------|------------|--------------------------|--------------------------|
| Flow | Sample Measurement | | .088 | mad | | · | | | | 517 | Meter |
| | | | | | | | | | | 3 DaferVeek | Meler |
| CBOD5 | Sample Measurement | | · | | | 2.6 | | mall | | Mon | Roll-An-Ax |
| | | | | | | | | Her. | | Report Monthly | Calculated1 Roll-An -Avg |
| CBOD5 | Sample Measurement | | | | 43 | 73 | ムみ | malh | | 1/14 | brab |
| | | | | | | | | 718 /L | | Byery That Weeks | Gnab |
| TSS | Sample Measurement | | | | | | | m9/L | | 1/14 | Gab |
| | | | | | | | | | | bay wowers | Grzb |
| Ho | Sample Measurement | | | | 7.0 | | 1.4 | .50 | | 517 | brah |
| Calculated Bolling Annual | | | | | | | | 3 U. * | | | Grab |

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

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

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT | PHONE NO | DATE (YY/MM/DD) |
|--|--|---------------|-----------------|
| Joseph M Kuhns Lood Operator | (breech Mauhas) | 863-815-15214 | 00-12-07 |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments h | erre): | | |

815

ВЗ

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: ROOL

WAFR SITE No.:31701

| Paramoler | | Quantity | or Loading | Units | Qua | lity or Concer | atration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|-----------------------|---------------------------|----------------------|-------------------|--|-------------------------------|--|--------|------------|-----------------------|-------------|
| N-ale, Fotal as N | Sample Measurement | | | | · | | 15.0 | mall | | 1/14 | 8hc FPC |
| | HOPPING HIMARY | | | | ************************************** | | | | | | |
| Feel Coliform Decteria | Sample Measurement | | ass | me was made | S 40 5 5 40 8 65 57 5 | <u>ک</u> ا | </td <td>#/1200</td> <td><u> </u></td> <td>r/7</td> <td>(510)</td> | #/1200 | <u> </u> | r/7 | (510) |
| | | | | | | | SHAT | | | | |
| Chi dity | Sample Measurement | | | | 1.5 | Same of the American American | | NTI | CONTRACTOR | Cont | Mete |
| | | | | 3.65 | | | | | | | |
| ior disinfection | Sample Measurement | | | | 5.0+ | | | MAL | | Cont | Mete |
| 0.06 | | | | (2)) | 100 | | | | | 9.0 | |
| | Sample Measurement | | | V | 165 | | | mall | | Mon | Grah |
| | Sample | | | | | | | | | | |
| erikan dikan d Bangaran dikan | Measurement | 8.38 (a F.28) + 27 | en verte en anavere. | V 3 2 3 2 3 3 4 1 | 266 | KSPANA SPREMENCE | 1 122 W. O. | mall | 7 | Mon | Gral |
| The Property and Company and | | | | | | | | | | | |

ETW Propostioned Chapposite sample taken during a period of 8 bours.

Received: 12/ 7/00 1:15PM; 863 815 1524

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Dec. 07 2000 02:13PM P4

DAILY SAMPLE RESULTS - PART B

PermitNumber:

FLA013123-001-DW2P No.J OO

MontivYear: Nov 00

Annual Average Daily Flow: .019
(AADF/Fermitted Capacity):100: 33%

| ľ | · Elem | CRODS | de la company | TQC // 1 | Cypress Lake | oH (Marc) | pH (Min) | Fecai | TRC (For | Nitrogen, | Tubidio |
|-----------|--------------|--|--|--------------|--|-----------------|--|--|----------------------|--|--|
| | Flow MGD) | CBODS (mg/L) | | 120 (WA/F) | | her (taree) | her (sastit) | Coliform Bacteria (#/100ml) | Disinfect) (mg/L) | Nitrate, Total (as N) (mg/L) | ON.T.U. |
| Cade | :0050 | 80082 | | 00530 | 100 | 00400 | 004CQ | 74055 | 50060 | 00620 | 00070 |
| Mon. Site | EF 13-15277 | EFA-15277 | N. A.W. | PFB-32287 | | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFB-323 |
| 1 | :039 | | | 0.6 | | 1.0 | | ۷) | 501 | | 1.1 |
| ~ | .078 | | | 20.5 | | 1.0 | | 51 | 50+ | | 13 |
| 3 | 2019 | | | 0.6 | | 10 | | لكل | 1.0+ | <u> </u> | 1.4 |
| 4 5 | _081_ | ļ <u>.</u> | ļ | <u> </u> | | 20 | <u> </u> | | 5.0+ | | 1:0 |
| 5 | .081 | | | | | 7.1 | | | 5.0t | | 1.1.1 |
| 7 | 1090 | | 165 | 1 | 266 | 7.1 | | -</td <td>3.01</td> <td>-</td> <td>1.1</td> | 3.01 | - | 1.1 |
| | 192 | 42 | <u> </u> | 40.5 | | 1.0 | | 4 | 1.0t | 13.2 | 1.8 |
| 9 | 1090 | - | | 40.5 | | 7.0 | | -5 | 20r | | +- <i>4:4</i> |
| 10 | 1288 | | ļ | 40.5 | | 1 // | | 2 | 5.Dt | | |
| 11 | 086 | | | 60.5 | | 1-1:4 | | S! | 5.07 5.0+ | | +-4- |
| 12 | L083 | | + | | | 20 | | | 5.0+ | | †- -/-/ |
| 13 | L289 | | | 20.5 | \ | 1.4 | | 1 | 5.0t | | + /// |
| 14 | L089 | | | 405 | | 7.0 | | 21 | 5.0+ | | 1 |
| 15 | 1.098 | 1 | | 40.5 | | 77 | | (1) | 501 | | 1. |
| 16 | DA | 1 | | 405 | | 7.7 | | 3 | 30+ | | 1. |
|]7 | 087 | | | 10 | | 1.1 | | 1 | 50+ | | 1/1 |
| 18 | 1091 | | | | | 1.0 | | | 5.0+ | | 1.0 |
| 19 | 104 | | | | | 7.0 | | | SOY | | 1.1 |
| 20 | 090 | <u> </u> | | 0.8 | | 10 | | < | SUY | 15 | 1.5 |
| 21 22 | 1096 | | | 0.6 | | 1.0 | | 131 | 5.04 | | 1.0 |
| | 1086 | | | 0.6 | <u> </u> | <u> </u> | <u> </u> | < | SOT | | 2.1 |
| 23 24 | 286 | | | | | 121 | | <1 | 10+ | <u> </u> | 1:2 |
| 25 | 1095 | | ļ | 08 | <u> </u> | 10 | ļ | 41 | 5.0+ | | 1.0 |
| 26 | 1.090 | | | _ | <u> </u> | 20, | 1 | | 5.0+ | | 1.0 |
| 27 | 103 | | | | | 1 7.1 | ļ | | 1.0+ | | 1 /0 |
| 28 | 10/ | | ļ | 405 | | 1.2 | ļ | | 5.04 | | 1-1:1 |
| 29 | 1090 | | | 0.6 | - | 1.0 | <u> </u> | \$7 | sot | ļ. —— | 7.0 |
| 30 | 1000 | | | 1:d | | 70 | - | 121 | 501 | | +-40 |
| 31 | 1-1/2751 | | + | | | !! | | 121 | 5.04 | | +-/:3 |

| | Class: | Certificate No: | ivarut Name | | |
|--|-------------------------|--------------------|----------------|--------------|--|
| Lead Operator | Class: | Centificate No: | 7a07 Name | | |
| Type of Effluer: Disposal or Rec | laimed Water Ress | fand | Applied | | |
| .imited Wet Wrather Discharge tischerge; | | | _ | A | |
| Ausch addition of sheets if neces | Sayy up list all certif | led opgrators. 📈 🗸 | chat up a | f new plants | |
| Church E Shofts | to 1 C-80 | 45 41 | שוע-ניומוי | i new planto | |
| David Winkle | r Cido | ig | | • | |
| | مان ات | | | | |
| David Kyniak | C-860 | <i>50</i> | | | |
| | C- 8 8 | 54 | | | |
| Jay Hidrich | U 90 | • | | | |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| When Completed and the Complete of the Complet | | | |
|--|-----------------------------|-----------------|-------------------|
| When Completed mail this report to: Department of Environmental Protection, | . MS 3551, 2600 Blair Stone | Road, Tallahass | cc. FL 32399-2400 |

PERMITTEE NAME: MAILING ADDRESS:

Mr. Donald Rasmussen, Vice President

Cypress Lukes Utilities, Inc.

208 Weathersfield Avenue

Altamonte Springs, FL 32714

10000 North U.S. Hwy. 98 Lakeland, FL 33809

Cypress Lakes WWTF

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE: FACILITY ID:

GMS ID NO.: **DISCHARGE POINT NUMBER:** PLANT SIZE/TREATMENT TYPE:

4053PL0696 ROOL UC

FLA013123-002-DW2P

PERMIT ISSUE DATE:

To: REPORT:

GROUP: WAFR SITE NO.: GMS TEST SITE NO.: Monthly Domestic

COUNTY:

FACILITY:

LOCATION:

Polk

| Parameter | | Quantity | or Loading | Units | Quality | or Concent | ration | Units No. Ex. | | Frequency of Analysis | Santple Type |
|---|-----------------------|----------|------------|-------|---------|------------|--------|------------------|--|--------------------------|----------------------------|
| Flow | Sample Measurement | | .084 | Mad | | | | | | 5/7 | Motor |
| 的。 第15章 第15章 第15章 第15章 第15章 第15章 第15章 第15章 | | | | | | | | | | s Deferveek | Meter |
| CBODS | Sample Measurement | | | | | 23 | | ma/L | DIE TOUR | Meo. | Pall-An-Am |
| 是一个一个一个一个 | | | | | | | | W I | | Report Monthly | Calculated / Roll-AnAvg |
| CBOD5 | Sample Measurement | | | | 42 | 42 | 42 | mg/L | | 1/14 | beach |
| | | | | | | | | 76/1 | | Every J wo Weeks | Grab |
| iss | Sample Measurement | | , | | | 41 | 26 | mall | HANKE HEKA U | 1/14 | Forh |
| | | | | | | | | | | Fig. Wells | Grab |
| Н | Sample Measurement | | | | 6.9 | | 7.1 | 5.U. | 3.7. S. 1. S | 5/1 | Trah |
| Calculated Rolling Appeal Average | | | | | | 1.6 | | | | | Grab |

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

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

| AME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | PHONE NO | DATE (YY/MM/DD) |
|---|--|------------|-----------------|
| Deeph M Kuhos Lead Operator | (break Whuta) | 863-815124 | 01-01-09 |
| OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments | here): | | |

2001 03:40PM P3

DISCHARGE MONITOKING REPORT - PART A (Continued)

FOILITY NAME: Cypers Lakes WWTF
RFORT MONTH

PERMIT NUMBER: PLA013123-001-DW2P

DISCHARGE POINT NUMBER; ROOL

WAFR SITE No.:31701

| Parameter | | Quantity | or Loading | Units | Qua | lity or Conce | siration | Units | No. Ex. | Frequency of Analysis | Sample Typ |
|----------------------------------|-----------------------|-------------------|---|-------------|------------------|--------------------|--|------------|--------------|-----------------------|----------------|
| N-stc, Total as N | Sample Measurement | | | | | | T d | mg/L | | 1114 | Shr FH |
| | | | | | | | | | | | Marine Control |
| al Coliform Becteria | Sample Measurement | Managara yan daga | Construction of the second of | 212022 | 21.12.000 E.S.S. | <u> </u> | / | #/1000 | | 517 | (-50) |
| | Control of | | | | -2. | | | | | | |
| bidity | Sample Measurement | | 600000000000000000000000000000000000000 | airi karama | 1.7 | PACK PACKAGE STATE | Same of the Section o | n)Ti) | | Cost | Note |
| | | | | | | | | | | TO THE REAL PROPERTY. | |
| for disinfection | Somple Measurement | | | | 5,04 | C. 9 2 12 12 12 1 | | mall | | Cost | Moto |
| | | | | | | | | | | | |
| DD3 | Sample Measurement | · | | | 130 | | | mil | | Mon | brah |
| | | | | | 20.50 | | | i destenda | | | |
| | Sample Measurement | CAC SECURITY | | | 290 | | | mg/L | | Mon | 15Pab |
| ow Propostinged Composite suggle | | | | | | | | | | | |

DAILY SAMPLE RESULTS - PART B

| icNumb ivYear: | | PLA01317 Pec 01 | ク | - | Cyprest Lak | 12 VIFT_F | | (AADF/h | rerage Daily F rmines Capac | iny)=100: 33 | 7% |
|-------------------|--|-------------------------|------------------|--|--------------|--------------|-------------------------|--|--------------------------------|--|-----------------------|
| | Flow !AGD) | CBODS (mg/L) | | | | рН (Мак) | pH (Min) | Fecal Coliform Bacteria (#/100ml) | TRC (For Disinfect.) | Nisrogen, Nisrate, Total (as N) (mg/L) | Turbidity (.U.T.M) |
| ode | 10053 | | | | | 00400 | 00400 | 74015 | 50060 | 00,630 | 2003/3 |
| ar Sile | | EFA-1527? | | | | | EFA-15277 | EFA-1527 | 7 EFA-15277 | EFA-15277 | EFB-52137 |
| 1 2 | +034 | | | 0,6 | | 7.0 | | 1 | SOT | | 1.3 |
| } | 1018 | | | | | 2.0 | | | Spt | | 1.2 |
| | 1287 | | | -, -,- | 4.7 | 7.1 | | | 50t | | 1.0 |
| 5 | 1086 | | 130 | 60,5 | 000 | 7.0 | | 5 | 5.0+ | | 1.4 |
| 3 | -086 | 7 | | <u> </u> | | 20 | | 151 | SUT | d | 14 |
| - | 1099 | | | 4000 | | 69 | | 51 | SOF | <u> </u> | 1.3 |
| - | _027 | | | 100 | | 7.0 | | 1 | Sot | ļ | 14 |
| 9 | 108/ | | | 505 | | 7.0 | | 1 | SOT | <u> </u> | 1.4 |
| 10 | ,076 | ļ <u></u> - | | <u></u> | <u> </u> | 69 | | | SOF | <u> </u> | 15 |
| 11 | 088 | | ļ | | | 7.0 | | | 1.04 | <u> </u> | 16 |
| 12 | D&G | | | 16 | | 7.0 | | 17 | 150t | ļ | 7.6 |
| 13 | 193 | <u> </u> | | 1.8 | | 70 | | 51 | SOT | | 1.6 |
| 14 | 089 | | ļ | 24 | | | | 131 | 5.0+ | | 14 |
| | 083 | | ļ |]·d | | 70 | | 121 | 5.0t | ļ., | 1.4 |
| 15 | 108d | | | 2013 | | 7.0 | | 121 | SOL | | 13 |
| 16 | _035 | <u> </u> | | | | 10 | | ļ | 15.0T | ļ <u>.</u> | 13 |
| 17 | 088 | | <u> </u> | | | 7.1 | | | SDT | | 1.4 |
| 18 | _05 <u>0</u> | | | 40.5 | | 7.0 | | | SOF | , , , , , | 1.2 |
| 19 | 1018 | 50 | | 505 | | 6.9 | | 151 | 101 | 1.7 | 14 |
| 20 | 1088 | | | 403 | | 7.0 | | (5) | 15.0t | | 13 |
| 21 22 | 1069 | | <u> </u> | 505 | <u> </u> | 20 | | < | 501 | | 1.6 |
| | 2014 | ļ | ļ | 40.5 | <u> </u> | 7.0 | | 1 | 501 | | 1.6 |
| 23 | 1281 | ļ | <u> </u> | <u> </u> | <u> </u> | 7.0 | | ļ | 5.0r | | 16 |
| 24 | 1083 | ļ | | | ļ | 7.1 | | 1 | 5.04 | | 14 |
| 25 | 267 | | | | | 7.0 | | 151 | SOF | | 15 |
| 26 27 | 1026 | ļ | | 40.5 | ļ <u>.</u> | 7.0 | _ | < | SOF | - | 16 |
| | 12/5 | | | 1.4 | 1 | 1/1/ | <u> </u> | 121 | Sot | - | 1-2 |
| 26 29 | _086_ | | | 08 | ļ <u> </u> | 69 | <u></u> | 1-51- | 501 | ļ | 16 |
| 30 30 | 10/ | | | | | 70 | | | 5.01 | | 16 |
| | 10292 | | | | ļ | 10 | <u> </u> | <u> </u> | 501 | _ | 42 |
| 31 | L <i>[4]</i> | برج | <u> </u> | | | 7.1 | | | 10t | 1 | 1.7 |
| ing Shi | AFF ING: pen for & C perator Operator | Cies: Cies: Cies: | : | Certificat | te No: | 8048 2018 | Name: Name: Name: | Ogv How | BESH | Astall nKler | |
| Operus | or uer i Disposa | Class | : - A | Contidion | le No: | 700 H | , Name: | 20 | eph M | Kuhns | |

discharge: 'Attach addition at sheets if necessary to list all certified operators.

815 1524

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 Cade | 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 | 11/9/00@0749 | DMC |
| TDS(mg/l) | 000515 | Pump | N | None | SM2540C | 56 | 20 | 11/10/2000 | JBH |
| Sadium(mg/l) | 000929 | Pump | N | ниоз | SM3111B | 47.38 | 1.0 | 11/13/2000 | LC . |
| Sulfate(mg/l) | 000945 | Pump | n | None | EPA375 4 | <10 | 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 Clorm(CFU/100ml) | 031616 | Ритр | N | Моле | 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 | ЈВН |
| Temperature(C) | 000010 | Pump | N | None | 170.1 | 28.6 | N/A | 11/8/2000 | ЈВН |
| Specific Cond.clamejumf.comp | 000095 | Pump | N | Копе | EPA120 1 | 75 | 0.1 | 11/8/2000 | JBH |

Sub Lab: *82533 Advanced Jax

APPROVED BY:

Michael L. Cammarata, Laboratory Manager

Ŋ

FAX NO.

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@1610
Was the well pumped before sampling: Yes

Test Site ID: CL-2
Well Type: Intermediate
Ground Water Class: Surficial
Lab ID #: T005082-02

Date Reported:

d: 11/21/2000

| Parameter | Storet Code | Sampling Method | Samples Filtered(Y/N) | Preservatives Added | Analysis Method | Analysis Result | Detection Limits | Analysis Date | Analyst Initia's |
|-------------------------------------|-------------|-----------------|-----------------------|---------------------|-----------------|-----------------|------------------|----------------|------------------|
| 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 | Ритр | N | None | SM2540C | 354 | 2.0 | 11/10/2000 | ЈВН |
| Sodium(mg/l) | 000929 | Pump | N | HNO3 | SM3111B | *32.6 | 1.0 | 11/13/2000 | LC |
| Sulfale(mg/l) | 000945 | Pump | n | Nane | EPA375.4 | . 15.6 | 1.0 | 11/13/2000 | JBH |
| Chloride(mg/l) | 001113 | Pump | N | None | SM4500CLB | 1D6 | 1.0 | 11/10/2000 | DMC |
| Ammonia(mg/l) | 000610 | Pump | N | H2S04 | 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/100mt) | 031616 | Pump | И | None | SM9222D | <1.0U | 1.0 | 11/8/00/@ 1630 | MLC |
| oH(Standard Units) | 000406 | Pump | N | None | EPA150.1 | 59 | 0.1 | 11/8/2000 | JBH |
| Temperature(C) | 000010 | Pump | N | None | 170.1 | 28.1 | N/A | 11/8/2000 | ЈВН |
| ipacific Conductarion(o miliosilar) | 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

Ρ7

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

GROUNDWATER MONITORING REPORT-PART C

FACILITY: GMSID: Month/Year: Cypress Lakes WWTF FLA013123-001-DW2P Nov-00 11/8/00@1705

Test Site ID: CL-1 Well Type: Ground Water Class;

Lab ID #:

Compliance Surficial T005082-01

Date Sample Obtained:

Was the well pumped before sampling:

Yes

Date Reported:

11/21/2000

| Parameter | Storet Code | Sampling Method | Samples Filtered(Y/N) | Preservatives Added | Analysis Method | Analysis Result | Detection Limits | Analysis Date | Ana'yst Initials |
|---------------------------------|-------------|-----------------|-----------------------|---------------------|-----------------|-----------------|------------------|---------------|------------------|
| Water Level | 082545 | Pump | N | None | N/A | 7.3 | NIA | 11/8/2000 | JBH |
| Nitrate(mg/l as N) | 000620 | Pump | N | None | SM4500NO3F | 0.11 | 0 01 | 11/9/00@0749 | DMC |
| TDS(mg/i) | 000515 | Pump | N | None | SM2540C | 108 | 2.0 | 11/10/2000 | JBH |
| Sodium(mg/l) | 000929 | Pump | N | HNO3 | SM3111B | 1 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 | И | 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 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 | 5.21 | 0.1 | 11/8/2000 | JBH |
| Temperature(C) | 000010 | Pump | N | None | 170.1 | 27.9 | N/A | 11/8/2000 | JBH |
| ipedfis Conductan;s(v mh;ss/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 | Storet Code | Sampling Method | Samples Fütered(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 | 0.1 | 0.01 | 11/9/00@0749 | DMC |
| TDS(mg/l) | 000515 | Pump | N | None | SM2540C | 58 | 20 | 11/10/2000 | JBH |
| Sodium(mg/l) | 000929 | Pump | N | HNO3 | SM3111B | *4.04 | 1.0 | 11/13/2000 | LC |
| Sulfate(mg/i) | 000945 | Pump | n | None | EPA375.4 | <1U | 1.D | 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 | Мапе | 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 |
| pecific Conductamon who worms | 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

2001 03:43PM

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

GROUNDWATER MONITORING REPORT-PART C

| FACILITY: | Cypress Lakes WWTF | Test Site ID: | Field Blank |
|--------------------------------------|--------------------|---------------------|-------------|
| GMSID: | FLA013123-001-DW2P | Well Type: | |
| Month/Year: | Nov-00 | Ground Water Class: | |
| Date Sample Obtained: | 11/8/00@1720 | Lab I D #: | T005082-05 |
| Was the well pumped before sampling: | Yes | 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 | | 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 | Ν | None | SM2540C | <2∪ | 2.0 | 11/10/2000 | JBH |
| Sodium(mg/l) | 000929 | Ритр | N | HNO3 | SM3111B | *<1U | 0 1 | 11/13/2000 | ГС |
| Sulfate(mg/t) | 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 Cform(CFU/100ml) | 031616 | Pump | N | None | SM9222D | <1.0U | 1.0 | 11/8/000@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 |
| iceafa Conductatios(v mhos/an) | 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

3

B

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | DEPARTMENT OF ENVIRO | 51, 2600 Blair Stone Road, Tallahassee, 1 | TL 32399-240 |
|--|----------------------|---|--------------|
| When Completed mail this report to: Departme | en, Vice President | PERMIT NUMBER: MONITORING PERIOD | From: |

FERMITTEE NAME MAILING ADDRESS Mr Donald Rasmussen, Vice President

Cypress Lakes Unlines, Inc. 200 Weathersfield Avenue

Aliamonte Springs, FL 32714

FACILITY. LOCATION Cypress Lakes WWTF 10000 North U.S. Hwy 98

LIMIT. CLASS SIZE: FACILITY ID:

GMS ID NO.:

DISCHARGE POINT NUMBER: R001 PLANT SIZE TREATMENT TYPE. 11C

PERMIT ISSUE DATE FLA013123-002-DW2P

1-1-01

FLA013123

4053P10696

To. REPORT:

GROUP. WAFR SITE NO GMS TEST SITE NO. Monthly Domestic

| LOCATION | 10000 North CS Hwy 70 Lakeland, FL 33809 | | PLANT SIZE TREATMENT TYPE. IIC | | | | | | | |
|--------------------------------------|---|-----------------------------------|---|----------------------------------|-------------------|---------------|---------------------|--------------------------|---------------------------|--|
| COUNTY | Polk | Quantity or Loading | Units | Quality or Concer | ntration | Units | No. Ex. | Frequency of Analysis | Sample Type | |
| Param | Sample Measurenx | ,098 | ngci | selimber 1 to 1 get 2 | T Av | | | 5 Days/Week | Meter Meter | |
| PARM Code 50050 Mon. Site No. EFA | 1 Perint | MMADE | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 2.3 | | Mg/L | | Report Monthly | Rolf-An-Ang Calculated | |
| CBOD: | Measureman Pennit | | - A | 20.0 (An Avg.) | 7 | mall | ેલ _ુ ં ક | 1/14 | Roll-An-Avg. | |
| CBOD5 | Sample Measurem | ien1 | | 30.0 A5.0 (Weekly) | 60.0 | ng L | 40 th | 1 1 1 1 1 | 1 | |
| PARM Code 800 Mon Site No. EF | 27 | ent ii | 12 Sept. 12 | | 3,4 (Max.) | mg | | Every Thio Weeks | Grab | |
| PARM Code 00: Mon Site No. El | Permit | | | 79 | 7.1 | 5U. | | 5 Defratareck | Flab | |
| pHdianor | Measure | 国家各种的国际。 | t the preceding I | 1 Min Valada 199 | (Max.) | | 23. | 13.44 | the information, l | |
| Sine No. E | FA-01-15277 Measure | age of the current months average | formation submit | tted herein; and based on my inq | uny of mose marri | possibility 0 | (fine and | imprisonment. | | |

1 Calculated Rolling Annual Average is the average of the current monthly average und the preceding 11 monthly average.

1 Calculated Rolling Annual Average is the average of the current monthly average und the preceding 11 monthly average.

1 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 certify under penalty of law that I have personally examined and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and included the possibil Mon Sie te. Bereit and Average is the average of the current monthly average and the preceding 11 month's monthly I certify under penalty of law that I have personally examined and an territoral with the information submitted referring and based on my inquiry of those individuals immediately responsible for obtaining under penalty of law that I have personally examined and amprisonment are significant penalties for submitting false information including the possibility of fine and imprisonment. DATE (YY/MM/DD)

| Coloulated Notice Penalty of law that I have personally and complete. I am aware that there are significant penalty of law that I have personally accurate and complete. I am aware that there are significant penalty of law that I have personally accurate and complete. I am aware that there are significant penalty of law that I have personally accurate and complete. I am aware that there are significant penalty of law that I have personally accurate and complete. I am aware that there are significant penalty of law that I have personally accurate and complete. | PHONE NO | DATE (YY/MM/DD) |
|--|--------------|-----------------|
| I certify under penalty of law that I have persuitally examined that there are significant penalty of law that I have persuitally examined to complete. I am aware that there are significant penalty of law that I have persuitally examined to complete. I am aware that there are significant penalty of law that I have persuitally examined to complete. I am aware that there are significant penalty of law that I have persuitally examined to complete. I am aware that there are significant penalty of law that I have persuitally examined to complete. I am aware that there are significant penalty of law that I have persuitally examined to complete. I am aware that there are significant penalty of law that I have persuitally examined to complete. I am aware that there are significant penalty of law that I have persuitally examined to complete. I am aware that there are significant penalty of law that I have persuitally examined to complete. I am aware that there are significant penalty of law that I have persuitally examined to complete. I am aware that there are significant penalty of law that I have persuitally examined to complete. I am aware that there are significant penalty of law that I have persuitally examined to complete. I am aware that there are significant penalty of law that I have persuitally examined to complete the submitted to complete the s | 2120110 | 101-13 |
| NAME: TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE SIGNATURE OFFICER OR AUTHORIZED AGENT SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGN | 863-815-1287 | 01-01-13 |
| NAME THE DESTRUCTION OF THE PROPERTY OF THE PR | | |
| Joseph M. Aunas Leave Jesses | | |
| La La La La La La La La La La La La La L | | |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): | | |

Feb.

13

2001 11:38AM

В

FULLTY NAME: Cypress Lakes WWTF RPORT MONTH: JOO OL

PERMIT NUMBER: FLA913123-001-DW2P

DISCHARGE MONTTORING REPORT - PART A (Continued)

DISCHARGE POINT NUMBER: ROOL

| PORT MONTH: Janol | | Quantity or Loading | | Units | Quality or Concent | Units | No. Ex. | Frequency of Analysis | Sample Type | |
|---|-----------------------|---------------------|---|--|--------------------|-------------|--------------|--------------------------|----------------|--------|
| Parameter | j | | | | | 11 | 1/ | | 1/14 | 8h-PPC |
| N-rule, Total as N | Sample Measurement | | | 7.6 N. 10 N. | | | mg/ | | Test las Plans | A Late |
| THE SECOND SECOND | Turk | | | | | 74.0 | N/III | 1713 | 117 | 1-106 |
| ed Coliforn Becteria | Sample Measurement | | | | | | THE STATE OF | | John H. | GGA |
| | MESEVEIK M | | | 100 | | CANAL | 1 1 | 100000 | Cont. | Meter |
| - desidity | Sample Measurement | | 7 - 7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | outer resid | Q.7 | | | | | |
| CONTRACTOR OF THE PARTY OF THE | Nation and | | | 2500 | | | mall | 200000 | Cont. | Meter |
| T to disinfection | Sample Measurement | | | | 1 9.6 | | | | Con teams | |
| THE R. PASSINGS FOR | Castreet 1 | | | | 184 | 0.0346.0751 | moll | | Men. | Emp |
| CNOD? | Sample Measurement | | | | | | | | | |
| Free Bull 18 | Sample | | 28500 | | 208 | | mall | The Control of | Non. | 15/01 |
| 15 16 V 5 4 TUTO 16 TO 1 | Measurement | | | | | | | | 1000 | |

The Proportioned Composite sample telesy during a period of 8 hours.

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524 Feb. 13 2001 11:38AM P4

DAILY SAMPLE RESULTS - PART B

Annual Average Daily Floor: a 080 (AADF/Permined Capacity)x100: 33% FLA013123-001-DW2P

| ינאמשפני | [] | شا ۱۵۱۵هم | 3-00(-D ** | | 9 _ li.e | . WETP | | | | | Turbidity |
|-------------------------|---------------------|---------------------------------------|--|---------------|--|-----------|----------------|----------------------|---------------------------------------|---------------------------------------|------------|
| ייין (מו: יייין (מו: | Flow | CBODS | CBODAS | TSS (me/L) | ypress Lake | pH (Max) | pH (Min) | Collform Bacteria | TRC (For Disinfact) | Nitrogen. Nitrate, Total (25 N) | (LUTIN) |
| | :MGD ¹ | (mg/L) | (net) | | | | | (a/100ml) | 50067 | (mg/L) | 00071) |
| | -: | ¥0087 | SCANA . | 00530 | DOTES . | 00400 | 00400 | 19053 1550-15277 | EFA-15277 | EFA-15277 | EFB-32297 |
| Code | :0053 Ef A-15277 | EFA-15277 | U\$983.7 1972.33.700 | EFB-32287 | IN VIDO | EFA-15277 | EFA-132. | EFACISES | 704 | | 18 |
| } | | | (32) (6-84) 24-250 V | 1.8 | | 1/6 | | <u> </u> | | | 13.3 |
| $\frac{1}{2}$ | .093 .090 | | | 2.6 | | 7.0 | <u> </u> | 4 | 3.01 3.01 | | 2.4 |
| -3 | | | | 72 | | 7.0 | | 13 | 10+ | | 2.5 |
| | 10d | | | 0.8 | | 7.1 | | +->- | 3.01 | - | 3.2 |
| | 094 | | | $\frac{1}{a}$ | | + 44 | | + | 101 | | 13.3 |
| 6 | .093 | | | | | 2.0 | | | 3.04 | , | 2.1 |
| 7 | 098 | | | | 1 502 | 2 - h | | 141 | 1.0+ | | d.d |
| B | 190 | T | 182 | | 279 | 1-4 | | 1 31 | 4.6 | d.3 | 722 |
| 9 | 118 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 24 | | | . | 1 | 3.01 | | 2.5 |
| 10 | 1097 | | | d.4 | | 7.0 | | 7 | 501 | _ | 1.3 |
| 11 | L090 | | | 2.8 | | 17.0 | | 1 | 301 | | 2.0 |
| 12 | 043 | | | 2.8 | | 1 | | | 3.01 | - | 199 |
| 13 | J.097 | | | | | 7. | | | 5.07 | | 1.9 |
| 14 | 104 | / | | 104 | | + 4 | - | ~ < | 1 50 | | 19 |
| 15 | 103 | | | 405 | | 1.1 | 5 | 3 | 50 | | 1.7 |
| 17 | 10 | 2, | | 1.8 | , | - 12 | | 3 | | | 1.7 |
| 18 | 04 | | | | | 72 | 4 | 1 | 3.0. | | 1.7 |
| 19 | 1094 | | | 0.6 | | 7 | | 1 | · · · · · · · · · · · · · · · · · · · | | 1.7 |
| 20 | | | | 2.0 | ' | | 0 | | 50 | | 18 |
| 21 | 1096 | | | | | 1 | 7 | | 30 | | 1.7 |
| 22 | 179° | | - - | 1-6 | | 1 7 | 7 | 4 | 1 50 | 7 | 1.5 |
| 23 | 100 | | <u> </u> | 7.6 | | 7 | 0 | < | 50 | + 2 | 1.8 |
| 24 | OA: | | | 0.5 | | 7 | O | 3 | | 4 | 1.8 |
| 25 | .09 | | _ | 1:6 | | | 9 | 5 | 1 50 | 74 | 1.8 |
| 26 | .09 | | _ | 7.0 | | 7 | 0 | | 54 | 4 | 1.9 |
| 27 | 109 | - | | | - | | C | | 5.1 | 24 | 4 |
| 28 | 10: | | | | | | 0 | | | 7 | de |
| 79 | 1.04 | | | 1.0 | 3 | | .9 | | |) + | d |
| 30 | 10 | 5 | | | 4 | L | 9 | < | | | 4. |
| 31 | 1.116 | 5 | | | में | 17 | C | < | 1 5.0 | 24 | <u>las</u> |

| PLANT STAFF (NG: Day Shift Open for Evening Shift C perator Night Shift Operator Lead Operator Type of Efficient Disposal or Jimited Wet W tather Dischal | Class: Class: Class: Class: Class: Reclaimed Wat | B ter Reuse; | Contificate No. Contificate No. Contificate No. Contificate No. No. No. Applicate | Name: | Jeseph M. Kuhns | |
|---|--|-----------------|---|---|-----------------|--|
| | the vertinated: | T CS: 140 | HOI APPLICATION | , | | |
| dischwere. | | | | | | |

discharge:
"Attach additional sheets if necessary to list all certified operation.

22

2001

| When Completed mail (| his report !», | DEP : Department of En | ARTMENT (| OF ENVIRON | MENTAI 2600 Blair S | PROTECTIO | N DISCHAI | RGE MONIT | ORING F | REPOR | T - PART A | |
|---|---|--|-------------|------------------------|------------------------|--|---|---|--------------------|----------------------|-----------------|---|
| PERMITTEE NAME: MAILING ADDRESS: | Mr. Stever Cypress 1: | n Sembler, Vice Pre akes Associates, Lie Street North, Suite i | sident | 22 7.7! | P | ERMIT NUMBER: | | FLA013123-0 2-1-01 | 01-DW2P | PERM To: | NT ISSUE DATE. | ו ופיצו |
| FACILITY: LOCATION | FACILITY: St. Peleisburg, FL 33716 Cypress I akes WWTF LOCATION: 10000 North U.S. Hwy. 98 Lakeland FL 33809 | | | F L 1 1 | C F. G | IMIT: LASS SIZE: ACILITY ID: MS ID NO.: ISCHARGE POINT | NUMBER; | Final, FLA013123 4053P10696 R001 | | REPO GROU WAFR | | A-38-D/ Monthly Domestic 31701 EEC-O/ |
| COUNTY: | | | | | PI | ANT SIZE/IREAT | MENT TYPE: | | | | | |
| Parameter | | | Quantity | or Loading | Units | Quality | y or Concent | ration | Units | No. | Frequency of | Sample Type |
| Flory | lovy Sumple | | - | | | | | | | Ex. | Anulysis | |
| MARM Code Sunso | ووالمترار وولامران | Measurement | | .104 | mad | | | | | | 7/7 | Motor |
| Mon, Suit No. EPA 01-132 | 92. | l'emit Meaguranent | | 0240 MMADE | mgd | | | | | | Days/Neck | Meler |
| | | Sample Measurement | | | | THE CONTRACTOR OF THE CONTRACTOR | 12 | ************* | 11 | 77.556.343 | - 1 | |
| ARM Code 40082 2 Y fon Site No. EPA 01-159 | | Permit | | | | | 20.0 | Special Control | M_{ν}^{\prime} | . (2.3.2.25%) | Men | Poll-An-Aug |
| BOD5 | CHRIST ST | Mcasutement Sample | | | | | (Allave) | William III | | | Report Mentaly | Roll-An Avg |
| ARM Code 8008242 | Section 1 | Measurement Permit | | | | 4 | 4 | 42 | malh | | 1:14 | 81.10 |
| ion. Sile No. EFA: Die152 | 4 335 | Measurement | | | | 90.0 | 450 | 60.0 | net | * 10 mm | Every Who Weeks | 8 hour FPC |
| SS | | Sample | | . 45744-379-X5-X1X(044 | | *** (dioxy) E035. | 11 IMPREUM | CMAX.) | 2. (2. (4) (4) | - 15.4% | <u> </u> | 34.34 |
| ARM.Code (0530: 551 | nidae'r a' | Measurement Remit | 9745 BUSANO | Managara ang Pa | 3333111111 | | 217 217 217 217 217 217 217 217 217 217 | 2.6 | ma// | | 5/7 | Grah |
| on Sile No. EFD: 01-3228 | | Measproment | | | | | | 148030 | ng/C | 14.1 | Day Week | Dab |

alculated 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

RM Gode 00406

m Sue No. EFA-01:15217

Sample Measurement

Temnit.

Measurement

ertify 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 ieve 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.

| METITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | |
|---|--|--------------------------|
| 100/11/1/10 | // ACTION OF THE PROPERTY AGENT | PHONE NO DATE (YY/MM/DD) |
| DEPAMIANAS LEGO Operator | (Joseph With has) | 8128K1524 01-02-42 |
| MMENT AND EXPLANATION OF ANY VIOLATION OF | graph affining | 105 017 017 01-07 Kg |
| MMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachment | hore): | |
| | / | • |

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DISCHARGE MONITORING REPORT - PART A (Continued)

ACILITY NAME: Cypress Lakes WWTF
EPORT MONTH: FebO

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER: ROOI

WAFR SITE No.:31701

| Dammatas | T | | | | · | | | | · | | |
|--|-----------------------|---|--------------------------|---|--|--|--|------------|-----------------------|--|---|
| Parameter |] | Quantity | or Loading | Units | Qua | lity or Concen | tration | Units | No. | Frequency of | Sample Type |
| | _ | | | 1 | | | | i | Ex. | Analysis | 1 |
| itrate, Total as N | Sample | | | | | | 10 | 17 | | 4 1 4 4 1 | 1 20 |
| Trest M. Surv. (None . Amer. Ann Ann Ann. | Measurement | | | | | | 1 10 | Mall | | 1114 | 8hr FM |
| 1RM Gote 00620 | Conil | HEATHUR | | | | | (160 1920 Galan | her | 28,40 | LIVAN THO WELLS | Shour FI'C' |
| od zacino. Bea dili 1271 | Measurement | | | 11 | a Herrical Date | | MAC | | | | (A) (A) (A) (A) (A) (A) (A) (A) (A) (A) |
| cal Coliform Bacteria | Sample | | | | | /1 | /1 | 1 | 23 | ~!~ | 7 |
| ASSESSED A SERVICE CARROLL | Meisurement | | | | | <u> </u> | 1 41 | MoonL | ĺĺ | 3// | (Frah |
| RM Code 74075 | Pennis and a | ""SAUTEAL | | * 11 × 11 | | Non Descenble | 28 | #/100ml.22 | 7 8 2 2 2 2 2 | 3 Paye West | Grab |
| on Site No RPA-01-13777 | Measurements | | | 1114 | | (73 Percentue) | (MX) | | | | Barre : |
| ipiqità | Sample | | | | 7 7 | | | 1/11 | | 1 | -07 |
| Driving Charles and the control of t | Measurement | | | | 0.0 | | | 14/0 | | CONT. | MARES |
| ************************************** | Hamilt !! | | | 200 | ig Report | | | NTU | | Continuous | Mcler . |
| C for disinfection | Mensilvenion of | 2000 | | 1141124 | 2012 | | | | 22224 | | 27 A |
| 5 ISI MISIMECHUM | Sample Measurement | } | | | 19 | | | 40 11 | | | 11 1 |
| RM Code 50060 | Permit 2 | 111111111111111111111111111111111111111 | ACCESS TO LANGUE SERVICE | 3.50 po 12 a 10 a 10 a 10 a 10 a 10 a 10 a 10 a | 22 2 CA (12 CA) (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA) (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA) (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA) (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA (12 CA) (12 CA (12 CA (12 CA (12 CA (12 CA)(12 | D2445122112415454545454 | Sidionaliane | Malla | ********** | cont. | MRTEI |
| L She Nove PA di 1827 | Messilenent | | | | | | and the second | OB U | | * Continuous | Meter |
| OD5 | Sample | (81945) KAB (CAM K) (CAM) | THE PROPERTY OF STREET | ******* | SHADOWINES. | A CONTRACTOR OF THE PARTY OF TH | of the state of the | Herene See | # 8 % 1 2 5 % L | mosa sue se | \$\$ 47.77.39 |
| | Measurement | |] | i | 420 | | | Mall | ľ | Mon | Fach |
| (3/1 Code 80085 | (Pemph) | | | 1000000 | SEIR A CASSES | 2522000200020 | | Mq/L | X*Y2283.22 13 | Monthly | USGO |
| | (Voasunen) | 3153410113 | | | navi ili | | | | | wonuny | Grab |
| 1 | Sample | 2.7. | | | المارال ا | 37.1-Yeavy-712242343 | 21521 474 20 20 20 20 20 20 20 20 20 20 20 20 20 | /2 | C74-36-8-03-8-23 S2 | *************** | , , , , , |
| Carracted Str. William Communication Communication | Measurement | | 1 | i | 770 | | | M9// | ĺ | Mon | Grah |
| M Code 00130 Q | Cermilly a best for | | | FF bro | III PROPRIETE | | | | 7444V | Month | Grab |
| I SII E MOTINE OLI 3) 700 ATTENTI | Monutenant | | | | | | | | | | |
| w Proportioned Composite sample ta | ken during a period | of 8 hours. | | | | | | | | The second secon | 200.02.1.1.30.0. |

Received: 3/22/01 11:29AM; 863 815 1524

FROM: CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

Mar. 22 2001 12:26PM P4

DAILY SAMPLE RESULTS - PART B

PermitNumber.
Month/Year:

FLA013123-001-DW2P

Annual Average Daily Flow: ,080 (AADF/Permitted Capacity)x100: 31%

| | | | | | Cypress Lak | es WWTP | | (/200///01 | milica Capaci | пурх 100: Э | <i>.</i> |
|-----------|---------------|-----------------|-----------------|------------|--|----------|----------|---|----------------------------------|---|-----------------------|
| | Flow (MGD) | CBODS (mg/L) | CBODS (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 | 60060 | | |
| Mon. Site | EFA-15277 | EFA-15277 | ₽NE-31700. | | COLUMN TO SERVICE AND A COLUMN | | | | 50060 FFA-15222 | 00620 | 00070 |
| I | 105 | | 420 | | 440 | 1.0 | | | Name and the same | EFX-13211 | |
| 2 | 100 | 42 | 120 | 1.6 | 770 | 20 | | 41 | 5.05 | | 19 |
| 3 | ,100 | <u> </u> | | | | 7.0 | | 21 | 1.8 | 6 | 1.9 |
| 4 | .108 | | | | | 7.0 | | | 4.7 | | عمر |
| 5 | .101 | | | T | | 7.25 | | 7) | . 5.0+ | | 7.0 |
| 6 | .107 | | | 1.4 | | 20 | | 31 | 5.0+ | | |
| 7 | 11/88 | | | 20.5 | | 19 | | 31 | 5.0+ | | 20 |
| 8 | :048 | | | 40.5 | | 69 | | 21 | Sor | | d.0 |
| 9 | 107 | | - | 205 | | 10 | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | SOT | | 20 |
| 10 | 101 | | | 2011 | | 7.0 | | | 5.0+ | | 1.8 |
| 11 | .106 | | | | | 7.1 | | | Sot | | 1.7 |
| 12 | 104 | | | 0,6 | | 7.0 | | 37 | 5.0+ | | 1.8 |
| 13 | .114 | | | 0.8 | | 1)0 | | 4 | 5.0+ | | 1.8 |
| 14 | 103 | 42 | | 405 | | 79 | | 7) | 5.0x | 3.5 | 1.7 |
| 15 | 1896 | | | 40.5 | | 69 | | 2) | 50+ | 7.7 | 1.8 |
| 16 | .094 | | | Colo | | 7.0 | | 21 | 50+ | | 1.7 |
| 17 | ,089 | | | | | 7.0 | | - | 504 | | 1.2 |
| 18 | 119 | | | | | 7.1 | | - | 5.0+ | | 1.9 |
| 19 | JOd | | | 205 | | 70 | | 31 | 5.01 | | 1.9 |
| 20 | 1114 | | | 0.8 | | 7.0 | | 5 | 50+ | | 1.9 |
| 21 | 106 | | | 20.5 | | 6.9 | | 3 | 5.0+ | | 1.7 |
| 22 | 104 | | | 205 | | 2.0 | | <i><1</i> | 501 | | 1.7 |
| 23 | .107 | | | 20.5 | | 2.0 | | _ </td <td>1.04</td> <td></td> <td>1.7</td> | 1.04 | | 1.7 |
| 24 | 100 | | | | | 7.0 | | | 5,0+ | | 1.8 |
| 25 | 118 | | | | | | | | 5.0+ | | 1.8 |
| 26 | ,101 | | | 10.5 | | 7.0 | | 51 | 5.0+ | | 1.8 |
| 27 | illa | | | 12.8 | | 6.9 | | ≤ 1 | Sot | | 1.9 |
| 28 | 100 | <u> </u> | | 20.5 | | 69 | | <1 | 50+ | 10 | 1.8 |
| 30 | | | | | | | | | | | |
| 30 | | | | | | | | | | | |
| | | | | | | | | | | | |

| PLANT STAFFING: | | | | | | | |
|------------------------------|--------------|--------------|-----------------|-----------|-----------|---------------------|--|
| Day Shift Operator | Class. | | Certificate No. | 8245 | ivanie. | laver) E 5/offstall | |
| Evening Shift Operator | Class: | | Certificate No: | 12018 | Name: | | |
| Night Shift Operator | Class: | | Certificate No: | | Name: | LAVIO WINKIEL | |
| Lead Operator | Class: | B | Certificate No: | 120% | Namu: | TOWARDA M Kickey | |
| Type of Effluent Disposal or | Reclaimed V | Vater Reuse: | _/an | o applied | | Just pur training | |
| imited Wet Weather Discha | rge Activate | d: Yes: No | Not Applicable | | days of w | et weather | |
| discharge: | | | | • | , | | |

Attach additional sheets if necessary to list all certified operators.

FAX NO.

815

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

Was the well pumped before sampling:

GROUNDWATER MONITORING REPORT-PART C

FACILITY: Cypress Lakes WWTF GMSID: FLA013123-001-DW2P Month/Year: Feb-01 Date Sample Obtained:

2/22/01@1210

Test Site ID: CL-3 Compliance Well Type:

Surficial Ground Water Class: T010936-03 Lab ID #:

Date Reported: 3/5/2001

| 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 | 5.15 | N/A | 2/22/2001 | JBH |
| Nitrate(mg/i as N) | 000620 | Pump | N | None | SM4500NO3F | <0.05ป | 0.01 | 2/23/01@1345 | DMC |
| TOS(mg/l) | 000515 | Pump | N | None | SM2540C | 62 | 2.0 | 2/26/2001 | ЈВН |
| Sadium(mg/l) | 000929 | Pump | N | НИОЗ | SM3111B | *4.15 | 1.0 | 2/28/2001 | кс |
| Suffate(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 | Z | None | EPA180.1 | 2.79 | 0.1 | 2/22/2001 | JBH |
| Fecal Clorm(CFU/100ml) | 031616 | Pump | N | None | SM9222D | <1U | 1.0 | 2/22/01@1445 | ТМН |
| pH(Standard Units) | 000406 | Ритр | 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 | ЈВН |
| Specific Conductarce(u mhosicm) | 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

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 | Storet Code | Sampling Method | Samples Filtered(Y/N) | Preservatives Added | Analysis Method | Analysis Result | Detection Limits | Analysis Date | Analyst Indials |
|------------------------------|-------------|-----------------|-----------------------|---------------------|-----------------|-----------------|------------------|---------------|-----------------|
| Water Level | 082545 | Pump | N | Мопе | 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 |
| Sadium(mg/l) | 000929 | Pump | N | HNO3 | SM3111B | *35.2 | 1.0 | 2/28/2001 | KC |
| Sulfate(mg/t) | 000945 | Pump | n | Nane | EPA375,4 | 78.8 | 1.0 | 2/27/2001 | ЈВН |
| Chloride(mg/l) | 001113 | Pump | N | None | SM4500CLB | 112 | 1,0 | 2/22/2001 | DMC |
| Ammonia(mg/l) | 000610 | Pump | Ŋ | 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 | Nane | SM9222D | <1.0บ | 1.0 | 2/22/01@1445 | ТМН |
| 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 | ЈВН |
| pedic Cardictarse(o mhas/an) | 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

Z Z

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

GROUNDWATER MONITORING REPORT-PART C

FACILITY: GMSID:

Cypress Lakes WWTF FLA013123-001-DW2P Feb-01

Test Site ID: CL-1 Well Type: Compliance

Month/Year: Date Sample Obtained: Ground Water Class:

Surficial T010936-01

2/22/01@1100

Lab ID #: Date Reported:

3/5/2001

Was the well pumped before sampling:

Yes

Parameter Storet Code Sampling Method | Samples Filtered(Y/N) Preservatives Added Analysis Method Analysis Result | Detection Limits Analysis Date Analyst Initials Water Level 082545 None N/A 9.89 N/A 2/22/2001 **JBH** Pump Nitrate(mg/l as N) SM4500NO3F 000620 Pump N None 0.061 0.01 2/23/01@1345 DMC TDS(mg/l) Ν SM2540C 000515 122 2.0 2/26/2001 JBH Pump None Sodium(mg/l) 000929 Pump Ν **KNO3** SM3111B 17.46 1.0 2/28/2001 KC Sulfate(mg/l) 000945 EPA375.4 2/27/2001 **JBH** Pump None 21.2 1.0 ก Chloride(mg/l) 001113 N SM4500CLB 25 1.0 2/22/2001 DMC Pump None Ammonia(mg/I) DMC 000610 Ν 350.2 0.14 0.05 2/28/2001 Pump H2SO4 Turbidity(NTU) 082079 Pump Ν EPA180.1 5.21 0.1 2/22/2001 JBH None Fecal Cform(CFU/100ml) SM9222D 2/22/01@1445 031616 Pump N <1.0U 1.0 TMH None pH(Standard Units) 000406 Ν EPA150.1 5.05 0.1 2/22/2001 Pump None JBH Temperature(C) 000010 Pump N Nane 170.1 23.5 N/A 2/22/2001 **JBH** pedifo Conductorasio mbosiom) 000095 EPA120.1 165 0.1 2/22/2001 Pump None **JBH**

Sub Lab: *82533 Advanced Jax

APPROVED BY

Michael L. Cammarata, Laboratory Manager

11:31AM;

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

Was the well pumped before sampling:

GROUNDWATER MONITORING REPORT-PART C

FACILITY: Cypress Lakes WWTF GMSID: FLA013123-001-DW2P Month/Year: Feb-01 Date Sample Obtained:

2/22/01@1135 Yes

Test Site ID: Duplicate (CL-2) Well Type: Ground Water Class:

Compliance Surficial Lab ID #: T010936-04

D

| Date Reported: | 3/5/2001 |
|----------------|----------|
| | |

| 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 | 6.48 | N/A | 2/22/2001 | ЈВН |
| 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 | Đ.1 | 2/22/2001 | JBH |
| Fecal Cform(CFU/100mf) | 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 | ЈВН |
| pearlin Conductions(v mhastam) | 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 | Test Site ID: | Field Blank |
|--------------------------------------|--------------------|---------------------|-------------|
| GMSID: | FLA013123-001-DW2P | Well Type: | |
| Month/Year: | Feb-01 | Ground Water Class: | |
| Date Sample Obtained: | 2/22/01@1145 | Lab ID #: | T010936-05 |
| Was the well pumped before sampling: | Yes | Date Reported: | 3/5/2001 |

| 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 | | 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 | КС |
| 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 |
| Feca! Cform(CFU/100ml) | 031616 | Pump | N | None | SM9222D | <1.0U | 1.0 | 2/22/01@1445 | ТМН |
| 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 Condistance(vinitos/on) | 000095 | Pump | Ŋ | None | EPA120.1 | 1 | 01 | 2/22/2001 | JBH |

Sub Lab: *82533 Advanced Jax

APPROVED BY:

Michael L. Cammarata, Laboratory Manager

7

| When Completed mail this report to: Department of Environmental Protection, | . MS 3551, 2600 Blair Stone Road | , Taliabassec, FL | 32399-240 |
|---|----------------------------------|-------------------|-----------|
| | | | |

PERMITTEE NAME MAILING ADDRESS Mr. Donald Rasmussen, Vice President

Cypress Lakes Utilities, Inc. 200 Weathersfield Avenue

Aitamonte Springs, FL 32714

FACILITY. LOCATION: Cypress Lakes WWTF 10000 North U.S. Hwy. 98 Lakeland, FL 33839

PERMIT NUMBER:

MONITORING PERIOD From

LIMIT: CLASS SIZE. FACILITY ID. GMS ID NO.:

DISCHARGE POINT NUMBER: R001 JIC PLANT SIZE/TREATMENT TYPE:

PERMIT ISSUE DATE FLA013123-002-DW2P

FLA013123

4053P10696

7°0' REPORT: GROUP: WAFR SITE NO

GMS TEST SITE NO

Donestic

| | | | | PL. | TUNI SISELIKENI | MUMITTE: | HC. | | | | |
|--|-----------------------|-----------------------|-------------------------|--------------|-------------------|-------------------|--|--------------|--------|-----------------|--------------|
| COUNTY Polk | | | | | | | | | | | |
| Parameter | T | Quantity | or Loading | Units | Quality | or Concent | ration | Units | No. | Frequency of | Sample Type |
| | 1 | 1 ` ´ | Č | ! | | | |] | Ex. | Analysis | } |
| | C | | | | | | | | | | 10.1 |
| Flou | Sample | • | 110 | and | ! | | | ! | | 1// | MATAIN |
| The state of the contraction of | Measurement | rental de la compa | ERENCO AVASS. TEL | mgo | T 150 40 | Sections in the | | 3.7 | 1000 | Dave Week | Metrs |
| BARM Colesion | Meaninement of | 通过发展 | AMAIN. | | 290 X 12.7 1 | 1 | e de la companya de l | | | | |
| Mon Sie No LA 2017 STD | | 电影性的重要性。 | HE WAS STORY | , no. 194 | 42-31-15-11 72-11 | The Marie Control | Mile and to | 17 | | | (di) |
| CBODS | Sample Measurement | | | | ! | d.d | | molL | | Mich | Poll As A in |
| PAROTE SOME | Measurement | Chieffel S. H. Street | | 12 | (24) 在16年中,在新疆 | 200 PH | Partition of the second | ne/L | KARR | Bejon Montaly | Calculated |
| Mon Signar, FFA 91-15277 | | | | | | A. A. | | | | | BULLAVE |
| (BOD5 | Sample | Cara Cara | 113 mg 113 mg 1173 mg 1 | L | A CONTRACTOR | 4 | 1 | 1 | | 1/ | , |
| (1002) | Measurement | | | | ムオ | 4 | 20 | mulh | | 1114 | Krah |
| PARMONENDE | P | A | 新型的表面的 企业。 | | 30.0 | F-140-14 | 0.00 | | 5.建隆 | Every Two Works | Grab |
| Man Ste No EFA 01215277 | Меавитеция | 建设 | | | (Mo Avg) | Weekhy | (Max) | 77. | | | 图字操作: |
| TSS | Semple | 753-541 | | | | | 10 | 11 | | 1/1:1 | <i>f</i> 1 |
| | Measurement | | | | i | | d. 0 | MOIL | | 1119 | (1720 |
| PARMENTAL STATE OF THE STATE OF | | SPEZIFO'S | · 1 注题的编 | 运车汽 道 | | 2.人员 的 | 10 S | | | Purplant Work | Gray & |
| Nonfig be stadt 1527. | A Comment | | | 表演多出的 | | | (Nax) | | | 游戏的 :罗沙姆 | |
| pH | Sample | 4 | | | 10 | | 71 | 71 | | 71-1 | 16 |
| • | Measurement | } | | | 1 <i>b</i> . / 1 | | [- [-] | 20.1 | | J/J | _(T(al) |
| PARTOCKULA | | 罐 流 1 | | 2018 | | | / 185 B | 504 | | A Depreek | H-Greb |
| WATER PARTY OF | | | | | (Man) | | P. Company | | THE ST | 高指数 植红鹭 | |
| 1 Calculated Rolling Assessed Avenue in | the average of the | anners march | · moreous and the a | receding I | mouth's mouthly a | Wrope. | | | | | |

I Colculated Rolling Annual Average is the average of the current mouthly 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, ? believe the submitted information including the possibility of fine and imprisonment

| NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL | EXECUTIVE OFFICER OF | MUTHORIZED AGENT | PHONE NO | DATE (YY/MM/DD) |
|--|------------------------|----------------------|------------------|--------------|-----------------|
| Joseph M Kuhns Lead Operator | Joseph | ih M Kuk | no | 863-815-1514 | 01-04-18 |
| COMMEST AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments | hore): | | | | |

FORTY NAME CYPTOS Lakes WWTH APORT MONTH MOTCH

PERMIT NUMBER: FLAG11123-001-DW2P

DISCHARGE POINT NUMBER: ROOT

WAFR SITE No.:31701

| Parameter | | Quantity or Loading | | Units | Qua | tration | Units | No. Ex. | Frequency of Analysis | Sample Type | |
|-----------------------|-----------------------|---------------------|--|-----------|------|--------------------|-----------------------|------------|--------------------------|-------------|--------|
| nic, Total as N | Sample Afcamement | | | | · | | 2.1 | mall | | 1/14 | 8hr Pl |
| | | | | | | | | | | | |
| usi Coliforn Bacteria | Sample Measurement | | | | | 51 | <u> </u> | #/wonl | | 5/7 | 5.500 |
| | | | | | | | | | 9 | | |
| thickey | Amaple Messurescut | | | | مرم | | | NTU | | Cont. | Neter |
| | | | | | | | | | | | |
| The Calabertan | Sample Measurement | | | | 5.0+ | STORE CONTRACTOR | and the second second | well | | Conti | Meter |
| ODS | | 4 1 | | | | | | | | | |
| | Sampic Measurement | | | 40 A.C. | 130 | Sales of March 194 | retraphyr (1965) | malf- | 4-54002 | / len | 5-500 |
| | Sample | | | | 10 | | | | | A / | |
| | Measurement | | | ige kang: | 192 | | Street Property | WOLF | 200 | | 15.00 |

4/18/01 10:01AM; 863 815 1524

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524

DAILY SAMPLE RESULTS - PART B

| ucn.;cm | | 1 14/6/ | 23.00 J-D | | | | | (A + DE/P+ | endere de la composition della | 10m: ノロガ | 19 |
|-----------------------|--|------------------|--------------|------------------|-------------|-----------|----------------|--|--|--|--|
| ij | Flay | CBOD5 | N. CHINESE | 1+00/ | Cypress Lat | WI BYRTP | | (AADF/PE | mires Capac | :liy)≥100: <i>3.</i> | do |
| Code | (QDN: | (mg/L) | STREET, | | | | pH (Min) | Fecal Coliform Bacteria (#/100mi) | TRC (Por Disintect) (mgL; | Nicogen Nicose, Total (as N) (mg/L) | Turbidin (N.T U.) |
| Ion Sile | | EFA-15277 | DIV TOWN | 00530 | | 00400 | 004C0 | 74055 | 30065 | 00620 | 90970 |
| | (45.1 | 1 | | | 114 31 100 | EFA-15277 | EFA-11277 | EFA-15277 | EFA-15277 | EFA-15277 | |
| 2 | _1. <u>lDd</u> | | · | 0.8 | | 7.0 | | 4] | 5.0+ | | - |
| | ــــــــــــــــــــــــــــــــــــــ | ļ | | 405 | | 7.0 | | 41 | 301 | - | 1.7 |
| - | 1.103 | <u> </u> | ((| | | 7.7 | | | 50+ | | 1.1 |
| , | -1106 | | | | | 7.0 | | | 50+ | | _42_ |
| | 1/25 | | | 205 | | 7.0 | | <1 | 30+ | | /. 2 - |
| -, | .10d | | | 50.5 | | 6.9 | | 51 | 3.0+ | | -aig |
| | 198 | | | 503 | | 6.9 | | 3 | 10t | | 1.7 |
| - | .OH | | | 0.8 | | 20 | | 3 | 5.01 | | (; |
| | .048 | | | 1.6 | | 7.0 | | 31 | | | /d |
| 19 | 103 | | | -+ | | 7.0 | | -21-1 | 50+ | | 12 |
| 11 | 410 | | | | | 10 | | | 50+ | | - (· X |
| 11 | .100 | | 132 | 1 | 192 | 29 | | | 5.0+ | | 1.0 |
| 13 | المالر | Za | | 20.5 | -LICA | 20 | | 31 | 50t | | |
| 14 | ilda | | | 4.8 | | 10 | - | - 51 - 1 | 5.0t | 27 | -44 |
| ! ! | 109 | 1 | | - /^' | | 27 | | -5 | 5.04 | | <u>_{</u> {3}, |
| 16 | 1105 | | | 203 | | 6.8 | | -31-1 | 50r | | 1.3 |
| 17 | 11/7 | | | 70.0 | | | | <1 | 50+ | | 1.3 |
| 18 | 112 | | | | | 7.0 | | | for | | 1.3 |
| 19 | 103 | | | 100 | | 7.81 | | | Sot | | 1.5 |
| 20 | 142 | | | 405 | | 0./ | | </td <td>5.04</td> <td></td> <td>1.4</td> | 5.04 | | 1.4 |
| 21- | 109 | | | 203 | | 69 | | $\leq $ | 5.0r | | 1.7 |
| 3 | 111 | | | 06 | | 6.9 | | <u>_</u> d_ | 1.0T | | 1.4 |
| 20 | 105 | | | | | 7.0 | | <u>-51</u> + | 50t | | 1.7 |
| - | 105 | | | 40.5 | | 7.0 | | 51 | SDF | | 1.5 |
| 11- | 110 | | | | | 70 | | | 501 | | 1.0 |
| 16 | | | | | | 6.9 | | | 500 | | 11 |
| ., - | 1112 | | | 105 | | 6.9 | | 51 | 5.0+ | | 1.1 |
| | ,100 | 50 | | 505 | | 20 | | 4 | 1.01 | 1.8 | Jod |
| 9 | 110 | | | 0.6 | | 69 | | ≤ 1 | 5.0+ | | 1.0 |
| 8-1- | 103 | | | 28 | | 69 | Ţ | | 5.01 | | 1.7 |
| , | 130 | | | 0.6 | | 6.8 | | KI | 104 | | 7.7 |
| | 1//2 | | | | i | 7.0 | | | 5.01 | | 1:2 |
| STAFF | ING: | | | | | | | | | | |
| ii& Open s Shirt C | lar Manage | Cless. | | Cortificate N | ic9 | 045 | Same. | Church | 5 del 6 | 1.11 | |
| said fint | perator filor | Cinas; Cinas: | -5 | Certificate 1 | 10. | 018 | Name: | David | Winkle | | ~~ |
| permor | | Class | B | Cortificate N | | 207 | Name: Name: | Jay | RIGICIC | Δ | |
| . Duluer | · Disbosel c | r Recishnes' | Water Reuse: | , | and An | Alied | e days of well | Detep. | DE FEW | has | |

* Daily flows are estimated due to construction.

Flow meta was relocated and calibrated or 4/6/01 per J. Keeln

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

PERMITTEE NAME

LOCATION

Mr. Donald Rasmussen, Vice President

MAILING ADDRESS:

Cypress Lakes Utilities, Inc.

200 Weathersfield Avenue

Altamonte Springs, FL 32714 Cypress Lakes WWTF FACILITY

10000 North U.S. Hwy. 98 Lakeland, FL 33809

PERMIT NUMBER:

MONITORING PERIOD From

LIMIT:

CLASS SIZE: FACILITY ID: GMS ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: FLAQ13J23-002-DW2P

4/1/01

FLA013123

4053P10696

R001

ИC

PERMIT ISSUE DATE:

To: REPORT:

GROUP: WAFR SITE NO. GMS TEST SITE NO:

Domestic

| 31701 | |
|-------|----|
| EFF- | 01 |

| COUNTY Polk | | | | | | | · · · - | | | | |
|--|-----------------------|----------|------------|-----------------|---|------------|-------------|------------|-------------------|--|---------------------|
| Parameter Polk | | Quantity | or Loading | Units | Quality | or Concent | ration | Units | No. Ex. | Frequency of Analysis | Sample Type |
| Flow | Sample Measurement | | ,107 | mad | | | | | | 7/7 | Meter |
| PARM Code 50050- | | | | 3000 | | | | The second | 建 | Days Weak | Meter |
| CBODS | Sample Measurement | | | | | 2.1 | | mg2 | : response | Mon | Rall- An-Ava |
| PARM Code 80082 Y Mon Site No. EFA-01-15277 | | | | | | | | ing L | | A STATE OF THE STA | Roll An -Avg. |
| CBOD5 | Sample Measurement | | | | <a><a><a><a><a><a><a><a><a><a><a><a><a>< | くみ | くえ | Mg/L | a casa i re | 1/14 | 8hr FPG |
| PARM Code 80082 Mon Site No. EFA-01-15276 | Meante orne | | | 41.6 | Mo Ayes | Want | Mar) | mg/L | | | Gmb |
| TSS | Sample Measurement | | | COSC EMPLIES IN | | | <i>3</i> .a | Mall | 1 Table 1 Table 1 | 5/7 | Grab |
| PARM Code 00510 Mod Sine No. EFA 01-15217 | | | | | | | O MAN | | | | Septembra Septembra |
| pf: | Sample Measurement | | | State State | 6.8 | | 7.1 | S.U. | CEPTER S | 7/7 | Grab |
| PARM Code 00406 Mon Site No. BPA DU 152 10 | | | | | | | (Max) | | | | |

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) |
|--|--|---------------|-----------------|
| Joseph Mokulins Loan Operator | arent Moulout | 853-815-15214 | 01-05-08 |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments | here): | | |

F. TLITY NAME: Cypress Lakes WWTF RPORT MONTH: <u>April</u>

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

WAFR SITE No.:31701

| Parameter | | Quantity | or Loading | Units | Qua | lity or Concen | tration | Units | No. Ex. | Prequency of Analysis | Sample Type |
|---|--|---------------------|--|-------|------------|----------------|-----------------|---------|--------------------|-----------------------|-------------|
| N-sie, Total es N | Sample Measurement | | | | · | | 36 | myjl | | 1/14 | 8hr FPC |
| SEASON SEE S | SELVICE AND A | 485 | | | | | | | | 20 7 7 7 7 | 100000 |
| Feet Collforn Opeteria | Sample Measurement | | | | | ۷١ | <1 | #/100ML | | 5/7 | Grab |
| | A CHARLES TO SERVICE AND A SER | 7 | | | | | | 2.010 | | | () Y |
| T daidh y | Sample Measurement | | | | 1.5 | | | NTU | | Cont. | Meter |
| | A Constitution | | | | | | | | | | 410 |
| fig for disinfection | Sample Measurement | | | | 5.0+ | | | mg/L | | Cont. | Meter |
| | | | | | | | | | | A Market | |
| | Sample Measurement | | ************************************** | | 179 | | | mg/L | 5-300000 a | Mon. | 18hr FPC |
| ASSESSMENT OF THE PROPERTY OF | | | | | | | | | | | |
| TS Ministration of the Company of th | Sample Measurement | Post of the Article | | 2013 | <i>a70</i> | 22.522.00 | H-7 1 45 (1-24) | ma/L | ₹ 55 € 22 ± | Mon | 8hr FPC |
| Env Propositional Company Security | | | | 7 | | | | | | | |

Received: 5/8/01 2:39PM; 863 815 1524 -> Utilities Inc. FL.; Page 4

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524 May. 08 2001 02:42PM P4

DAILY SAMPLE RESULTS - PART B

| PermitNumber: MontoVYear: | FLA013123-001-DW2P April 01 | Cypress Lakes WWTP | Annual Average Daily Flow: (AADF/Permitted Capacity): 100: | |
|------------------------------|--|--------------------|---|--|
| | · Committee of the last of the | Cyprem LINES HATE | | |

| | , | ·· | | × 11 07 | | | Cypress Lab | | | (ACCOUNT OF BEEN | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 7)4100: 3 | a /c |
|---|---------|--------|--------------|-----------------|--|--------------|-------------|-----------|---|--|--|---|-----------------------|
| | | | Flow 4GD) | CBODS (mg/L) | . B. | | | pří (Max) | pH (Min) | Fecas Collform Bacteria (#/100ml) | TRC (For Disinfect) (mg/L) | Nitrogen, Nitrate, Total (as N) (mg/L) | Turbidity (N.T.U.) |
| | Code | | 0050 | 80082 | | 00530 | DO HO | 00400 | 0 04C 0 | 74055 | 50060 | 00620 | (17000) |
| | MOR SHE | Ef A | -15277 | EFA-15277 | | EFB-32287 | | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFB-32237 |
| ٨ | 2 | | 25 | | | | | 2.0 | | | 5.0+ | | 1.2 |
| X | - 3 | ··· | 20 | | | 0.8 | | 6.9 | | <1 | 50+ | | 10 |
| 太 | | | 20 | | | 3.2 | | 6.8 | | <1 | 5.0+ | | 0.9 |
| X | 3 | | 00 | | | 0.8 | | 2.0 | | <1 | 5.0 | | 0.9 |
| X | 3 | | 295 | | , | 20.5 | | 7.0 | | <1 | 5.01 | | 0.8 |
| ≉ | | | 292 | | | 10.5 | | 6.9 | | <1 | 50+ | | 0.8 |
| | 8 | | 104 | | | | | 7.0 | | | 50+ | | 0.8 |
| | | | 09 | | | | | 20 | | | 5.01 | <u> </u> | 0.9 |
| į | 10 | | 09 | | | 0, 8 | | 2.0 | | <1 | 5.0t | | 0-9 |
| | 11 | ٠. حــ | 12 | | | 0.8 | | 7.0 | | <1 | 5.0+ | <u></u> | 0.9 |
| 1 | 12 | | 114 | くス | 179 | 1.4 | 270 | 20 | | <1 | 5.0+ | 36 | 0.8 |
| 1 | 13 | | 104 | | | <0.5 | | 2.0 | | <1 | 50+ | | 0.9 |
| | 14 | | 05 | | | 20.5 | | 2.0 | | <1_ | 50t | | 0.9 |
| | 15 | | 08 | | | | ļ | 6.9 | | | 5.0+ | | 0.9 |
| 1 | 16 | | 114 | | | | | 7.0 | ļ | | 5.0+ | | 0.8 |
| 1 | 17 | | 05 | | | 0.6 | | 6.9 | | 21 | 50t | <u> </u> | 1.0 |
| | 18 | | 127 | | | 10.5 | | 6.9 | | <1 | 5.0+ | | 1.0 |
| | 19 | | 099 | | | 1.4 | | 7.0 | | <1 | 50t | | lel |
| | 20 | | 296 | | | <0.5 | | 20 | | <1 | 5.0+ | ļ | 1.1 |
| | 21 | | 297 | | | 10.5 | | 7.0 | | <1 | 5.0+ | | 1.1 |
| | 22 | il . | 106 | | - | | | 7.0 | | | 50r | | 1.2 |
| ļ | 23 | 1 | 168 | | | | | 7.0 | | | 50+ | | 1.2 |
| | 24 | | 108 | | | | | 6.9 | ļ | <1 | 5.0+ | | 1.2 |
| | 25 | | 1 <u>33</u> | (a | | 2 | | 7.0 | | 1 | 50+ | 2.2 | 1.3 |
| | 26 | | 103 | ļ <u>.</u> | | 10.5 | | 2.0 | | <1 | 5.0+ | ļ | 1.3 |
| | 27 | . – | 094 | | | (0.5 | | 6.9 | | <u> </u> | 5.0+ | | 1,4 |
| | 28 | 1 | 100 | | | <0.5 | - | 69 | - | <1 | 5.0+ | | 1.5 |
| | 29 | : | 102 | | | 0.6 | ļ | 7.0 | | | 50+ | | 1.0 |
| 1 | 30 | 1 | 23 | - | - | - | | 21 | - | | 5.0+ | | 1.0 |
| | - 31 | ٤٠ | 084 | | | 0.6 | 1 | 7.1 | <u>.</u> | 51 | 5.00 | | 1.2 |
| | | | - | | <u> </u> | <u> </u> | | | <u>i. </u> | | | | |

| PLANT STAFFING: | | | | | | , , | |
|---------------------------------|-------------|-------------|-----------------|--------------------|--------------|--------------------|---|
| Day Shut Open for | Class. | C | Conficate No. | 8045 | : i21.10. | David E Shoffstall | |
| Svening Shift Operator | Class: | | Certificate No. | 12018 | Name: | Cavid Winkler | _ |
| Night Shift Operator | Class: | 7 | Certificate No: | 8600 | Name: | Ravid Runiak | _ |
| Lead Operator | Class: | 8 | Cortificate No: | . 2202 | Name: | Joseph M. Kuhns | |
| Type of Efficer t Disposal or R | | | Land | Applied | • | | _ |
| .imited Wet Wrather Discharg | e Activated | : Yes: No | Not Applicable | If yes, cumulative | e days of we | or weather | _ |
| discharge: | | | | | | | _ |

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

Daily Flows are estimated due to construction

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-

MONITORING PERIOD From.

LIMIT: CLASS SIZE FACILITY ID:

GMS ID NO: DISCHARGE POINT NUMBER:

ROOL PLANT SIZE/TREATMENT TYPE: UC

FLA013123-002-DW2P

Fina?

FLA013123

4053P10696

PERMIT ISSUE DATE To: REPORT: GROUP.

> WAFR SITE NO GMS TEST SITE NO

Domestic 31701

EFF-CI

| COU | NIY: | |
|-----|------|------|
| | | |

| Parameter | | Quantity or Loading | | Units | Quality | Units | No. Ex. | Frequency of Analysis | Sample Type | | |
|---|-----------------------|---------------------|------------------|------------|-----------------------|--------------------|----------------|-----------------------|---------------------------------------|-----------------|--------------------------|
| Flow | Sample Measurement | | .155 | Mad mgd | | | | |] | 7/2 | Meter |
| PARM Code 50050 1 Site No. EFA-01-15277 | Permit Measurement | | 0.240 MMADE | užšą ; | | ·. | | | | 5 Days/Week | Meter |
| CBOD5 | Sample Measurement | | | | | 20 | | mall | | Mon | Rest - An - Avry |
| PARM Code 80082 Y | Permit Measurement | 體源 | | - | a an Magalin La Ba | 20.0- (An Avg.) | . : | iffg/l∟ | <i>(</i> 7) | Report Monthly | Calculated Roll-An -Avg. |
| CBOD3 | Sample Measurement | | | | <2 | (2 | くみ | malL | | 1/14 | |
| PARM Code 80082 1 Mon Site No. EFA-01-15277 | Permit Measurement | | | | 30.0 (Mo. Avg.) | 45.0; (Weekly) | 60.0 (Max.) | ngl | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Even Two Weeks | Shr FPC Grab |
| FSS | Sample Measurement | | | | | | 1.4 | | | 5/7 | Grab |
| PARM Code 00530 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Permit Measurement | i i | | | 12. | | 5.0 (Max.) | mg/L | | Every Two Weeks | Grab |
| p){ | Sample Measurement | | | | 6.9 | | 7.0 | 54 | | 7/7 | Grab |
| PARM Code 00406 1 AMD Non. Site No. EFA-01-15277 | Permit Measurement | v. | ara, s Lagran | | 6.0 (Min.) | | 8.5 (Max.) | 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 posalities for submitting false information including the possibility of fine and impresented

| NAME/TISLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | PHONE NO | DATE (YY:MM/DD) |
|---|--|--------------|-----------------|
| David E Snoffstall Lead Operator | David & Shaffald & Brinder | 863-815-1524 | 01-06-15 |

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

FAILTY NAME CYDICES Lakes WWIF RPORT MONTE

PERMIT NUMBER: PLA013123-001-DW2P DISCHARGE POINT NUMBER: R001

WAFR SITE No.;31701

| Parameter | | Quantity | or Loading | Units | Qua | lity or Concen | tration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------------|----------------|------------|-------|-------|----------------|-------------|---------|-------------|--------------------------|-------------|
| N-sie, Total as N | Sample Measurement | | | | - | | 23 | mg/L | | 1/14 | 8hr FPC |
| P. LA COM POSIT — L'ET | Town | | | 20 | | | | | | free Lee Woods | |
| Feel Coliform Bacteria | Sample Measurement | | | | | <1 | < 1 | #/100 M | | 5/7 | Grab |
| | Period Market marking | | | | | | 11466 | 1000 | | | (ea) |
| d bidlty | Sample Measurement | | | | 1.9 | | | NIW | | Cont | Meter |
| Les Code (100 () - C C C C C C C C C C | Picture Morrore and | | | | Len | | | | | COLUMBACO. | |
| ior disinfection | Sample Measurement | | | | 5.0+ | | | male | | Cont | Metes |
| HIO 4 1004 | | | | | (MSa) | | | | | Copierous is | |
| CODS | Sample Measurement | | | | 360 | | | mq/L | o kontantan | Mon | 8 hr FPC |
| MAY CAME SHOOT AND COME STATE OF THE COME SHOOT AND COME SHOT AND COME SHOOT AND COME SHOOT AND COME SHOT AND COME SHOT AND COME SHOOT AND COME SHOOT AND COME SHOTT AND COME SHOTT AND CO | Famili Maturomas | | | | | | | | | Microsoft | |
| T5 | Sample Mensurement | TARE A SERVICE | | | 350 | | ARITHI MOVE | ma/L | J. S. 1988. | Mon | 8 hr FPC |
| | Page 1 | | | | | | | | | | |

hav Proportioned Composite sample taken during a period of 1 hours.

DAILY SAMPLE RESULTS - PART B

PennicNumber: Moncy/Year

FLA013123-001-DW2P

Annual Average Daily Flow: (AADF/Fermitted Capacity)::100:

| ŀ | Flow | CBODS | | | Cypress Lak | es PHTP | | (AADF/Fe | rmined Capac | ity)×100: | - |
|----------|----------------------|-----------|---------------|-------------|-------------|-----------|-----------|--|-----------------------------------|---|----------------------|
| Code | MGDN | (mg/L) | (Her) | TSS (mg/L) | 786 | pH (Max) | pH (Min) | Fecal Coliform Bacteria (#/100ml) | TRC (For Disinfect.) (mg.L) | Nitrogen, Nitrate, Total (as N) (mg/L) | Twbidity (N.T.U.) |
| 1 | :0050 Et 16-15277 | 80082 | STREET, T | 00530 | 00110 | 90400 | 00400 | 74055 | 30060 | 00620 | - 20 |
| | | EFA-15277 | Det 11700 | EFF-32237 | 100 11300 | EFA-15217 | EFA-15277 | EFA-15277 | • | EFA-15277 | 00070 EF6-32337 |
| <u> </u> | -094 | | | 40.5 | | 7.0 | - | <1 | 50F | | |
| 3 | -091 | | | 0.6 | | 20 | | 31 | 50r | | 16 |
| 1 | .082 | | | <0.5 | | 6.9 | | 31 | 5.00 | | 1.6 |
| 5 | .090 | | - | | | 6.9 | | 4) | 50t | | 1.6 |
| | .126 | | | | | 7.6 | | | 50+ | | 1.6 |
| 7- | -128 | | | | | 7.0 | | | 5.0+ | | 1.8 |
| 1 | .174 | | | / | | 6.9 | | 51 | 50+ | | 1.9 |
| 1-3-1 | 1.30 | | | (0.5 | | 6.9 | - | </td <td>50+</td> <td></td> <td>1.9</td> | 50+ | | 1.9 |
| 1¢ | cac | | 260 | 1.4 | 350 | 6.8 | | 31 | Sor | | 1.6 1.5 |
| 11 | 125 | < -3 | · | 10.5 | | 65 | | 3 | 50+ | 6.05 | 1.4 |
| 12 | 131 | | | 20.5 | | 69 | | 31 | 5.0+ | 10.0. | 1.4 |
| 13 | 1126 | | | | | 69 | | | 50t | | 1.4 |
| 14 | 178 | | | | | 69 | | | 50+ | | 1.5 |
| 15 | 157 | | | 1.4 | | 70 | | (1 | 500 | | 1.3 |
| 16 | 1.37 | | | 50.5 | | 70 | | 3 1 | 5.0+ | | 1.0 |
| 17 | 2151 | | | 4 | | 70 | | (1 | 50F | | 10 |
| 18 | 153 | - | | 0.8 | | 70 | | 41 | 5A+ | | 1.0 |
| 19 | 183 | | | 0.8 | | 6.5 | | (1 | 501 | | 10 |
| 20 | 131 | | | | | 69 | | | 50t | | 1.0 |
| | 149 | | | | | 70 | | | 50t | | 10 |
| 22 | 17/ | | <u> </u> | 0.8 | ! | 7.0 | | 1 | 50t | | 10 |
| 23 | 16/ | | | 1.4 | | 69 | | 4 | 5ot | | 1.0 |
| 24 | .167 | | | <05 | - | 69 | | <1 | 5.0+ | 23 | 1.0 |
| 25 | 185 | <2 | | 13 | | 6.9 | | <1 | 5.0 t | | 10 |
| 26 | 165 | | | 0.8 | | 7.0 | | <1 | 50T | | 1.0 |
| 27 | .171 | | | | | 7.0 | | | 50+ | | 15 |
| 28 | 123/ | | | | | 6.9 | | | 50t | | 1./ |
| 29 | 134 | | | 0.6 | | 70 | | <1 | 500 | | 1.0 |
| 30 | .170 | | | 1.4 | | 7¢ | | <1 | 500 | | 1.2 |
| 30 | 230 | | | 40.5 | 1 | 6.9 | | <1 | 501 | | 1.2 |
| | 344 | | | 06 | ı | 7.0 | | 31 | 5.0T | | 13 |

| PLANT STAFFING: | | | | , | | |
|---------------------------------|-------------|-------------|---|-----------------------|--------------|---------------------|
| Day Shirt Open for | Class. | ~ | Continues No. | 12016 | liane. | بنيمه درسيات ک |
| Evening Shift C person | Class: | | • | 8045 | - | David E. Shoffstull |
| Night Shift Operator | | | Certificate No. | 12018 | Name: | Mariel Winkler |
| Load Operator | Class: | | Certificate No: | 2854 | Name: | H. Jay Aldrich |
| | Class: | | Certificate No: | 8045 | Name: | David E. Sneffstull |
| 'ype of Effluer : Disposal of R | eciaimea W | ater Reuse: | | | • | MODICE R. MILITARY |
| imited Wet Weather Dischar | e Activated | : Yes No | Nut Apple abl | c. If yes, cumulative | e days Al in | 7 DANA |
| discharge; | | * 1 | | | e omis of Me | er wellings |

[&]quot;Attach additional sheets if necessary to last all certified operators.

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

PERMITTEE NAME

Mr. Donald Rasmussen, Vice President

MAILING ADDRESS Cypress

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:

MONITORING PERIOD From

LIMIT:

CLASS SIZE: FACILITY IO: GMS ID NO.

DISCHARGE POINT NUMBER
PLANT SIZE/TREATMENT TYPE-

FLA012123-002-DW2P

FLA013123

4053P10696

R001

PERMIT ISSUE DATE. To: REPORT:

GROUP: WAFR SITE NO GMS TEST SITE NO 6/30/0/ Monthly Domestic 31701

31701 *EFF-0*/

| L | KETANG, FL 33009 | | PI | ANT SIZE/TREAT | MENT TYPE | IIC. | | | | |
|---|-----------------------|---------------------|-------|--------------------|-------------------|----------------|-------|------------|-----------------------|------------------------|
| Parameter Parameter | elk. | Quantity or Loading | Units | Quality | y or Concen | tration | Units | No. Ex. | Frequency of Analysis | Sample Type |
| Flass | Sample Measurement | ./7/ | m6A | | | | | | 7/7 | meter |
| PARM Code 50050 1 Mon. Site No. EFA-01-15277 | Permit Measurement | - 0.240 MMADF | mgd | . • | | | | | 5 Days/Week | Meter |
| CRODS | Sample Measurement | | | | 2.0 | | mak | | Mon | Roll-Rn-AVE |
| PARM Code 80082 Y Mga,Site No. EFA-01-15277 | Permit Measurement | 2.5 | | | (An Avg.) | | mg/L | | Report Monthly | Calculated Roll-AnAvg. |
| CBOD2 | Sample Measurement | | | くみ | 42 | <2 | mall | | 1/14 | 8hr FPC |
| PARM Code 80082 - 1 Mon Site No EFA-01-15277 | Permil Measurement | | | 30.0 (Mo. Avg.) | 45.0, (Weekly) | 60.0 (Max.) | mg/L | | Every Two Weeks | Grab |
| 188 | Sample Measurement | | | | | .8 | mall | | 5/2 | Grab |
| PARM Code 00530 l Mon.Site No. EFA-01-15277 | Permit Measurement | | | | | 5.0 (Max.) | H&T | | Every Two Weeks | Grab |
| Нс | Sample Measurement | | | 6.9 | | 2.1 | Sil | | 7/7 | Grab |
| PARM Code 00406 I Mon.Site No. EFA-01-15277 | Permit Measurement | | | 6.0 (Min.) | | 8.5 (Max.) | S.U. | | 5 Days/week | Grab |

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

I certify neder 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 ALTHORIZED AG | NI SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | PHONE NO | DATE (YY MM/DD) |
|--|---|--------------|-----------------|
| David E Shoffstall Lead Operator | Duis & Bailed | 863-815-1524 | 01-06-25 |

PERMIT NUMBER: FLA013123-005-DW2P

DISCHARGE POINT NUMBER: ROOL

WAFR SITE No.:31701

FORTY NAME: Cypress Lakes WWTF RPORT MONTH:

| Parameter | I | Quantity | or Loading | Units | Qua | lity or Concen | ltation | Units | No. Ex. | Frequency of Analysis | |
|--|---|--|--|---------|------------------|---|---|----------------|--------------|--------------------------|----------------|
| | | | | | | | 01 | mall | | 1/14 | 8hr FPC |
| Je, Total as N | Sample | | | ì | | | 8.1 | | 200 | SECTION WELL | & B MULTIC |
| TWA . | Measurement | - Section of the sect | | | | | | | 1.5 | | The state of |
| H CORNED 12 | Transit | | 100 P | | | | Polled bing bit. al. | 4 | A. A. Santan | | |
| 6 65 8 46 EFA-01-1727 3 | Mess reposition | THE RESERVE OF THE | 3 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | <i>,</i> , | (1) | #/100ML | 1 | 5/7 | Grab |
| al Coliform Bacteria | Sample | | 1 | 1 | | | THE PROPERTY OF | 1 1 10 10 23 | 1233 | 3 De a Vert | (a sh |
| | Menanchical | | | 5000 | | | | | | | |
| THE CHANGE OF THE COMMON TO TH | Court 25 | | | | | A STATE OF | 2001/10/2 | 200 | 120 THE TO | | , |
| MAIN PLANTING | HERTHIKH! | 110.000 | 74020 | | | | 1 | NTU | 1 | Cont | Mete |
| Bally | Sample | 1 | 1 | ł | 1.4 | 1 | 1 | | A CONTRACT | | Ve Mater |
| | Messurement | DESCRIPTION OF PROPERTY OF | SALES CONTRACTOR OF THE PARTY O | | A de la constant | | 200 | | | | |
| of Pade Bold C | Partie | 10 4 7 7 7 | | | | | | | 10000 | | , |
| SENCEPHOLINIT | Manufactural * | *** | 2000 | | | | 1 | 1 000/1 | 1 | Cont | mete |
| or disinfection | 2 mblc | { | 1 | 1 | 5.0t | 1 | 2 | mall | 200 200 | Carlle sons | Legal |
| | Measurement | West Street Street | THE PERSON NAMED IN COLUMN | 1000 | 75 C 11 T 1 | | | 1 | | | |
| EM COM STORE TO THE TEN | Jane 1 | | | | (Mar) is | A POST CONTRACTOR | THE REAL PROPERTY. | A 14-4-1-1-1-1 | | 4444 | - 4 |
| LIGHT PARTITION | Mersine 4 | TAXABLE ASSE | 1 1/2 1/4 2 10 Kill Lines | | 0.44 | | 1 | mall | 1 | Mon | 3hr FA |
| NOUS | Sumple Measurement | ì | 1 | | 840 | | | | 20-25:5 | MAGNA ST | 1 |
| A STATE OF THE STA | A REGISTER OF THE PARTY OF THE | 100 300 300 | The state of the | | ESI NAMES | Arrest Wall | | | 1 | | |
| MOLEUM O | Sent tomak | | THERESE | | | | | - Singer Hand | - | | 1 -/ |
| delinentarion? | Sample | The state of | | 7 | ا ما | 1 | | ma/L | 1 | Mon | 8 hr Ff |
| 7 | Measurement | | | | 320 | 2 THY 5 5 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | SOURCE AND | S CONTRACTOR | E 2 2 2 2 | A LT. MOTORINA 2 | |
| | | | A Company | TALL IN | | PARKS | 100 | | 13.7 | | C-520 |
| | P. P. | 1477 | STATE OF STATE | | | | TO THE REAL PROPERTY. | | | | - - |

FROM : CYPRESS LAKES UTIL

DAILY SAMPLE RESULTS - PART B

Cypress Lakes BYRTP

Pennichumbet Monty Y'cu

FLA013123-001-DW2P

Annual Average Daily Flow: (AADF/Fermitted Capacity)x 100:

Mitrogen, TRC For pH (Min) Fece CHOOS TSS (mg/L) TSS (mg/L) pH (Max) CBODS Flow (N.T.U.) Collform Disinfect) Nicrate, mg/L) 'AGD' (alaxy) Total (as N) Bacteria maL) #/300ml; (mg/L)0007:1 10060 00620 00400 00400 14015 00000 00530 10052 80087 NODEC TO Code EFA-15277 EFA-15277 EFA-15277 EFE-52037 THE 32700 FFR-32757 LINE 32500 EFA-15277 EFA-152 Mon Site Ef A-15277 FFA-1577 1.3 5.0* 7.0 .123 501 1.3 2 6.9 .130 50+ 1.2 3 70 .205 50t *!.*⋥ 40.5 70 .239 <1 505 1.2 40.5 70 -178 1.5 5.0t 320 6.9 240 1.6 .146 5.0 t مکنا <1 6.9 105 .au.z 5.0+ 20 7.1 1 105 .164 5.0t a a6.9 .170 1.5 5.0+ 7.0 10 :174 1.4 11 50t 11 21 (O.S .24/ 1.4 5.0+ 10 12 7.0 06 1.23 1.4 50× 7.0 13 1.4 1.89 5.0+ 1.6 14 70 405 189 1.6 69 <1 5.0 t 40.5 ,122 1.6 5.0t 6.9 1.6 5.0 t 7.0 .190 1.2 5.0t 18 1 70 ,213 <1 50 t 1.1. 19 6.9 0.6 .123 1.1 <1 50t 20 7.0 .245 105 5.0+ 6.2 1.4 24 21 7.0 0.6 .167 2.2 1.4 < 1 7.0 105 198 1.4 20 50+ 23 124 1.4 5.0× 70 24 1125 1.3 <1 5.0 F 21 70 1.2 .153 ルユ <1 500 70 26 0.8 .177 1.3 5.0+ 7./ 12 .182 1.3 21 5.0 t 21 28 40.5 170 1.3 <1 5.00 7.0 .179 <05 50t 1.5 20 150 31

| PLANT STAFF (NG: Day Shift Open for Class. Svening Shift (perator Class: Night Shift Operator Class: | Certificate No. Certificate No. Certificate No. | 10018 Name: 8854 Name: Name: | H. Jay Bidrich |
|--|---|------------------------------------|---------------------|
| Night Shift Operator Class: Class: | Cortificate No. | 8045 Name: | Ravid E. Shaffstall |
| Type of Effluer t Disposal or Reclaimed Water imited Wet W :siber Dispharge Activated: Ye | TREUSE: | If yes, cumulative days of w | et weather |

[&]quot;Attach addition ill sheets if necessary to list all contried operation

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

PERMITTEE NAME MAILING ADDRESS Mr Donald Rasmussen, Vice President

Cypress Lakes Unlities, Inc. 200 Weathersfield Avenue

Altamonte Springs, FL 32714

PACILITY LOCATION Cypress Laves WWTF ,0000 North U.S. Hwy 98 Lakeland, FL 33809

PERMIT NUMBER

MONITORING PERIOD From

LIMIT:

CLASS SIZE: FACILITY ID GMS ID NO:

DISCHARGE POINT NUMBER PLANT SIZE TREATMENT TYPE FLA013123-002-DW2P PERMIT ISSUE DATE

Final

ROOL

IEC.

FLA013123

4053P10696

To: REPORT: **GROUP**

Monthly Domestic 31701

WAFR SITE NO GMS TEST SITE NO. EFF-OI

| Parameter Parameter | | Quantity or Loading | | Units | Qualit | Units | No. Ex. | 1 | Sample Type | | |
|---|-----------------------|---------------------|----------------|-------|--------------------|-------------------|----------------|------|-------------|-----------------|--|
| Flas | Sample Measurement | | .108 | mgd | | | | | | 7/7 | meter |
| PARM Code 50050 1 Mon. Site No. EFA-01-15277 | Permit Measurement | | 0.240 MMADF | mgđ | | | | | | 5 Days/Week | Meter |
| (BOD) | Sample Measurement | | | | | 2.0 | | mg/L | | mor | Reall on AVA |
| PARM Code 80082 Y Mgn.Site No. EFA-01-15277 | Permit Measurement | | 47 | | | 20.0 (An.Avg.) | | mg/L | | Report Monthly | Calculated ¹ Roll-AnAvg. |
| CBODS | Sample Measurement | | | | 42 | لا ك | 42 | mqL | | 1/14 | & FPC |
| PARM Code 80082 Mon Site No. EFA-01-15277 | Permit Measurement | | | | 30.0 (Mo. Avg.) | 45.0. (Weekly) | 60.0 (Max.) | mg/L | | Every Two Weeks | Grab |
| 11 | Sample Measurement | | | | | | 4.8 | | | 5/7 | 6 rab |
| PARM Code 00530 1 Mon Site No. EFA-01-15277 | Permit Measurement | | | | | | 5.0 (Mex.) | ng/L | | Every Two Weeks | Grab |
| He | Sample Measurement | | | | 6.9 | | 7.2 | ςυ | | 7/7 | Grab |
| PARM Code 00406 1 Mon.Site No EFA-01-15277 | Permit Measurement | | | | 6.0 (Min.) | ŕ | 8.5 (Max.) | 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.

Legists under penalty or 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, it relieve to submitted information is true, accurate and complete. Lum aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment

| 1 | NAME TO US OF PRINCIPAL EXECUTIVE OF FICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | PHONE NO | DATE IYY MM D |
|---|--|--|--------------|---------------|
| | | | | |
| | head Operator | | 863-815-1524 | |
| | | | | |

FORT MONTH: 7-01

PERMIT NUMBER; FLA013123-001-DW2P

DISCHARGE POINT NUMBER: ROOT

WAFR SITE No .:.

| Parameter | | Quantity | or Loading | Units | Qua | lity or Concer | lration | Units | No. Ex. | Frequency of Analysis | Sucre |
|--|--|---------------|-----------------------------|---|---------------|-------------------|--|--|----------------|-----------------------|------------|
| N-sie, Total as N | Sample | | | | | | | | | | Shr |
| | Measurement | | marks comment to the second | 100000000000000000000000000000000000000 | | | Marie Francisco | | | Frent Par Woods | - 8 Au |
| P IM COL COLUMN | Permit: | | | | | 1.01 4.00 | (karyar | Company of the second | r e | | The same |
| Feel Coliforn Bectorie | Sample | | | | | 4 | 41 | # 100 mi | | 5/7 | 6-1 |
| Paul Collins as Comme | Measurement | | | 271227162 | Marie Control | THE REPORT OF THE | | ************************************** | na Died Selfer | SES Dave Week as | 100 |
| TOTAL CONTROL OF THE PARTY OF T | Persons Microscopius al | | | 4.74.5 | a de la | i de la constant | T (Max) | | | | |
| Tabadhy | Sample | | | | 2.6 | | | ntu | | cont | me |
| | Me sourement | | | HICKORY TO | | Acres Marie | ************************************** | | 100 | | 77 |
| Feth Code 000/0 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | Name of the last o | KB IE P | 011 A 70 A | | | | | | | | |
| To disinfection | Sample Measurement | | | | 5.0+ | | | me/l | ~~~ | Cont | W. |
| JANG ANNE THE | Zamenta Menumenta | | | | NO. | | 1753 | nw. | | Совциори | 选 |
| UOUS | Sample | | F-9 | | 170. | | | m6/1 | | สเท | 8 h |
| PROCESSING OF STATE | Measurement Forthers | | 236 | | | | | Z. Paris | -1-34 | 16(01)6 | 1 0 |
| CLSIL NO INFOLUTION | Sample | | | ELL STREET | 200 | 71.00 | | malL | | איטאו | 6 |
| The second of th | Measurement | | | | 200 | 202 | | | | Monday | |
| THE REAL PROPERTY OF THE PARTY | | ad a (1 bours | | | I Veriland | | | 1000 | TO SEE SE | President for the | F-F-15 |

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

le Type

FPC ab

DAILY SAMPLE RESULTS - PART B

PermicNumber FLA013123-001-DW2P Attitual Average Daily Flow-Month? car 7/01 (AADF/Permitted Capacity)x 100: Copress Lakes BYATP flow CBODS COUDS: TSS (marl) JSS (marl) pH (Max) pH (Min) Fecal TRC ;For Nitrogen. -ICD (41606) mg/L Californ Disinfect) Nibale. (N.T.U.) Bactena me Li Total (as N) 4/100ml (mg/L) Code :0053 ROORZ 3 MENT 7 00530 00400 00310 00400 14055 50050 00620 0007/3 Mon Site El (-1327) FFA-13777 INE-31700 FFB-12237 INF 31300 EFA-13277 EFA-13277 EFA-15277 EFA-15277 EFA-15277 EFB-32737 . 2085 7.1 5.04 1.5 69 **く** ۱ 5.04 1.5 .168 <0 S 3 . 189 200 7.0 170 20.5 < 1 5.0+ ī 2.51 282 7. (2.6 ŧ < 1 5 7.0 207 42 0.6 <1 5.0+ 7.0 023 <1 <05 5.0+ 2.1 2.2 7. 1 5.0+ 984 7 504 2.2 012 17.0 5 7.0 <1 5.0+ 2.2 180 SO. 5 10 2.4 6.9 <1 5.0t 090 ها ٥ 11 2.6 7.0 12 1.9 0.B 098 12 1.9 5.0t 1.4 7.0 41 131 13 0.7 0.7 5.0+ < 1 < 0.5 102 0.10 14 7.0 5.01 087 آمار 15 7.1 5.04 102 42 16 7.0 2.93 < I 086 0.6 1.0 5.0+ 17 7. O 41 O. 8 010 5.0+ 90 2.7 18 Ö 41 1.2 105 1.7 7.0 3. € <1 < 2 <u>ဗ</u> 080<u>63</u> 5.04 7.2 20 < 1 0.8 075 5.05 41 21 7.1 018 .38 7.1 5,04 Oft 37 5.0 ¥ 23 < 0. 's 7. o 41 083 73 5.0 t < 1 7.1 24 094 0.8 5.0+ 52 24 \mathcal{O} < 1 <0 5 097 46 7. U Z 1 5.0 t. 26 4.3 095 45 5.04 < 1 7.0 27 1.6 068 .49 7.0 5.0 <u>t</u> 28 obit 49 5.0 t 7. Ĩ 29 086 74 5.0 F 7.1 **K**1 30 0.6 097 5.0 + < 1 6.9 1.2 11 098

| PLANT STAFFING: Day Shuft Operator Class: Svening Shift Operator Class: Night Shift Operator Class: Vype of Effluer (Disposal or Rectained initied Wet Wasther Dispharge Activate | C Conflicate No. C Conflicate No. Certificate No. Certificate No. Certificate No. Certificate No. (No. Applicable | 12018 Name: 12018 Name: Name | David Rynick David Winkter H. Say Aldrick Dolvid Shoffshall |
|--|---|--|---|
|--|---|--|---|

.

Attach addition id sheets if necessary in list all certified operators

| e | When Completed mail this report int of Environmental Protection, | MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400 |
|---|--|--|
| | | |

PERMITTEE NAME MAILING ADDRESS. Mr Doren, Vice President

Cypressies, Inc. 200 Wellenue

Altamor L 32714

FACILITY: (vpress'F LOCATION 10000 Nay 98 Lakelant

PERMIT NUMBER:

MONITORING PERIOD From LIMIT:

CLASS SIZE: FACILITY ID: GMS ID NO

DISCHARGE POINT NUMBER PLANT SIZE/TREATMENT TYPE FLA013123-002-DW2P PERMIT ISSUF DATE B-1-01 Ta

GMS TEST SITE NO

REPORT GROUP: WAFR SITE NO

Final

 Π

ROOL

₹IC.

FLA013:23

4053P10696

6-31-01 Month!y Domestic 31701

EFFOL

2323 BUTTLE

| COUNTY: Polk | | 0 | T Ji | T 7 != | Qualit | y or Concent | ration | Units | No | Frequency of | Sample Type |
|---|-------------|----------|----------------|--------|--------------------|--------------------|----------------|-------------|-----|-----------------|-----------------------|
| Parameter | | Quantity | or Loading | (!nits | Quanti | y or Concern | lation | Cints | Es. | Analysis | |
| Flow | ı .ement | | P01, | meD | | | | | | 7/7 | meter |
| PARM Code 50050 1 Mon. Site No. EFA-01-15277 | æment | | 0.240 MMADF | mgd | | | | | | 5 Days/Week | Meter |
| CBODS | emen! | · | | | | 2.0 | | mg/L | 1 | mon | Koll as wi |
| PARM Code 80082 Y Mon.Site No. EFA-01-15277 | ement | | ¥4. | | | 20.0 (An.Avg.) | | mg/L | | Report Monthly | Calculated Roll-AnAvg |
| CBOD5 | i ement | | | | 2.2 | 2.5 | 2.5 | mg/L | | 1/14 | Grab |
| PARM Code 80082 I Mon.Site No. EFA-01-15277 | ement | | | | 30.0 (Mo. Avg.) | 45.0 . (Weekly) | 60.0 (Max.) | mg/L | | Every Two Wocks | Grab |
| TSS | ı emeni | | | | | | 2.2 | mq/L | | 5/7 | Grab |
| PARM Code 00530 1 Mon.Sice No. EFA-01-15277 | ement | | | | | | 5.0 (Max.) | mg/L | | Every Two Weeks | Grab |
| pl: | .cment | | | | દ.૧ | i | 7.1 | \$ υ | | 7/7 | Grab |
| PARM Code 00406 1 Mon.Site No. EFA-01-15277 | rement | | | | 6.0 (Min.) | | 8.5 (Max.) | S.U. | | 5 Days/week | Grab |

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

I certain under penalty of law that I hly examined and am familiar with the information submitted herein, and based on my inquiry of these individuals immediately responsible for obtaining the information, i be severthe submitted information (see and complete 1 and aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment

| NAME/TITLE OF PRINCIPAL EXPERICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | PHONE NO | DATE IYY MM DO: |
|---|--|--------------|-----------------|
| David R Ryniak - end Operator | Daire Rymak | 8.3-815-1524 | 01-4-11 |

FACILITY NAME: Cypress Lakes WWTI-REPORT MONTH: 8-01

PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER, ROUT

WAFR SITE No 31701

| Nitrate, Total as N PARM Code 00520 Mon Site No. FFA 01-15277 Fecal Coliform Bacteria PARM Code 24055 Mon Site No. EFA-01-15277 Measurement Permit Mon Site No. EFB-01-32287 PARM Code 00070 Mon. Site No. EFB-01-32287 PARM Code 30060 PARM Code 50060 PARM Code 50060 PARM Code 50060 PARM Code 50060 PARM Code Source PARM C | | | | Non Deschable (75 Percentile) | 30 (110 (Max.) | mg/L fight | 2.25. 2.25. 2.25. 3.25. | Byery Two Weeks | Bhr Comil |
|--|---|-----------------|---------------|----------------------------------|---|---------------|----------------------------------|--------------------|----------------|
| PARM Code 98620 1 Permit Mon Site No. BEA-01-15277 Measurement PARM Code 74055 1 Permit Mon Site No. EFA-01-15277 Measurement PARM Code 98050 1 Permit Mon-Site No. EFB-01-32287 Measurement PARM Code 50060 1 Permit Mon, Site No. EFA-01-15277 Measurement PARM Code 50060 1 Permit Mon, Site No. EFA-01-15277 Measurement PARM Code 50060 1 Permit Mon, Site No. EFA-01-15277 Measurement PARM Code 50060 1 Sample Measurement PARM Code 50060 1 Sample Measurement Sample Measurement Sample Measurement Sample Measurement Sample Measurement Sample Measurement Sample Measurement | | | | | 28 : : | t Ioc mi | | (3)6 | 8 hour FIC |
| Fecal Coliform Bacteria PARM Code 24055 Mon Sile No. EFA-01-15277 Tubidity PARM Code 00070 Mon. Site No. EFB-01-32287 TRC for disinfection PARM Code 50060 PARM Code 50060 PARM Code 50060 Mon. Site No. EFA-01-15277 CDODS Sample Measurement Measurement Parmit Mon. Site No. EFA-01-15277 Measurement Sample Measurement Parmit Mon. Site No. EFA-01-15277 Sample Measurement Sample Measurement Measurement Parmit Mon. Site No. EFA-01-15277 Measurement Sample Measurement | | | | | 23 | | | 1 | |
| PARM Code 14055 1 Permit Measurement Turbidity Sample Measurement PARM Code 60070 1 Permit Measurement Mon. Site No. EFB-01-32287 Measurement TRC for disinfection Sample Measurement PARM Code 50060 1 Permit Measurement PARM Code 50060 1 Permit Measurement PARM Code 50060 1 Sample Measurement Mon. Site No. EFA-01-15277 Measurement CBODS Sample Measurement | | 2000 | | | 23 | | | 5/7 | Grab Grab |
| Turbidity PARM Code 00070 Permit Mon. Site No. EFB-01-32287 Measurement TRC for disinfection Sample Measurement PARM Code 50060 Permit Mon. Site No. EFA-01-15277 Measurement CBODS Sample Measurement Measurement Meas | | 4 | | | (Mix) | #/J00ml. | | 5 Day#Week | Сизо |
| PARM Code 60070 Permit Measurement PARM Code 50060 Permit Measurement PARM Code 50060 Permit Measurement Mon. Site No. EFA-01-15277 Measurement CBODS Sample Measurement M | i | | ,40 | | | Mtn , | - grett | Cont | meter Moler |
| TRC for disinfection PARM Code 50060 1 Mon. Site No. EFA-01-15277 CBODS Sample Measurement Measurement Measurement Measurement | | | Report | | | יידא | | | |
| Mon. Site No. EFA-01-15277 Messurement Sample Measurement Measurement | | | 5.01 | | | mg/L | 7887 | cont. | meter_ |
| CBODS Sessiple Measurement | | | . 10 (nik) | | | 100 | 1.184 cm | | |
| PARM Code 10082 O Permit | | | 170 | activities are seen | 998 24 P.C. 24 S. L.S. | mg/L | ्यः | Munthly Monthly | Grab |
| Mon. Site No. INF-01-31700 Meastroment | | | Report | | | l.a. | | <u> </u> | |
| TSS Sample Measurement | | 1 1000 | 2.80 | SOURCES TO CARAGO | 500000000000000000000000000000000000000 | 1116/1 | | Monthly Monthly | Grab |
| PARM Code 00530 G Fermits Man. Site No TNP-01-31700 Measurement Flow Proportioned Composite sample taken during a period of 8 hi | | 3. Law (5) 12 " | Report | | W-51208 | | | | <u> </u> |

DAILY SAMPLE RESULTS - PART B

| | | | 10% | CBODS | CBODS | TSS (mg/L) | JSS (mayle) | pH (Max) | eH (Min) | Fern | TRC Ser | >519-68;- | TN:'PY |
|---|----------|------------|------------|-----------|--------------|-------------|-------------|------------|---|-----------|---------|--------------|--------------|
| - | | Ĺ. | | | | | | | | #/I noml, | (M&L) | Trial (as N) | (N°I.) |
| | Code | (| 0053 | 800R2 | \$0000 T | 00130 | _00:00 | 00400 | 00460 | 74055 | 30050 | 00620 | 9007 |
| | Mon Site | Fi. | 1-15277 | FFA-15777 | EVE-31700 | EFB-32287 | JNF 31700 | EFA-15277 | EFA-11277 | EFA-15277 | | EFA-15277 | EFE-32 |
| | 2 | ļ | \$ P(T) | | | 4.0 | | 7.0 | | 31 | 5.0 F | | .50 |
| | | <u>.</u> | 101 | | | 20.5 | | 7 0 | | < 1 | 5.06 | | 3 |
| | | <u> </u> | 10:5 | 2.5 | | 16 | | 7.0 | | <1 | 5.0+ | 6.6 | . 4.3 |
| | <u> </u> | L. | 112 | | | | | 7.0 | | | 5.0+ | | .43 |
| | 5 | L. | 095 | | • | | | 7.1 | | | 5.0+ | | . 38 |
| | - ; | 1 | 692 | | | 201 | | <u> </u> | | 7.1 | - ^I | | <u> </u> |
| | 8 | | 014 | | | 2.2 | | 7.0 | | <1 | 5.0+ | | .46 |
| _ | | Γ. | 02.5 | | | 1 10 | | 7.0 | | <u> </u> | 50+ | | 43 |
| | 1Ĉ | L. | 350 | | 170 | 1 | 280 | 7.0 | | 41 | 5.0+ | | . 47 |
| | 11 | L. | 079 | | | | | 7.0 | | | 5.0+ | | .37 |
| | 12 | | 0 8.4 | | | | | 7.0 | | | 5.0+ | | 37 |
| | 13 | <u> </u> | 062 | | [| C:5 | 1 | 7.1 | | <1 | 5.0+ | | . <u>3</u> ළ |
| | 14 | Γ. | 090 | • | | 08 | | 7.0 | | 1 | 5.0+ | | 33 |
| | 15 | | 090 | |] | CE | | 71 | | 1 | 5.0 + | | .40 |
| | 16 | Γ. | 081 | 2 | | 0.5 | | 7.1 | | 1 | 5.0+ | 9.1 | . 37 |
| | 1 | | 079 | | | 0.2 | | 7.0 | | | | | |
| | 18 | - | 076 | | | 0.19 | | | | 1 | 5.0+ | | .34 |
| | 19 | - | 095 | | | | | 7.0 7.0 | | | | | .32 |
| | 20 | | <u>013</u> | | ļ | <u> </u> | | | | | 50+ | | .31 |
| | 21 | - | | | | 0.5 | | 6.9 | | 1 | 5.0+ | | <u>.33</u> |
| | 22 | - | 088 | | · · · · · | 05 | | 7.0 | | | 5.0+ | | . 37 |
| | 23 | - | 699 | | | 15 | <u> </u> | 7.0 | | ! | 5.0+ | | 35 |
| | 24 | - | 070 | | | 0.5 | | 7.0 | | | 5.0+ | | . 34 |
| | 25 | - | | | - | 0.8 | | 7.0 | | | | | .40 |
| | 26 | - - | 083 | | - | | | 6.9 | *************************************** | | 5.0+ | | . 5`5 |
| | 27 | <u> </u> | 065 | | - | | <u> </u> | 7.0 | | | 5.0+ | | .58 |
| | 28 | <u> </u> | 079 | | | 1.2 | | 7.6 | | 1 | 5.0+ | | - 51 |
| | 29 | <u>L</u> . | 079 | | | 0,5 | L | 7.1 | | 1 | 5.0+ | | . 53 |
| | i 1 | L. | 074 | | | 1.8 | 1 | 7.0 | | | 5.0+ | | 41 |
| | 30 | _ | 079 | 2.1 | | 0.6 | \ | 7.0 | | 1 | 5.0+ | 30 | .39 |
| | 31 | | 071 | | | 0.6 | ! | '7 · i | | 1 | 5.0+ | | . 40 |

| PLANT STAFFING: | | | | | | 15 / Cal |
|---------------------------------|--------------|--------------|-----------------|----------------------|--------------|------------------|
| Day Shuft Oper: 101 | Class | Ç | Constitute No. | 4043 | iar.ie | David Shotistall |
| Evening Shift C perator | Class: | | Centificate No. | 12018 | Name. | Devid WINKLER |
| Night Shift Operator | Class. | | Certificate No | 8854 | Name: | H Jan Aldrich |
| Lead Operator | Class | C | Certificate No. | 8600 | Name. | Drale Ryaink |
| Type of Effluer ! Disposal or i | Reclaimes i | Water Reuse. | | | - | |
| imited Wet Wrather Dischar | rge Activate | d Yes No | | c. If yes, correlate | re days of A | et weather |
| discharge: | - | | · | | | |

[&]quot;Attach additional pheets of necessary to list all certified operators.

CYPRESS LAKES UTILITIES, INC.

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

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illianis 50062 Tatephone: 847-498-6440 Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiasinc-usa.com

September 20, 2001

Mr. Joseph Squitieri FDEP- Southwest District 3804 Coconut Palm Drive Tampa, Fl. 33819

Re: Elevated Nitrate Sample
Cypress Lakes Utilities, Inc. WWTF

Dear Mr. Squitleri:

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.

LUX NO: : 863 812 1254

Sincerely,

Cypress Lakes Villities, Inc.

Garth Armstrong

Assistant Operations Manager

Ec: Patrick Flynn

Page 1 of 1

Gentle's Mac 1595; Desistop Folder; CL Norman Res.

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

PERMITTEE NAME MATI ING ADDRESS: Mr. Donald Rasmussen. Vice President

Cypress Lakes Utilities, Inc. 200 Weathersfield Avenue

Altamonte Springs, FL 32714

FACILITY: LOCATION. Cypress Lakes WWTF 10000 North U.S. Huy 98

Lakeland, FL 33809

PERMIT NUMBER

MONITORING PERIOD From

I IMIT: CLASS SIZE

FACILITY ID GMS ID NO.

DISCHARGE POINT NUMBER PLANT SIZE/TREATMENT TYPE FLA013123-002-DW2P PERMIT ISSUE DATE 9/1/01 Ta

Final RI:PORT 工 GROUP FLA013123

R001

HC

WAFR SITE NO GMS TEST SITE NO 4053P10696

9/30/01 Monthly Domestic 31707

EFFOI

| COUNTY Polk | | | | | | | | | | | |
|---|-----------------------|------------|---------------------------|-------|--------------------|-------------------|-----------------|-------|------------|-----------------------|-----------------------|
| Parameter | | Quantity o | or Loading | Units | Quality | y or Concent | ration | Units | No. Ex. | Trequency of Analysis | Sample Type |
| Flow | Sampie Measurement | | .101 | mad | | | | | 0 | 7/7 | meter |
| PARM Code 50050 1 Mon. Site No. EFA-01-15277 | Permit Measurement | | - 0.240 MMADF | mgd | | | | | <u> </u> | 5 Days/Weck | Meter |
| CBODS | Sample Measurement | | | | | 2.0 | | mg/L | 0 | monthly | Roll on avg |
| PARM Code 80082 Y 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Permit Measurement | | 4 | | | 20.0 (An.Avg.) | | mg/L | | Report Monthly | Calculated Roll-AnAvg |
| CBODS | Sample Measurement | | | | 7.0 | 2 | 2 | mg/1 | ٥ | 1/14 | Grab |
| PARM Code 80082 41 47 55 Mon. Site No. EFA-01-15277 | Permit Measurement | | | | 30.0 (Mo. Avg.) | 45.0 (Weekly) | :60.0 (Max.) | mg/L | | Every Two Weeks | Greb |
| TSS | Samp'e Measurement | | | | | | 2.4 | mg/L | 0 | 1/14 | Grab |
| PARM Code 00530 1 - Mon.Site No. EFA-01-15277 | Permit . Measurement | | | | | | 5,0 (Max.) | nigiL | | Every Two Weeks | Grab |
| pΗ | Sample Measurement | | | | 7.0 | | 7.3 | SU | 0 | 7/7 | Grab |
| | Permit 19 | | 6. 4. 13. 14 14 - 2. 1 | | 2.6.0 (Min.) | iš v | 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 berein; 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 impresonment

| 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 Bround | 863815-1524 | 10-17-01 |

FACILITY NAME: Cypress Lakes WWTT REPORT MONTH: 9/01 PERMIT NUMBER: FLA013123-001-DW2P

DISCHARGE POINT NUMBER, ROUL

WAFR SITE No 31701

| Parameter | | Quantity | oi Loading | Units | Qua | lity or Concen | tration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--|-------------|--|-------|---------------|----------------------------------|----------------|----------|------------|--------------------------|--------------|
| Nitrate, Total as N | Sample | | | | | | 12 | male | 0 | 1/14 | 8 hour FPL |
| PARM Code 00620 1 Mod Sile No. EFA-01-15277 | Measurement Permit significant Measurement | | | | | | 12.6 (Max.) | Ke/L | | Every Two Weeks | & hour FI'C' |
| Fecal Coliform Bacteria | Sample Measurement | | | | | 9.45 | 180 | * 100 mi | 1 | 5/7 | Grab |
| PARM Code 74035 Mon Silo No. EPA-01-15277 | Permit Measurement | | Jun 192 | | | Non Describle (25 Percentile) | (Mix.) | #/100ml. | | 5 Days Week | -Grab |
| Torbidity | Sample Measurement | 10,10,10,10 | | | . 31 | | | Nto ' | 0 | cont | meler |
| PARM Code 00070 Mon. Site No. EFB-01-32287 | Permit Measurement | | | | Report | | | พาบ | | Continuous | Melet |
| TRC for disinfection | Sample Measurement | | | | 5.0* | | | ma/L | 0 | cont | meter |
| PARM Code 50060 1 Mon, Site No. EFA-01-15277 | Permit Measurement | | | | 1.0 (Min.) | | | per | | Continuous | Meter . |
| CBODS | Sumple Measurement | | #291 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 160 | | | mg/L | 0 | monthly Monthly | brab |
| PARM Code 80082 0 :: Man, Site No. 1NF-01-31700 :: | Permit. | | in a pr | | Rejort | | | A.J.L. | | Monthly | Grab |
| TSS | Sample Measurement | | | | 230 | l | | mg/L | 0 | monthly | Grab |
| PARM Code 00530 G Mon.She No 1NF-01-31700 | Pennit Measurement | | | | Report | | 11,283,02 | ₫ØL. | | Monthly / | , Grab |

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

DAILY SAMPLE RESULTS - PART B

| mitNumbe | • | | 23-001-DV | N2P | | | | | rage Daily Fi | ow , / (| 7 44 % |
|----------|--------------|--|----------------|--|--|-----------|----------|--|--------------------|---|-----------------------|
| nuVice. | 9/ | 01 | | (AADF/Fermitted Canadity)x 100° 444 76 | | | | | | | |
| | Flow MGD) | CBODS (mg/L) | CBOS. | TSS me/L) | JS3 (m a/ L) | pii (Max) | mM) Ha | Feda Coliforn Bacteria A/100mi, | TRC For Disinfact, | Nitrogen, Nitrate, Total (23 N) (mg/L) | Turbidity (N T U.) |
| Code | :0053 | 80082 | 50082 T | 00530 | 00130 | 00400 | 00400 | 14055 | 50057 | 00520 | 00070 |
| Mon Site | Ei .1-15277 | FFA-15277 | INV JETOO | FFB-32257 | 1MF31700 | EFA-15277 | EFA-112 | EFA-15277 | EF4-15211 | FFA-15277 | EFB-32217 |
| 1 | 078 | | 1 | | | 7. 0 | | | 5,00 | | .40 |
| 2 | 076 | | | | | 7.1 | | | 5.05 | | .42 |
| 3 | 081 | | | 1.2 | | 7.0 | | 1 | 5.04 | | . 39 |
| 4 | 086 | | | 0.5. | | 7. Z | | 180 | 50+ | | . 35 |
| 5 | 014 | | | 1.2 | | 7.1 | | | 5.0+ | | . 30 |
| 5 | 096 | | | 1.2 | | 7. i | | 1 | 5.0 * | | .30 |
| , | 077 | | | 0.5 | | 7. i | 1 | 1 | 5.0+ | ļ | .45 |
| 8 | 098 | | | | | 7.1 | | | 50° | | .28 |
| 9 | 117 | | | | | 7.0 | | | 5.05 | | , 23 |
| 10 | - 111 | 1 | 1 | 0.5 | | 7.3 | | | 5-0+ | | .25 |
| 11 | 131 | | - | 0.8 | | 7.2 | | | 5.0* | | . 2.7 |
| 12 | 109 | - | | 1.4 | | 7.0 | | l | 5.0 | | 32 |
| 13 | 058 | 2 | | 05 | | 7.0 | | 1 | 5.01 | 12 | .32 |
| 14 | 147 | | 160 | 0.5 | 2.30 | 7.2 | | | 5.01 | | . 39 |
| 15 | 186 | | | | 1 | 71 | | | 50 | | . 32 |
| 16 | 137 | | | | | 7.3 | | | 5.00 | | .28 |
| 17 | 108 | | | 1.6 | | 7,0 | | \ | 5.0* | | 1.26 |
| 18 | 107 | | | 0.5 | | 7.0 | | 1 | €.0 | | 26 |
| 18 | | | | 1.4 | | 1 7.2 | | ı | 5.0+ | | ,28 |
| 20 | 102 | - | | 1.4 | | 7.1 | 1 | 1 | 5,00 | | .29 |
| 21 | | | - | 2.4 | | 7.1 | | 1 | 5.0 | | .29 |
| 22 | <u>095</u> | | <u> </u> | 1 | | 7.1 | | | 5.0 | | 、おと |
| 23 | 094 | I . | + | | + | : 7.2 | | | 5.0' | | 33 |
| 24 | 090 | | | ડ. છ | | 7.1 | 1 | 1 | 5-0+ | | .29 |
| 22 | 116 | + | | 0.5 | | 7.1 | | | 5.0* | | 33 |
| 26 | 052 | 2 | ~ | 0.6 | | 7.2 | | 1 | 5.07 | | .30 |
| 27 | 090 | | | 1 | | 7.1 | | | 5.01 | | .32 |
| 28 | 095 | | | 0.5 | - | 7.3 | | 1 | 5.01 | | .30 |
| 25 | <u> </u> | | | <u> </u> | - | 7. 2 | <u> </u> | | 5.01 | | . 33 |
| 36 | 096 | | + | | | 7.2 | | | 5.0+ | | .30 |
| 31 | <u> </u> | · | | | | 1 | | | | | |

| PLANT STAFFING: | | | | 11 / | | - 110 K |
|-------------------------------|-----------------|------------|-------------------|------------------|-------------|---------------|
| Day Shift Openior | Class. | C | Contiliusta No. | 8600 | . ar.ic. | Davie Rygiat |
| Evening Shift Corrator | Class: | - 6 | Certificate No | 12018 | Name: | Duvid Winkler |
| Night Shift Operator | Chu: | | Certificate No | 25825 | Name. | Jan Aldrich |
| Lead Operator | Class: | <u></u> | Comficate No. | 1×400 | Name | David Ryniak |
| Type of Effluer ! Disposal or | Recizimea W. | ter Reuse: | | | | |
| imited Wet Weather Discha | arge Activated: | Yes No | i. Kul Applicably | Yes, curt clause | e days of w | wet weather |
| discharge: | | | | | | |

discharge;
"Attach additional sheats of necessary to list all certified operators.

| | DEPARTMENT OF ENVI | ROTTIES Stone Road Tallahassec, Fl. 32399-24 | 400 | | |
|-----------------------------------|---|--|----------------------------------|--|--------------------------------|
| When Completed mail t | DEPARTMENT OF ENVI | PERMIT NUMBER | FLA013123-002-DW2P | PERMIT ISSUE DATE | 10-31-01 |
| PERMITTEE NAME MINITAG ADDRESS | Mr Donald Rasmussen, Vice President | MONITORING PERIOD From LIMIT- CLASS SIZE: FACILITY ID. | Final FLA013122 4053P10b96 | REPORT GROUP. WAFR SITE NO GMS TEST SITE NO | Monthly Darsestic 3170: EFF-01 |
| TACHLITY | Cypress Lakes WWTF 10000 North L. S. Hwy. 98 Lakeland, FL 33809 | GMS ID NO DISCHARGE POINT NUMBER PLANT SIZE/TREATMENT TYPE | ROUI | | |

| O. A1105 | Lakeland, Fi | L 33809 | | | PL | ANT SIZE/TREAT! | MENT CYPE | DC | | | | |
|--|---|-----------------------|--|---|-------------|---|-------------|----------------|--------|------------|--------------------------|----------------|
| Paramete | Polk | | Quantity | or Loading | L!nits | Quality | or Concenti | ation | Units | No. Ex. | Frequency of Analysis | Sample Typ |
| Tew | | Sample | | .099 | Gpm | | | | | 0 | 5 Days/Week | meter Melcr |
| ARM Code 50050 | ./1 · . = 5 | Measurement Permit | | 0.240 MMADF | mgd | \$ 10 5 5 | | | ļ | <u> </u> | | |
| Aon, Site No. EFA-01- BOD5 | 15277 | Measurement Sample | 1. | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 2.0 | | mg/L | 0 | Report Mobility | Rollon au |
| | Y. The Figure | Measurement Permit | | | · - | नक्ष हैं हैं | (An Avg.) | | 116911 | - | | Roll-AnA |
| ARM Code 80002 Mon.Site No. EFA-01- BOD5 | 15277 | Sample | 一种 | A CHARLES OF A | | 2.0 | ス | 2 | | 0 | Every Two Weeks | Grab |
| | 可以指数 | Measurement Permit | | 9 2 1.45 2 3. g | | 30.0 (Mo, Avg.) | (Weekly) | 60.0 (Max.) | mg/L | (,) | | |
| Aon.Site No. EFA-01 | -15277 | Measurement : | (1)3 c 1 - 1 - 1 | | - | | | 1.4 | mall | 0 | 1/14 | Grah |
| PARM Code 00530 | · • · · · · · · · · · · · · · · · · · · | Measurement Permit | | : 3 | 1000000 | · · · · · · · · · · · · · · · · · · · | 100 100 | (Max.) | mg/L | | Every Two Weeks | |
| Mon.Site No. EFA-01 | -15277 | Measurement Sample | 1 .€(| 1.7 | 1 | 6.6 | | 7.2 | 50 | 0 | 7/7 | Gran |
| PH and a specific | an in the Second | Measurement | 70 - | | 1.5 | 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 8.5 (Max.) | S.U. | | 5 Days week | Grab |
| PARM Code 00406 Mon Site No. EFA-01 | 1-15277 | Measurement | 3 - 2 - | the swange and the | e preceding | 11 month's monthly | average. | | | atoly rec | onsible for obtaining | the informatio |

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

I certify under negative 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 certify under negative of law that I have personally examined and am familiar with the information penalties for submitting false information including the possibility of fine and imprisonment believe the submitted information is true, accurate and complete 1 am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment

| believe the submitted information is true, accurate and complete the believe the submitted information is true, accurate and complete the believe the submitted information is true, accurate and complete the believe the submitted information is true, accurate and complete the believe the submitted information is true, accurate and complete the believe the submitted information is true, accurate and complete the believe the submitted information is true, accurate and complete the believe the submitted information is true, accurate and complete the believe the submitted information is true, accurate and complete the believe the submitted information is true, accurate and complete the believe the submitted information is true, accurate and complete the submitted information is true, accurate the submitted information in the submitted information in the submitted information in the submitted information in the submitted information in the submitted information in the submitted information in the submitted information in the submitted information in the submitted information in the submitted information in the submitted information in the submitted information in the submitted information in the submitted in the submitted information in the submitted information in the submitted in the submitted information in the submitted in the su | D AGENT PHONE NO DATE (YY/MM/DD) |
|--|----------------------------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | |
| | 863-815-1524 11-9-01 |
| David Ryniak Lead Operator Daved Nymak | |

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

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 | Qua | alify or Concen | tration | Units | No, Ex. | Frequency of Analysis | Sample Type |
|--|-----------------------|----------|------------|-------|----------|-----------------------------------|------------------------|-----------|------------|-----------------------|-------------|
| Nitrate, Total as N | Sample Measurement | | | | | | 2,1 | mq/L | 0 | 1/14 | Bhar FRC |
| PARM Code 00620 1 1 Mon Site No. EFA-01-15277 | Permit Measurement | | | | 5,4801 | # 3#1## (#) |)20 (Max.) | ng/L | | livery Two Weeks | 8 hour FIC |
| Fecal Coliform Nacteria | Sample Measurement | | | | | l | 1 | # 100ml | 0 | 7/7 | brab |
| PARM Code 74055 1 1 Mon Site No EFA-01-1 5277 | | | | | | Nun Describble (73 Percentile) | 25 (Max.) | #//00ml. | | 3 Day#Week | Grab |
| Turbidity | Sample Measurement | Y.16. | | | -40 | | | ntu' | 0 | cont | meter |
| PARM Cede 00070 1 | Pemili Measurement | | | | Report | | | עדע | | Continuous | Meler |
| TRC for disinfection | Sample Measurement | | | | 5.0+ | | | mg/L | 0 | cont | meter. |
| PARM Code 50069 | Permit : | | | | O (Min.) | | | pro/L | | Continuous | Meter |
| CBOD5 | Sample Measurement | | | | 250 | | | mg/z | 0 | Monthly Monthly | Grab |
| PARM Code 80082 Q | Permit Maasucoment | | | | Refort + | | | μίβL α | | Monthly | Grah |
| TSS | Sample Measurement | | | | 280 | ; | -3011 0000100100100000 | m6/L | 0 | monthly | Grab |
| PARM Code 00530 G Mon. Site No 1NE-01-31700 | Pemli | | | | Report | | | døt. | | Mondaly | Cirab |

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

DAILY SAMPLE RESULTS - PART B

FLA013123-001-DW2P PermitNumber:

Annual Average Daily Flow , 169 (AADP/Permitted Capacity)x 100: 4.5 %

| ட்√?்cer. — | 10- | | | 3 CD (| Cypress Lake | pH (Max) | pH (Min) | Fecal | TRC (For | Nicrogen, | Turbidity |
|----------------|---------------|--|--|---------------|---------------|-----------|-----------|-----------------------------------|----------------------|------------------------------------|-----------|
| | Flow (AGD) | CBOD5 (mg/L) | TREE CO. | 122 (mg/L) | SS (mall) | | | Coliform Bacteria (#/100ml) | Disinfect) (mg/L) | Nitrate, Total (25 N) (mg/L) | (N T U.) |
| Cada | 0050 | 80082 | | 00530 | CODATO | 00400 | 00400 | 74055 | 50067 | 00620 | 0003/3 |
| Code | | EFA-15277 | to tackle till talk to b | EFB-32237 | DNF 53 7 800 | EFA-13277 | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFB-3223 |
| | | | 1000 | 0.5 | | 7.1 | | 1 | 5.04 | | .30 |
| | <u>084</u> | | - | 1.2 | 1 | 7.1 | | | 5.0 * | | .35 |
| | 085 | ļ | | 0.5 | 1 | 6.9 | | 1 | 5,0+ | | ,29 |
| 4 | 130. | ļ | | 0.8 | - | 7.2 | | | 5.04 | | .32 |
| 5 | DBI | - | | 1.2 | | 6-8 | | | 5.0 | | . 29 |
| 3 | 090 | | | 1 | | 6.9 | | | 5.0 | | . 30 |
| 7 | 160 | | | | | 6.9 | | | 5.0 | | .36 |
| 8 | 047 | | | 1.4 | | 7.0 | | | 5.0 | | ,410 |
| | 103 | 1 | - | 1.4 | | 7.1 | | | 5.0 | F 1 :/ | .40 |
| 10 | 093 | 2 | 250 | 1 | 280 | 6.9 | | | 3.0 | 1.4 | .32 |
| 11 | 1096 | | - | 1.4 | | 6.9 | | 1 | 8.0 | | .30 |
| 12 | 183 | 1 | - | 1 | | 7.1 | | | 5, 5 | | .30 |
| 13 | 091 | | | | | 7.1 | | | 5.0 | | 1.28 |
| 14 | 129 | | | | | 7.1 | | | 5.0 | | |
| 15 | 106 | _, | | 1 | | 7.9 | | | | | .30 |
| 16 | 101 | | | 1 | | 6.8 | | | 5.0 | | |
| 17 | 082 | | | 1 | | 6.6 | , | 1 | 5.0 | | 38 |
| 18 | 096 | | | 1 | | 6.7 | | 4 | 5.0 | | 23 |
| 19 | 09 | _ | | | | 6.8 | 1 | | 5.0 | | 1.25 |
| 20 | 115 | | | | | 6.7 | | | 5.0 | | .26 |
| 21 | 09 | | | | | 6.9 | | | 5.0 | | 1.30 |
| 22 | 100 | | | | | 6.7 | | | 5.0 | 7 | .30 |
| 23 | 100 | | | | | 6.7 | | | 5,0 | | .30 |
| 24 | 09 | | | 1.2 | | 7.0 | | | 5,0 | × 2. | |
| 25 | 100 | | | | | 6.9 | | | 5,0 | 1 2 2 | .32 |
| 26 | 12 | | | 1 | | 6.9 | | | 5,0 | | 1.28 |
| 27 | 12 | 2 | | | | 6.9 | **** | | 5.0 | | 1.22 |
| 28 | 100 | 5 | | | | 17.0 | | | 5.0 | | 1.22 |
| 25 | 10 | | | 1 | | 7.6 | | | 4.0 | | -21 |
| 30 | 10 | 9. | | 1 | | 7.0 | | | 5.2 | | .20 |
| 31 | | 9 | | 1 | | 10. | 9 | | 1 5,0 | | |

| | PLANT STAFFING: Day Shift Open for Evening Shift (perator Night Shift Open too Lead Operator Type of Effluer t Disposal or R imited Wet Weather Disphar discharge: Attach additional sheets if ne | ge Activated: Yes: | No: Not Applicable | | David Ryniak David Winkler Dav Aldrich David Ryniak wei weather | |
|-----------------------------|--|--------------------|--------------------|--|---|--|
| When someone and a superior | When services in street it in | ***** | • | | | |

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

PERMICTEF NAME.

Mr Donald Rasmussen, Vice President

MAILING ADDRESS.

FACILITY

LOCATION

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.

MONITORING PERIOD From LIMIT:

CLASS SIZE: FACILITY ID:

GMS ID NO .: DISCHARGE POINT NUMBER

ROUL PLANT SIZE/TREATMENT TYPE ж

11-1-01

FLA013123

4053P10696

PERMIT ISSUF DATE FLA013123-002-DW2P

To.

REPORT: GROUP-WAFR SITE NO GMS TEST SITE NO

Domestic 31701 EFF-01

Monthly

11-30-01

| COUNTY Polk Parameter | | Quantity or Loading | | L'nits | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|-----------------------|---|---|--------|--------------------------|-------------------|---------------|-------|-------------|-----------------------|------------------------|
| Flow | Sample Measurement | | .105 | man | | | | | 0 | 7/7 | METER |
| PARM Code 50050 Mon. Site No. EFA-01-15277 | Permit | | 0.240 MMADF | urgd | 4. | | | | | 5 Days/Week | Meter |
| CBODS | Sample Measurement | | | | | 2,0 | | mg/L | 0 | monthly | Cal-Roll-una |
| PARM Code 80082 Y Mon. Site No. EFA-01-15277. | Permit 多譜法 | | | | # \$ 45 | 20.0 (An:Avg.) | 1.1 | mg/l. | | Report Mondily | Calculated Roll-AnAvg. |
| CBOD5 | Sample Measurement | | | | 2.0 | 2.0 | 2 | mg/L | 0 | 1/14 | Grab |
| PARM Code 80082 Mon. Site No. EFA-01-15277 | | | Ş. 50° | | 30.0 (Mo. Avg.) | (Weekly) | (Max.) | mg/L | 37 | Every Two Weeks | Grab |
| TSS | Sample Measurement | | | | | · | 1.4 | ing/L | 0 | 1/14 | Grab |
| PARM Code 00530 Mon.Site No. EFA-01-15277 | Period P. Measurement | 3 S | \$ \frac{1}{2} \cdot \frac{1}{2 | | 计是数据的 | | 5.0 (Max.) | ng/L | , <u>ij</u> | Every Two Weeks | Grab |
| bH the state of th | Sample Measurement | | | | 6,8 | | 7.1 | 54 | 0 | 7/7 | GRAB |
| PARM Code 00406 1 1 Mon Site No. BFA-01-15277 | Permit Ser | 5 5 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 建 第8 | | ディスの20また。 1 (Min) に | | 8.5 (Max.) | 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 arm 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 OFF | CER OR AUTHORIZED AGENT PHONE NO DATE (YYMM/I | D) |
|--|---|----|
| David Ryniak Lead Operator David Ryniak | 83915-1524 12-14-6 | L |

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

FACILITY NAME: Cypress lakes WWTF
-EPORT 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 | She FPC |
| PARM Code 00620 | Permit & | 17.1 | | | | | -)20 (Max.) | MAL | Ž. | livery (two Weeks | Shour FPC |
| Fecal Coliform Bacteria | Sample Measurement | | | | | <u> </u> | < ! | # loom! | 0 | 7/7 | Grab |
| PARM Code 74055 Mon Site No. EPA-01-15777 | Permit Measurement | | | | | Non Descentile | 23 (Mm.) | W/JOOml, | | 5 Day Week | Grab |
| Imbidity | Sample Measurement | | | | .95 | | | NTu' | C | CONT. | METER |
| PARM Code 00070 1 // // Mon. Site No. EFB-01-32287 | Pérmit Measurement | | | | Report | | | NTU | | Continuous | Meler |
| TRC for disinfection | Sample Measurement | | | | 4,2 | | | MG/L | 0 | CONIT. | METER |
| PARM Code 50060 1 | Permit Measurement | | | A_{ij} | 1 Q (N(m) | | | dr. | | Continuous | Meler |
| CBODS | Sample Measurement | | | | 310 | | | mc/L | 0 | MONTHLY | GRAB |
| PARM Code 80082 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Permit Measurements | | | | Reyon | | 1944 | M / | | Monthly | Grab |
| TSS | Sample Measurement | | | | 290 | | | 196/L | O | MONTHLY | GRAB |
| PARM Code 00530 0 Mon. Site No. INF-01-31700 Flow Proportioned Composite sample | Permit: Measurement | 141 4174 | | | e Kepon | | | 44) | | Monthly | € Grab |

DAILY SAMPLE RESULTS - PART B

FLA013123-001-DW2P Annual Average Daily Flow: . 1.10 MonuvYear. November 01 (AADF/Pertricted Capacity)x 100: 45 % Cypress Lakes RVATP Flow CRODIC: TSS (mg/L) JSS (mg/L) pH (Max) **CBODS** pH (Min) Feum TRC (For MOD) Nitrogen. Turbidity (mg/L) Collform Disinfect Nitrate, (N.T.U.) Bactena (mg.L) Total (as N) W/100ml) (mg/L)Cade 10053 80082 THE PARTY 00530 2000 00400 00400 74055 50050 00520 00070 Mon Site El A-152/7 EFA-15277 THE SEPOR PER-32237 INF SEPOR EFA-15277 EFA-15277 EFA-15277 EFA-15217 EFA-15277 EFB-32197 1 109 310 290 6.9 5.0+ 2.5 Ž 29 102 1,4 7.0 5-0+ 95 3 ul6.9 5.0+ .42 098 7.1 4.21 28 3 120 ł 7.0 5.0 ·28 115 9 5-0+ 28 099 1 6.9 5.6* 72 108 6.8 5.0+ 30 091 7.0 5.0+ 19 10 086 7.6 5.04 47 11 106 • 7.0 5.0 t 46 12 116 7.1 5.0+ 13 26 113 6.8 5,0+ .23 14 152 2 <u>6.8</u> S.0+ 3.7 .34 15 121 6.8 5.0+ 39 16 079 6.8 5.0 = 32 17 109 ---, 6.9 5.0 t 32 18 (12 _ 6.9 5.0 + 52 19 7.0 110 5.0+ ٠<u>36</u> 20 089 5.0+ 62 21 103 6.9 ١ 5.0+ 46 091 7.0 5.0 .43 23 103 7-0 5.0 + 33 24 108 2.0 5.01 -2 F 24 114 7.0 5.0+ .25 26 099 7-0 5.01 .24 27 110 6.8 5.00 34 28 093 2 6.9 .23 5.0 11 29 105 6.9 ١ 5.07 30 094 7.1 5.0.T. 26 Ϊť PLANT STAFFING: 2600 Day Shift Open for Class. Conificate No. Name. Evening Shift Cherator Class: \mathcal{B} Certificate No. 12018 Winkler Aldridge Name: David Night Shift Operator Class: Certificate No: 8854 Name: Jar Lead Operator Class: Certificate No: Name: 1600 Rynical رن بين Type of Effluer t Disposal or Reclaimed Water Rouse imited Wet Witather Discharge Activated: Yes. No Not Applicable. If yes, currulative days of wet weather discharge:

PermitNumber:

[&]quot;Areach addition it sheets if necessary to list all certified operators

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

PERMITTEE NAME:

Mr. Donald Rasmussen, Vice President

MAILING ADDRESS:

Cypress Lakes Utilities, Inc. 200 Weathersfield Avenue

Altamonte Sorings, F1, 32714

FACILITY. LUCATION. Cypress Lakes WWTF 10000 North L. S. Hwy 98

Lakeland, FL 33809

PERMIT NUMBER

MONITORING PERIOD From LIMIT:

CLASS SIZE: FACILITY ID:

GMS ID NO DISCHARGE POINT NUMBER

R001 PLANT SIZE/TREATMENT TYPE IIC.

12-1-01

FLA013123

4053210696

Final

II

FLA013123-002-DW2P PERMIT ISSUE DATE

> To. REPORT GROUP-WAFR SITE NO

GMS TEST SITE NO

Monthly Doriestic

12-31-01

| COUNTY | Polk |
|--------|-------|
| Paran | neter |
| Flour | |

| Parameter | | Quantity or Loading | Units | Quality or Concentration | | Units | No. Ex. | Trequency of Analysis | Sample Type | |
|---|---------------------------|---------------------------------------|----------|--------------------------|--------------------|----------------|------------|-----------------------|-----------------|------------------------|
| Frow | Sample Measurement | ,103 | mçd | | | | | 0 | 7/7 | ineter |
| PARM Code 50050 1 Mon. Site No. EFA-01-15277 | Permil Measurement | 0.240 ' MMADF | ពាខ្ញុំថ | , | | | | | 5 Days/Weck | Meter |
| CBOD5 | Sample Measurement | | | | < 2 | | mg/L | 0 | Report Month | Rollon Ave |
| PARM Code 80082 Y Mon.Site No. EFA-01-15277 | Permit Measurement | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 20.0 (An.Avg.) | | mg/L | | Report Monthly | Calculated Roll-AnAvg. |
| CBOD5 | Sample Measurement | | | < 2 | < 2 | 4 2 | mg/L | 0 | 1/14 | Grab |
| PARM Code 80082 1 Mon.Site No. BFA-01-15277 | Permit Measurement | | | 30.0 (Mo. Avg.) | 45.0 . (Weekly) | 60.0 (Max.) | mg/L | | Every Two Weeks | Grab |
| TSS | Sample : Measurement : | | | | | 1.3 | mgh | 0 | 1/14 | Grab |
| PARM Code 00530 1 Mon.Site No. EFA-01-15277 | Permit Measurement | | | | | 5.0 (Max.) | πg/L | | Every Two Weeks | Grab |
| pfl | Sample Measurement | | | 6.5 | | 7.1 | s,u | 0 | 7/7 | Grab |
| PARM Code 00406 1 Mon.Site No. EFA-01-15277 | Permit : Measurement | | | : 6,0 (Min.) | | 8.5 (Max.) | S.U. | | 5 Days/week | Grab |

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

I certify under pehalty 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 OF | FICER OR AUTHORIZED AGENT | SIGNATURE OF PRIN | ICIPAL EXECUTIVE OFFICE | PHONE NO | DATE (YY/MM/DD) | |
|--------------------------------------|---------------------------|-------------------|-------------------------|----------|-----------------|---------|
| David Rynjak | Lead Operator | David | Rank | | 863-815-1524 | 02-1-10 |

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

WAFR SITE No .31701

| Parameter | | Quantity or Loading | | | Units Quality or Concentra | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|-----------------------|--|------------------------|--|----------------------------|------------------|--|------------|------------|--|-------------|
| Nitrate, Total as N | Sample | | | | | | 7,1 | | 0 | 1/14 | BhiFPC |
| 1111110, 10111 2011 | Measurement | | | | | 133 | 7.0 720 | fig/L | 3888 | Every Two Wteks | Shour ITC |
| PARM Code 00620 | Purmit Measurament | | | | | | (Max) | F6F,411 37 | 0.000 | ************************************** | 335.6 |
| Fecal Coliform Bacteria | Sample | | | | | 41 | | #/100 ml | 0 | 7/7 | Grab |
| PARM Code 74055 | Measurement Permit | | | | | (7) Percentie) | 25 (Mex.) | #/100ml. | | 3 Day Week | · |
| | Measurement (| 111000000000000000000000000000000000000 | <u> </u> | A.V.A.V.C.V. A.V. | 3 /2 | | | nto' | 0 | cont | 1. weter |
| Turbidity | Measurement | | | \ | .60 | | V 221 C 231 C 24 C 24 C 24 C 24 C 24 C 24 C 24 C 2 | MIU. | 19800 | Confinuous | Melar |
| PARM Code 00070 1 | Pennil Measurement | | | | Report | | | | | | |
| TRC for disinfection | Saniple | | | | 5.0° | } | | mgh | 0 | cont | neter |
| PARM Code 50060 | Measurement Permit | | | | OMin Σ | | | d.s.r | | Continuous | Meter |
| Mon Site No. EPA-01-15227 | Measprement : | Length Care St. | 1800 \$555 - 1875 - 10 | A CONTRACTOR OF THE PARTY OF TH | | 71. 112. 20. 11. | | 1 11 | 0 | monthly | Grab |
| CBODS | Measurement | Ì | | | 320 | | | mg/L | 1.689 | Monthly | Grab |
| PARM Code 80082 G | Permit. Measurement | | | | Report | | | | | | |
| TSS | Sanspic | | | | 300_ | | 1 | mel | 0 | monthly | 6-cas |
| | Measurement | 0 00000 00000 00000 00000 00000 00000 0000 | | | Report | | | A VI. | | Monthly | Grab |
| PARM Code 00530 00000000000000000000000000000000 | Permit Measurement | | | 4 | | U.S. Marie | | | 1: 2 | 1.55 | |

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

DAILY SAMPLE RESULTS - PART B

Cypress Lakes WWTP

Annual Average Daily Floor: . 112 (AADF/Permitted Capacity)x100: 46%

PermitNumber: FLA013123-001-DW2P Money car: December-01

| Code | Flow (MGD) | CBOD5 (mg/L) | | : | | při (Max) | pH (Min) | Fecas Coliform Bacteria (#/100ml) | TRC (Por Disinfect) (mg/L) | Nitrogen, Nitrate, Total (as N) (mg/L) | Twoldity (N.T.U.) |
|----------|---------------|-----------------|-----------|-----------|-----------|------------|-----------|--|----------------------------------|---|----------------------|
| L | 10050 | 80082 | WHEN S | | 20100 | 00400 | 00400 | 24015 | \$0050 | D0620 | 00070 |
| Mon Site | El A-15277 | EFA-15277 | INE SETTO | EFR-32287 | D#-2.1100 | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EFA-15277 | EF6-32137 |
| 1 | 101 | | | | | 7.1 | | 1 | 5.0+ | | 20 |
| 2 | 707 | | | | | 7.0 | | | 5.0+ | | 121 |
| | 106 | | ļ | 1 | | 6.7 | | 1 | 5.0 t | | ,22 |
| | 104 | | | | | 6.8 | | 1 | 5.6 | | .27 |
| 5 | .095 | | • • • | 1 | | 7.0 | | 1 | 5,0+ | | .24 |
| 5 | . 088 | 2 | 320 | l | 300 | 7.0 | | 1 | 5.0 t | 7.1 | . 30 |
| 7 | .113 | | | 1 | | 6.8 | | 1 | 5.0 t | | .30 |
| 8 | 107 | | | | | 6.9 | <u> </u> | | 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 ⁺ | | -4/ |
| 12 | 100 | | | 1.3 | | 6.6 | | | 4.9 | | 45 |
| 13 | 104 | | | | | 6.7 | | 1 | 5.0+ | | .35 |
| 14 | 075 | | | 1 | | 6.7 | | 1 | 4.5 | | .26 |
| 15 | 123 | | <u> </u> | | | 6.9 | | | 5.0+ | | .35 |
| 16 | 123 | <u></u> | | | 1 | 7.0 | <u> </u> | , , , , , | 4.6 | | -51 |
| 17 | 106 | | | 1 | | 6.5 | | 1 | 5.0+ | | .60 |
| 18 | 103 | | | 1 | 1 | 6.5 | <u></u> | | 5.0+ | | .40 |
| 19 | 095 | | <u> </u> | <u> </u> | | 6.8 | | 1 | 5.0+ | | .37 |
| 20 | 093 | 2 | | 1 | | 6.8 | | 1 | 2.7 | 5.Z | -27 |
| 21 | 190 | | , | 1 | | 6.8 | | 1 | 5.0+ | | -25 |
| 22 | 090 | <u> </u> | | | | 6.8 | | | 5.0+ | <u> </u> | .26 |
| L | 092 | | | | | 6.9 | ļ | | 5.0+ | | .22 |
| 24 | 103 | | | | | 6.9 | | 1 | 50 | ļ | ,21 |
| 25 | 101 | | 1 | Ī | | 6.8 | | 1 | 5.0+ | <u> </u> | .20 |
| 26 | 103 | | | 1 | 1 | 6.5 | | 1 1 | 5,0+ | 1 | .22 |
| 27 | 081 | | | 1 | | 6.8 | | 1 | 5.0 | 1 | .30 |
| 28 | 107 | | | 1 | <u> </u> | 7.0 | | ! | 5.0 | | -25 |
| 29 | 106 | | | 1 | | <u>6.8</u> | <u> </u> | | 5.0° | | 26 |
| 30 | 101 | | | | | 6.9 | 1 | | 5.01 | <u> </u> | -25 |
| 31 | 112 | | | 1 | | 16.7 | | | 5.0+ | | .29 |

| PLANT STAFFING: | | | | | • | 12 2 1 | |
|-------------------------------|-----------------|----------------|------------------|-----------------------|-----------|---------------|---|
| Day Shift Open for | Class | C. | Cortificate No. | 8600 | i÷ar.,e. | David Rypiak | |
| Evening Shift C persion | Class: | ੋਲ ੋ | Certificate No. | 12018 | Name: | David Winkler | _ |
| Night Shift Operator | Class: | \overline{c} | Certificate No- | _8854 | Name: | Say Aldridge | |
| Lead Operator | Class: | C | Certificate No. | 8600 8600 | Name. | David Rypiak | |
| Type of Effluer : Disposal co | Reclaimed Wi | ter Reuse: | | | | | _ |
| .imited Wet Whather Disch | arge Activated. | Yes. No | o Rut Applicable | . If yez, corrulative | days of w | et westher | |
| discharge: | | | | - | | | _ |

"Attach additional sheets if necessary to list all centified operators.

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Cypress Lakes Utilities, Inc.

Docket No. 020407-WS

25.30-440 (5) Sanitary Survey and Inspection Reports

Test Year Ended December 31, 2001

Robert G. Brooks, M.D. Secretary

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 is 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

EUX NO: : 882 812 1254

Lynne M. Sweeney, MD, MPII Assistant Director CS/Cypress Lake Utilities
Page 2

If you have any questions, please contact me at (863) 519-8330.

Sincerely,

Henry Taghiof Engineer III

HT/adh

FROM : CYPRESS LAKES UTIL

FAX NO. : 863 815 1524



Department of Environmental Protection Southwest District Coconut Palm Drive UTILITIES, INC.

leb Bush Governor

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 presenter on the potable water supply line at the plant requires an annual inspection to ensure that the RPZ is not nelfunctioning. 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 calibrazed on April 21, 2001.

环 🥶 Protection, Less Process''

Printed on recycled paper



OPERATION AND MAINTENANCE:

- 1 The operator was in the process of washing own the weirs and doing routine maintenance to the plant.
- 2. The digestor 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 (1)

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 with twenty days of receipt of this letter outlining action taken to correct the outstanding items, indicated by asterist. Please indicate a time frame for compliance as the Department plans a follow-up verification inspection. Please arect any questions to the undersigned at (813) 744-6100, extension 313.

Sincerely,

Environmental Specialist

Domestic Wastewater Section

SW/sw

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

| FAC | ILITY AND INSPE | CTION INFORMAT | O(10) $O(10)$ $O(10)$ |
|---|--|--|--|
| Name and Physical Location of Facility | WAFR B | County | Entry Date/Time |
| Cypress Lake SWIF | FLA01312. | 3 POLK | 2/13/02@ 10:50 BM |
| 10,000 US Highway 98 | North | Phone | @ Exit Date/Time |
| Lakeland, FL 33500 | | | 2/13/02 11:30 Am |
| Name(s) of Field Representatives(s) | Title | | Phone |
| Donald Rasmussen | Vice product | - | |
| cypress Lakes Utilities 200 weitherfield Ave | 1Fnc. | | |
| 200 wentherfield Aven | ruc . E(32714 | | |
| At tamonte, Stangs, | | Title Phone | @ Operator Certification # |
| | Summa stell comment | | |
| 7 | • | | |
| _ | | • | |
| - ' | | | |
| | C | @ Sample ID#: | Samples Split (Y/N): |
| Inspection Type C E T | Samples Taken(Y/N): | @ Sample ID#: | |
| Domestic Ind | lustrial Were Phone Take | en(Y/N); Q Log t | ook Volume : @ Page |
| · 164-1114 李小林斯特斯斯克斯亚斯拉斯特特 | HE DATE OF THE SHEET OF THE SHE | 明はないない。これははないない | |
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| | S=Satisfactory; M=Mmor; | U=Unsatisfactory; Blank=Not I | Are Given in Areas Marked by a |
| Significant Non-Complia | INCE CHIEFTA SHOULD DE RESERVE | PAGINTY OPERATI | ONS EFFLUENT/DISPOSAL |
| | PROGRAM | S 6. Facility Site Revi | Children and the second section of the second |
| ≤ 1. ♦ Permit | - 3. Laboratory - 4. Sampling | 5 7. Flow Measureme | |
| 2. v comprante serieures | 5. Records & Repers | ≤ 8. + Operation & Mai | ntenance M 11. Residuals/Sludge |
| 13. Other: | 10 3,4,600,00 0.1.4,22 | | 12. Groundwater |
| 1 | · | | |
| | | | |
| Recommended Actions: | | | |
| Name(s) and Signature(s) of Inspector(| · / / / | / District (| Office/Phone Number Date |
| 1 " 1 " | " / | | 14-6100x313 2/20/02 |
| Sam Worker 1 | Mor Mill | 013.7 | 77 01002 313 10 10010 |
| | | | |
| @ Signature of Reviewer | | District | Office/Phone Number Date |
| 1 Marsha | | | |
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| Fill Out This Section | on For All Surface Watel | Discharger Inspections | (CELTCSITCBI, PAI, XSITRI) |
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| | and a contract of | Tray to Tr | AND THE PARTY OF T |
| Inspection Type (Field 1) A=P | AI, B≓CBI, C=CEI, S=CSI, X= | - 10 m | at 1 and Program |
| Inspection Code (Field 2): "S=S | State, J=Joint EPA/State-EPA Le | ead, T=Joint State/EPA-State Le | au, 1-Local Flogiani - 15.50 - |
| | | Justinal and Privately Owned Do | mestic, 3= Agricultural, 4=Federal |
| Every other field is self explana | atory | · . | |

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 Wajeeh 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. Wajeeh:

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.

Page 1 of 3

Operations:19:2:672:wajeeh/2/02 CEI response

EACILITY 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

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

Page 2 of 3

Operations:19:2:672:wajeeh/2/02 CEI response

Enclosures

Ec: Don Rasmussen, Vice President (w/o enclosures)
Garth Armstrong, Asst. Opns. Mgr. (w/o enclosures)

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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

JUL 31 1987

POLK COUNTY HEALTH DEPARTMENT POST OFFICE BOX 1480 WINTER HAVEN, FLORIDA

POLK CHD

REPORT AND CERTIFICATION OF PUBLIC WATER WORKS

| engineer:_ | David I. Alle | y P.E. Commu | nity Design & I | evelopment |
|------------|---------------------|---------------|--|-------------------|
| OWNER: | Cypress Lakes | Venture | | |
| APPROVAL N | o. <u>5387-5055</u> | | DATE _ | 5-28-87 |
| water work | s as being in sati | sfactory comp | truction of the about the appropriate the appropriate that the appropria | roved engineering |

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 Hr. 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 AWNA Standards and Department rules and regulations.

€S/ 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.



Southwest Florida Water Management District

Tampa Service Office 7601 Highway 301 North Tampa, Florida 33637-6759 (813) 985-7481 or 1-800-836-0797 (FL only) SUNCOM 578-2070

January 31, 2001

Bartow Service Office

170 Century Boulevard

(863) 534-1448 or

SUNCOM 572-6200

Bartow, Florida 33830-7700

1-800-492-7862 (FL only)

Venice Service Office 115 Corporation Way Venice, Florida 34292-3524

(941) 486-1212 or 1-800-320-3503 (FL only) SUNCOM 526-6900

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

> Lecanto Service Office 3600 West Sovereign Path Suite 226 Lecanto, Florida 34461-8070 (352) 527-8131 SUNCOM 667-3271

Ronald C. Johnson Chair, Polk

Monroe "Ai" Coogler Vice Chair, Citrus

Secretary, Hillsborough Ronnie E. Duncan

Saily Thompson

Treasurer, Pinellas Edward W. Chance

Manatee Thomas G. Dabney, II

Sarasota

Pamela L. Fentress Highlands

Watson L. Haynes, II

Janet D. Kovach

Hillsborough

Heidl B. McCree Hillsborough

John K. Renke, III Pasco

E. D. "Sonny" Vergara Executive Director Gene A. Heath Assistant Executive Director

William S. Bilenky General Counsel Don Rasmussen, Vice President Cypress Lakes Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32750

Final Agency Action Transmittal Letter - Approval Subject:

Modification of Permit by Letter

Cypress Lakes Utilities, Inc. Project Name:

Water Use Permit No.: 20011531.002

County: Polk

Section/Township/Range: 34/26S/23E

Chapter 40D-2, Florida Administrative Code (F.A.C.) Reference:

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: A

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. Balser S. Abusada WUP - LETTER MODIFICATION ATTACHMENT A WUP No. 20011531.002 Page 1 January 31, 2001

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 | ANNUAL AVERAGE | GALLONS PE PEAK MONTHLY | ER DAY 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

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 www.

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rection

Jeb Bush Governor Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

David B. Struhs Secretary

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



Jeb Bush Governor

Department of Environmental Protection

Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

June 19, 2002

Pavid B. Struhs
Secretary

JUN 21 2002

UTILITIES INC.

Polk County

Cypress Lakes WWTP

Minor Revision
Permit No: FLA013123

Dear Mr. Rasmussen:

Mr. Donald Rasmussen, Vice President

Cypress Lakes Utilities, Inc.

200 Weathersfield Avenue Altamonte Springs, FL 32714

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:

| | Condition | <u>From</u> | <u>To</u> |
|----------------|-----------------------------------|-------------|--------------------|
| | Vater and Effluent and Monitoring | As Issued | Attachment I |
| Section III. 9 | . Ground Water Monitoring | As Issued | Delete from permit |
| Section III. 1 | 3. 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,

Water Resources Administrator FDEP Southwest District

TJP/sgt

c: David Weber, P.E., PBS&J

472 PERMIT BINDER

FLA013123-005-DWF

"More Protection, Less Process"

Printed on recycled paper.

PERMITEE: Cypress Lakes Utilities, Inc. PERMIT NUMBER: FLA013123

FACILITY: Cypress Lakes WWTP 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:

| | | | R | eclaimed Wa | ter Limitatio | ns | М | onitoring Requiremen | ts | |
|--|---------------|---------|-------------------|--------------------|-------------------|------------------|-------------------------|-------------------------|------------------------|-------------------|
| Parameter | Units | Max/Min | 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 C | ondition I.A.6 | | | Continuous | Meter | EFB-01 | |
| рН | std. units | Range | _ | - | - | 6.0 to 8.5 | 5 Days/Week | Grab | EFA-01 | |
| Fecal Coliform Bacteria | | | See Permit C | ondition I.A.4 | · | <u> </u> | 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

PERMITEE: Cypress Lakes Utilities, Inc. PERMIT NUMBER: FLA013123

FACILITY: Cypress Lakes WWTP COUNTY: Polk

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), 08-08-991
- 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 2600 Blair Stone Road Tallahassee, FL 32399-2400

david.york@dep.state.fl.us

Florida Department of Environmental Protection
 Domestic Wastewater Program
 3804 Coconut Palm Drive
 Tampa, FL 33619-1352

ed.snipes@dep.state.fl.us

 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.

PERMIT NUMBER: FLA013123

FACILITY: Cypress Lakes WWTP 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]

FLA013123-005-DWF

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| When Completed mail th | is report to: Department of Environmental Protection, Wastewater F | acilities Management Section, MS 3551, 2600 | Blair Stone Road, Tallahassee, | FL 32399-2400 | |
|-------------------------------------|--|---|--------------------------------|---------------|----------|
| PERMITTEE NAME: MAILING ADDRESS: | Cypress Lakes Utilities, Inc. Att.: Donald Rasmussen, Vice President | PERMIT NUMBER: FLA013123 | | | |
| | 200 Weathersfield Avenue | LIMIT: | Final | REPORT: | Monthly |
| | Altamonte Springs, FL 32714 | CLASS SIZE: | N/A | GROUP: | Domestic |
| FACILITY: | Cypress Lakes WWTP | | | | |
| LOCATION: | 10000 North US 98 | MONITORING GROUP NUMBER: | R-001 and Influent | | |
| | Lakeland, FL 33809 | | | | |
| | | NO DISCHARGE FROM SITE: | | | |
| COUNTY: | Polk | 3MADF % Capacity:2 | | | |
| | | MONITORING PERIOD From: | | | |
| | | | | | |

| Parameter | | Quantity | Quantity or Loading | | 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 MONITURING REPORT - PART A (Continued)

From:

FACILITY NAME: COUNTY: Polk

Cypress Lakes WWTP

PERMIT NUMBER: FLA013123 MONITORING PERIOD

MONITORING GROUP No.:

R-001 and Influent

| Parameter | | Quantity or Loading Un | | Units Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|-----------------------|------------------------|----------|--------------------------------|-----|--------|---------|------------|-----------------------|-------------|
| рН | Sample Measurement | | | | | | | | | |
| PARM Code 00400 1 | Permit | | 1 | 6.0 | | 8.5 | s,u. | | 5 Days/Week | Grab |
| Mon.Site No. EFA-01 | Requirement | | | (Min.) | | (Max.) | ļ | | | |
| Coliform, Fecal | Sample Measurement | | | | | | | | | |
| PARM Code 74055 Y | Permit | | 1 | Non Dectable | | 25 | #/100ml | | 3 Days/Week | Grab |
| Mon.Site No. EFA-01 | Requirement | | | (75 Percentile) | 1 (| (Max.) | | | [| |
| Turbidity | Sample Measurement | | | | | | | | | |
| DADM G- 1- 00070 | | ····· | | Danast | | | NTU | | Continuous | Meter |
| PARM Code 00070 Mon.Site No. EFB-01 | Permit | | 1 | Report | 1 | | NIO | | Commuous | Meter |
| | Requirement | | | | | | - | | · | |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | | | | | | |
| PARM Code 50060 A | Permit | | | 1.0 | | | mg/l | | Continuous | Meter |
| Mon.Site No. EFA-01 | Requirement | | | (Min.) | | | | | | |
| BOD, Carbonaceous 5 day, 20C | Sample | | | | | | | | | |
| • | Measurement | | | | | | [| | | |
| PARM Code 80082 G | Permit | | | Report | | | mg/l | | Monthly | Grab |
| Mon.Site No. INF-01 | Requirement | | | Monthly | | | | | | |
| Solids, Total Suspended | Sample | | | | | | | | | |
| • | Measurement | | 1 | | | | | | | |
| PARM Code 00530 G | Permit | | | Report | | | mg/l | | Monthly | Grab |
| Mon.Site No. INF-01 | Requirement | | | Monthly | | | | | | |

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. The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent

FPC is Flow Proportioned Composite

DAILY SAMPLE RESULTS - PART B

Permit Number:

'ı/Year:

FLA013123

Facility Name: Cypress Lakes WWTP

Three-month Average Daily Flow:

County Polk

Daily Flow % of Permitted Capacity:

| | Flow | CBOD5 | TSS | nU (a \ | Fecal | TDC /E | Tuebide | CDODE | TCC |
|-----------|--------------------------|--|--------|----------------------|--|-----------------------------------|-----------|-----------------|---------------|
| | (MGD) To R-001 | (mg/L) | (mg/L) | pH (s.u.) Min/Max | 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 |
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| 29 | | | | † | | | | | |
| 30 | | - | | | | 1 | | 1 | |
| 31 | | | | | | | | | 1 |

| PLANT STAFFING: | | | | |
|-----------------------------|--------------------|-------------------------|--|--|
| Day Shift Operator | Class: | Certificate No: | Name: | |
| Evening Shift Operator | Class: | Certificate No: | Name: | |
| ht Shift Operator | Class: | Certificate No. | Name: | |
| J Operator | Class: | Certificate No: | Name: | |
| Type of Effluent Disposal o | or Reclaimed Water | r Reuse: | | |
| Limited Wet Weather Disch | narge Activated: \ | es: No: Not Applicable: | If yes, cumulative days of wet weather | |

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



Department of Environmental Protection

Southwest District

3804 Coconut Palm Drive

Tampa, Florida 33619

David B. Struhs Secretary

Jeb Bush Governor

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

Cyprass hahre
Pumit bundler

"More Protection, Less Process"



Department of **Environmental Protection**

leb Bush Governor

Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

November 14, 2000

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:

Cypies Lake Remet

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 rotal 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)

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Printed on recycled paper.

Donald Rasmussen, Vice-President Cypress Lakes WWTP Page 2 of 2

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 efficient 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. Yarker, 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

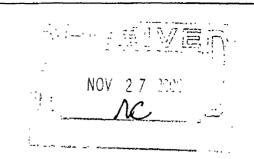
11/00 Permit Revision & Modification File #: FLA013123-004-DW2P/RO

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 RE Environmental Protection

RECEIVED APR 1 2 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:

| Section | <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



Lawton Chiles Governor Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

Virginia B. Wetherell Secretary

January 13, 1999 DW Section Polk County

1002

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:

Permittee:

From

Mr. Steven Sembler, V.P. Cypress Lakes Associates, Ltd. 11300 4th Street North, Suite 200 St. Petersburg, FL 33716 To

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.

Smald Kasmusser

Sincerely,

Donald Rasmussen

Vice President

DR/jkw

enclosures



APPLICATION FOR A MINOR REVISION TO A WASTEWATER FACILITY PERMIT

1. Instructions

- a. 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).
- b. 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.
- c. Three (3) copies of this application with supporting documentation shall be submitted with this form.
- d. All information is to be typed or printed in ink. Dates are to be entered in MM/DD/YR format.
- e. 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

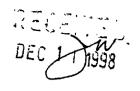
| Permit Number Project/Facility Name | Cypress Lakes MHP | |
|-------------------------------------|-------------------|------------|
| Contact Name | Donald Rasmussen, | |
| Number and Street | 200 Weathersfield | |
| City/State/Zip Code | Altamonte Springs | , FL 32714 |
| Telephone (| 407 y 869-1919 | |

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.



Department of Environmental Protection



Lawton Chiles Governor Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

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

Lawton Chiles Governor Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

Virginia B. Wetherell Secretary

You Cosmisser

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



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.

mald farmuser

Sincerely,

Donald Rasmussen

Vice President

DR/jkw



APPLICATION FOR TRANSFER OF A PERMIT



| Facility ID: FLA013123 | | Date: 11/18/98 |
|--|---|---|
| Facility Name: Cypress Lakes W.W.T | C.F. | |
| Facility Address: 10000 North U.S. H | Highway 98 - Lakeland | |
| Permit No.: FLA013123-DW2P | Date Issued:11/9/98 | Date Expired: 11/8/2003 |
| NOTIFIC | CATION OF SALE OR LEGAL TR | ANSFER |
| Permittee Name: Mr. Steven Semble | er - Cypress Lakes Associates, Ltd | d |
| Title: Vice President | | |
| Mailing Address: 11300 4th Stree | et North - Suite 200 - St. Peters | burg, FL 33716 |
| | f the sale or legal transfer of this wastewater facts as permittee to the proposed permittee in the | |
| Date of proposed transfer: $\frac{10/27/98}{23/98}$ | | Julia Sermittee |
| REG | QUEST FOR TRANSFER OF PER | MIT |
| Applicant Name: Donald Rasmussen | - Cypress Lakes Utilities, Inc. | .er |
| Title: Vice President | | |
| Mailing Address:200 Weathersfie | ld Avenue, Altamonte Springs, FL | 32714 |
| basis of this permit that was issued by the activity. Further, I state that I am familiat the rights and liabilities contained in the p the Department of any future change in own | nined the application and the documents submitted. Department. I state that they accurately and contract with the permit and I agree to comply with its permit and the statutes and rules under which it was nership of or responsibility for this facility or active | completely describe the permitted facility or sterms and conditions. I agree to assume was issued. I also agree to promptly notify ity. |
| Date Signed: 12/1/98 | _ Ameld Luan | |
| | Signature of Ar | policant |

DEP Form 62-620.910(11), Effective __/_/__



Department of Environmental Protection

Lawton Chiles Governor Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

Virginia B. Wetherell Secretary

apress lalles wwith

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

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

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT and all copies were mailed before the close of business on Nov. 9.1998 to the listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, under section 120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk | [Date]

Copies furnished to:

Sharon Sawicki, P.E., FDEP/DW Michael J. Gaylor, P.E. DEP Office of General Council Ms. Amy Bodine, E.I., DEP



Department of Environmental Protection

Lawton Chiles Governor Copper laker work

DON C Effluent metering back

+/- 16' RE 12/13/01 RMIT

Virginia B. Wetherell Secretary

PERMITTEE:

Mr. Steven Sembler, Vice Cypress Lakes Associates, 11300 4th Street North, Sui St. Petersburg, FL 33716 N 28° 16' 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 permitand attached DMR.

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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

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

Water i acilities Administrator

Southwest District

Cypress Lakes WWTF Page 2

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT and all copies were mailed before the close of business on New 9.1998 to the listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, under section 120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk] [Date]

Copies furnished to:

Sharon Sawicki, P.E., FDEP/DW Michael J. Gaylor, P.E. DEP Office of General Council Ms. Amy Bodine, E.I., DEP



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: ISSUANCE DATE:

FLA013123-001-DW2P 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:

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 secondar, treatment with high-level dismil- now

FACILITY: Cypress Lakes WWTF 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: FACILITY:

N . Steven Sembler, Vice President

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:

| | | | Rec | laimed Wat | er Limitatio | ns | Mo | nitoring Requirem | ients | |
|---|--------------------------------------|---------|-------------------|--------------------|-------------------|------------------|-------------------------|-------------------------|---------------------------------------|-------------------|
| Parameter | Units | Max/Min | 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 | <u>-</u> | - | 5 Days/Week | Recording flow meter | EFA-01-15277 | See Cond.1 A.3 |
| Carbonaceous Bioci, emical Oxygen Demand (*) 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 | EFB-01-32287 | |
| Turbidity | | S | See Permit Co | ondition I.A. | 7. | l <u></u> | Continuous | Meter | EFB-01-32287 | |
| pΗ | std. units | Range | - | - | - | 6.0 to 8.5 | 5 Days/Week | Grab | EFA-01-15277 | |
| Nitrogen, NO3, To as N | mg/L | Maximum | - | _ | - | 12.0 | Every two weeks | 8-hour F.P.C.* | EFA-01-15277 | ! |
| Fecal Coliform Besteria | Fecal Coliform Besteria See Permit C | | See Permit Co | ondition I.A. | 4. | | 5 Days/Week | Grab | EFA-01-15277 | |
| Total Residual Chlorine mg/L Minimum (For Disinfection) | | - | - | - | 1.0 | Continuous | Meter | EFA-01-15277 | See Cond.1.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: EXPIRATION DATE:

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2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. I. 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 |
|---|-------------------------|------------------------------------|
| Ī | 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

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Cypres: Lakes WWTF

EXPIRATION DATE:

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B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

| | | | | Limit | ations | | Mo | onitoring Requireme | ents | |
|---|-------|---------|-------------------|--------------------|-------------------|------------------|-------------------------|---------------------|---------------------------------------|----------|
| Parameter | Units | Max/Min | Annual Average | Monthly Average | Weekly Average | Single Sample | Monitoring Frequency | Sample Type | Monitoring Location Site Number | Notes |
| 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. FACILITY

Mr. Steven Sembler, Vice President

Cypress Lakes WWTF

PERMIT NUMBER: EXPIRATION DATE:

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 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: FACILITY:

Mr. Steven Sembler, Vice President

Cypress Lakes WWTF

PERMIT NUMBER: EXPIRATION DATE:

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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 buthozon reduction by receive the pathozon 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

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9. Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction requirements set forth 1 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 - <u>POTW Sludge Sampling and Analysis Guidance Document, 1959</u>. In cases where disagreements exist between Title 40 CFR Part 503, section 53.8 and the <u>POTW Sludge Sampling and Analysis Guidance Document</u>, 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.]

FACILITY: Cypress Lakes WWTF EXPIRATION DATE: See Page 1

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):

PERMITTEE: FACILITY:

Mr. Steven Sembler, Vice President

Cypress Lakes WWTF

PERMIT NUMBER:

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

[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.]

PERMITTEE: FACILITY:

Mr. Steven Sembler, Vice President

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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 sulfile at the permissed facility small 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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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.]

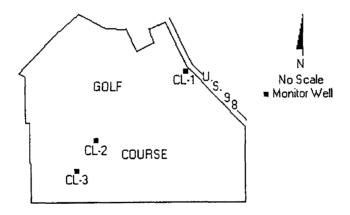
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41. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [Ch. 62-640.880(2)(d), 3-30-98, F.A.C.]

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:

| Well | Monitoring | Depth | Aquifer | Well | New or |
|-------------|------------|--------|------------------|-------------|----------|
| <u>Name</u> | Location | (feet) | Monitored | <u>Type</u> | Existing |
| CL-1 | see below | 19 | Surficial | C | E |
| CL-2 | see below | 19 | Surficial | I | E |
| CL-3 | see below | 19 | Surficial | C | £ |



- 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 chall 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./100mi |
| 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) | stnd.units |
| k. | Specific Conductance (field measurement) | μmhos/cm |
| 1. | 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:

| Sample Period | Report Due Date |
|--------------------------------|-----------------|
| 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 |
|----|----------------|------------|
| Ъ. | 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) | stnd.units |
| k. | Specific Conductance (field measurement) | μmhos/cm |
| 1. | 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)

- 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 leiu, 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 approbed 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]
- 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]

- 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 reach is treatment plant display ges 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 place 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]
- When requested by the Department, the permitter 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.

PERMITTEE: FACILITY:

Mr. Steven Sembler, Vice President

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 is 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]

FACILITY: Cypress Lakes WWTF EXPIRATION DATE: See Page 1

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 cyclence 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;

PERMITTEE: FACILITY:

Mr. Steven Sembler, Vice President

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]

PERMITTEE: Mr. Steven Sembler, Vice President PERMIT NUMBER: FLA013123-001-DW2P FACILITY: Cypress Lakes WWTF 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 PRO1ECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Mr. Steven Sembler, Vice President

MAILING ADDRESS:

Cypress 1 akes Associates, Ltd.

11300 4 Street North, Suite 200

St. Peters purg, FL 33716

FACILITY: LOCATION: Cypress Lakes WWTF 10000 North U.S. Hwy. 98

Lakelan 1 FL 33809

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE:

FACILITY ID: GMS ID NO.: Final FLA013123

4053P10696

R001

IIC

FLA013123-001-DW2P

To: REPORT:

Monthly Domestic

GROUP: WAFR SITE NO.: GMS TEST SITE NO.:

PERMIT ISSUE DATE:

31701

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

COUNTY:

Polk

| Parameter | | Quantity | or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|-----------------------|----------|----------------|-------|--------------------------|-------------------|----------------|-------|------------|-----------------------|----------------------------|
| Flow | Sample Measurement | | | | | | | | | | |
| PARM Code 30050 Mon Sire No. EFA-01-15277 | Permit Measurement | | 0.240 MMADF | mgd | | | | | | 5 Days/Week | Meter |
| CBOD5 | Sample Measurement | | | | | | | | | | |
| PARM Code 80082 Y Mon:Site No: EPA-01-15277 | Permit Méasurement | | | | | 20.0 (An.Avg.) | | mg/L | | Report Monthly | Calculated' Roll-An-Avg |
| CBOD5 | Sample Measurement | | | | | | | | | | |
| PARM Code 80082 1 Mon,Stie No. EFA-01-15277 | Permit Measurement | | | | 30.0 (Mo Ayg.) | 45.0 (Weekly) | 60.0 (Max.) | mg/L | | Every Two Weeks | & hour FPC* |
| TSS | Sample Measurement | | | | | | | | | | |
| PARM Code 60530 1 Mon Site No: EFB-01-32287 | Permit Measurement | | | | | | 5.G (Max.) | mg/L | | 5 Days/week | Grab |
| pH | Sample Measurement | | | | | | | | | | |
| PARM Code 00406 1. Mon Sile No. EFA-01-15277 | Permit Measurement | | | | 6.0 (Min.) | | 8.5 (Max.) | S.U. | | 5 Days/weck | Greb |

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) |
|---|--|----------|-----------------|
| | | | |
| | | | 1 |
| | | | <u> </u> |

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

²Flow Proportioned Composite sample taken during a period of 8 hours

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. 1 Moii Sije No. EFA-01-15277. | Permit Measurement | | | | | | 12.0 (Max.) | mg/L | | Every Two Weeks | 8 hour FPC' |
| Fecal Coliform Bacteria | Sample Measurement | | | | | | | | | | |
| PÄRM Code 74055 1 Mon Sile No. EPA-01-15277 | Permit Measurement | | | | | Non Describle (75 Percentile) | 25 (Max.) | #/100m 1, | | 5 Days/Week | Grab |
| Turbidity | Sample Measurement | | | | | | | | | | |
| PARM Code 00070 1 Mon. Site No. EFB-01-32287 | Permit Measurement | | | | Report | | | NTU | | Continuous | Meler |
| TRC for disinfection | Sample Measurement | | | | | | | ~ | | | |
| PARM Code 50060 J Mon. Site No. EPA-01-15277 | Permit Measurement | | | | 1.0 (Min.) | | | mg/L | | Continuous | Meter |
| CBOD5 | Sample Measurement | | | | | | | | | | Y S TO COLOR |
| PARM Code 80082 G Mon Site No INE-01-31700 | Permit Measurement | | | | Report | | | mg/L | | Monthly | Grab |
| TSS | Sample Measurement | | | | | | | mg/L | | Monthly | Orab |
| PARM Code 00530 G Mon: Site No. INF-01-21700 | Permit Measurement | | | | Report | | | mgr | | re-cuttiy | G/AV |

Flow 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:

Cunress Lakes WWTP

| 5 | Cypress Lakes WWTP | | | | | | | | | | | |
|-----------|--------------------|-----------------|-----------|-----------|-----------|-----------|-------------|--|-----------------------------------|---|--|--|
| | Flow (MGD) | CBOD5 (mg/L) | (யவூ-) | | | 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 | EFB-32287 | |
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| 6 | 1778 | | | | | | | | | | | |
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| 29 | | | | | | | | | | | | |
| 30 | | | | <u> </u> | | | | | | 1 | | |
| 31 | | | - | | | | | | | | | |

| PLANT STAFFING: | | | | |
|------------------------------|-----------------|--------------------------|--|--|
| Day Shift Operator | Ciass. | Certificate No. | ivanie. | |
| Evening Shift Operator | Class: | Certificate No: | Name: | |
| Night Shift Operator | Class: | Certificate No: | Name: | |
| Lead Operator | Class: | Certificate No: | Name: | |
| Type of Effluent Disposal of | r Reclaimed Wat | ter Reuse: | | |
| imited Wet Weather Disch | arge Activated: | Yes: No: Not Applicable: | If yes, cumulative days of wet weather | |
| discharge: | | | | |

^{&#}x27;Attach additional sheets if necessary to list all certified operators.

GROUNDWATER MONITC .NG REPORT - PART D

| Permit Number. | FLA013123-001-DW2P (Cypress Lakes WWTF) | | Monitoring Location Site Number: | CL-1 |
|--------------------------------------|---|---|----------------------------------|------------|
| Month/Year: | | • | Well Type: | Compliance |
| Date Sample Obtained: | | | Ground Water Class: | |
| Was the well pumped before sampling? | Yes No | | | |

| 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) | 00095 | | | | | | |
| (µmhos/cm) | | | | | | | |
| Fecal Coliform (cts/100 mL) | 31616 | | | | | | |
| pH (standard units) | 00406 | | | | | | |
| Sulfate (mg/L) | 00945 | | | | | | |
| Temperature (°C) | 00010 | | - | | | | |
| | | | | | | | |
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Comments and Explanation:

GROUNDWATER MONITG...NG REPORT - PART D

| Permit Number: | FLA013123-001-DW2P (C | Cypress Lakes WWTF) | Monitoring Location Site Number: | CL-2 |
|--------------------------------------|-----------------------|---------------------|----------------------------------|--------------|
| Month/Year: | <u> </u> | • | Well Type: | Intermediate |
| Date Sample Obtained: | | | Ground Water Class: | |
| Was the well numbed before campling? | Vec No | | | |

| 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 | Samping Wellods | Samples Financia (1711) | 770501141111057144454 | Tinalyois Monies | | |
| 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) | 00095 | | | | | | |
| (µmhos/cm) | | | | | | | |
| Fecal Coliform (cts/100 mL) | 31616 | | | | | | |
| pH (standard units) | 00406 | | | | | | |
| Sulfate (mg/L) | 00945 | | | | · · · · · · · · · · · · · · · · · · · | | |
| Temperature (°C) | 00010 | | | | | | |
| | | | | | | | |
| | | | | | | | |
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GROUNDWATER MONITG...ING REPORT - PART D

| Permit Number | FLA01312 | 23-001-DW2P | (Cypress Lakes WWTF) | Monitoring Location Site Number: | CL-3 |
|--------------------------------------|----------|-------------|----------------------|----------------------------------|------------|
| Month/Year: | | | | Well Type: | Compliance |
| Date Sample Obtained: | | | | Ground Water Class: | - |
| Was the well numbed before sampling? | Ves | No | | | |

| 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 . ITORING REPORT

ART A - Discharge Monitoring Report

te 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 Blass Stories, and Tallahassee. Florida 32399-2400.

mittee Name/Address: Complete the 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.

cility/Location: Complete the name of the facility and the address or location of the facility.

smit Number: This is the number of the permit issued to the permittee which contains the monitoring requirements in this report.

onitoring Period: This is the period that the data on this report represents.

mit: 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.

ass Size/Group: The facility classification is either major or minor and the group is either industrial or domestic.

wility 11): This is the identification pumber of the facility which was assigned by the Department at the time the facility was constructed.

scharge 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 and 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 presents 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 | В | С | 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 Studge or Combined Treatment systems that do not include removal processes | ≥5.0 | ≥1.0 but <5.0 | ≥0.002 but <1.0 | | | | |
| 3 | Activated Studge 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 | | | |

urameter: This is the variable or substance which must be monitored.

ample Measurement: The data which was collected and analyzed.

ermit Requirement: The limit from the permit for that parameter and measurement,

tuantity 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.)

Duality 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 cond, Maximum or highest concentration discharged during the reporting period, and the Unit of measurement (mg/L, ug/L, etc.)

to, 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,

required to be made by the permit and the number of times the measurement is required to be made by the permit and the number of times the measurement was made.

ample Type: The type of sample (gr.5, composite, continuous) required to be taken by the permit and the type that was taken.

estificate, 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 tere are questions concerning this report. Date when the report is signed,

forment and Explanation: Use this tree to explain any exceedances, any upset or by-pass events, or other items which require explanation.

ART B - DAILY SAMPLE RESULYS

'omplete 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 sain the units indicated. If there are no fecal coliforms detected, enter ND in the row labeled "fecal coliform." Use the blank rows as needed.

ist the name, certificate number, and class of all state certified operators. Use additional sheets as necessary, or

• .

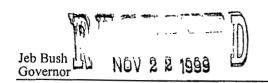
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Docket No. 020407-WS

25.30-440 (7) Notices

Test Year Ended December 31, 2001





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 بك

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

ec: Don Rasmussen

FILE

W. ...



| 01515 HRS #82699 | FOR LAB USE ONLY |
|---------------------|----------------------|
| DATE/TIME REC | DEIVED: 10/6/99 1300 |
| DATE/TIME ANA | ALYZED: 10/16/49 300 |
| | MIC |
| COMMENTS: | |
| `` | |
| | |

| | -5810-D Breckenridge Parkway • Tompa, Flo 18131 630-9616 • FAX (813) 630-4327 | rida 3361 | 10 | | DATE/TIM | IE ANALYZE | D: 10/10/7 | 300 |
|---------------|---|--------------|----------|---------------------------------------|---------------|--|--------------------------|------------------------|
| | AND AND THE STATE | • | | . | APPROVE | ED BY: | MIC | |
| 1. 11 | DRINKING WATER | | | · · | | | | |
| ; | BACTERIOLOGICAL ANALYSIS | | | •• | | | 1 1 | |
| | | | | Ĺ | - | | | |
| SYSTEM NAME: | CUPICSS Lakes | | SYSTEM I | .D. NO: | 5350 | 355 | SYSTEM BHOVE | #: <i>941-815-15</i> 2 |
| ADDRESS: | 110000 DS HOV9 | BN | / | COUNTY | | Polk | SISTEM PROME | RICT: 54) |
| COLLECTOR: _ | | | | | | | | |
| | (Locality or Subdivision): | ms | | | | : | | |
| DATE AND TIME | E COLLECTED: 10-6-99 | 27.4 | 1510 | 71 | •• | <u>.</u> | | |
| TYPE OF SUPP | LY(Circle one): Community Dater system Private Well Swimming LE(Circle one): Compliance Repeat (Check Box) Distribution | Noncom | munity w | ater system led water | Nontra Lim | nsient - n ited Use sy | oncommunity water | r system |
| TYPE OF SAMP | LE(Circle one) - compliance Repeat | Reple | acement | Main cle | earance | Well su | rvey Other | |
| | Distribution | | | | | | [] Check her | e if. payment made . |
| | TO BE COMPLETED BY COLLECTOR OF SAMPLE | - | · | · · · · · · · · · · · · · · · · · · · | | | | public health unit |
| | | | | | METHOD: | (MF) | MPLETED BY LAB | D-MUG PA |
| COLL. | SAMPLE POINT (Specific Address) | C(RES'D | p#i | NON COLIFORM | *TOTAL | TOTAL | CONFIRM FECAL E. COLI | SAMPLE NUMBER |
| 64 | # Non Well | | 3.7 | | A | | | M3/8/1 |
| NOF4 | Bock-up Well | ; <u>;</u> ; | 37 | | A | | the secondary | 2 |
| 3,44 | Spresslakes Ur washe | 7,4/ DM | 37 | | A | | | 3 |
| Untu | 15#4 too | 09 | 82 | | A | | | 1.4 |
| | | | | | | | | - |
| | | | | | | · · · · | | |
| | | | | - | | | | |
| . 7. | | | <u> </u> | | <u> </u> | <u> </u> | l | |
| ; | | | | | | · · · · | on will follow i | n 24-48 hours. |
| A - | Coliforms are present C - Confl Coliforms are absent TNTC - To | | | | Turbid, | <u>:</u> | gas or acid : | • . |
| INVOICE ADDR | ESS (if different than address below): | | | | | INTERPRÉT. | ATIONS-REMARKS B | Y, PROGRAM REVIEWER |
| | | | | | • | | | |
| | • | | `. | | | | | |
| NAM | E AND MAILING ADDRESS OF PERSON/FIRM TO R | ECEIVE | REPORT | | | c |) | |
| | , | | | | | . (|) SATISFACTORY | |
| | | | | | | | | |
| | | | | REVIEWING | OFFICIAL: | · | | |
| | l | | | TITLE: _ | | | | |

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Docket No. 020407-WS

25.30-440 (8) Field Employees

Test Year Ended December 31, 2001

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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 systemand 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

• 1 21 may . • 1 .

Docket No. 020407-WS

25.30-440 (9) Vehicles

Test Year Ended December 31, 2001

CYPRESS LAKES UTILITIES, INC.

| Assigned to: | <u>Vehicle</u> # | Description | <u>VIN#</u> | Owned or Leased | <u>O</u> 1 | riginal Cost |
|--------------|------------------|-----------------------|-------------------|--------------------|------------|--------------|
| Lanni, Chris | 0010 | 99 GMC Sonoma Ext Cab | 1GTCS19X2X8531502 | Owned | \$ | 19,447.61 |

.

Docket No. 020407-WS

25.30-440 (10) Customer Complaints

Test Year Ended December 31, 2001

| | AWARE OF PROBLEM IN THE CYPRES | SS LAKES AREA DUE TO SEASONAL CUSTOMOR'S | |
|--|--|--|--|
| | . PER DAVID S. | TYC. STEPS ARE BEING TAKEN. | |
| NOTIL | 4. LINES ARE BETAG FINGUED & STAF | TO A WEEK IN PROPICE | |
| | . BACK FLOWS HAVE BOEN INSTALLED | O IN THESE AREA, DAVID IS WORKING ON | |
| | MAY BE SYSTEM BACKFLOWS TO A | O IN THESE AREA. DAVID IS WORKING ON MELECVIATE THE PROBLEMS THAT THE CUSTIMER'S | |
| | . MAY BE EXPERIENCING AT THIS TI | ME. | |
| | :- 07/31/01 | | |
| | | | |
| MCIDN | 3. 00672 | | |
| opnepa | * : 538702 | | |
| /T // | :. 006720001601 | | |
| ER NAME | T. CONICELLI, TONY | | |
| E ADDRES | RS:. 160 LAKE CIRCLE DR | | |
| | :. 06/09/01 | | |
| | 1. 43 | | |
| ก | THE CHOTOMER AND AND | | |
| · · | - THE CUSTOMER CALLED THE ANSWERS | ING SERVICE DUE TO NO WATER. | |
| TION | * TALKED WITH THE CUSTOMER ON THE | | |
| | . DRYKIM | E PHONE AND THE MATTER WAS RESOLVED. | |
| | :- 06/09/01 | , 5/1- | |
| COTON | | | |
| ************************************** | :. 00672 | | į |
| F ORDER# | :. 538748 | | 3 |
| T.# | :. 906720001061 | , t o: | |
| ET NAME | DOUGHTEN MALIETOR | 2 ° 'L' | j |
| H ADDRES | S:. 106 HORSESHOE DR | | |
| | :. 06/15/01 | The state of the s | 4 |
| | :. 43 | | - 4 |
|) | :. CUSTOMER IS WITH DUT WATER, PLE | | 15 |
| | DISTAICHED TO DAVIN & | | 146 147 |
| (ON | CUSTOMER CHECK WALVE IN THEIR H | DUSE WAS BOOKE TO | |
| | : CUSTOMER CHECK WALVE IN THEIR H DES/KIM : 06/15/01 | AS BROKE | 49 |
| | ·· 06/15/01 | | 51 |
| SION | :. 00672 | | · 52 |
| | | | 54 |
| | :. 546919 | | , 55 56 |
| # | :. 006720001981 | | 57 |
| | M 71 (1, , , , , , , , , , , , , , , , , | F ASS. | 58 59 |
| TO NAME | MILLER, MARY | | 50 |
| ADDRESS | 3: 198 LAKE CIRCLE DE | | icil |
| ADDRESS | 3: 198 LAKE CIRCLE DR 3: 07/13/01 | | 62 |
| ADDRESS | 3: 198 LAKE CIRCLE DE | M de la companya de l | 61 62 63 |
| ADDRESS | :. 198 LAKE CIRCLE DR :. 07/13/01 :. 11 :. 6/5/01 R=377790 | | 61 62 63 64 65 |
| ADDRESS | :. 198 LAKE CIRCLE DR :. 07/13/01 :. 11 :. :. 6/5/01 R=377790 :. 7/5/01 R=37790 (NFA) | | 61 62 63 64 65 66 |
| ADDRESS | :. 198 LAKE CIRCLE DR :. 07/13/01 :. 11 :. :. 6/5/01 R=377790 :. 7/5/01 R=37790 (NEG) :. R=383450 USED FOR RILLING | | 61 62 63 64 65 66 67 |
| ADDRESS | 7: 198 LAKE CIRCLE DR 7: 07/13/01 7: 11 8: 6/5/01 R=377790 7/5/01 R=377790 (NEG) 7: R=383450 USED FOR BILLING DS/KIM | | 61 62 63 64 65 66 67 68 69 |
| ADDRESS | :. 198 LAKE CIRCLE DR :. 07/13/01 :. 11 :. :. 6/5/01 R=377790 :. 7/5/01 R=37790 (NEG) :. R=383450 USED FOR RILLING | | 61 62 63 64 65 66 67 68 69 |
| ADDIKESS | 7: 198 LAKE CIRCLE DR 7: 07/13/01 7: 11 8: 6/5/01 R=377790 7/5/01 R=377790 (NEG) 7: R=383450 USED FOR BILLING DS/KIM | | 61 62 63 64 65 66 67 68 69 |

```
> MERVINE ORDERS WITH COMPLAINTS FOR CUBDIVISION - 00679 BY MB tetaling 07-15-01
TC: ORDER# : 547347
UNF# 4. 006730002991
DME - NAME - FRAHLER , FAUL
TOP ADDRESS: 299 CYPRESS LAKES DR
      :. 07/18/01
          <del>.. 28</del>
          4. CUST HAS LOW PRESSURE AT COMM. POOL AND AT HER HOME.
           . DOROTHY 863-853-0025
           . PAGED TO DAVE S.
NO FILL)
          POWER PROBLEM AT WILL.
         :. 07/18/01
IVITION
          17 00672
          :. 1
ICE ORDER# :. 570841
UNT# :. 006720002901
OMER NAME : DANZ NANCY
ICE ADDRESS: 290 CYPRESS LAKES DR
     <del>- :. 10/26/01</del>
          :. 31
         :. CLU
          .. PLEASE CHECK FOR AIR IN LINE.
           . DISPATCHED TO DAVID RYNIAK
          . NO ONE HOME TAGGED DOOR, AIR WILL NOT HURT LINES.
ILU1 TON
          . SH/KIM---
          a. 10/26/01
(IV::::ION :. 00672
          а. З
'ICH ORDER# :. 564983
HNY# :. 006720005431
DMER NAME : COOPER, CURTIS
TICH ADDRESS: 543 MULLIGAN DR
        10/02/01
           :. 28
           :. CLU
           *. CUSTOMER HAS LOW WATER PRESSURE
            . PAGED DR @ 2:05 PM
           .. CUSTOMER'S VALVE WAS SHUT OFF. THEY JUST CAME BACK FROM VACATION TURNED
           . ON VALVE WANS EVERYTHING WAS ALRIGHT.
            . RT/KIM
           :. 10/02/01
MOISSION
           a. 00672
           3 - 4
466 ORDER# : 512371
         :. 006720007022
IUNT (
TOMER NAME :. REACTIVATED 572-000702-2:
"ICE ADDRESS: . 702 BIG APPLE LN
           :. 02/20/01
           1. 11
           :. MS. CALLED STATING THIS ADDRESS IS NOT 70% BIG APPLE LANE
ENT
            . IT IS 702 CHELSEE WAY
```

. LAKE PLACIDA FLORIDA SSSS

```
. ****SHE & HER HUSHAND DEVELOPED THIS PROPERTY ***

    PLEASE CHECK THIS AND GIVE US CORRECT ADDRESS.

                  :. THE RESIDENTS AT 702 BIG APPLY HAVE NO ID A WHAT THIS IS ABOUT. HIS R

    NAME IS NOT CAROL BEIL NOR DO THEY RENT FROM HER. THESE CUSTOMER OF DWN.

                   . THE HOME. THEIR NAME IS SUNGUEST FORM ONLARIO, (ANADA.
                   . RT/KIM
                   . THIS ACCOUNT WAS "B" IN ERROR MRS. BEIL WAS APPLYING FOR SERVICE AT
                   . 702 CHELSEE WAY LAKE PLACID, FLA. REQUEST REACTIVITION OF ACCOUNT.
                   . KTM
  RDATE
                  :. 02/20/01
  SUBDIVISION
                 :. 00672
  ROUTE
                  . 4
  SERVICE ORDER#::. 516972
                                                                          or givens
  ACCOUNT# :. 006720006821
  CUSTOMER NAME :. PRESTIN, BETTY
  SERVICE ADDRESS: . 682 TOP FLIGHT DR
  DOATE
                  :. 03/12/01
  TYPE
                  :. 32
  FOPER
                  :. CLU
                  :. CUSTOMERS WATER TASTE LIKE TODING
   COMMENT
                   . PLEASE CHK WATER
                   . TAG HOUSE WITH THE FINDINGS
                   . PAGED JK
   RESOLUTION
                  :. CUSTOMER HAS THIS PROBLEM FIRST TIME WATER IS TURNED ON IN MORNING.
  Marie State Com
                  . EXPLAINED TO CUSTOMER THIS IS DUE TO WATER STANDING STILL IN PIPES
                   . JK/KIM
                  :. 03/12/01
  RUATE
  SUBDIVISION.
                  :. 00672
  ROUTE
                  :. 4
  SERVICE ORDER#
                  <del>:. 553481</del>
  ACCOUNT#
                  :. 006720006101
  CUSTOMER NAME
                 :. COOKE, RONALD
  SERVICE ADDRESS: . 610 SAND CRANE TRL
  DDATE
                  :. 08/13/01
  TYPE
                  :. 43
  FOPER
                  :. CUSTOMER CAME BACK FROM VACATION AND TURNED HIG VALVE ON BUT HAS NO
   CHMMENT
                   . WATER.
                   . PAGED TO DAVE S.
   RESOLUTION
                  . CUSTOMER WATER JWAS SHUT OFF AT THE WATER SOFTNER.
                   . DS/KIM
  RDATE
                  <del>:. 08/13/01</del>
SUBDIVISION
                  :. 00672
  RHUTE
                  + 4-
  SERVICE ORDER# :. 557712
  ACCOUNT#
                  :. 006720007731
  CUSTOMER NAME - - AMENDTYGAYLE
   SURVICE ADDRESS: 773 HOOSIER CIR
  DIDATE
                  :. 08/30/01
  TYPE
                  :. 32
  FORER
  COMMENT
                  :. CUSTOMER CALLED DUE TO ODOR IN THE WATER OF METAL: FILTER DUTSIDE
                   ·· HAS RUST FORMED SHE HAS BELLY AWAY FOR 1 WITH AND WHEN SHE DEFURNISH
```

```
· REVICE ORDERS WITH COMMINISTED FOR SUBDIVISION - 00670 DY "38 15:00 04 07 15:00
            . SHE NOTICED OUTS THINGS HAPPENING ALSO AIR IN LINES.
            . PAGED TO DAVID S
           : FLUSHED AREA TALKED TO THE CUSTOMER
           . DSZKIM
           :. 08/30/01
           :. 00672
IVISION
          : 4
tor orders. 532368
BND #
          :. 006720007561
DME! NAME : HOLDEN: PETER
HOP-AUDRESS: 756 HOUSIER CIR
           :. 09/21/01
           :. 28
           :. CUSTOMER CALLED TO COMPLAIN OF VERY LOW PRESSUR: (N ALL PARTS OF HIS
EN1
           . HOME INCLUDING THE OUTSIDE FAUCETS. HE THINKS CHERE MAY BE A LEAK
           . ABOUT 5-6 HOUSES UP FROM HIS ADDRESS (THERE IS A WET SPOT ALONG SYDE OF
           - ROAD)
            . PAGED TO DAVE R.
           :.-INSTALLED NEW METER #16917723 R=10 OLD METER #99010893 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
           :. 09/21/01
IVESTION
           :. 00672
           : . 4
ICH ORDER# :. 566432
           :. 006720006561
DMER NAME : FORBELL, MICHAEL
ICE ADDRESS: 656 TOP FLIGHT DR
           :. 10/08/01
           :. 32
           * CLU
           :. PLEASE CHECK FOR UDOR IN WATER.
ENT
           . DISPATCHED TO DAVID RYNIAK
           :. R=186760 FLUSHED HYDRANT AND TALKED TO THE CHSTOMER.
HEHMAN
           . DRZKIM
           :. 10/08/01
IVIGION
           ±. 00672
           :. 5
ICE ORDER# :. 538169
           :. 006720009391
UNT #
OMER NAME : LEIDNER BURTON
ICE-ADDRESS: - 939 ARROWHEAD-TRE
           3. 06/14/01
           :. 32
           · CLU
           :. 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.
```

: SPOKE TO THE CUSTOMER AND THE PROBLEM WAS RESOLVED.

```
. RT/DS/KIM
 RUATE
                 :. 06/14/01
 SUBDIVISION
                 #. 00673
 RUUTE
                 :. 5
 SERVICE ORDER# :. 546116
                                                                       ACCOUNT#
                :. 006720009491
 CUSTOMER NAME : HOWZE, EVERETTE
 SERVICE ADDRESS: 949 ARROWHEAD TRL
 DOATE
                :. 07/17/01
 TYPE
                 : 32
 FUFER
                 : CUSTOMER CALLED DUE TO TERRIBLE SMELL OF THEIR WATER SHE SAID THE
 COMMENT
                 . OPERATOR IN THIS AREA TOLD HER TO CALL WHEN THIS HAPPENS SO HE CAN FLUSH
                  . THE LINE. HOWEVER, THERE IS NO FIRE HYDRANT SHE SAID COOK FOR THE FIFE
                . AT THE ADDRESS. (OPERATOR IS SUPPOSE TO UNDERSTAND)
                :. FLUSHED LINE ACROSS THE STREET. WAS A PROBLEM WILL CONTINUE TO MONITOR.
 RESOLUTION
                 - DS/RT/KIM-
 RDATE
                 :. 07/17/01
 SUBDIVISION
                 :. 00672
 ROUTE
                 *. 5
 SERVICE ORDER# :. 548155
 ACCOUNT#
                *. 006720010602
                                                                                              a see english and her is a second
 CUSTOMER NAME :. JONES: WILLIAM
 SERVICE ADDRESS: 1080 ARROWHEAD TRL WORK SERVICE
                                                                                                37.00
                :. 07/23/01
 DDATE
 1 YPE
                 :. 29
 FOPER
                 :. CLU
 COMMENT
                 :. PLEASE CHECK FOR ORANGE WATER.
                 . DISPATCHED TO DAVID'S
 RESOLUTION
                 :. FLUSHED MAIN LINE 45 MINUTES.
                 DR/KIM
 RDATE
                 :. 07/23/01
 - SUBDIVISION -
                :: 00672
                :. 5
 ROUTE
 SERVICE ORDER# :. 548040
 ACCOUNT#
                ** 006720010671
 CUSTOMER NAME : SECHLIN, DAVID
 SERVICE ADDRESS: 1067 ARROWHEAD TRL
 1)1)A TE:-
                ** 07/23/01
 TYPE
                 :. 32
 FORER
                 : .
 COMMENT
                 :. ROTTEN EGG ODOR FROM WATER SINCE LAST WEEK.
                  . THIS IS COMING FROM HOT AND COLD WATER.
                  . 863-815-2447
 RESOLUTION
                 #: GAVE THE CUSTOMER THE INFORMATION GIVEN DE DAVID WILL BE FLUSHING
                  . LINES WEEKLY DUE TO VACANCY IN LOTS DUE TO VACATIONING.
                  . THE CUSTOMER HAS BEEN EXPERICING ODOR IN WATER DAVID WENT OUT ON
                  . 7/27/01 TO FLUSH.
                  . DS/K1M
 RUATE
                 :. 07/23/01
 SUBDIVISION
                 :. 00672
 ROUTE
                :. 5
- SPRVICE ORDER# - - 555898
```

```
:. 006720010671
KIT #
MER NAME : SECHLIN: DAVID
CT-ADDRESS: 1067 ARROWHEAD THE
          *: 08/23/01
          :. 32
          . CUST HAS A STRONG SULPHER ODOR IN WATER.
N1
           . PLEASE FLUSH WEEKLY AS HE SAID HE WAS PROMISED.
           - DAVID 863-815-2447
          1. FLUSHED MAIN FOR 3 HOURS.
UTTON
          . DS/KIM
          *. 08/23/01
VICTION :. 00672
         <del>. . 5 -</del>
CH ORDER# :. 556852
          :. 006720009361
INT ⊁
MER NAME : HARVEY ROBERT
CH ADDRESS: 936 ARROWHEAD TRL
          *. 08/29/01
          - 32
          :. CLU
          :. CUSTOMER STATES THAT WATER SMELLS LIKE SEWER
INT
          . PAGED DS
                                              .. FLUSHED HYDRANTS IN THE AREA
JUT CON
          . ?/LYN
          :. 08/29/01
:VICION :. 00672
        - :.-5
CE ORDER# :. 557151
          :. 006720008691
INTI
IMER NAME : FREDERICH BUD
CE ADDRESS: . 869 BIG CYPRESS BLVD
          :. 08/28/01
          <del>.. 32</del>
                                              4 244
                                                                  JAN 3.
          :. CUSTOMER CALLED COMPLAINING OF ODOR OF WATER. SHE SAID SHE HAS A FILTER
INT
           . 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.
JUTTON
          . CURRENTLY FLUSHING THE SYSTEM
           . DS/KIM
          :. 08/28/01
NCIO VI
          4. 00672
         :. 6
                                                                                                                                       66
[CF ORDER# :. 537147
       :. 006720014751
JNT#
                                                                                                                                       · 59
3MER NAME : BAUER DENNIS
                                                                                                                                       .70
ICH ADDRESS: 1475 MALLARD DR
          4. 06/11/01
          <del>...32</del>-
          :. CUSTOMER CALLED DUE TO BAD TASTE AND SMELL IN WATER. CUSTOMER NOTICED
ENT
           . OVER THE WEEKEND. PLEASE CHECK
```

```
(912) SURVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION
                                                        00A7 RV SUB 15:22:04 07 15-02
               .. ODOR DUE TO DECREASE IN RESIDENTS AND DECREASE IN CONSUMPTION. WE
RESOLUTION
                . ARE FURSHING LINES AS BEST WE CAN.
                . RT/DS
                . KIM
               :. 06/11/01
ROATE
SUBDIVISION
               :. 00672
ROUTE
               :. 6
SERVICE ORDER# :. 537711
ACCIDINT#
               : 006720014741
CUSTOMER NAME : BARBOZA, DENNIS
SERVICE ADDRESS: 1474 MALLARD DR
DDATE
               :. 06/12/01
               :. 32
TYPE
FOPER
               -- CLU
               ... MS. CALLED BECAUSE HER WATER HAS A BAD TASTE AND AWFUL ODOR. PLEASE
COMMENT
                . CHECK IT OUT AND TAG THE DOOR WITH YOUR FINDINGS.
                                                                       24.7
                . PAGED TO DAVE S.
               .. WE ARE FLUSHING LINES DUE TO THE NUMBER OF VACANT HOMES FOR THE
RESOLUTION
                . SUMMER. TRYING TO ELIMINATE THIS BY FLUSHING THE LINES.
                - RT/DR/KIM
RDATE
                :. 06/12/01
                                                                      y marketing and
SUBDIVISION . . . 00672
                                                                      يستنبرته فأويق سارا
ROUTE
          - A. W. . 6
SERVICE ORDER# :. 547415
ACCOUNT#
               :. 006720014751
              . BAUER DENNIS
CUSTOMER NAME
SERVICE ADDRESS: 1475 MALLARD DR
                :. 07/19/01
DDATE
TYPE
                :. 32
FIRER
                :. CUSTOMER CALLED BECAUSE THE WATER TASTES BAD AND SMELLS ANFUL.
COMMENT
                 . PAGED TO DAVE SHOFFSTALL
                .. DAVE FLUSHED THE LINES
RESOLUTION
                 . DAVE/LYN
                :. 07/19/01
RUATE
                :. 00672
SUBDIVISION
                : 6
ROUTE
SERVICE ORDER# :. 553879
                :. 006720015152
ACCOUNT#
CUSTOMER NAME
                :. MATRACHIA, MARGARET
SERVICE ADDRESS: 1515 GRACKLE LP
                :. 08/15/01
DDATE
TYPE
                :. 32
-FHPER
                :. CUSTOMER HAS PROBLEM WITH ODOR IN THE WATER. THE SAID SHE HAS A MATER
COMMENT
                 . SOFTNER SO I HAD HER CHECK THE OUTSIDE FAUCET WHICH IS NOT ON THU
                 , SOFTNER SYSTEM AND SHE SAID IT ALSO HAS AN ODOR:
                :. 8/15/01 PAGED TO GARTH @ 9:00 AM
RESOLUTION
                 . 8/17/01 THIS IS NOT OUR AREA.
                 . GA/KIM
```

```
:. 08/15/01
:∀<del>;;;;;;;N-----:::. 0067</del>2
 :. 6
[CF ORDER# :. 555104
INT# :. 006720013681
DMER NAME :. SMITH, AFRED D
(CE ADDRESS: 1368 GRACKLE LOOP
         :. 08/21/01
         :. 32
         :. CLU
          .. CUSTOMER STATES THAT THE WATER HAS A BAD DOOR
           . PLEASE FLUSH OUT THE SYSTEM
UT ON
          .. FLUSHED FOR 3 HOURS.
          . DS/KIM
          :. 08/21/01
         :. 00672
IVISION.
          :. 6
ICE ORDER# : . 555101
JNT# :. 006720015152
DMER NAME : MATRACHIA, MARGARET
ICE ADDRESS: 1515 GRACKLE LP
        :. 08/20/01
          :. 37
          .. MS. CALLED DUE TO A VERY BAD ODOR AND TASTE OF HER WATER.
ENT
          . PAGED TO DAVE S.
          :. FLUSHED MAIN LINE FOR 3 HRS.
LUTION
         . DES/KIM
          :. 08/20/01
IVINION :. 00672
                                                               a the top of
Ξ :. 6
                                                                -- Toke : 6
ICE ORDER# :. 556261
UNT# :. 006720014751
OMER NAME : BAUER DENNIS
ICH ADDRESS: 1475 MALLARD DR
    :. 32
          :. CLU
          .. PLEASE CHECK FOR WAD OBOR IN WATER.
          . DISPATCHED TO DAVID SHOFFSTAL
LUTION :. FLUSHED AT THE END OF MALLARD FOR 2 HRS.
         - DR/KIM
          :. 08/24/01
IVICION :. 00672
E :. 0
ICE ORDER# :. 556330
UNT# -- 00672001€152
OMER NAME : MATRACHIA, MARGARET
ICC ADDRESS:. 1515 GRACKLE LP
    ----:<del>08/24/01</del>
```

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: RC
                 ٠.
                 :. CUSTOMER SAYS FLUGHING HAS NOT IMPROVED ODOR PROBLEM. SHE DOES HAVE A
                  . CULLIGAN SYSTEM BUT SHE SAYS SHE HAD THENDUT AND THEY SAID DIT IS NOT
                  . IN THEIR SYSTME.
                  - 862-816-0834
   SOLUTION.
                 :. FLUSHING LINES WILL CONTINUE TO FLUSH.
                  . DSZKIM
                 :. 08/24/01
 R))ATE
 SUBDIVISION
                 e. 00A72
 HODITE -
                 : 6
 SCRVICE ORDER# :. 558348
 ACCOUNT#
                 :. 006720015152
 CUSTOMER NAME : MATRACHIA MARGARET
 SERVICE ADDRESS: 1515 GRACKLE LP
 DDATE
                 : 09/04/01
 TYPE
                 : 32
 FOPER
                 :. CLU
                 . MS. CALLED DUE TO ODOR OF HER WATER AND IT ALSO TASTES BAD. SHE SAID SHE
 COMMENT
                  . CALLED FRIDAY 8/31/01 AND SOMEONE WAS TO CALL HER BACK AND THEY FAILED
                  . TO DO SO.
                  . CALL TRANSFERRED TO PATRICK
                 : R=220560 FLUSHED LINES IN AREA .8 RESIDUAL OF CL2. TÄGGED CUSTOMICR'S
 RESOLUTION
                                            )-(f)
                                                          E. Winter State of the
                                                                       with a surprise of the first of the second
                  . DOOR WITH RESULTS.
                  . DR/KTM
                 :. 09/04/01
 RDATE
 SUBDIVISION
                 :. 00672
                                                           فہر
 ROUTE
                 :. 6
 SERVICE ORDER# :. 558849
 ACCOUNT#-
                -- 006720013771
 CUSTOMER NAME :. PICCIANO, JOHN
 SERVICE ADDRESS: 1377 GRACKLE LP
 TITI)ATE
                 : 09/05/01
                                                                        3.00kg
 TYPÉ
                 :. 32
 FORER
                 :. CLU
 COMMENT
                 :. CUSTOMER CALLED TO REPORT A ODOR IN THE WATER
                  . PAGED DAVE R
 RESOLUTION
                 : . FLUSHED LINE FOR J HOUR
                 - DR/KIM-
 ROATE
                 :. 09/05/01
 - WIBDIVICION -
                 ** 00672
 ROUTE
                 E. 6
 SERVICE ORDER# :. 559835
ACCOUNT #
                 <del>:. 006720014751</del>
 CUSTOMER NAME : BAUER, DENNIS
 SURVICE ADDRESS: 1475 MALLARD DR
 1)1)ATE
                 t. 09/12/01
 TYPE
 FUPER
 * CUSTOMER CALLED CHMPLAINING OF ODOR IN WATER. HE SAID HE IS ON THE END
                  . OF THE LINE AND THEY HAVE NOT FLUSHED RECENTLY.
                  . PAGED TO DAVE R.
E. WE HAVE BEEN FLUSHING LINES BEYOND THIS HOME. THAT IS ALL WE CAN DO.
```