

FINANCIAL, RATE AND
ENGINEERING MINIMUM
FILING REQUIREMENTS

=====

ADDITIONAL ENGINEERING INFORMATION

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LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

- CMP _____
- COM 5
- CTR _____
- ECR _____
- GCL 1
- OPC 1
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____

VOLUME III

Test Year Ended December 31, 2005

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ADDITIONAL ENGINEERING INFORMATION
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LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

Test Year Ended December 31, 2005

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

Test Year Ended December 31, 2005

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

25.30-440 (1)
Detailed Map

Test Year Ended December 31, 2005

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

25.30-440 (2)
Chemicals Used

Test Year Ended December 31, 2005

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

Company	W/S	Invoice Number	Type	Quantity	Per Unit	Amount	Tax	Total
LAKE PLACID UTILITIES INC	W&S	3581	Lime	8	7.50	60.00		
LAKE PLACID UTILITIES INC	W&S	3581	Stabilization	1	75.00	75.00		
LAKE PLACID UTILITIES INC	W&S	3581	Total for invoice No. 3581			135.00	-	135.00
LAKE PLACID UTILITIES INC	W&S	3601	Hypochloritesolutions	173	1.15	198.95		
LAKE PLACID UTILITIES INC	W&S	3601	Fuelsurcharge	1	9.00	9.00		
LAKE PLACID UTILITIES INC	W&S	3601	Total for invoice No. 3600			207.95	-	207.95
LAKE PLACID UTILITIES INC	W&S	3601	Hypochloritesolutions	229	1.10	251.90		
LAKE PLACID UTILITIES INC	W&S	3601	Fuelsurcharge	1	8.00	8.00		
LAKE PLACID UTILITIES INC	W&S	3601	Total for invoice No. 3600			259.90	-	259.90
LAKE PLACID UTILITIES INC	W&S	73085	Sodium Hypochlorite	160	0.85	136.00		136.00
LAKE PLACID UTILITIES INC	W&S	73761	Sodium Hypochlorite	110	0.85	93.50		93.50
LAKE PLACID UTILITIES INC	W&S	75585	Sodium Hypochlorite	140	0.85	119.00		119.00
LAKE PLACID UTILITIES INC	W&S	76612	Sodium Hypochlorite	195	0.95	185.25		185.25
LAKE PLACID UTILITIES INC	W&S	78074	Sodium Hypochlorite	130	0.95	123.50		123.50
LAKE PLACID UTILITIES INC	W&S	78085	Lime	8	7.50	60.00		
LAKE PLACID UTILITIES INC	W&S	78085	Stabilization	1	60.00	60.00		
LAKE PLACID UTILITIES INC	W&S	78085	Total for invoice No. 78085			120.00	-	120.00
LAKE PLACID UTILITIES INC	W&S	78642	Sodium Hypochlorite	180	0.95	171.00		171.00
LAKE PLACID UTILITIES INC	W&S	80968	Hypochloritesolutions	130	0.95	123.50		123.50
LAKE PLACID UTILITIES INC	W&S	81730	Hypochloritesolutions	155	0.95	147.25		147.25
LAKE PLACID UTILITIES INC	W&S	83026	Sodium Hypochlorite	155	0.95	147.25		147.25
LAKE PLACID UTILITIES INC	W&S	83026	Sodium Hypochlorite	55	0.95	52.25		52.25
LAKE PLACID UTILITIES INC	W&S	83040	Lime	8	7.50	60.00		
LAKE PLACID UTILITIES INC	W&S	83040	Stabilization	1	60.00	60.00		
LAKE PLACID UTILITIES INC	W&S	83040	Total for invoice No. 83040			120.00	-	120.00
LAKE PLACID UTILITIES INC	W&S	84783	Sodium Hypochlorite	75	0.95	71.25		71.25
LAKE PLACID UTILITIES INC	W&S	86378	Sodium Hypochlorite	76	0.95	72.20		72.20
LAKE PLACID UTILITIES INC	W&S	87625	Sodium Hypochlorite	149	0.95	141.55		141.55
LAKE PLACID UTILITIES INC	W&S	87648	Lime	8	7.50	60.00		
LAKE PLACID UTILITIES INC	W&S	87648	Stabilization	1	75.00	75.00		
LAKE PLACID UTILITIES INC	W&S	87648	Total for invoice No. 87648			135.00	-	135.00
LAKE PLACID UTILITIES INC	W&S	88391	Sodium Hypochlorite	71	0.95	67.45		67.45
LAKE PLACID UTILITIES INC	W&S	89586	Lime	8	7.50	60.00		
LAKE PLACID UTILITIES INC	W&S	89586	Stabilization	1	60.00	60.00		
LAKE PLACID UTILITIES INC	W&S	89586	Total for invoice No. 3581			120.00	-	120.00
LAKE PLACID UTILITIES INC	W&S	89657	Sodium Hypochlorite	73	0.95	69.35		69.35
LAKE PLACID UTILITIES INC	W&S	91843	Sodium Hypochlorite	141	1.10	155.10		155.10
LAKE PLACID UTILITIES INC	W&S	92287	Sodium Hypochlorite	93	1.10	102.30		102.30
LAKE PLACID UTILITIES INC	W&S	94342	Sodium Hypochlorite	114	1.10	125.40		125.40
LAKE PLACID UTILITIES INC	W&S	94342	Sodium Hypochlorite	148	1.10	162.80		162.80
LAKE PLACID UTILITIES INC	W&S	97284	Sodium Hypochlorite	169	1.10	185.90		
LAKE PLACID UTILITIES INC	W&S	97284	Fuelsurcharge	1	8.00	8.00		
LAKE PLACID UTILITIES INC	W&S	97284	Total for invoice No. 97284			193.90	-	193.90
LAKE PLACID UTILITIES INC	W&S	99185	Sodium Hypochlorite	76	1.10	83.60		
LAKE PLACID UTILITIES INC	W&S	99185	Fuelsurcharge	1	8.00	8.00		
LAKE PLACID UTILITIES INC	W&S	99185	Total for invoice No. 99185			91.60	-	91.60

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

25.30-440 (3)
Chemical Analyses

Test Year Ended December 31, 2005

641.32

PUBLIC WATER SYSTEM INFORMATION

System Name: SUN-N-LAKES OF LAKE PLACID I.D. #: 6280273
Address: 220 Weathersfield Ave, Altamonte Springs, 32714 Phone #: 382-3111

Type (check one): Community Nontransient Noncommunity Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 04/15/03 Sample Time: 1048
Sample Location (be specific): Entry to distribution

Sampler Name and Phone: Dtto Krucker, (863) 465-6911

Sampler's Signature: _____ Title: Operator

Check Type(s): Distribution Recheck of MCL Resample of Lab Invalidated Sample
 Clearance Thn Max Res Time Plant Tap
 Distrib entry pt Raw Composite of Multiple Sites—Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) — ATTACH FDOH ANALYTE SHEET

Lab Name: Short Environmental Laboratories HRS #: EB5458 Expiration Date: 06/30/04

Address: 10405 US 27 South, Sebring, FL 33876 Phone: (863) 655-4022

Subcontracted Lab DOH # EB4129\EB4100 Groups analyzed: VOC's, SOC's, Gross alpha, Radium 226 & 228

ANALYSIS INFORMATION

Laboratory Sample ID # 185043

Date Sample(s) Received: 04/15/03 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

- Nitrate Only Nitrite Only Asbestos Only Trihalomethanes
- Inorganics— Volatile Organics— Secondaries— Pesticides/PCBs—
- All 17 Partial All 21 Partial All 14 Partial All 30 Partial
- Group I Unregulateds— Group II Unregulateds— Group III Unregulateds— Radiochemicals—
- All 12 Partial All 23 Partial All 11 Partial Single Sample
- Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, Bruce Cummings, do HEREBY CERTIFY that all attached analytical data are correct.

Signature: 

Title: Laboratory Director Date: 06/20/03

COMPLIANCE INFORMATION (to be completed by state)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____
Resample Requested for: _____ Reason: _____
Person notified to resample: _____ Date Notified: _____
DEP/DOH Reviewing Official: _____

SECONDARY CHEMICAL ANALYSIS

62-550.320

(PWS031)

Parameter ID	NAME	(MCL mg/L)	Sample Number	Analysis Result (mg/L)		Analysis Method	Analysis Date	MDL	Lab ID
1002	Aluminum	(0.2)	185043	0.05	u	SM3111D	05-09-03	0.05	EB5458
1017	Chloride	(250)	185043	17.		EPA 325.3	04-23-03	0.5	EB5458
1022	Copper	(1)	185043	0.01	u	SM3111B	05-06-03	0.01	EB5458
1025	Fluoride	(2.0)	185043	0.21		SM4500F C	04-21-03	0.02	EB5458
1028	Iron	(0.3)	185043	0.04		SM3111B	05-21-03	0.02	EB5458
1032	Manganese	(0.05)	185043	0.01	u	SM3111B	05-02-03	0.01	EB5458
1050	Silver	(0.1)	185043	0.001	u	SM3113B	05-12-03	0.001	EB5458
1055	Sulfate	(250)	185043	5.0		EPA 375.4	04-20-03	1.	EB5458
1095	Zinc	(5)	185043	0.002		SM3111B	05-20-03	0.002	EB5458
1905	Color	(15 CU)	185043	12.		SM2120B	04-15-03	1.	EB5458
1920	Odor	(3 TDN)	185043	1.	u	SM2150B	04-15-03	1.	EB5458
1925	pH	(6.5-8.5)	185043	7.75		EPA 150.1	04-15-03	0.01	EB5458
1930	Total Dissolved Solids	(500)	185043	114.		SM2540C	04-16-03	10.	EB5458
2905	Foaming Agents	(0.5)	185043	0.02	u	SM5540C	04-16-03	0.02	EB5458

Comments: u = Parameter was analyzed for but not detected.

All results meet the requirements of NELAC.

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

Parameter ID	NAME	(MCL ug/L)	Sample Number	Analysis Result (ug/L)		Analysis Method	Analysis Date	MCL	Lab ID
2378	1,2,4-Trichlorobenzene	(70)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129
2380	cis-1,2-Dichloroethylene	(70)	185043	0.2	u	EPA 502.2	04-19-03	0.2	EB4129
2955	Xylenes (total)	(10,000)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129
2964	Dichloromethane	(5)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129
2968	o-Dichlorobenzene	(600)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129
2969	para-Dichlorobenzene	(75)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129
2976	Vinyl Chloride	(1)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129
2977	1,1-Dichloroethylene	(7)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129
2979	trans-1,2-Dichloroethylene	(100)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129
2980	1,2-Dichloroethane	(3)	185043	0.2	u	EPA 502.2	04-19-03	0.2	EB4129
2981	1,1,1-Trichloroethane	(200)	185043	0.3	u	EPA 502.2	04-19-03	0.3	EB4129
2982	Carbon Tetrachloride	(3)	185043	0.3	u	EPA 502.2	04-19-03	0.3	EB4129
2983	1,2-Dichloropropane	(5)	185043	0.3	u	EPA 502.2	04-19-03	0.3	EB4129
2984	Trichloroethylene	(3)	185043	0.2	u	EPA 502.2	04-19-03	0.2	EB4129
2985	1,1,2-Trichloroethane	(5)	185043	0.3	u	EPA 502.2	04-19-03	0.3	EB4129
2987	Tetrachloroethylene	(3)	185043	0.2	u	EPA 502.2	04-19-03	0.2	EB4129
2989	Monochlorobenzene	(100)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129
2990	Benzene	(1)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129
2991	Toluene	(1,000)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129
2992	Ethylbenzene	(700)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129
2996	Styrene	(100)	185043	0.5	u	EPA 502.2	04-19-03	0.5	EB4129

Comments: u = Parameter was analyzed for but not detected.
 All results meet the requirements of NELAC.
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PESTICIDE/PCB CHEMICAL ANALYSIS
62-550.310(2)(c)
(PWS029)

Parameter ID	NAME	(MCL ug/L)	Sample Number	Analysis Result (ug/L)	Analysis Method	Analysis Date	MDL	Lab ID
2005	Endrin	(2)	185043	0.1 u	EPA 525.2	04-26-03	0.1	EB4129
2010	Lindane	(0.2)	185043	0.06 u	EPA 525.2	04-26-03	0.06	EB4129
2015	Methoxychlor	(40)	185043	0.05 u	EPA 525.2	04-26-03	0.05	EB4129
2020	Toxaphene	(3)	185043	0.5 u	EPA 508.1	04-24-03	0.5	EB4129
2031	Dalapon	(200)	185043	1. u	EPA 515.3	04-25-03	1.	EB4129
2032	Diquat	(20)	185043	1. u	EPA 549.2	04-28-03	1.	EB4129
2033	Endothal?	(100)	185043	20. u	EPA 548.1	04-23-03	20.	EB4129
2034	Glyphosate	(700)	185043	10. u	EPA 547	04-23-03	10.	EB4129
2035	Di(2-ethylhexyl)adipate	(400)	185043	0.3 u	EPA 525.2	04-26-03	0.3	EB4129
2036	Oxamyl (Vydate)	(200)	185043	0.5 u	EPA 531.1	04-18-03	0.5	EB4129
2037	Simazine	(4)	185043	0.07 u	EPA 525.2	04-26-03	0.07	EB4129
2039	Di(2-ethylhexyl)phthalate	(6)	185043	1.0 u	EPA 525.2	04-26-03	1.0	EB4129
2040	Picloram	(500)	185043	0.75 u	EPA 515.3	04-25-03	0.75	EB4129
2041	Dinoseb	(7)	185043	0.5 u	EPA 515.3	04-25-03	0.5	EB4129
2042	Hexachlorocyclopentadiene	(50)	185043	0.2 u	EPA 525.2	04-26-03	0.2	EB4129
2046	Carbofuran	(40)	185043	0.5 u	EPA 531.1	04-18-03	0.5	EB4129
2050	Atrazine	(3)	185043	0.06 u	EPA 525.2	04-26-03	0.06	EB4129
2051	Alachlor	(2)	185043	0.2 u	EPA 525.2	04-26-03	0.2	EB4129
2063	2,3,7,8-TCDD (Dioxin)	(0.00003)			EPA 1613			
2065	Heptachlor	(0.4)	185043	0.08 u	EPA 525.2	04-26-03	0.08	EB4129
2067	Heptachlor Epoxide	(0.2)	185043	0.1 u	EPA 525.2	04-26-03	0.1	EB4129
2105	2,4-D	(70)	185043	1. u	EPA 515.3	04-25-03	1.	EB4129
2110	2,4,5-TP (Silvex)	(50)	185043	0.25 u	EPA 515.3	04-25-03	0.25	EB4129
2274	Hexachlorobenzene	(1)	185043	0.05 u	EPA 525.2	04-26-03	0.05	EB4129
2306	Benzo(a)pyrene	(0.2)	185043	0.1 u	EPA 525.2	04-26-03	0.1	EB4129
2326	Pentachlorophenol	(1)	185043	0.1 u	EPA 515.3	04-25-03	0.1	EB4129
2383	PCB's	(0.5)	185043	0.2 u	EPA 508.1	04-24-03	0.2	EB4129
2931	Dibromochloropropane	(0.2)	185043	0.005 u	EPA 504.1	04-28-03	0.005	EB4129
2946	Ethylene dibromide	(0.02)	185043	0.005 u	EPA 504.1	04-28-03	0.005	EB4129
2959	Chlordane	(2)	185043	0.05 u	EPA 508.1	04-24-03	0.05	EB4129

Comments: u = Parameter was analyzed for but not detected.

All results meet the requirements of NELAC.

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RADIOCHEMICAL ANALYSIS

62-550.310(5)

(PWS027)

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

Comments: All results meet the requirements of NELAC.
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641.32

PUBLIC WATER SYSTEM INFORMATION

System Name: SUN-N-LAKES OF LAKE PLACID I.D. #: 6280273
Address: 220 Weathersfield Ave, Altamonte Springs, 32714 Phone #: 382-3111

Type (check one): Community Nontransient Noncommunity Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MDDYY): 04/15/03 Sample Time: 1048
Sample Location (be specific): Entry to distribution

Sampler Name and Phone: Otto Krucker, (863) 465-5911

Sampler's Signature: Otto Krucker Title: Operator

Check Type(s): Distribution Recheck of MCL Resample of Lab Invalidated Sample
 Clearance 1m Max Res Time Plant Tap
 Distrib entry pt Raw Composite of Multiple Sites—Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) — ATTACH FDOH ANALYTE SHEET

Lab Name: Short Environmental Laboratories HRS #: EB5458 Expiration Date: 06/30/04

Address: 10405 US 27 South, Sebring, FL 33876 Phone: (863) 655-4022

Subcontracted Lab DOH # EB4129\EB4100 Groups analyzed: VOC's, SOC's\Gross alpha, Radium 226 & 228

ANALYSIS INFORMATION

Laboratory Sample ID # 185043

Date Sample(s) Received: 04/15/03 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

- Nitrate Only Nitrite Only Asbestos Only Trihalomethanes
- Inorganics— Volatile Organics— Secondaries— Pesticides/PCBs—
- All 17 Partial All 21 Partial all 14 Partial All 30 Partial
- Group I Unregulateds— Group II Unregulateds— Group III Unregulateds— Radiochemicals—
- All 12 Partial All 23 Partial All 11 Partial Single Sample Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, Bruce Cummings, do HEREBY CERTIFY that all attached analytical data are correct.

Signature: 

Title: Laboratory Director Date: 06/20/03

COMPLIANCE INFORMATION (to be completed by state)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____
Resample Requested for: _____ Reason: _____
Person notified to resample: _____ Date Notified: _____
DEP/DOH Reviewing Official: _____

INORGANIC ANALYSIS
62-550.310(1)
(PWS030)

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

Comments: u = Parameter was analyzed for but not detected.

All results meet the requirements of NELAC.

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SECONDARY CHEMICAL ANALYSIS

62-550.320

(PWS031)

Parameter ID	NAME	(MCL mg/L)	Sample Number	Analysis Result (mg/L)	Analysis Method	Analysis Date	MDL	Lab ID
1002	Aluminum	(0.2)	185043	0.05 u	SM3111D	05-09-03	0.05	EB5458
1017	Chloride	(250)	185043	17.	EPA 325.3	04-23-03	0.5	EB5458
1022	Copper	(1)	185043	0.01 u	SM3111B	05-06-03	0.01	EB5458
1025	Fluoride	(2.0)	185043	0.21	SM4500F C	04-21-03	0.02	EB5458
1028	Iron	(0.3)	185043	0.04	SM3111B	05-21-03	0.02	EB5458
1032	Manganese	(0.05)	185043	0.01 u	SM3111B	05-02-03	0.01	EB5458
1050	Silver	(0.1)	185043	0.001 u	SM3113B	05-12-03	0.001	EB5458
1055	Sulfate	(250)	185043	5.0	EPA 375.4	04-24-03	1.	EB5458
1095	Zinc	(5)	185043	0.002	SM3111B	05-20-03	0.002	EB5458
1905	Color	(15 CU)	185043	12.	SM2120B	04-15-03	1.	EB5458
1920	Odor	(3 TDN)	185043	1. u	SM2150B	04-15-03	1.	EB5458
1925	pH	(6.5-8.5)	185043	7.75	EPA 150.1	04-15-03	0.01	EB5458
1930	Total Dissolved Solids	(500)	185043	114.	SM2540C	04-16-03	10.	EB5458
2905	Foaming Agents	(0.5)	185043	0.02 u	SM5540C	04-16-03	0.02	EB5458

Comments: u = Parameter was analyzed for but not detected.

All results meet the requirements of NELAC.

Page 3 of 6

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

Parameter ID	NAME	(MCL ug/L)	Sample Number	Analysis Result (ug/L)	Analysis Method	Analysis Date	MDL	Lab ID
2378	1,2,4-Trichlorobenzene	(70)	185043	0.5 u	EPA 502.2	04-19-03	0.5	EB4129
2380	cis-1,2-Dichloroethylene	(70)	185043	0.2 u	EPA 502.2	04-19-03	0.2	EB4129
2955	Xylenes (total)	(10,000)	185043	0.5 u	EPA 502.2	04-19-03	0.5	EB4129
2964	Dichloromethane	(5)	185043	0.5 u	EPA 502.2	04-19-03	0.5	EB4129
2966	o-Dichlorobenzene	(600)	185043	0.5 u	EPA 502.2	04-19-03	0.5	EB4129
2969	para-Dichlorobenzene	(75)	185043	0.5 u	EPA 502.2	04-19-03	0.5	EB4129
2976	Vinyl Chloride	(1)	185043	0.5 u	EPA 502.2	04-19-03	0.5	EB4129
2977	1,1-Dichloroethylene	(7)	185043	0.5 u	EPA 502.2	04-19-03	0.5	EB4129
2979	trans-1,2-Dichloroethylene	(100)	185043	0.5 u	EPA 502.2	04-19-03	0.5	EB4129
2980	1,2-Dichloroethane	(3)	185043	0.2 u	EPA 502.2	04-19-03	0.2	EB4129
2981	1,1,1-Trichloroethane	(200)	185043	0.3 u	EPA 502.2	04-19-03	0.3	EB4129
2982	Carbon Tetrachloride	(3)	185043	0.3 u	EPA 502.2	04-19-03	0.3	EB4129
2983	1,2-Dichloropropane	(5)	185043	0.3 u	EPA 502.2	04-19-03	0.3	EB4129
2984	Trichloroethylene	(3)	185043	0.2 u	EPA 502.2	04-19-03	0.2	EB4129
2985	1,1,2-Trichloroethane	(5)	185043	0.3 u	EPA 502.2	04-19-03	0.3	EB4129
2987	Tetrachloroethylene	(3)	185043	0.2 u	EPA 502.2	04-19-03	0.2	EB4129
2989	Monochlorobenzene	(100)	185043	0.5 u	EPA 502.2	04-19-03	0.5	EB4129
2990	Benzene	(1)	185043	0.5 u	EPA 502.2	04-19-03	0.5	EB4129
2991	Toluene	(1,000)	185043	0.5 u	EPA 502.2	04-19-03	0.5	EB4129
2992	Ethylbenzene	(700)	185043	0.5 u	EPA 502.2	04-19-03	0.5	EB4129
2996	Styrene	(100)	185043	0.5 u	EPA 502.2	04-19-03	0.5	EB4129

Comments: u = Parameter was analyzed for but not detected.

All results meet the requirements of NELAC.

Page 4 of 6

PESTICIDE/PCB CHEMICAL ANALYSIS
62-550,310(2)(c)
(PWS029)

Parameter ID	Parameter NAME	(MCL ug/L)	Sample Number	Analysis result (ug/L)	Analysis Method	Analysis Date	MDL	Lab ID
2005	Endrin	(2)	185043	0.1 u	EPA 525.2	04-26-03	0.1	EB4129
2010	Lindane	(0.2)	185043	0.06 u	EPA 525.2	04-26-03	0.06	EB4129
2015	Methoxychlor	(40)	185043	0.05 u	EPA 525.2	04-26-03	0.05	EB4129
2020	Toxaphene	(3)	185043	0.5 u	EPA 508.1	04-24-03	0.5	EB4129
2031	Dalapon	(200)	185043	1. u	EPA 515.3	04-25-03	1.	EB4129
2032	Diquat	(20)	185043	1. u	EPA 549.2	04-28-03	1.	EB4129
2033	Endosulfan	(100)	185043	20. u	EPA 548.1	04-23-03	20.	EB4129
2034	Glyphosate	(700)	185043	10. u	EPA 547	04-23-03	10.	EB4129
2035	Di(2-ethylhexyl)adipate	(400)	185043	0.3 u	EPA 525.2	04-26-03	0.3	EB4129
2036	Oxamyl (Vydate)	(200)	185043	0.5 u	EPA 531.1	04-18-03	0.5	EB4129
2037	Simazine	(4)	185043	0.07 u	EPA 525.2	04-26-03	0.07	EB4129
2039	Di(2-ethylhexyl)phthalate	(6)	185043	1.0 u	EPA 525.2	04-26-03	1.0	EB4129
2040	Picloram	(500)	185043	0.75 u	EPA 515.3	04-25-03	0.75	EB4129
2041	Dinoseb	(7)	185043	0.5 u	EPA 515.3	04-25-03	0.5	EB4129
2042	Hexachlorocyclopentadiene	(50)	185043	0.2 u	EPA 525.2	04-26-03	0.2	EB4129
2046	Carbofuran	(40)	185043	0.5 u	EPA 531.1	04-18-03	0.5	EB4129
2050	Atrazine	(3)	185043	0.06 u	EPA 525.2	04-26-03	0.06	EB4129
2051	Alachlor	(2)	185043	0.2 u	EPA 525.2	04-26-03	0.2	EB4129
2063	2,3,7,8-TCDD (Dioxin)	(0.00003)			EPA 1613			
2065	Heptachlor	(0.4)	185043	0.08 u	EPA 525.2	04-26-03	0.08	EB4129
2067	Heptachlor Epoxide	(0.2)	185043	0.1 u	EPA 525.2	04-26-03	0.1	EB4129
2105	2,4-D	(70)	185043	1. u	EPA 515.3	04-25-03	1.	EB4129
2110	2,4,5-TP (Silvex)	(50)	185043	0.25 u	EPA 515.3	04-25-03	0.25	EB4129
2274	Hexachlorobenzene	(1)	185043	0.05 u	EPA 525.2	04-26-03	0.05	EB4129
2306	Benzo(a)pyrene	(0.2)	185043	0.1 u	EPA 525.2	04-26-03	0.1	EB4129
2326	Pentachlorophenol	(1)	185043	0.1 u	EPA 515.3	04-25-03	0.1	EB4129
2383	PCB's	(0.5)	185043	0.2 u	EPA 508.1	04-24-03	0.2	EB4129
2931	Dibromochloropropane	(0.2)	185043	0.005 u	EPA 504.1	04-28-03	0.005	EB4129
2945	Ethylene dibromide	(0.02)	185043	0.005 u	EPA 504.1	04-28-03	0.005	EB4129
2959	Chlordane	(2)	185043	0.05 u	EPA 508.1	04-24-03	0.05	EB4129

Comments: u = Parameter was analyzed for but not detected.

All results meet the requirements of NELAC.

Page 5 of 6

RADIOCHEMICAL ANALYSIS
62-550.310(5)
(PWS027)

Parameter ID	NAME	(pCi/L)	Sample Number	Analysis Result (pCi/L)	Analysis Method	Analysis Date	ERROR	Lab ID
4000	Gross Alpha	5.0	185043	4.7	SM 7110 B	05-01-03	1.4	EB4100
4020	Radium 226	3.0	185043	2.9	SM 7500-Ra C	05-01-03	0.2	EB4100
4030	Radium 228		185043	0.3	Brooks & Blanchard	05-01-03	0.6	EB4100

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: SUN-N-LAKE LAKE PLACID PWS I.D. #: 6280273

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: 2165 US Highway 27 South

City: Lake Placid State: Florida ZIP Code: 33951

Phone: _____ Fax #: _____

E-Mail Address: _____

RECEIVED
SEP 27 2004
UTILITIES, INC

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1 Location Code (if Known): _____

Sample Date: 07/07/2004 Sample Time: 1025 AM PM (circle one)

Sample Location (be specific): 257 Golfview Drive

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.1 ng/L Field pH 7.7

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which One?) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special(not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550.) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Costumer | | |

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Danny Holmes

Sampler's Phone #: (863) 465-6911 Sampler's Fax: (863) 465-5159

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Danny Holmes Operator
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 07/07/2004

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification #: E85458
 Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/05
Sebring, FL 33876 Phone #: (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/08/2004

PWS ID (From Page 1): 6280273 Sample Number (From Page 1): 1

Lab Assigned Report Number or Job ID: 214144

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acid |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <u>Radionuclides</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | <u>Secondaries</u> |
| | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Bruce Cummings Laboratory Director
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 08/25/2004

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
- Missing Analyte Sheet Location Unsatisfactory Analysis Unsatisfactory
- Other:

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official _____

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

DISINFECTION BYPRODUCTS

62-550.310(3)

Report Number / Job ID: 214144Disinfectant Residual(mg/L)(From Page 1): 1.1PWS ID (From Page 1): 6280273

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
2450	Monochloroacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129
2451	Dichloroacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129
2452	Trichloroacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129

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

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

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

3 of 3

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: SUN-N-LAKE LAKE PLACID PWS I.D. #: 6280273

System Type (check one): (x) Community () Non Transient Noncommunity () Transient NonCommunity

Address: 2165 US Highway 27 South

City: Lake Placid State: Florida ZIP Code: 33852

Phone: _____ Fax #: _____

E-Mail Address _____

RECEIVED

SAMPLE INFORMATION (to be completed by sampler)

SEP 27 2004

Sample Number: 2 Location Code (if Known): _____

UTILITIES, INC.

Sample Date: 07/07/2004 Sample Time: 1015 AM PM (circle one)

Sample Location (be specific): 239 Golfview Drive

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.1 ng/L Field pH 7.7

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which One?) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special(not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550.) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Danny Holmes

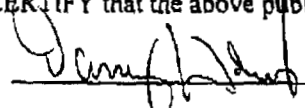
Sampler's Phone #: (863) 465-6911 Sampler's Fax: (863) 465-5159

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Danny Holmes Operator
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature:  Date: 07/07/2004

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification #: E85458
Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/05
Sebring, FL 33876 Phone #: (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/08/2004

PWS ID (From Page 1): 6280273 Sample Number (From Page 1): 2

Lab Assigned Report Number or Job ID: 214145

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acid |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <u>Radionuclides</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | <u>Secondaries</u> |
| | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? (x) Yes () No

If yes, please provide DOH certification numbers: E84129
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Bruce Cummings, Laboratory Director
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 08/25/2004

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: () Yes () No Sample Analysis Info Satisfactory: () Yes () No

- | | |
|---|--|
| <input type="checkbox"/> Replacement Sample(s) Requested (circle or highlight group(s) above) | <input type="checkbox"/> Revised Report Requested (circle or highlight group(s) above) |
| <input type="checkbox"/> Additional Monitoring Required (circle or highlight group(s) above) | <input type="checkbox"/> Incomplete Report |
| Reason(s): <input type="checkbox"/> MCL(s) Exceeded <input type="checkbox"/> Detection(s) | <input type="checkbox"/> Analysis Unsatisfactory |
| <input type="checkbox"/> Missing Analyte Sheet <input type="checkbox"/> Location Unsatisfactory | |
| <input type="checkbox"/> Other: | |

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official _____

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

DISINFECTION BYPRODUCTS

Report Number / Job ID: 214145

62-550.310(3)

Disinfectant Residual(mg/L)(From Page 1): 1.1PWS ID (From Page 1): 6280273

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

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

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

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

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

3 of 3

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

641.3.2

PUBLIC WATER SYSTEM INFORMATION

System Name: SUN-N-LAKES OF LAKE PLACID I.D. #: 6280273
Address: 220 Weathersfield Ave, Altamonte Springs, 32714 Phone #: 382-3111

Type (check one): Community Nontransient Noncommunity Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 04/15/03 Sample Time: 1048
Sample Location (be specific): Entry to distribution

Sampler Name and Phone: Otto Krucker, (863) 465-6911

Sampler's Signature: _____ Title: Operator

Check Type(s): Distribution Recheck of MCL Resample of Lab Invalidated Sample
 Clearance Thm Max Res Time Plant Tap
 Distrib entry pt Raw Composite of Multiple Sites--Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) —
ATTACH FDOH ANALYTE SHEET

Lab Name: Short Environmental Laboratories HRS #: E85458 Expiration Date: 06/30/04

Address: 10405 US 27 South, Sebring, FL 33876 Phone: (863) 655-4022

Subcontracted Lab DOH # E84129\E84100 Groups analyzed: VOC's,SOC's\Gross alpha, Radium 226 & 228

ANALYSIS INFORMATION

Laboratory Sample ID # 185043

Date Sample(s) Received: 04/15/03 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

- Nitrate Only Nitrite Only Asbestos Only Trihalomethanes
- Inorganics— Volatile Organics— Secondaries— Pesticides/PCBs—
- All 17 Partial All 21 Partial all 14 Partial All 30 Partial
- Group I Unregulateds— Group II Unregulateds— Group III Unregulateds— Radiochemicals—
- All 12 Partial All 23 Partial All 11 Partial Single Sample
- Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, Bruce Cummings, do HEREBY CERTIFY that all attached analytical data are correct.

Signature: 

Title: Laboratory Director Date: 06/20/03

COMPLIANCE INFORMATION (to be completed by state)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____
Resample Requested for: _____ Reason: _____
Person notified to resample: _____ Date Notified: _____
DEP/DOH Reviewing Official: _____

INORGANIC ANALYSIS
 62-550.310(1)
 (PWS030)

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

Comments: u = Parameter was analyzed for but not detected.

All results meet the requirements of NELAC.

SECONDARY CHEMICAL ANALYSIS

62-550.320

(PWS031)

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

Comments: u = Parameter was analyzed for but not detected.

All results meet the requirements of NELAC.

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

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

Comments: u = Parameter was analyzed for but not detected.

All results meet the requirements of NELAC.

PESTICIDE/PCB CHEMICAL ANALYSIS

62-550.310(2)(c)

(PWS029)

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

Comments: u = Parameter was analyzed for but not detected.

All results meet the requirements of NELAC.

Page 5 of 6

RADIOCHEMICAL ANALYSIS

62-550.310(5)

(PWS027)

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

Comments: All results meet the requirements of NELAC.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: SUN-N-LAKE LAKE PLACID PWS I.D. #: 6280273

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: 2165 US Highway 27 South

City: Lake Placid State: Florida ZIP Code: 33852

Phone: _____ Fax #: _____

E-Mail Address: _____

RECEIVED
SEP 27 2004
UTILITIES, INC

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1 Location Code (if Known): _____

Sample Date: 07/07/2004 Sample Time: 1025 AM PM (circle one)

Sample Location (be specific): 257 Golfview Drive

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.1 ng/L Field pH 7.7

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which One?) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special(not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550.) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Costumer | | |

*See 62-550.500(6) for requirements and restrictions.

NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Danny Holmes

Sampler's Phone #: (863) 465-6911 Sampler's Fax: (863) 465-5159

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Danny Holmes Operator
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature:  Date: 07/07/2004

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification #: E85458
 Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/05
Sebring, FL 33876 Phone #: (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/08/2004

PWS ID (From Page 1): 6280273 Sample Number (From Page 1): 1
 Lab Assigned Report Number or Job ID: 214144

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input checked="" type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> Haloacetic Acid
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	<u>Secondaries</u>
		<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

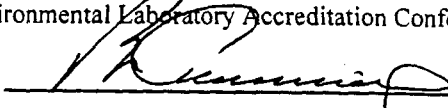
Were any analyses subcontracted? (x) Yes () No

If yes, please provide DOH certification numbers: E84129
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Bruce Cummings, Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 08/25/2004

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: () Yes () No Sample Analysis Info Satisfactory: () Yes () No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested

Additional Monitoring Required (circle or highlight group(s) above) (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report

Missing Analyte Sheet Location Unsatisfactory Analysis Unsatisfactory

Other:

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official _____

Reporting Format 62-550.730

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

DISINFECTION BYPRODUCTS

Report Number / Job ID: 214144

62-550.310(3)

Disinfectant Residual(mg/L)(From Page 1): 1.1

PWS ID (From Page 1): 6280273

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
2450	Monochloroacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129
2451	Dichloroacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129
2452	Trichloroacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	1	u	EPA552.2	1	07/15/2004	537	E84129

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

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

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: SUN-N-LAKE LAKE PLACID PWS I.D. #: 6280273

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: 2165 US Highway 27 South

City: Lake Placid State: Florida ZIP Code: 33852

Phone: _____ Fax #: _____

E-Mail Address: _____

RECEIVED

SAMPLE INFORMATION (to be completed by sampler)

SEP 27 2004

Sample Number: 2 Location Code (if Known): _____

UTILITIES, INC.

Sample Date: 07/07/2004 Sample Time: 1015 AM PM (circle one)

Sample Location (be specific): 239 Golfview Drive

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.1 ng/L Field pH 7.7

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which One?) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special(not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550.) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Costumer | | |

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Danny Holmes

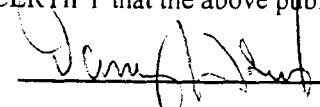
Sampler's Phone #: (863) 465-6911 Sampler's Fax: (863) 465-5159

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Danny Holmes Operator
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature:  Date: 07/07/2004

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification #: E85458
 Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/05
Sebring, FL 33876 Phone #: (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/08/2004

PWS ID (From Page 1): 6280273 Sample Number (From Page 1): 2
 Lab Assigned Report Number or Job ID: 214145

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acid |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <u>Radionuclides</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | <u>Secondaries</u> |
| | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? (x) Yes () No

If yes, please provide DOH certification numbers: E84129
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Bruce Cummings, Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 08/25/2004

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: () Yes () No Sample Analysis Info Satisfactory: () Yes () No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested
 Additional Monitoring Required (circle or highlight group(s) above) (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet Location Unsatisfactory Analysis Unsatisfactory
 Other:

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official _____

Reporting Format 62-550.730

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

DISINFECTION BYPRODUCTS

Report Number / Job ID: 214145

62-550.310(3)

Disinfectant Residual(mg/L)(From Page 1): 1.1

PWS ID (From Page 1): 6280273

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

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

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

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

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

25.30-440 (4)
Operations Reports

Test Year Ended December 31, 2005



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sun-n-Lakes of Lake Placid		PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 800-272-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Sun-n-Lakes of Lake Placid		Plant Telephone Number: 465-5550		
Plant Address: 2165 U.S. 27 South		City: Lake Placid	State: FL Zip Code: 33852	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Otto Krucker	C	7790	6
Other Operators:	Daniel Holmes	C	4335	As Needed
	Darald Pugh	C	2261	As Needed
	Chris Cilbert	C	13107	As Needed

II. Certification by Lead/Chief Operator

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

2/4/04	Otto Krucker	C-7790
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6280273

Plant Name: Sun-n-Lakes of Lake Placid

III. Daily Data for the Month/Year of: **January 2004**

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	35900												
2		35900		2.0										
3		28000		2.1										
4		33400		2.0										
5		33200		2.0										
6		41500		2.1										
7		31600		2.0										
8		35400		2.1										
9		86600		2.2										
10		31100												
11		26100		2.0										
12		41700		1.8										
13		33900		1.9										
14		40500		2.0										
15		44100		2.0										
16		41700		2.0										
17		44800		2.0										
18		44800		1.5										
19		50000		1.5										
20		55400		1.5										
21		43900		1.8										
22		48900		1.8										
23		42400		1.9										
24		63450		1.6										
25		63450		1.6										
26		59200		1.6										
27		44800		1.4										
28		44100		1.4										
29		32100		1.5										
30		48700		1.6										
31	✓	48700												
Total		1334100												
Average		43035												
Maximum		86600												

1.2

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



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

26 2004

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sun-n-Lakes of Lake Placid		PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 200		Total Population Served at End of Month: 500	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 800-272-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Sun-n-Lakes of Lake Placid		Plant Telephone Number: 465-5550		
Plant Address: 2165 U.S. 27 South		City: Lake Placid	State: FL Zip Code: 33852	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Otto Krucker	C	7790	6
Other Operators:	Daniel Holmes	C	4335	As Needed
	Darald Pugh	C	2261	As Needed
	Chris Cilbert	C	13107	As Needed

II. Certification by Lead/Chief Operator

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

	3/4/04	Otto Krucker	C-7790
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 6280273 Plant Name: Sun-n-Lak Lake Placid

III. Daily Data for the Month/Year of: February 2004

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		25300												
2	X	25300		1.5									1.5	
3	X	22200		1.6									1.6	
4	X	32200		1.7									1.6	
5	X	50800		1.5									1.6	
6	X	18200		1.6									1.1	
7	X	30100		1.8									1.0	
8		23950												
9	X	23950		1.6									1.1	
10	X	15700		1.4									1.2	
11	X	46300		1.5									1.2	
12	X	48900		1.5									1.1	
13	X	48700		1.6									1.1	
14	X	45300		1.6									1.1	
15		27350												
16	X	27350		1.5									1.6	
17	X	34300		1.5									1.1	
18		29600												
19	X	29600		1.6									1.6	
20	X	32200		1.5									1.1	
21	X	25100		1.6									1.1	
22	X	22300		1.4									1.1	
23	X	54200		1.5									1.6	
24	X	39300		1.6									1.1	
25	X	29600		1.5									1.8	
26	X	30500		1.5									1.1	
27	X	30100		1.5									1.1	
28	X	22300		1.6									1.2	
29														
30														
31														
Total		698000												
Average		30993												
Maximum		56800												

1-2

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



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

RECEIVED

APR 26 2004

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sun -N- Lakes of Lake Placid		PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 166		Total Population Served at End of Month: 378	
PWS Owner: Utilities Inc.			
Contact Person: Patrick Flynn		Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Avenue		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: (800) 272-1919		Contact Person's Fax Number: (407) 869-6961	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sun -N- Lakes of Lake Placid		Plant Telephone Number: (863) 465-5550	
Plant Address: 2165 US 27 South		City: Lake Placid	State: FL Zip Code: 33852
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): v		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Otto Krucker	C	7790	6
Operator	Daniel Holmes	C	4335	*
	Chris Gilbert	C	13107	*
	Darald Pugh	C	2261	*
* - As Needed				

II. Certification by Lead/Chief Operator

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

Signature and Date

3/5/04
 Printed or Typed Name

 Otto Krucker
 License Number

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: MARCH 2004 RECEIVED

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24	26200		1.7								1.2		
2	X		27106		1.6								1.2		
3	X		31706		1.6								1.1		
4	X		35000		1.6								1.1		
5	X		17100		1.6								1.2		
6	X		42500		1.7								1.1		
7			30700												
8			30100												
9	X		21800		1.1	6							1.3		
10	X		29900		1.1	6							1.3		
11	X		32200		1.1	6							1.3		
12	X		35400		1.1	6							1.3		
13	X		39800		1.1	6							1.3		
14			28500												
15	X		38550		1.1	6							1.2		
16	X		32300		1.1	6							1.2		
17	X		28300		1.1	6							1.1		
18	X		14500		1.1	6							1.1		
19	X		30800		1.1	6							1.0		
20	X		25600		1.1	6							1.0		
21			48450												
22	X		48450		1.1	6							1.0		
23	X		32300		1.1	6							1.0		
24	X		25300		1.1	6							1.0		
25	X		24600		1.1	6							1.3		
26	X		20600		1.1	6							1.3		
27	X		43900		1.1	6							1.3		
28			26800												
29	X		26800		1.3								1.3		
30	X		23800		1.3								1.3		
31	X		24300		1.8								1.3		
Total		954800													
Average		30800												1.1	
Maximum		48450													

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

MAY 28 2004

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

WS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

I. Daily Data for the Month/Year of: April 2004

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Hours of Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	46000		1.7									1.4	
2		21000		1.5										
3		21900		1.6										
4		38150												
5		38150		1.6										
6		23300												
7		23700												
8		16700												
9		23300												
10		20500												
11		28000												
12		27000												
13		16500												
14		16800												
15		12300												
16		20600												
17		17900												
18		30250												
19		30250		1.4										
20		21100		1.4										
21		15800												
22		29400		1.4										
23		28600		1.4										
24		28300		1.4										
25		21800		1.4										
26		27800		1.4										
27		31150												
28		31150		1.4										
29		20700		1.5										
30		44100		1.4										
31		72200												
Total		25740												
Sum		46000												

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



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

FILE COPY

641

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sun -N- Lakes of Lake Placid PWS Identification Number: 6280273
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 166 Total Population Served at End of Month: 378
PWS Owner: Utilities Inc.
Contact Person: Patrick Flynn Contact Person's Title: Manager
Contact Person's Mailing Address: 200 Weathersfield Avenue City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: (800) 272-1919 Contact Person's Fax Number: (407) 869-6961
Contact Person's E-Mail Address:

B. Water Treatment Plant Information

Plant Name: Sun -N- Lakes of Lake Placid Plant Telephone Number: (863) 465-5550
Plant Address: 2165 US 27 South City: Lake Placid State: FL Zip Code: 33852
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000
Plant Category (per subsection 62-699.310(4), F.A.C.): v Plant Class (per subsection 62-699.310(4), F.A.C.): G

Licensed Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
Otto Krucker	C	7790	6
Daniel Holmes	C	4335	*
Chris Gilbert	C	13107	*
Darald Pugh	C	2261	*
* - As Needed			

II. Certification by Lead/Chief Operator

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

Otto Krucker 6/4/04 Otto Krucker C - 7790
Signature and Date Printed or Typed Name License Number

Oct 14 04 01:15P Pugh Utilities 863 465 5159 P.1

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: May 2004

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

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

Day of the Month	Hours of Plant Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations					UV Dose					
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, min/L	Lowest Operating UV Dose, sec/cm	Minimum UV Dose Required, sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	19000		1.3								1.0	
2		14600											
3		14600		1.5									
4		11700		1.2									
5		22000		1.5									
6		21200		1.5									
7		15900		1.4									
8		21300		1.4									
9		16100											
10		16100		1.3									
11		16200		1.4									
12		15900		1.4									
13		18100		1.4									
14		22900		1.3									
15		26000		1.4									
16		15500											
17		18500		1.3									
18		16000		1.4									
19		29400		1.5									
20		31100		1.6									
21		20000		1.8									
22		27300		1.4									
23		15000											
24		18050		1.6									
25		21100		1.8									
26		15300		1.5									
27		23100		1.9									
28		19100		1.8									
29		19600		1.7									
30		21000		1.8									
31		15000											
all		616506											
avg		19557											
minimum		21100											

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



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

FILE COPY

641

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sun -N- Lakes of Lake Placid		PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 166		Total Population Served at End of Month: 378	
PWS Owner: Utilities Inc.			
Contact Person: Patrick Flynn		Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Avenue		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: (800) 272-1919		Contact Person's Fax Number: (407) 869-6961	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sun -N- Lakes of Lake Placid		Plant Telephone Number: (863) 465-5550	
Plant Address: 2165 US 27 South		City: Lake Placid	State: FL Zip Code: 33852
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): v		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operator's Name	License Class	License Number	Day(s)/Shift(s) Worked
Otto Krucker	C	7790	6
Daniel Holmes	C	4335	*
Chris Gilbert	C	13107	*
Darald Pugh	C	2261	*
* - As Needed			

II. Certification by Lead/Chief Operator

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

 7/2/04
 Signature and Date

Otto Krucker
 Printed or Typed Name

C - 7790
 License Number

Oct 14 04 01:16P

Pugh Utilities

863 465 5159

P.3

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III Daily Data for the Month/Year of: June 2004

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

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

Day of Month	Hours of Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable						Minimum CT Required, mg-min/L	UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable		Lowest Operating UV Dose, sec/cm	Minimum UV Dose Required, sec/cm		
1	24	23900		1.9							1.8		
2		14600		1.7							1.9		
3		31800		1.8							1.0		
4		24100		1.9							1.0		
5		30800		1.8							1.2		
6		10800											
7		14800		1.8							1.1		
8		14300		1.9							1.0		
9		32500		1.8							1.0		
10		14000		1.8							1.0		
11		8200		1.7							1.0		
12		24400		1.6							1.0		
13		20100											
14		17000		1.8							1.8		
15		14600		1.8							1.8		
16		14900		1.9							1.8		
17		16600		1.8							1.8		
18		22200		1.8							1.8		
19		13900		1.6							1.8		
20		32400		1.6							1.8		
21		141650											
22		14600		1.9							1.6		
23		24700		1.8							1.6		
24		23500		1.8							1.6		
25		15400		1.7							1.6		
26		43900		1.8							1.6		
27		13900											
28		13800		1.9							1.1		
29		22800		1.9							1.0		
30	✓	18900		1.8							1.1		
31													
Total		701500		609,500									
Average		23383		1020									
Maximum		43900											

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



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information
PWS Name: Sun -N- Lakes of Lake Placid
PWS Identification Number: 6280273
PWS Type: [X] Community [] Non-Transient Non-Community [] Transient Non-Community [] Consecutive
Number of Service Connections at End of Month: 166
Total Population Served at End of Month: 378
PWS Owner: Utilities Inc.
Contact Person: Patrick Flynn
Contact Person's Title: Manager
Contact Person's Mailing Address: 200 Weathersfield Avenue
City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: (800) 272-1919
Contact Person's Fax Number: (407) 869-6961
Contact Person's E-Mail Address:

B. Water Treatment Plant Information
Plant Name: Sun -N- Lakes of Lake Placid
Plant Telephone Number: (863) 465-5550
Plant Address: 2165 US 27 South
City: Lake Placid State: FL Zip Code: 33852
Type of Water Treated by Plant: [X] Raw Ground Water [] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000
Plant Category (per subsection 62-699.310(4), F.A.C.): v
Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators Table:
Name: Otto Krucker License Class: C License Number: 7790 Day(s)/Shift(s) Worked: 6
Name: Daniel Holmes License Class: C License Number: 4335 Day(s)/Shift(s) Worked: *
Name: Chris Gilbert License Class: C License Number: 13107 Day(s)/Shift(s) Worked: *
Name: Darald Pugh License Class: C License Number: 2261 Day(s)/Shift(s) Worked: *

II. Certification by Lead/Chief Operator

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

Signature and Date: [Signature] 8/4/04 Printed or Typed Name: Otto Krucker License Number: C - 7790

Oct 14 04 01:18p Pugh Utilities 863 465 5159 P.5

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: July 2004

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	67500		1.8									1.6	
2	X	15500		1.6									1.6	
3	X	9800		1.8									1.6	
4		13700												
5	X	13800		1.6									1.6	
6	X	16800		1.7									1.6	
7	X	12300		1.6									1.6	
8	X	14300		1.6									1.6	
9	X	81600		1.6									1.6	
10	X	29500		1.7									1.6	
11		18300												
12	X	16800		1.7									1.6	
13	X	8300		1.8									1.6	
14	X	47600		1.7									1.6	
15	X	23100		1.6									1.6	
16	X	1500		2.3									1.6	
17	X	24700		2.1									1.6	
18		14000												
19	X	14100		2.0									1.6	
20	X	17400		2.0									1.6	
21	X	15300		2.0									1.6	
22	X	12300		2.0									1.6	
23	X	19600		1.9									1.6	
24		16900												
25	X	17000		2.1									1.6	
26	X	14800		1.9									1.6	
27	X	10300		1.6									1.6	
28	X	8500		1.7									1.6	
29	X	116900		1.8									1.6	
30	X	14900		1.8									1.6	
31		500												
Total		578200												
Average		18652												
Maximum		167500												

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



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

64,
RECEIVED

FILE COPY

SEP 27 2004

UTILITIES, INC.

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Sun -N- Lakes of Lake Placid</u>		PWS Identification Number: <u>6280273</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>166</u>		Total Population Served at End of Month: <u>378</u>	
PWS Owner: <u>Utilities Inc.</u>			
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Manager</u>	
Contact Person's Mailing Address: <u>200 Weathersfield Avenue</u>		City: <u>Altamonte Springs</u>	State: <u>FL</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>(800) 272-1919</u>		Contact Person's Fax Number: <u>(407) 869-6961</u>	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: <u>Sun -N- Lakes of Lake Placid</u>		Plant Telephone Number: <u>(863) 465-5550</u>	
Plant Address: <u>2165 US 27 South</u>		City: <u>Lake Placid</u>	State: <u>FL</u> Zip Code: <u>33852</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>288,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
<u>NAME</u>	<u>PLANT CLASS</u>	<u>PLANT CATEGORY</u>	<u>PLANT CATEGORY</u>
<u>Otto Krucker</u>	<u>C</u>	<u>7790</u>	<u>6</u>
<u>Daniel Holmes</u>	<u>C</u>	<u>4335</u>	<u>*</u>
<u>Chris Gilbert</u>	<u>C</u>	<u>13107</u>	<u>*</u>
<u>Darald Pugh</u>	<u>C</u>	<u>2261</u>	<u>*</u>
<u>* - As Needed</u>			

Certification by Lead/Chief Operator

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Signature and Date

Otto Krucker
9/7/04

Otto Krucker
Printed or Typed Name

C - 7790
License Number

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III. Data for the Month/Year of: August 2004

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

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

Day of the Month	Hours of Day	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flowing, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flowing, min	Lowest CT Provided Before or at First Customer During Peak Flowing, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	16000		1.8								1.4	
2		77000		1.8								1.4	
3		18500		1.8								1.3	
4		13900		1.9								1.2	
5		17300		1.8								1.2	
6		18600		1.8								1.2	
7		23300		1.8								1.2	
8		29200		1.9								1.2	
9		29200		1.9								1.2	
10		26800		1.9								1.2	
11		21200		1.9								1.2	
12		15600		1.9								1.2	
13		19100		1.9								1.2	
14		17500		1.9								1.2	
15		16250		1.9								1.2	
16		10250		1.9								1.2	
17		25800		1.9								1.2	
18		20200		1.9								1.2	
19		27500		2.0								1.2	
20		29600		2.0								1.2	
21		25700		2.0								1.2	
22		26700		2.0								1.2	
23		26700		2.2								1.2	
24		32100		2.2								1.2	
25		25300		2.0								1.2	
26		24900		2.0								1.2	
27		21600		2.0								1.2	
28		29100		1.8								1.2	
29		34300		1.7								1.2	
30		31300		1.7								1.2	
31		38900		1.8								1.2	
Total		836700											
Average		26803										1.1	
Maximum		77000											

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



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

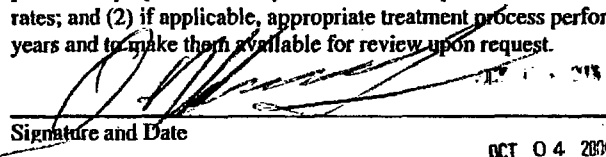
PWS Name: <u>Sun -N- Lakes of Lake Placid</u>		PWS Identification Number: <u>6280273</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>166</u>		Total Population Served at End of Month: <u>378</u>	
PWS Owner: <u>Utilities Inc.</u>			
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Manager</u>	
Contact Person's Mailing Address: <u>200 Weathersfield Avenue</u>		City: <u>Altamonte Springs</u>	State: <u>FL</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>(800) 272-1919</u>		Contact Person's Fax Number: <u>(407) 869-6961</u>	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: <u>Sun -N- Lakes of Lake Placid</u>		Plant Telephone Number: <u>(863) 465-5550</u>	
Plant Address: <u>2165 US 27 South</u>		City: <u>Lake Placid</u>	State: <u>FL</u> Zip Code: <u>33852</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>288,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>v</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Licensed Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
<u>Otto Krucker</u>	<u>C</u>	<u>7790</u>	<u>6</u>
<u>Daniel Holmes</u>	<u>C</u>	<u>4335</u>	<u>*</u>
<u>Chris Gilbert</u>	<u>C</u>	<u>13107</u>	<u>*</u>
<u>Darald Pugh</u>	<u>C</u>	<u>2261</u>	<u>*</u>
* - As Needed			

II. Certification by Lead/Chief Operator

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



 Otto Krucker
 Printed or Typed Name
 C - 7790
 License Number

OCT 04 2004

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: September 2004

Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Other (Describe):

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

Day of the Month	Hours of Plant Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) before or at First Customer Point During Peak Flow	Disinfectant Contact Time	Lowest CT	Temperature	pH of Water	Minimum UV Dose	Operating UV Dose	Lowest Residual Disinfectant Concentration	Point in Distribution System	Emergency or Abnormal Operating Conditions: Repair of Maintenance Work that Involves Taking Water System Components Out of Operation	Type of Disinfectant Residual Maintained in Distribution System	Means of Achieving Four-Log Virus Inactivation/Removal	Type of Disinfectant Residual Maintained in Distribution System		
																Free Chlorine	Other (Describe)	
1		21050		1.9														
2		21050		1.8														
3		21050		1.7														
4		21050		1.6														
5		21050		1.5														
6		21050		1.4														
7		21050		1.3														
8		21050		1.2														
9		21050		1.1														
10		21050		1.0														
11		21050		0.9														
12		21050		0.8														
13		21050		0.7														
14		21050		0.6														
15		21050		0.5														
16		21050		0.4														
17		21050		0.3														
18		21050		0.2														
19		21050		0.1														
20		21050		0.0														
21		21050		0.0														
22		21050		0.0														
23		21050		0.0														
24		21050		0.0														
25		21050		0.0														
26		21050		0.0														
27		21050		0.0														
28		21050		0.0														
29		21050		0.0														
30		21050		0.0														
31		21050		0.0														
Total		919970		3333														
Average		3333		1.0														
Maximum		5645		1.9														

85400 at 0.4

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



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

See page 4 for instructions.

I. General Information for the Month/Year of: <u>October 2004</u>					
A. Public Water System (PWS) Information					
PWS Name: <u>Sun -N- Lakes of Lake Placid</u>			PWS Identification Number: <u>6280273</u>		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month: <u>166</u>			Total Population Served at End of Month: <u>378</u>		
PWS Owner: <u>Utilities Inc.</u>					
Contact Person: <u>Patrick Flynn</u>			Contact Person's Title: <u>Manager</u>		
Contact Person's Mailing Address: <u>200 Weathersfield Avenue</u>			City: <u>Altamonte Springs</u>		State: <u>FL</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>(800) 272-1919</u>			Contact Person's Fax Number: <u>(407) 869-6961</u>		
Contact Person's E-Mail Address:					
B. Water Treatment Plant Information					
Plant Name: <u>Sun -N- Lakes of Lake Placid</u>			Plant Telephone Number: <u>(863) 465-5550</u>		
Plant Address: <u>2165 US 27 South</u>			City: <u>Lake Placid</u>		State: <u>FL</u> Zip Code: <u>33852</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>288,000</u>					
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>v</u>			Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
License Number	NAME	LICENSE CLASS	LICENSE NUMBER	DAY(S) / SHIF(T) / DAY(S) PER WEEK	
7790	Otto Krucker	C	7790	6	
4335	Daniel Holmes	C	4335	*	
13107	Chris Gilbert	C	13107	*	
2261	Darald Pugh	C	2261	*	
* - As Needed					

II. Certification by Lead/Chief Operator

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

Otto Krucker

 C - 7790

Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: October 2004

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

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

Day of the Month	Hours of Plant Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flowing (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flowing (minutes)	Lowest CT Provided Before or at First Customer During Peak Flowing (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	
1	24	25700		1.88								1.0	
2		23500		1.88								1.0	
3		40850										1.0	
4		40850										1.0	
5		22600										1.0	
6		25400										1.0	
7		26800										1.0	
8		25500										1.0	
9		43500										1.0	
10		28250										1.0	
11		28250										1.0	
12		33500										1.0	
13		12600										1.0	
14		24400										1.0	
15		14200										1.0	
16		28800										1.0	
17		37750										1.0	
18		37750										1.0	
19		27900										1.0	
20		36400										1.0	
21		23800										1.0	
22		30000										1.0	
23		40500										1.0	
24		28150										1.0	
25		28150										1.0	
26		24300										1.0	
27		50100										1.0	
28		36100										1.0	
29		27600										1.0	
30		41100										1.0	
31	✓	12000										1.0	
Total		926300											
Average		29881											
Maximum		50100											

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



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

641

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sun -N- Lakes of Lake Placid		PWS Identification Number: 6280273	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 166		Total Population Served at End of Month: 378	
PWS Owner: Utilities Inc.			
Contact Person: Patrick Flynn		Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Avenue		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: (800) 272-1919		Contact Person's Fax Number: (407) 869-6961	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sun -N- Lakes of Lake Placid		Plant Telephone Number: (863) 465-5550	
Plant Address: 2165 US 27 South		City: Lake Placid	State: FL Zip Code: 33852
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Name	License Class	License Number	Days/Shifts Worked
Otto Krucker	C	7790	6
Daniel Holmes	C	4335	*
Chris Gilbert	C	13107	*
Darald Pugh	C	2261	*
* - As Needed			

RECEIVED

DEC 27 2004

UTILITIES, INC.

II. Certification by Lead/Chief Operator

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

Otto Krucker 12/3/04 Otto Krucker C - 7790
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: NOVEMBER 2004

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

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

Day of the Month	Hours of Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration		
1	24	46500		1.5									1.1	
2		34100		1.6									1.1	
3		30800		1.8									1.0	
4		32100		1.7									1.0	
5		31640		1.8									1.1	
6		31000		1.9									1.2	
7		33200												
8		33200												
9		46300		1.9									1.1	
10		39200		1.7									1.2	
11		24300		1.8									1.1	
12		46300		1.8									1.5	
13		31900		1.9									1.0	
14		32900												
15		32900		2.0									1.3	
16		33400		1.9									1.4	
17		33300		1.9									1.4	
18		32000		1.8									1.1	
19		36600		1.9									1.2	
20		30500		1.8									1.0	
21		36700												
22		36700		1.9									1.1	
23		216700		1.9									1.9	
24		34600		1.8									1.7	
25		30200												
26		35200		1.8									1.6	
27		50700		1.8									1.4	
28		30600		1.9									1.1	
29	✓	25200		2.1									1.5	
30		29600		1.9									1.3	
31														

Total: 1622000
 Average: 34667
 Maximum: 46500

1.2
 .9-1.6

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

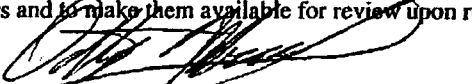
PWS Name: <u>Sun -N- Lakes of Lake Placid</u>		PWS Identification Number: <u>6280273</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>166</u>		Total Population Served at End of Month: <u>378</u>	
PWS Owner: <u>Utilities Inc.</u>			
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Manager</u>	
Contact Person's Mailing Address: <u>200 Weathersfield Avenue</u>		City: <u>Altamonte Springs</u>	State: <u>FL</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>(800) 272-1919</u>		Contact Person's Fax Number: <u>(407) 869-6961</u>	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: <u>Sun -N- Lakes of Lake Placid</u>		Plant Telephone Number: <u>(863) 465-5550</u>	
Plant Address: <u>2165 US 27 South</u>		City: <u>Lake Placid</u>	State: <u>FL</u> Zip Code: <u>33852</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>288,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>v</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Licensed Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
<u>Otto Krucker</u>	<u>C</u>	<u>7790</u>	<u>6</u>
<u>Daniel Holmes</u>	<u>C</u>	<u>4335</u>	<u>*</u>
<u>Chris Gilbert</u>	<u>C</u>	<u>13107</u>	<u>*</u>
<u>Darald Pugh</u>	<u>C</u>	<u>2261</u>	<u>*</u>
* - As Needed			

II. Certification by Lead/Chief Operator

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


11/5/05
Otto Krucker
C - 7790

Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: December 2004
 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Day of the Month	Hours of Operation	Net Quantity of Finished Water Produced (gal)	Peak Flow Rate (gpm)	Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or After First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp of Water (C)	pH of Water	Minimum CT Required (mg-min/L) if Applicable	Lowest Operating UV Dose (mJ/cm ²) if Applicable	Minimum UV Dose Required (mJ/cm ²) if Applicable	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mp/L)	Type of Disinfectant Residual Maintained in Distribution System:		
														<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide	
1	24	43000			2.0								1.4	<input type="checkbox"/>	<input type="checkbox"/>	
2		19100			2.1								1.5	<input type="checkbox"/>	<input type="checkbox"/>	
3		35000			2.6								1.3	<input type="checkbox"/>	<input type="checkbox"/>	
4		23200			2.3								1.3	<input type="checkbox"/>	<input type="checkbox"/>	
5		24400											1.3	<input type="checkbox"/>	<input type="checkbox"/>	
6		29400			2.4								1.3	<input type="checkbox"/>	<input type="checkbox"/>	
7		27800			2.3								1.3	<input type="checkbox"/>	<input type="checkbox"/>	
8		39900			2.3								1.3	<input type="checkbox"/>	<input type="checkbox"/>	
9		28900			2.7								1.4	<input type="checkbox"/>	<input type="checkbox"/>	
10		24700			2.3								1.1	<input type="checkbox"/>	<input type="checkbox"/>	
11		35800			2.1								1.3	<input type="checkbox"/>	<input type="checkbox"/>	
12		27200											1.3	<input type="checkbox"/>	<input type="checkbox"/>	
13		27200			2.0								1.2	<input type="checkbox"/>	<input type="checkbox"/>	
14		24100			1.9								1.2	<input type="checkbox"/>	<input type="checkbox"/>	
15		27100			1.8								1.2	<input type="checkbox"/>	<input type="checkbox"/>	
16		24800			1.8								1.2	<input type="checkbox"/>	<input type="checkbox"/>	
17		32800			1.9								1.2	<input type="checkbox"/>	<input type="checkbox"/>	
18		20100			1.8								1.2	<input type="checkbox"/>	<input type="checkbox"/>	
19		22800											1.1	<input type="checkbox"/>	<input type="checkbox"/>	
20		22500			1.8								1.1	<input type="checkbox"/>	<input type="checkbox"/>	
21		9200			1.7								1.0	<input type="checkbox"/>	<input type="checkbox"/>	
22		21100			1.8								1.1	<input type="checkbox"/>	<input type="checkbox"/>	
23		20700			2.7								1.1	<input type="checkbox"/>	<input type="checkbox"/>	
24		23100			2.7								1.1	<input type="checkbox"/>	<input type="checkbox"/>	
25		24900											1.3	<input type="checkbox"/>	<input type="checkbox"/>	
26		24900			2.3								1.3	<input type="checkbox"/>	<input type="checkbox"/>	
27		27900			2.7								1.3	<input type="checkbox"/>	<input type="checkbox"/>	
28		29500			2.7								1.1	<input type="checkbox"/>	<input type="checkbox"/>	
29		20800			2.2								1.4	<input type="checkbox"/>	<input type="checkbox"/>	
30		29900			2.3								1.4	<input type="checkbox"/>	<input type="checkbox"/>	
31		25100			2.1								1.4	<input type="checkbox"/>	<input type="checkbox"/>	
Total		815166														
Average		26294														1.2
Maximum		41960														1.5

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



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

See page 4 for instructions.

MAX OFF

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I. General Information for the Month/Year of:

January 2005

A. Public Water System (PWS) Information

PWS Name: Sun -N- Lakes of Lake Placid, PWS Identification Number: 6280273, PWS Type: Community, Number of Service Connections at End of Month: 166, Total Population Served at End of Month: 378, PWS Owner: Utilities Inc., Contact Person: Patrick Flynn, Contact Person's Title: Manager, Contact Person's Mailing Address: 200 Weathersfield Avenue, City: Altamonte Springs, State: FL, Zip Code: 32714, Contact Person's Telephone Number: (800) 272-1919, Contact Person's Fax Number: (407) 869-6961, Contact Person's E-Mail Address:

B. Water Treatment Plant Information

Plant Name: Sun -N- Lakes of Lake Placid, Plant Telephone Number: (863) 465-5550, Plant Address: 2165 US 27 South, City: Lake Placid, State: FL, Zip Code: 33852, Type of Water Treated by Plant: Raw Ground Water, Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000, Plant Category (per subsection 62-699.310(4), F.A.C.): v, Plant Class (per subsection 62-699.310(4), F.A.C.): C

Table with 5 columns: Licensed Operators, Name, License Class, License Number, Day(s)/Shift(s) Worked. Includes entries for Otto Krucker, Daniel Holmes, Chris Gilbert, and Darald Pugh.

II. Certification by Lead/Chief Operator

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

Signature and Date: [Signature] FEB 04 2005

Printed or Typed Name: Otto Krucker

License Number: C - 7790

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: January 2005

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	28100		2.2									1.1	
2		27500												
3		27500		2.1									1.3	
4		30500		2.1									1.2	
5		22200		2.0									1.1	
6		29450												
7		29450		1.8									1.2	
8		22800		1.9									1.3	
9		31600		1.9									1.1	
10		27600		2.1									1.0	
11		19700		2.0									1.2	
12		66000		2.2									1.1	
13		27550												
14		27550		2.1									1.4	
15		35900		2.3									1.4	
16		31400		2.2									1.4	
17		34900		2.2									1.3	
18		37400		2.1									1.4	
19		33300		2.3									1.4	
20		34100		2.2									1.6	
21		21900		1.8									1.1	
22		23100		2.3									1.5	
23		32200												
24		32200		2.1									1.4	
25		11500		2.2									1.3	
26		47200		2.3									1.4	
27		32500		2.1									1.3	
28		24400		2.0									1.1	
29		33100		2.1									1.1	
30		36850												
31		35650		2.2									1.3	
Total		1004100												
Average		32390												
Maximum		71200												

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



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

TOTALS OFF

RECEIVED
MAR 28 2005

641

See page 4 for instructions.

I. General Information for the Month/Year of: Feb 2005

A. Public Water System (PWS) Information

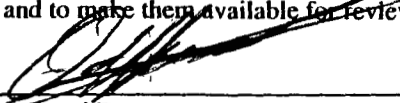
PWS Name: Sun -N- Lakes of Lake Placid		PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 166		Total Population Served at End of Month: 378	
PWS Owner: Utilities Inc.			
Contact Person: Patrick Flynn		Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Avenue		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: (800) 272-1919		Contact Person's Fax Number: (407) 869-6961	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sun -N- Lakes of Lake Placid		Plant Telephone Number: (863) 465-5550		
Plant Address: 2165 US 27 South		City: Lake Placid	State: FL Zip Code: 33852	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): v		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Otto Krucker	C	7790	6
Other Operators	Daniel Holmes	C	4335	*
	Chris Gilbert	C	13107	*
	Darald Pugh	C	2261	*
* - As Needed				

II. Certification by Lead/Chief Operator

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

 Signature and Date
 MAR 04 2005 Printed or Typed Name
 Otto Krucker License Number
 C - 7790

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid RECEIVED

III. Daily Data for the Month/Year of: Feb. 2005 MAR 28 2005

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	23000		2.3									1.1	
2		30500		2.1									1.4	
3		26900		2.4									1.2	
4		24100		2.3									1.3	
5		40000		2.1									1.1	
6		24950												
7		21950		2.3									1.1	
8		36900		2.3									1.2	
9		37400		2.1									1.1	
10		25700		2.2									1.1	
11		37300		3.1									1.1	
12		24100		2.1									1.3	
13		33350												
14		38350		2.2									1.0	
15		21500		2.1									1.1	
16		43100		2.3									1.3	
17		26300		2.2									1.3	
18		52300		2.2									1.1	
19		60300		2.2									1.3	
20		39450												
21		39450		2.0									1.3	
22		29100		2.1									1.0	
23		48000		2.3									1.1	
24		34800		2.3									1.1	
25		11100		2.3									1.0	
26		41400		2.1									1.1	
27		14200											1.1	
28		11000		2.1									1.3	
29														
30														
31														

Total: 952600
 Average: 3033
 Maximum: 8060

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

MAR 04 2005



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

See page 4 for instructions.

641

I. General Information for the Month/Year of: MARCH 2005

A. Public Water System (PWS) Information

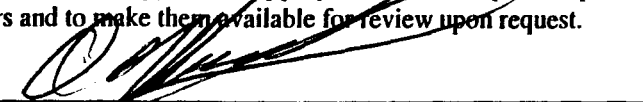
PWS Name: Sun -N- Lakes of Lake Placid		PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 166		Total Population Served at End of Month: 378	
PWS Owner: Utilities Inc.			
Contact Person: Patrick Flynn		Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Avenue		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: (800) 272-1919		Contact Person's Fax Number: (407) 869-6961	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sun -N- Lakes of Lake Placid		Plant Telephone Number: (863) 465-5550	
Plant Address: 2165 US 27 South		City: Lake Placid	State: FL Zip Code: 33852
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
Otto Krucker	C	7790	6
Daniel Holmes	C	4335	*
Chris Gilbert	C	13107	*
Darald Pugh	C	2261	*
* - As Needed			

II. Certification by Lead/Chief Operator

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

 4/15/05 Otto Krucker C - 7790
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: MARCH 2005

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations			UV Dose			Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable		Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm
1	X	130300		2.2							1.3	
2	X	33200		2.2							1.3	
3	X	30800		2.2							1.1	
4	X	37300		2.1							1.2	
5	X	54700		2.3							1.3	
6		12750										
7	X	13750		2.2							1.3	
8	X	27100		2.1							1.1	
9	X	41000		2.2							1.3	
10	X	25700		2.0							1.1	
11	X	45400		2.1							1.0	
12		42000		2.0							1.1	
13		27200										
14	X	37300		2.2							1.1	
15	X	29400		2.1							1.0	
16	X	46500		2.1							1.0	
17	X	35000		2.2							1.1	
18	X	35800		2.2							1.0	
19	X	52600		2.2							1.1	
20		25850										
21	X	25850		2.1							1.3	
22	X	33400		2.2							1.2	
23	X	28800		2.1							1.1	
24	X	40300		2.3							1.2	
25	X	35300		2.2							1.3	
26	X	62700		2.1							1.3	
27		15850										
28	X	15850		2.1							1.0	
29	X	33600		2.0							1.1	
30	X	32400		2.1							1.2	
31	X	20700		2.0							1.2	
Total		1176300										
Average		37945										
Maximum		130800										

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

2005 Total Water Pumped/Wastewater Flow Data

TO: OPERATIONS

ATTN: LEAH

FAX: 407-869-6961

Facility Name: Lake Placid Utilities, Inc.

Submitted by: Pugh Utilities

PLEASE FILL IN THE INFORMATION BELOW AND SEND TO LEAH BY THE **3RD** WORKING DAY OF EACH MONTH. THANK YOU!

WATER PLANT			
Month 2005	Total Month Volume	Total Flushed	YTD Total**
JANUARY	1.0041	0	1.0041
FEBRUARY	.9561	0	1.9602
MARCH	1.1763	0	3.1365
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

WASTEWATER PLANT	
Avg. Daily Flow	Peak Daily Flow
.074	.155
.072	.100
.077	.111

** THE YEAR TO DATE (YTD) COLUMN IS OPTIONAL, IT'S THERE FOR YOUR REFERENCE.

863 465 5159

Meter Readings

951287
 324877
 956644
 329081
 962183
 835305

Pugh Utilities

Apr 13 05 03:31P



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

6411

See page 4 for instructions.

I. General Information for the Month/Year of: 4/05

A. Public Water System (PWS) Information

PWS Name: Sun -N- Lakes of Lake Placid		PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 166		Total Population Served at End of Month: 378	
PWS Owner: Utilities Inc.			
Contact Person: Patrick Flynn		Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Avenue		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: (800) 272-1919		Contact Person's Fax Number: (407) 869-6961	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sun -N- Lakes of Lake Placid		Plant Telephone Number: (863) 465-5550		
Plant Address: 2165 US 27 South		City: Lake Placid	State: FL Zip Code: 33852	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>v</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Otto Krucker	C	7790	6
Operator	Daniel Holmes	C	4335	*
Operator	Chris Gilbert	C	13107	*
Operator	Darald Pugh	C	2261	*
* - As Needed				

II. Certification by Lead/Chief Operator

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

Signature and Date: [Signature] 5/5/05 Printed or Typed Name: Otto Krucker License Number: C - 7790

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of:

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

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

2-Sun-Lake Placid

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			Peak Flow Rate, gpd	CT Calculations		UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L					
				Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C		pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	
1	24	20100			2.0							1.2	
2		45766			2.1							1.2	
3		26450											
4		26450			2.0							1.1	
5		26700			2.1							1.1	
6		31600			2.2							1.2	
7		15000			2.2							1.0	
8		41300			2.2							1.1	
9		32800			2.4							1.2	
10		29400											
11		29400			2.1							1.1	
12		25100			2.2							1.1	
13		24900			2.3							1.2	
14		25300			2.3							1.1	
15		25300			2.3							1.2	
16		49800			2.3							1.1	
17		14000											
18		14000			2.2							1.3	
19		20300			2.3							1.9	
20		22700			2.3							1.4	
21		20100			2.1							1.5	
22		24500			2.1							1.3	
23		21800			2.2							1.3	
24		32050											
25		32050			2.3							1.1	
26		21100			2.1							1.1	
27		33700			2.3							1.2	
28		22300			2.3							1.1	
29		25900			2.1							1.1	
30	✓	37900			2.2							1.4	
31													
Total		833260											
Average		2773											
Maximum		49800											

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



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

FILE COPY

641

See page 4 for instructions.

I. General Information for the Month/Year of: May 2005

A. Public Water System (PWS) Information

PWS Name: Sun -N- Lakes of Lake Placid		PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 166		Total Population Served at End of Month: 378	
PWS Owner: Utilities Inc.			
Contact Person: Patrick Flynn		Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Avenue		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: (800) 272-1919		Contact Person's Fax Number: (407) 869-6961	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Sun -N- Lakes of Lake Placid		Plant Telephone Number: (863) 465-5550	
Plant Address: 2165 US 27 South		City: Lake Placid	State: FL Zip Code: 33852
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): v		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Name	License Class	License Number	Day(s)/Shift(s) Worked
Otto Krucker	C	7790	6
Daniel Holmes	C	4335	*
Chris Gilbert	C	13107	*
Darald Pugh	C	2261	*
* - As Needed			

Certification by Lead/Chief Operator

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

[Signature] Otto Krucker C - 7790
 Signature and Date Printed or Typed Name License Number

JUN 07 2005

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

WS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

I. Daily Data for the Month/Year of: May 2005

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Hours of Operation	Net Quantity of Finished Water Produced, gal	CT Calculations & UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flowing, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flowing, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flowing, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm	Minimum UV Dose Required, sec/cm			
1	24	18000												
2		18000												
3		18000												
4		21500												
5		20500												
6		23700												
7		20300												
8		16500												
9		8900												
10		23600												
11		21950												
12		21950												
13		22300												
14		22500												
15		20360												
16		20350												
17		21900												
18		21500												
19		20100												
20		21500												
21		23400												
22		17700												
23		17700												
24		18500												
25		40100												
26		12500												
27		13200												
28		31200												
29		25700												
30		25700												
31	✓	44600												
Sum		674700												
Avg		21765												
Minimum		48300												

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

JUN 07 2005

WATER LOSS RECORD

611

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

TO: Jackie

SYSTEM/SUB #: Lake Placid Utilities pws# 6280273

From : Clay Shrum

MONTH/YEAR: May-05

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

Type Code

1) Water breaks	* 1 1/2" -108 min @ 10 gpm = 1800
2) Flushing hydrants	* 2" -145 min @ 10 gpm = 1450
3) Meter defect	
4) Construction	
5) Other	

FLUSHING & WATER LOSS RECORD

641 :

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM: Lake Placid

MONTH/YEAR: May 2005

DATE	SIZE	START TIME	STOP TIME	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31	2"			180	200	36,000	blow-off opened



FILE COPY

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

641

See page 4 for instructions.

I. General Information for the Month/Year of: June 2005

A. Public Water System (PWS) Information

PWS Name: Lake Placid Utilities Inc. PWS Identification Number: 6280273
PWS Type: Community
Number of Service Connections at End of Month: 166 Total Population Served at End of Month: 378
PWS Owner: Utilities Inc.
Contact Person: Patrick Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Avenue City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: (800) 272-1919 Contact Person's Fax Number: (407) 869-6961
Contact Person's E-Mail Address: pc-flynn@utilities-inc-usa.com

Water Treatment Plant Information

Plant Name: Sun -N- Lakes of Lake Placid Plant Telephone Number: (863) 465-5550
Plant Address: 2165 US 27 South City: Lake Placid State: FL Zip Code: 33852
Type of Water Treated by Plant: Raw Ground Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000
Plant Category (per subsection 62-699.310(4), F.A.C.): v Plant Class (per subsection 62-699.310(4), F.A.C.): C

Table with 4 columns: Name, License Class, License Number, Day(s)/Shift(s) Worked. Rows include Otto Krucker (C, 7790, 6), Daniel Holmes (C, 4335, *), Chris Gilbert (C, 13107, *), Darald Pugh (C, 2261, *).

Certification by Lead/Chief Operator

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

Signature and Date: [Signature] Printed or Typed Name: Otto Krucker License Number: C - 7790

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

WWS Identification Number: 6280273

Plant Name: Sun -N- Lakes of Lake Placid

II. Daily Data for the Month/year of: June 2005

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

Ultraviolet Radiation Other (Describe):

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

Day of Month	Flow, mgd	Lowest Residual Provided, mg/L	Disinfectant Concentration (C) Before or After Customer, mg/L	Point During Distribution, mg-min/L	Time of Day, hr	pH or Applicable	Minimum UV Dose, sec-cm	Lowest UV Dose Required, sec-cm	Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water Out of Operation
1	20900	2.1	2.1	2.1					1.0	
2	9500	2.2	2.1	2.1					1.0	
3	24400	2.1	2.1	2.1					1.0	
4	23900	2.2	2.1	2.1					1.0	
5	16750	1.9	1.8	1.8					1.0	
6	16750	1.9	1.8	1.8					1.0	
7	18200	1.8	1.8	1.8					1.0	
8	23200	1.8	1.8	1.8					1.0	
9	17100	1.6	1.5	1.5					1.0	
10	17100	1.9	1.8	1.8					1.0	
11	22000	1.8	1.8	1.8					1.0	
12	25150	1.8	1.8	1.8					1.0	
13	25150	1.8	1.8	1.8					1.0	
14	27300	1.9	1.9	1.9					1.0	
15	17600	2.0	2.0	2.0					1.0	
16	13900	2.0	2.0	2.0					1.0	
17	15100	2.0	2.0	2.0					1.0	
18	34900	2.1	2.1	2.1					1.0	
19	17250	2.1	2.1	2.1					1.0	
20	17250	2.1	2.1	2.1					1.0	
21	27800	2.0	2.0	2.0					1.0	
22	13300	2.1	2.1	2.1					1.0	
23	21600	2.0	2.0	2.0					1.0	
24	21600	2.0	2.0	2.0					1.0	
25	16900	2.0	2.0	2.0					1.0	
26	14950	1.9	1.9	1.9					1.0	
27	34600	1.9	1.9	1.9					1.0	
28	24300	2.1	2.1	2.1					1.0	
29	16100	2.1	2.1	2.1					1.0	
30	34900	2.1	2.1	2.1					1.0	
31	16100	2.1	2.1	2.1					1.0	

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

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

II. Daily Data for the Month/Year of: July 2005

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
			CT Calculations					UV Dose							
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	24	10900		2.0											
2	24	12700		2.2											
3		19700		1.9											
4		21300													
5		21200		1.9											
6		18200		2.1											
7		26500		2.0											
8		24100		2.2											
9		13500		2.3											
10		24500													
11		24400		2.2											
12		12700		2.2											
13		30200		2.1											
14		47400		2.2											
15		31200		2.0											
16		27100		1.9											
17		7200													
18		2700		1.7											
19		26000		1.6											
20		23000		1.7											
21		34000		1.8											
22		15500		1.7											
23		15700													
24		15200		1.6											
25		14700		1.6											
26		17100													
27		12000		1.7											
28		18000		1.3											
29		15800		1.2											
30	✓	19200		1.3											
31		615600													
Range		19838													
Minimum		47400													

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

AUG 05 2005

FLUSHING & WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM: Lake Placid

MONTH/YEAR: July 2005

DATE	SIZE	START TIME	STOP TIME	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30						200	240 Country Club
31						300	118 Fairway



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

See page 4 for instructions.

I. General Information for the Month/Year of: August 2005

A. Public Water System (PWS) Information

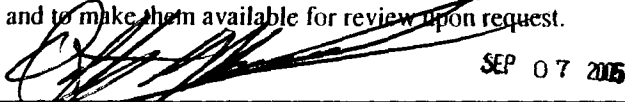
PWS Name: <u>Lake Placid Utilities Inc.</u>		PWS Identification Number: <u>6280273</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>166</u>		Total Population Served at End of Month: <u>378</u>	
PWS Owner: <u>Utilities Inc.</u>			
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weathersfield Avenue</u>		City: <u>Altamonte Springs</u>	State: <u>FL</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>(800) 272-1919</u>		Contact Person's Fax Number: <u>(407) 869-6961</u>	
Contact Person's E-Mail Address: <u>pc.flynn@utilitiesinc-usa.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Sun -N- Lakes of Lake Placid</u>		Plant Telephone Number: <u>(863) 465-5550</u>		
Plant Address: <u>2165 US 27 South</u>		City: <u>Lake Placid</u>	State: <u>FL</u> Zip Code: <u>33852</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>288,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>y</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
	<u>Otto Krucker</u>	<u>C</u>	<u>7790</u>	<u>6</u>
	<u>Daniel Holmes</u>	<u>C</u>	<u>4335</u>	<u>*</u>
	<u>Chris Gilbert</u>	<u>C</u>	<u>13107</u>	<u>*</u>
	<u>Darald Pugh</u>	<u>C</u>	<u>2261</u>	<u>*</u>
* - As Needed				

II. Certification by Lead/Chief Operator

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


SEP 07 2005
 Signature and Date Otto Krucker C - 7790
Printed or Typed Name License Number

MON - Y OPERATION REPORT FOR PWSs TREATING RA GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280273

Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: August 2005

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

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

Day of the Month	Hours of Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at Contact Time Before or Provided	Disinfectant Concentration (C) Before or at First Measurement During Peak Flow	First Customer Measurement (T) at Contact Time Before or Provided	Peak Flow During Customer Temp of Water, °C	pH of Water, If Applicable	Required CT, mg-min/L	Lowest Operating UV Dose, sec/cm	Minimum UV Dose Required, mW-sec/cm	Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		99300	1.8	1.8	1.8	1.8							
2		35400	1.3	1.3	1.3	1.3							
3		12100	1.4	1.4	1.4	1.4							
4		9200	1.5	1.5	1.5	1.5							
5		33900	1.3	1.3	1.3	1.3							
6		44400	1.6	1.6	1.6	1.6							
7		15450	1.5	1.5	1.5	1.5							
8		15450	1.5	1.5	1.5	1.5							
9		34900	1.6	1.6	1.6	1.6							
10		37900	1.9	1.9	1.9	1.9							
11		48000	1.7	1.7	1.7	1.7							
12		16900	1.8	1.8	1.8	1.8							
13		33300	1.9	1.9	1.9	1.9							
14		34650	1.6	1.6	1.6	1.6							
15		24650	1.6	1.6	1.6	1.6							
16		11700	1.7	1.7	1.7	1.7							
17		28800	1.6	1.6	1.6	1.6							
18		16800	1.4	1.4	1.4	1.4							
19		20100	1.5	1.5	1.5	1.5							
20		13700	1.3	1.3	1.3	1.3							
21		28750	1.4	1.4	1.4	1.4							
22		28750	1.4	1.4	1.4	1.4							
23		52200	1.4	1.4	1.4	1.4							
24		22600	1.3	1.3	1.3	1.3							
25		21600	1.2	1.2	1.2	1.2							
26		36300	1.3	1.3	1.3	1.3							
27		23300	1.2	1.2	1.2	1.2							
28		15450	1.4	1.4	1.4	1.4							
29		15450	1.4	1.4	1.4	1.4							
30		37800	1.3	1.3	1.3	1.3							
31		18200	1.4	1.4	1.4	1.4							
Total		825800											
Average		26639											
Maximum		52200											

SEP 07 2005

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

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



See page 4 for instructions.

FILE COPY

6411

I. General Information for the Month/Year of:

September 2005

PWS Name: Lake Placid Utilities Inc. PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 166 Total Population Served at End of Month: 378

PWS Owner: UTILITIES INC.

Contact Person: Patrick Flynn

Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weatherfield Avenue

Contact Person's Telephone Number: (800) 272-1919

Contact Person's E-Mail Address: p.flynn@utilitiesinc.com

City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Fax Number: (407) 869-6961

B. Water Treatment Plant Information

Plant Name: Sun-N-Lakes of Lake Placid

Plant Address: 2165 US 27 South

City: Lake Placid State: FL Zip Code: 33852

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V

Plant Class (per subsection 62-699.310(4), F.A.C.): C

II. Certification by Lead/Chief Operator

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

Oct 04 2005

Signature and Date

Printed or Typed Name

License Number

Otto Krueker

C - 7790

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

PWS Identification Number: 6280273

Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: September 2005

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
X	24	19400		1.3										
X		20900		1.3										
X		21300		1.4										
X		20950												
X		37100		1.3										
X		14000		1.3										
X		19600		1.3										
X		25000		1.2										
X		15300		1.2										
X		26000		1.3										
X		26000		1.3										
X		13400		1.3										
X		16800		1.2										
X		29200		1.2										
X		32200		1.2										
X		11500		1.3										
X		29500		1.2										
X		29500		1.2										
X		16200		1.2										
X		24500		1.2										
X		10400		1.2										
X		47000		1.2										
X		21700		1.2										
X		28650		1.2										
X		28650		1.3										
X		31300		1.3										
X		20000		1.0										
X		13400		1.0										
X		13000		1.0										
X		683400												
X		22780												
X		47000												

OCT 04 2005

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

641

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

TO: Jackie
From : Clay Shrum

SYSTEM/SUB #: Lake Placid Utilities pws# 6280273

MONTH/YEAR: Sep-05

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	2"	2	10	10 gpm	100	quarterly flushing
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

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

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

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: October 2005

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

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

CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable:

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	24	14300		1.1											
2		27100		1.2											
3		4700		1.0											
4		15700		1.0											
5		24800		1.1											
6		27600													
7		27600		1.2											
8		25800		1.1											
9		37000													
10		37000		1.3											
11		9600		1.2											
12		15500		1.3											
13		54200		1.4											
14		28500		1.4											
15		57200		1.3											
16		18500													
17		18500		1.6											
18		27200		1.3											
19		20700		1.3											
20		14500		1.3											
21		15700		1.3											
22		7300		1.1											
23		21700													
24		21700		1.3											
25		24100		1.4											
26		29800		1.4											
27		22900		1.4											
28		29000		1.3											
29		17100		1.3											
30		37600		1.2											
31	✓	28400		1.4											
Total		782800													
Average		25252													
Maximum		57200													

NOV 04 2005

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

Jan 27 06 04:12P Pugh Utilities Service 8634655159 P.2



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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November 2005

A. Public Water System (PWS) Information

PWS Name: Lake Placid Utilities Inc PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

PWS Identification Number: 0780273

PWS Owner: Utilities Inc.

Contact Person: Patrick Flynn

Contact Person's Title: General Manager

Contact Person's Mailing Address: 200 Weatherfield Avenue

Contact Person's Telephone Number: (800) 272-1919

Contact Person's E-Mail Address: patrick.flynn@lakeplacidutilities.com

Water Treatment Plant Information

Plant Name: Sun-N-Lakes of Lake Placid

Plant Address: 2165 US 27 South

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000

Plant Category (per subsection 62-699.310(4), F.A.C.): Y

Plant Class (per subsection 62-699.310(4), F.A.C.): C

II. Certification by Lead/Chief Operator

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

License Class	License Number	Days(s)/Shift(s) Worked	Other Operators
C	7790	6	Otto Krucker
C	4335	*	Daniel Holmes
C	13107	*	Chris Gilbert
C	2261	*	Darald Pugh
* - As Needed			

Signature and Date: [Signature] DEC 03 2005
 Printed or Typed Name: Otto Krucker
 License Number: C - 7790

MON LY OPERATION REPORT FOR PWSs TREATING R. GROUND WATER OR PURCHASED FINISHED WA 3

PWS Identification Number: 6280273 Plant Name: Sun -N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: November 2005

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations; or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	25200		1.5									1.0	
2		19600		1.4									1.1	
3		38800												
4		38800		1.6									1.0	
5		24700		1.5									1.0	
6		30200												
7		30200		1.3									1.1	
8		23800		.8									.3	
9		12900		1.1									.7	
10		35700		1.3									.7	
11		29300		1.3									.7	
12		29900		1.1									.7	
13		31100												
14		31100		1.5									.5	
15		22400		.9									.5	
16		33400		1.1									.5	
17		28000		1.0									.5	
18		22800		1.1									.5	
19		24400		1.1									.5	
20		18900												
21		18900		1.1									.5	
22		23300		1.3									.8	
23		14200		1.4									.8	
24		24400		1.2									1.0	
25		30600		1.1									1.0	
26		23000		1.3									.8	
27		22900												
28		22900		1.4									.8	
29		28500		1.2									.8	
30		49100		1.3									.8	
31														

Total 806900
 Average 26897
 Maximum 49100

DEC 03 2005

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

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

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Lake Placid Utilities, Inc.		PWS Identification Number: 6280273	
PWS Type: <u>XX</u> Community	Non-Transient Non-Community	Transient Non-Community	Consecutive
Number of Service Connections at End of Month: 166		Total Population Served at End of Month: 378	
PWS Owner: Utilities Inc.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Avenue		City: Altamonte Springs	State: Florida
Contact Person's Telephone Number: 800-272-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Sun -N- Lakes of Lake Placid		Plant Telephone Number: 863-465-5550	
Plant Address: 2165 US 27 South		City: Lake Placid	State: Florida
Type of Water Treated by Plant: <u>XX</u> Raw Ground Water		Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Otto Krucker	C	7790	6
Other Operators	Daniel Holmes	C	4335	*
	Chris Gilbert	C	13107	*
	Darald Pugh	C	2261	*
	* As Needed			

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least 10 years and to make them available for review upon request.

	Otto Krucker Printed or Typed Name	C - 7790 License Number
Signature and Date		

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

PWS Identification Number: 6280273				Plant Name: Sun -N- Lakes of Lake Placid											
III. Daily Data for the Month/Year of:				DECEMBER 2005											
Means of Achieving Four-Log Virus Inactivation/Removal: * <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):															
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In oper.	Net quantity Of finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										Lowest residual disinfectant concentration at remote point in distribution system, mg/L.	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest residual s/disinfectant Concentration (C) Before or at First customer During peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp Of Water, C	PH of Water, If appl.	Minimum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm2	Minimum UV dose req. mW-sec/cm2			
1	X	24	43200		1.3									.8	
2	X	24	38800		1.4									.9	
3	X	24	21000		1.5									.8	
4		24	42150												
5	X	24	42150		1.4									.8	
6	X	24	31800		1.5									.4	
7	X	24	32000		1.3									.5	
8	X	24	34000		1.3									.4	
9	X	24	26000		1.4									.5	
10	X	24	21900		1.5									.6	
11		24	31000												
12	X	24	31000		1.4									.7	
13	X	24	62000		1.4									.8	
14	X	24	10200		1.5									.6	
15	X	24	12200		1.4									.7	
16	X	24	10000		1.5									.7	
17	X	24	11200		1.5									.6	
18		24	18000												
19	X	24	21000		1.6									.8	
20	X	24	41400		1.5									.7	
21	X	24	23100		1.6									.9	
22	X	24	13100		1.5									.8	
23	X	24	19100		1.6									.9	
24	X	24	12000		1.5									.9	
25		24	11350												
26	X	24	11350		1.7									1.0	
27	X	24	10100		1.6									1.0	
28	X	24	18100		1.1									.8	
29	X	24	17900		1.2									.8	
30	X	24	10100		1.1									.9	
31		24	10000		1.2									.8	
Total			737200												
Average			23781												
Maximum			43200												

JAN 05 2006

WATER LOSS RECORD

641

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

TO: Jackie

SYSTEM/SUB #: Lake Placid Utilities pws# 6280273

From : Clay Shrum

MONTH/YEAR: Dec-06

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

641

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave. Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

CLASS SIZE:

GROUP: Domestic

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Brevard Ave
 Lake Placid, Florida

DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

FILE COPY

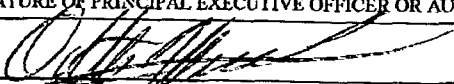
COUNTY: Highlands

MONITORING PERIOD From: 1/1/04

To: 1/31/04

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.01				
PARM Code 80082 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.3	4.3			
PARM Code 80082 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.8				
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.4	2.4			
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L	Monthly	Grab
PH	Sample Measurement					6.7	6.9			
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement					6.0 (Min)	8.5 (Max)	s.u.	5 days a week	Grab
Coliform, Fecal	Sample Measurement					1.9				
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (An. Avg.)		#/100 ml	Monthly	Grab

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

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

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

Oct 14 04 01:21P

Pugh Utilities

863 465 5159

P.8

DISCHARGE MONITOR REPORT - PART A (Continued)


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

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0				
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.5						
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (H required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.18				
	Permit Requirement				12 mg/L		12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.022									
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.0176									
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					400.0					
	Permit Requirement				Report (Mo. Ave.)			mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					262.0					
	Permit Requirement				Report (Mo. Ave.)			mg/L		Monthly	Grab

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

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

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

P.9

863 465 5159

1012996-002-DW3P

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: January 2004

County: Highlands

Three Month Average Daily Flow: .0265

Daily Flow % of Permitted Capacity: 30%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INT-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.031										
2	.031					6.7		.8			
3	.021					6.7		.8			
4	.034					6.7		.7			
5	.026					6.7		.9			
6	.027	4.3	400.0	2.4	262.0	6.7	<1.0	.8	.18	G	1030
7	.028					6.8		.9			
8	.025					6.7		.8			
9	.020					6.7		.9			
10	.029					6.7		.8			
11	.031										
12	.031					6.7		.8			
13	.037					6.7		.9			
14	.022					6.7		.8			
15	.024					6.7		.7			
16	.031					6.8		.8			
17	.029					6.8		.8			
18	.030										
19	.031					6.9		.5			
20	.033					6.9		.8			
21	.034					6.8		.6			
22	.023					6.8		.6			
23	.026					6.7		.7			
24	.031					6.7		.9			
25	.035										
26	.036					6.7		.5			
27	.024					6.7		.7			
28	.027					6.7		.6			
29	.027					6.7		.6			
30	.031					6.7		.5			
31	.022					6.7		.6			

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave. Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Brevard Ave
 Lake Placid, Florida

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

GROUP: Domestic

COUNTY: Highlands

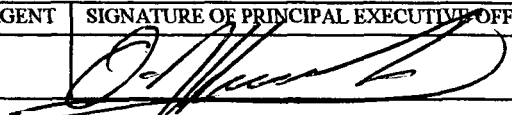
MONITORING PERIOD From: 2/1/04

To: 2/29/04

RECEIVED
 APR 26 2004

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

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

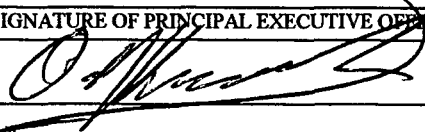
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator		(863) 465-6911	February 22, 2004

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

RECEIVED
 APR 26 2004

Parameter		Quantity or Loading		Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Coliform Fecal PARM Code 74055 I Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100ml	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml	Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.5			mg/L	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L	5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 I Mon. Site No. EFA - 1	Sample Measurement						3.30	mg/L	Monthly	Grab
	Permit Requirement						12.0 (max)	mg/L	Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.022		mg/L					5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd					5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 I Mon. Site No. FLW - 1	Sample Measurement	.019		mg/L					5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd					5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					174.0		mg/L	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L	Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					99.0		mg/L	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L	Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

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

Month/Year: February 2004 County: Highlands

Three Month Average Daily Flow: .020 Daily Flow % of Permitted Capacity: 22%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.041										
2	.041					6.7		.6			
3	.010					6.7		.6			
4	.045					6.7		.5			
5	.031					6.7		.5			
6	.026					6.7		.6			
7	.031					6.7		.5			
8	.085										
9	.089					6.7		.5			
10	.059					6.7		.6			
11	.015					6.7		.6			
12	.037					6.7		.5			
13	.044					6.7		.6			
14	.023					6.7		.5			
15	.042										
16	.041					6.7		.5			
17	.043	3.1	174.0	2.6	99.0	6.7	<1.0	.6	3.30	G	1150
18	.031										
19	.031					6.8		1.8			
20	.03					6.7		2.0			
21	.039					6.7		2.2			
22	.044					6.7		2.3			
23	.027					6.9		2.0			
24	.027					6.8		1.7			
25	.028					6.8		1.0			
26	.050					6.8		1.2			
27	.049					6.9		1.0			
28	.023					6.9		1.1			
29											
30											
31											

RECEIVED
APR 26 2004

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

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

Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

241

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

CLASS SIZE:
 DISCHARGE POINT NUMBER:

GROUP: Domestic

PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: 1 }
 Type of Effluent Disposal: Perk Pond

MONITORING PERIOD From: 3/1/04

To: 3/31/04

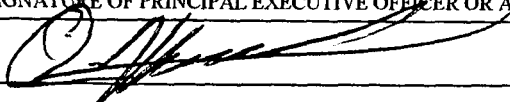
FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Brevard Ave
 Lake Placid, Florida

COUNTY: Highlands

RECEIVED
 APR 26 2004

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

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

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

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

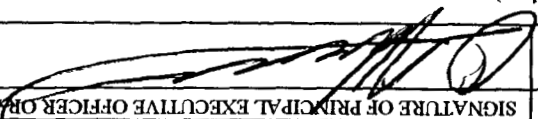
DISCHARGE MONITORING REPORT - PART A (Continued)

APR 26 2004
 FACILITY: ME: Sun & Lakes of Lake Placid WTP
 Month/Year: March 2004 COUNTY: Highlands

PERMIT NUMBER: LA014386 DISCHARGE POINT NUMBER: R-001

Parameter	Quantity or Loading	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Maximum	Average	Minimum			
Coliform Fecal	Sample Measurement	Units	Units	Units		Monthly	Grab
		<1.0	<1.0	<1.0		Monthly	Grab
		#/100 ml	#/100 ml	#/100 ml		Monthly	Grab
PARM Code 74055 1	Permit Requirement			Report (Mo. Geo. Mean)	800	Monthly	Grab
Mon. Site No. EFA - 1	Sample Measurement					5 days	Grab
						a week	Grab
PARM Code 50060 A	Permit Requirement				0.5	5 days	Grab
Mon. Site No. EFA - 1	Sample Measurement					a week	Grab
						5 days	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				.88	Monthly	Grab
PARM Code 00620 1	Permit Requirement				12.0	Monthly	Grab
Mon. Site No. EFA - 1	Sample Measurement					Monthly	Grab
						Monthly	Grab
Flow	Sample Measurement				.023	5 days	Flow meter / a totalizer
PARM Code 50050 Y	Permit Requirement				0.090	5 days	Flow meter / a totalizer
Mon. Site No. FLW - 1	Sample Measurement					a week	Flow meter / a totalizer
						5 days	Flow meter / a totalizer
Flow	Sample Measurement				.051	5 days	Flow meter / a totalizer
PARM Code 50050 1	Permit Requirement					5 days	Flow meter / a totalizer
Mon. Site No. FLW - 1	Sample Measurement					a week	Flow meter / a totalizer
						5 days	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					Monthly	Grab
PARM Code 80082 G	Permit Requirement					Monthly	Grab
Mon. Site No. INF - 1	Sample Measurement					Monthly	Grab
						Monthly	Grab
Solids, Total Suspended	Sample Measurement					Monthly	Grab
PARM Code 00530 G	Permit Requirement					Monthly	Grab
Mon. Site No. INF - 1	Sample Measurement					Monthly	Grab
						Monthly	Grab
Mon Site No. INF - 1	Permit Requirement					Monthly	Grab

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

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

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

RECEIVED

DAILY SAMPLE RESULTS - PART B

APR 26 2004

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: March 2004

County: Highlands

Three Month Average Daily Flow: .029

Daily Flow % of Permitted Capacity: 32%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1						6.9		1.1			
2	.031					6.9		.6			
3	.037					6.9		.6			
4	.038					6.9		.5			
5	.026					6.9		.6			
6	.021					6.9		1.5			
7	.040										
8	.040					6.9		3.0			
9	.028					7.1		2.0			
10	.023					7.2		3.0			
11	.035					7.2		2.5			
12	.009					7.2		2.5			
13	.034					7.3		2.8			
14	.037										
15	.037					7.3		2.6			
16	.034					7.3		2.5			
17	.030					7.2		2.6			
18	.031	2.0u	159.0	1.0u	187.0	7.2	<1.0	2.5	.88	G	0820
19	.041					7.2		2.5			
20	.031					7.2		2.1			
21	.0285										
22	.0285					7.3		2.1			
23	.031					7.3		2.8			
24	.032					7.4		3.0			
25	.020					7.4		3.0			
26	.030					7.4		3.0			
27	.030					7.3		2.5			
28	.027										
29	.026					7.3		2.3			
30	.024					7.3		2.5			
31	.021					7.3		2.2			

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave. Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

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

GROUP: Domestic

FACILITY LOCATION: Sun & Lakes of Lake Placid WTP
 Brevard Ave
 Lake Placid, Florida

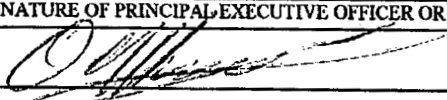
MONITORING PERIOD: From: 4/1/04

641
 To: 4/30/04

COUNTY: Highlands

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

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

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

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

P.11

863 465 5159

Pugh Utilities

DEC 14 04 01:22P

DISCHARGE MONITORING REPORT - PART A (Continued)

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

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100 ml		Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				2.3			mg/L		5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						7.36	mg/l.		Monthly	Grab
	Permit Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.023		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.019		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					308.0		mg/L		Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					172.0		mg/l.		Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Otto Krucker / Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	PHONE NO: (863) 465-6911	DATE: YY/MM/DD 5/20/04
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Oct 14 04 01:23P

Pugh Utilities

863 465 5159

P. 12

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: April 2004

County: Highlands

Three Month Average Daily Flow: .030

Daily Flow % of Permitted Capacity: 33%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.034					7.3		2.3			
2	.024					7.3		2.4			
3	.040					7.2		2.8			
4	.022										
5	.023					7.4		3.0			
6	.021	2.2	308.0	10.	172.0	7.3	<1.0	3.0	7.36	G	1023
7	.019					7.3		3.0			
8	.014					7.3		3.0			
9	.020					7.3		3.0			
10	.020					7.3		3.0			
11	.023										
12	.022					7.2		3.0			
13	.015					7.2		3.0			
14	.019					7.2		3.0			
15	.014					7.3		3.0			
16	.017					7.3		3.0			
17	.021					7.2		3.0			
18	.020										
19	.020					7.1		3.0			
20	.009					7.2		3.0			
21	.016					7.3		3.0			
22	.016					7.3		3.0			
23	.020					7.3		3.0			
24	.009					7.2		3.0			
25	.0115					7.3		3.0			
26	.016					7.2		3.0			
27	.015										
28	.015					7.2		3.0			
29	.011					7.2		3.0			
30	.012					7.2		3.0			
31											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PARM

RECEIVED
JUN 29 2004

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Ave. Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

CLASS SIZE: DISCHARGE POINT NUMBER:

GROUP: Domestic

FACILITY: Sun & Lakes of Lake Placid WWTP
LOCATION: Brevard Ave Lake Placid, Florida

PLANT SIZE/TREATMENT TYPE: III/C
NO DISCHARGE FROM SITE: []
Type of Effluent Disposal: Perk Pond

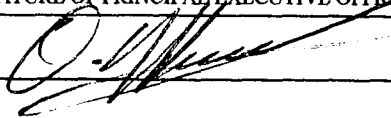
COUNTY: Highlands

MONITORING PERIOD From: 5/1/04

To: 5/31/04

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

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

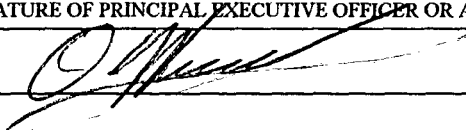
FACILITY **ME: Sun & Lakes of Lake Placid WWTP**
 Month/Year: May 2004 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0	<1.0		#/100 ml		Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				3.0			mg/L		5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement							mg/L		Monthly	Grab
	Permit Requirement				12.0 (max)			mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.02225		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.0099		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					65.0		mg/L		Monthly	Grab
	Permit Requirement				Report (Mo. Ave.)			mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					72.0		mg/L		Monthly	Grab
	Permit Requirement				Report (Mo. Ave.)			mg/L		Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: May 2004

County: Highlands

Three Month Average Daily Flow: .027

Daily Flow % of Permitted Capacity: 30%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.021					7.2		3.0			
2	.014										
3	.014					7.3		3.0			
4	.010					7.3		3.0			
5	.014					7.3		3.0			
6	.010					7.3		3.0			
7	.012					7.3		3.0			
8	.010					7.2		3.0			
9	.010										
10	.011					7.2		3.0			
11	.008					7.1		3.0			
12	.010					7.1		3.0			
13	.012					7.1		3.0			
14	.011	2.0u	65.0	1.0u	72.0	7.1	<1.0	3.0		G	1217
15	.016					7.1		3.0			
16	.011										
17	.011					7.1		3.0			
18	.011					7.1		3.0			
19	.016					7.1		3.0			
20	.002					7.1		3.0			
21	.009					7.2		3.0			
22	.012					7.2		3.0			
23	.011										
24	.012					7.2		3.0			
25	.002					7.1		3.0			
26	.007					7.3		3.0			
27	.005					7.2		3.0			
28	.009					7.2		3.0			
29	.003					7.3		3.0			
30	.0029					7.3		4.9			
31	.009										

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>8619</u>	Name: <u>Otto Krucker</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, Florida 32714

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Brevard Ave
 Lake Placid, Florida

COUNTY: Highlands

RECEIVED

JUL 29 2004

UTILITIES, INC.

PERMIT NUMBER: FLA014386

LIMIT: Final

CLASS SIZE: DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: III/C

NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

MONITORING PERIOD: From: 6/1/04

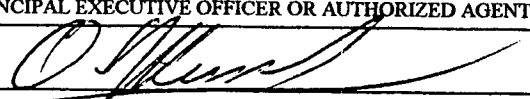
REPORT: Monthly

GROUP: Domestic

To: 6/30/04

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon Site No. EFA - 1	Sample Measurement	.0133	.026			2.66		mg/L	21	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon Site No. EFA - 1	Sample Measurement					2.0u	2.0u	mg/L		Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA - 1	Sample Measurement					2.87		mg/L		Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 1 Mon. Site No. EFA - 1	Sample Measurement					1.0u	1.0u	mg/L		Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH PARM Code 00400 1 Mon. Site No. EFA - 1	Sample Measurement				7.0		7.4	s.u.		5 days a week	Grab
	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA - 1	Sample Measurement					1.0		#/100 ml		Monthly	Grab
	Permit Requirement					200 (An. Ave)		#/100 ml		Monthly	Grab

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

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

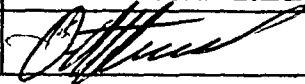
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACIL NAME: Sun & Lakes of Lake Placid WWTP PERMIT NUMBE. LA014386 DISCHARGE POINT NUMBER: R-001
 Month/year: June 2004 COUNTY: Highlands

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				21.0		21.0	#/100 ml		Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				1.0			mg/L		5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement							mg/L		Monthly	Grab
	Permit Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	0.022		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	0.133		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					73.0		mg/L		Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					52.0		mg/L		Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: JUNE 2004

County: Highlands

Three Month Average Daily Flow: .0146

Daily Flow % of Permitted Capacity: 16%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.0039					7.3		4.9			
2	.012					7.2		5.0			
3	.017					7.2		5.0			
4	.019					7.4		5.0			
5	.011					7.4		5.1			
6	.008										
7	.008					7.3		4.8			
8	.018	2.0u	73.0	1.0u	52.0	7.3	<1.0	4.9		G	1200
9	.012					7.3		4.5			
10	.012					7.4		4.1			
11	.008					7.4		1.8			
12	.012					7.4		2.8			
13	.018										
14	.017					7.3		2.9			
15	.007					7.3		3.1			
16	.011					7.2		2.6			
17	.012					7.2		2.6			
18	.013					7.2		2.7			
19	.021					7.2		1.8			
20	.009					7.2		2.3			
21	.015										
22	.014					7.2		1.8			
23	.009					7.2		1.9			
24	.004					7.2		1.8			
25	.026					7.2		1.9			
26	.016					7.2		1.8			
27	.003										
28	.003					7.1		1.6			
29	.005					7.1		2.1			
30	.005					7.0		2.3			
31											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DISCHARGE MONITORING REPORT - PART A

611

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Brevard Ave
 Lake Placid, Florida

CLASS SIZE: DISCHARGE POINT NUMBER:

GROUP: Domestic

PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

FILE COPY

MONITORING PERIOD From: 7/1/04

To: 7/31/04

COUNTY: Highlands

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Otto Krucker / Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	PHONE NO: (863) 465-6911	DATE: YY/MM/DD 8/19/04
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

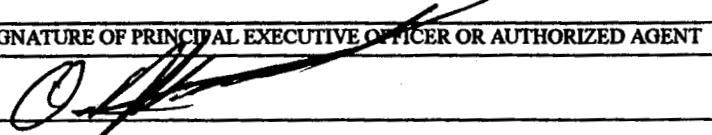
FACILITY NAME: Sun & Lakes of Lake Placid WWTP
 Month/Year: JULY 2004 COUNTY: Highlands

PERMIT NUMBER: FL 4386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				1.0		1.0	#/100 ml	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml	Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				1.4			mg/L	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L	5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.07	mg/L	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L	Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.021		mgd					5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd					5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.0098		mgd					5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd					5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					62.0		mg/L	Monthly	Grab
	Permit Requirement				Report (Mo. Ave.)			mg/L	Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					100.0		mg/L	Monthly	Grab
	Permit Requirement				Report (Mo. Ave.)			mg/L	Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: JULY 2004

County: Highlands

Three Month Average Daily Flow: .0116

Daily Flow % of Permitted Capacity: 13%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (a.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.002					7.2		2.6			
2	.003					7.2		2.8			
3	.003					7.1		2.7			
4	.015										
5	.015					7.2		3.0			
6	.010	3.4	62.0	26.0	100.0	7.2	1.0	3.0		G	1225
7	.011					7.1		3.0			
8	.015					7.1		3.0			
9	.009					7.1		3.1			
10	.013					7.0		4.2			
11	.012										
12	.012					7.0		3.6			
13	.011			1.0U		7.3		2.6	.04	G	1242
14	.010					7.3		2.5			
15	.009					7.3		2.4			
16	.007					7.2		1.8			
17	.009					7.3		2.2			
18	.010										
19	.009					7.2		1.6			
20	.005					7.3		1.8			
21	.006					7.2		1.5			
22	.007					7.2		1.6			
23	.011					7.2		1.4			
24	.008										
25	.009					7.2		1.6			
26	.006					7.2		1.5			
27	.009					7.2		1.6			
28	.017					7.1		1.3			
29	.013					7.1		1.5			
30	.015					7.1		1.6			
31	.015										

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

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

MAILING: 200 Weatherfield Ave. Final LIMIT: REPORT: Monthly

ADDRESS: Altamonte Springs, Florida 32714

CLASS SIZE: Domestic GROUP: Monthly

DISCHARGE POINT NUMBER: DISCHARGE POINT NUMBER: Final

PLANT SIZE/TREATMENT TYPE: I/C NO DISCHARGE FROM SITE: I 1

LOCATION: Sun & Lakes of Lake Placid WWTP Type of Effluent Disposal: Perk Pond

FACILITY: Lake Placid, Florida

COUNTY: Highlands

FILE COPY

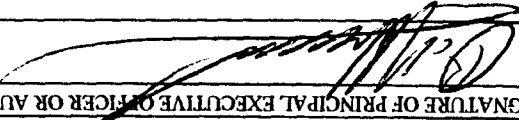
MONITORING PERIOD From: 8/1/04

To: 8/31/04

Parameter	Quantity or Loading	Units	Minimum	Average	Maximum	Quality or Concentration	No. Ex.	Frequency of Analysis	Sample Type
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BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.78		mg/L		Monthly	Grab
	Permit Requirement			20.0		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0U		mg/L		Monthly	Grab
	Permit Requirement			2.0U		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9		mg/L		Monthly	Grab
	Permit Requirement			2.9		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.2		mg/L		Monthly	Grab
	Permit Requirement			2.2		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			60.0		mg/L		Monthly	Grab
	Permit Requirement			60.0		mg/L		Monthly	Grab
PH	Sample Measurement			6.6		s.u.		5 days a week	Grab
	Permit Requirement			6.6		s.u.		5 days a week	Grab
PARM Code 80082 1	Sample Measurement			6.0		s.u.		5 days a week	Grab
	Permit Requirement			6.0		s.u.		5 days a week	Grab
PARM Code 00400 1	Sample Measurement			1.0		#/100 ml		Monthly	Grab
	Permit Requirement			1.0		#/100 ml		Monthly	Grab
PARM Code 00530 1	Sample Measurement			20.0		mg/L		Monthly	Grab
	Permit Requirement			20.0		mg/L		Monthly	Grab
PARM Code 00530 Y	Sample Measurement			2.2		mg/L		Monthly	Grab
	Permit Requirement			2.2		mg/L		Monthly	Grab
PARM Code 80082 Y	Sample Measurement			2.0		mg/L		Monthly	Grab
	Permit Requirement			2.0		mg/L		Monthly	Grab
PARM Code 74055 Y	Sample Measurement			200		mg/L		Monthly	Grab
	Permit Requirement			200		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Kruecker / Operator		(863) 465-6911	9/21/04

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sun & Lakes of Lake Placid WTP PERMIT NUMBER: FLA014386 DISCHARGE POINT NUMBER: R-001
 Month/Year: AUGUST 2004 COUNTY: Highlands

Parameter	Quantity or Loading	Units	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Maximum	Average	Minimum			
Coliform Fecal	Sample Measurement		<1.0		<1.0		Monthly	Grab
	Permit Requirement			Report (Mo. Geo. Mean)	800		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement		0				5 days	Grab
	Permit Requirement						5 days	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement						5 days	Grab
	Permit Requirement			0.5			5 days	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement		.44				Monthly	Grab
	Permit Requirement			12.0	(max)		Monthly	Grab
Flow	Sample Measurement						5 days	Flow meter / a totalizer
	Permit Requirement						5 days	Flow meter / a totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Sample Measurement						5 days	Flow meter / a totalizer
	Permit Requirement			0.090			5 days	Flow meter / a totalizer
Flow	Sample Measurement						5 days	Flow meter / a totalizer
	Permit Requirement			.016			5 days	Flow meter / a totalizer
PARM Code 50050 1 Mon. Site No. FLW-1	Sample Measurement						5 days	Flow meter / a totalizer
	Permit Requirement						5 days	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement						Monthly	Grab
	Permit Requirement			84.0			Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Sample Measurement						Monthly	Grab
	Permit Requirement			Report (Mo. Ave.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement						Monthly	Grab
	Permit Requirement			90.0			Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement						Monthly	Grab
	Permit Requirement			Report (Mo. Ave.)			Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.:	DATE: YY/MM/DD
Otto Kruecker / Operator		(863) 465-6911	9/21/04

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: AUGUST 2004

County: Highlands

Three Month Average Daily Flow: .013

Daily Flow % of Permitted Capacity: 14%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.015					7.1		1.7			
2	.025					7.1		1.0			
3	.015					7.1		1.0			
4	.013					7.0		1.0			
5	.018					7.1		.9			
6	.015					7.1		1.1			
7	.011					7.1		1.2			
8	.028										
9	.027					7.1		1.0			
10	.017					7.2		1.1			
11	.011					7.2		1.1			
12	.016					7.2		1.5			
*13	.018					7.1		1.9			
*14	0					7.1		0			
*15	0										
*16	.021					6.6		0			
17	.018					6.6		.8			
18	.009					6.8		.6			
19	.011					6.7		.7			
20	.007	2.0U	84.0	2.2	90.0	6.7	<1.0	.6	.44	G	1252
21	.010					6.7		1.0			
22	.010										
23	.010					6.7		1.0			
24	.010					6.7		1.1			
25	.012					6.7		1.0			
26	.015					6.8		1.0			
27	.021					6.8		.6			
28	.030					6.8		3.0			
29	.033										
30	.033					6.7		.6			
31	.031					6.7		.8			

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

POWER OUT DUE TO HURRICANE CHARLEY _____

PERMIT DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE: Lake Placid Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Ave. Altamonte Springs, Florida 32714
FACILITY: Sun & Lakes of Lake Placid WWTP
LOCATION: Brevard Ave
 Lake Placid, Florida
COUNTRY: Highlands

PERMIT NUMBER: FLA014386
LIMIT: Final
CLASS SIZE: DISCHARGE POINT NUMBER:
 I/C
 NO DISCHARGE FROM SITE:
 Type of Effluent Disposal
 Perk Pond

MONITORING PERIOD
 From: 9/1/04

REPORT: Monthly
GROUP: Domestic

FILE COPY
 To: 9/30/04

Parameter	Quantity or Loading	Quality or Concentration	No. Ex.	Frequency of Analysis	Sample Type
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Parameter	Quantity or Loading	Quality or Concentration	Units	Minimum	Average	Maximum	Sample		Frequency of Analysis	Sample Type
							Measurement	Permit		
BOD, Carbonaceous 5 day, 20C	Y	2.61	mg/L	20.0	2.0U	2.0U	20.0	2.0U	Monthly	Grab
							Permit	Measurement		
BOD, Carbonaceous 5 day, 20C	Y	2.0U	mg/L	20.0	(An. Avg.)	2.0U	20.0	2.0U	Monthly	Grab
							Permit	Sample		
PARM Code 8082	Y	2.97	mg/L	20.0	(Mo. Ave.)	60.0	2.97	60.0	Monthly	Grab
							Permit	Requirement		
Solids, Total Suspended	Y	1.8	mg/L	20.0	(An. Avg.)	1.8	1.8	60.0	Monthly	Grab
							Permit	Sample		
PARM Code 00530	Y	1.8	mg/L	20.0	(An. Avg.)	1.8	1.8	60.0	Monthly	Grab
							Permit	Requirement		
Solids, Total Suspended	Y	1.8	mg/L	20.0	(An. Avg.)	1.8	1.8	60.0	Monthly	Grab
							Permit	Sample		
PARM Code 00530	Y	60.0	mg/L	20.0	(Mo. Ave.)	60.0	60.0	60.0	Monthly	Grab
							Permit	Requirement		
PH	1	6.6	s.u.	5 days	a week	7.2	6.6	7.2	Monthly	Grab
							Permit	Sample		
PARM Code 00400	1	6.0	s.u.	5 days	a week	8.5	6.0	8.5	Monthly	Grab
							Permit	Requirement		
Coliform, Fecal	Y	1.0	#/100 ml	Monthly	Grab	1.0	1.0	1.0	Monthly	Grab
							Permit	Sample		
PARM Code 74055	Y	200	#/100 ml	Monthly	Grab	200	200	200	Monthly	Grab
							Permit	Requirement		

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
Ohio Kruecker / Operator		(863) 465-6911	10/15/04

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

The explanation for extension.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	OTTO KRUCKER / Operator
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
PHONE NO:	(863) 465-6911
DATE: YY/MM/DD	10/15/04

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.

Parameter	Quantity or Loading	Units	Minimum	Average	Maximum	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform Fecal	Sample	<1.0	<1.0	<1.0	<1.0	#/100 ml		Monthly	Grab
PARM Code 74055 1	Permit	Report	800	800	800	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample	.4				(Mo. Geo. Mean)		5 days a week	Grab
PARM Code 50060 A	Permit	0.5				mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample					(min)		Monthly	Grab
PARM Code 00620 1	Permit	12 mg/L				mg/L		Monthly	Grab
Mon. Site No. EFA-1	Requirement					mg/L		Monthly	Grab
Flow	Sample	.0205				(max)		Monthly	Grab
PARM Code 50050 Y	Permit	0.090						5 days a week	Flow meter / a totalizer
Mon. Site No. FLW-1	Requirement							5 days a week	Flow meter / a totalizer
Flow	Sample	.029						5 days a week	Flow meter / a totalizer
PARM Code 50050 1	Permit	Report				mgd		5 days a week	Flow meter / a totalizer
Mon. Site No. FLW-1	Requirement					mgd		5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C	Sample	58.0				mg/L		Monthly	Grab
PARM Code 80082 G	Permit	Report	43.0			mg/L		Monthly	Grab
Mon. Site No. INF-1	Requirement					mg/L		Monthly	Grab
Solids, Total Suspended	Sample					mg/L		Monthly	Grab
PARM Code 00530 G	Permit	Requirement				mg/L		Monthly	Grab
Mon. Site No. INF-1	Requirement					mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: September 2004

County: Highlands

Three Month Average Daily Flow: .0203

Daily Flow % of Permitted Capacity: 23%

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

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

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

Attach additional sheets if necessary to list all certified operators.

641

FILE COPY

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386
 LIMIT: Final

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Brevard Ave
 Lake Placid, Florida

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

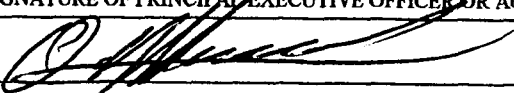
MONITORING PERIOD From: 10/1/04

COUNTY: Highlands

TO: 10/31/04

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA - 1	Sample Measurement	.008	.042			2.61 ✓	mg/L	Ø	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon. Site No. EFA - 1	Sample Measurement						mg/L		Monthly	Grab
	Permit Requirement					Report (Mo. Ave.) 60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA - 1	Sample Measurement					2.97 ✓	mg/L		Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 1 Mon. Site No. EFA - 1	Sample Measurement						mg/L		Monthly	Grab
	Permit Requirement					Report (Mo. Ave.) 60.0 (Max)	mg/L		Monthly	Grab
PH PARM Code 00400 1 Mon. Site No. EFA - 1	Sample Measurement				6.5 ✓		s.u.		5 days a week	Grab
	Permit Requirement					6.0 (Min) 8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA - 1	Sample Measurement					1.0	#/100 ml		Monthly	Grab
	Permit Requirement					200 (An. Ave.) ✓	#/100 ml		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator		(863) 465-6911	11/20/04

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

RECEIVED

NOV 20 2004

UTILITIES, INC

FACILITY NAME: Sun & Lakes of Lake Placid WTP PERMIT NUMBER: LA014386 DISCHARGE POINT NUMBER: R-001
 Month: Oct. 2004 COUNTY: Highlands

Parameter	Quantity or Loading	Quality or Concentration	No. Ex.	Frequency of Analysis	Sample Type
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Parameter	Quantity or Loading		Quality or Concentration		Sample Type
	Average	Maximum	Minimum	Average	
Coliform Fecal					
PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				Grab
	Permit Requirement		Report (Mo. Geo. Mean)	800 (#/100 ml)	Monthly
(for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				Grab
	Permit Requirement			0.5 (mg/L)	5 days a week
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement				Grab
	Permit Requirement			12.0 (mg/L)	Monthly
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement				Flow meter / a week
	Permit Requirement				5 days a week
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement				Flow meter / a totalizer
	Permit Requirement				5 days a week
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF - 1	Sample Measurement				Grab
	Permit Requirement				Monthly
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF - 1	Sample Measurement				Grab
	Permit Requirement				Monthly

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Otto Krueker / Operator		465-6911 (863)	11/20/04

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: Oct. 2004

County: Highlands

Three Month Average Daily Flow: 1,020

Daily Flow % of Permitted Capacity: 22%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	1.042					6.7		1.5			
2	1.023					6.7		1.5			
3	1.031										
4	1.019					6.7		1.6			
5	1.019					6.7		1.7			
6	1.072					6.7		1.6			
7	1.015					6.8		1.0			
8	1.015					6.7		1.8			
9	1.021					6.7		1.7			
10	Plant Down due to Repairs →										
11	By Utilities Inc.										
12											
13											
14											
15											
16											
17											
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30											
31											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

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

Attach additional sheets if necessary to list all certified operators.

641

When Completed mail this report to: Department of Environmental Protection

PERMITTEE: Lake Placid Utilities, Inc.
 NAME:
 MAILING: 200 Weathersfield Ave.
 ADDRESS: Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

CLASS SIZE:
 DISCHARGE POINT NUMBER:

GROUP: Domestic

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Brevard Ave
 Lake Placid, Florida

PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

MONITORING PERIOD From: _11/1/04

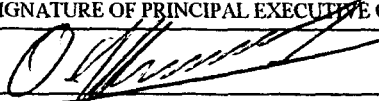
To: 11/30/04_

COUNTY: Highlands

FILE COPY

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

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

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

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

RECEIVED

DEC 27 2004

UTILITIES, INC.

DISCHARGE MONITORING REPORT - PART A (Continued)

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

PERMIT NUMBER: FL 4386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100 ml	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml	Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.5			mg/L	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L	5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.06	mg/L	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L	Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.045		mgd					5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd					5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.0322		mgd					5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd					5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					41.0		mg/L	Monthly	Grab
	Permit Requirement				Report (Mo. Ave.)			mg/L	Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					64.0		mg/L	Monthly	Grab
	Permit Requirement				Report (Mo. Ave.)			mg/L	Monthly	Grab

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

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

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

RECEIVED

DEC 27 2004

UTILITIES, INC.

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: Nov. 2004

County: Highlands

Three Month Average Daily Flow: .023

Daily Flow % of Permitted Capacity: 26%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.038					7.2		.6			
2	.031					7.3		.6			
3	.035					7.3		.5			
4	.031					7.3		.6			
5	.030					7.2		1.0			
6	.035					7.3					
7	.011							.6			
8	.012					6.7		.9			
9	.037					6.6		.8			
10	.031					6.7		.6			
11	.039	2.0u	41.0	5.8	64.0	6.5	<1.0	.6		G	0615
12	.039					6.5		.7			
13	.0185					6.6					
14	.0185							.5			
15	.036					6.6		.7			
16	.028					6.7		1.0			
17	.048					6.7		1.1			
18	.056					6.8		1.8			
19	.021					6.6		2.0	.06	G	1107
20	.029					6.7					
21	.054							1.9			
22	.045					6.7		.6			
23	.020					6.9		.5			
24	.030					6.9					
25	.027							.9			
26	.027					6.8		1.1			
27	.031					6.8		.8			
28	.019					6.9		1.1			
29	.030					6.9		.7			
30	.059					6.8					
31											

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>8619</u>	Name: <u>Otto Krucker</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

641

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave. Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386
 LIMIT: Final

FILE COPY

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Brevard Ave Lake Placid, Florida

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond
 MONITORING PERIOD: From: 12/1/04

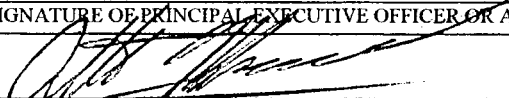
RECEIVED
JAN 27 2005

To: 12/31/04

COUNTY: Highlands

Parameter		Quantity or Loading		Units	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum			
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.25		mg/L	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.0u	2.0u	mg/L	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.5		mg/L	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.2	1.2	mg/L	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L	Monthly	Grab
PH	Sample Measurement				6.7		6.9	s.u.	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.	5 days a week	Grab
Coliform, Fecal	Sample Measurement					.92		#/100 ml	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (An. Ave.)		#/100 ml	Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100 ml	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml	Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.5			mg/L	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L	5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.79	mg/L	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L	Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.0239		mgd					5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd					5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.062		mgd					5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd					5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					69.0		mg/L	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L	Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					202.0		mg/L	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L	Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: December 2004

County: Highlands

Three Month Average Daily Flow: .047

Daily Flow % of Permitted Capacity: 52%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.065					6.8		.6			
2	.062					6.7		.5			
3	.072					6.7		.8			
4	.076					6.8		1.0			
5	.070										
6	.070					6.8		1.0			
7	.062					6.8		1.5			
8	.073					6.9		1.0			
9	.056					6.9		1.1			
10	.065					6.9		1.0			
11	.067					6.9		1.0			
12	.0635										
13	.0635					6.8		1.1			
14	.054					6.8		.8			
15	.075					6.8		.8			
16	.055	2.0u	69.0	1.2	202.0	6.8	<1.0	.5	.79	G	1100
17	.084					6.8		.8			
18	.031					6.8		.9			
19	.0385										
20	.0385					6.8		3.0			
21	.054					6.8		3.0			
22	.064					6.9		3.0			
23	.053					6.9		.6			
24	.052					6.9		.8			
25	.085										
26	.080					6.9		3.0			
27	.032					6.9		3.1			
28	.067					6.9		3.0			
29	.061					6.9		3.0			
30	.068					6.9		3.0			
31	.059					6.8		2.2			

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>8619</u>	Name: <u>Otto Krucker</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

When Completed mail this report to: Department of Environmental Protection

PERMITTEE: Lake Placid Utilities, Inc.
 NAME:
 MAILING: 200 Weathersfield Ave.
 ADDRESS: Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

FILE COPY

REPORT: Monthly

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

GROUP: 641 Domestic

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Brevard Ave
 Lake Placid, Florida

MONITORING PERIOD: From: 1/1/95

To: 1/31/05

COUNTY: Highlands

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

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

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

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

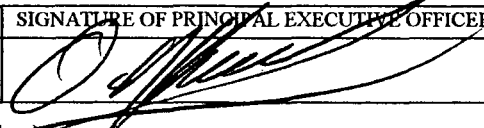
FACILITY NAME: Sun & Lakes of Lake Placid WWTP
 Month/Year: JANUARY 2005 COUNTY: Highlands

PERMIT NUMBER A014386

DISCHARGE POINT NUMBER: R-001

Parameter	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type	
	Average	Maximum	Units	Minimum	Average	Maximum	Units				
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.5			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.4?	mg/L	0	Monthly	Grab
	Permit Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.0286		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.074		mgd					4	5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					161.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					138.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: JANUARY 2005

County: Highlands

Three Month Average Daily Flow: .058

Daily Flow % of Permitted Capacity: 64%

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

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

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

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

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

FILE COPY

REPORT: 641 Monthly

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal

RECEIVED

Domestic

MAR 28 2005

Perk Pond

From: 2/1/05

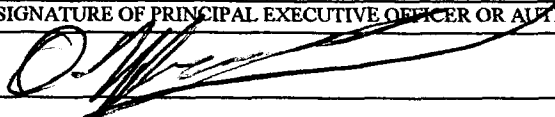
To: 2/28/05

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Brevard Ave
 Lake Placid, Florida

COUNTY: Highlands

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

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

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

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

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

PERMIT NUMBER LA014386

DISCHARGE POINT NUMBER: R-001

RECEIVED

MAR 28 2005

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.8			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.82	mg/L	0	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.039		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.072		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					322.0		mg/L	0	Monthly	Grab
	Permit Requirement				Report (Mo. Ave.)			mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					290.0		mg/L	0	Monthly	Grab
	Permit Requirement				Report (Mo. Ave.)			mg/L		Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: FEBRUARY 2005

County: Highlands

RECEIVE

Three Month Average Daily Flow: .072

Daily Flow % of Permitted Capacity: 80%

MAR 28 2005

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

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

May 27 05 03:56P

Pugh Utilities

863 465 5159

P. 5

When Completed mail this report to: Department of Environmental Protection

PERMITTEE: Lake Placid Utilities, Inc.
 NAME:
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

641

CLASS SIZE:

GROUP: Domestic

DISCHARGE POINT NUMBER:

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Brevard Ave
 Lake Placid, Florida

PLANT SIZE/TREATMENT TYPE: III/C

NO DISCHARGE FROM SITE: []

Type of Effluent Disposal: Perk Pond

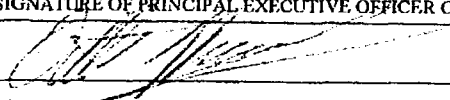
MONITORING PERIOD: From: 3/1/05

To: 3/31/05

COUNTY: Highlands

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

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

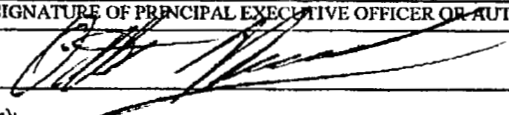
FACILITY NAME: Sun & Lakes of Lake Placid WWTP
 Month/Year: MARCH 2005 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.8			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.28	mg/L	0	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.035		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.077		mgd					2	5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					270.0		mg/L	0	Monthly	Grab
	Permit Requirement				Report (Mo. Ave.)			mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					136.0		mg/L	0	Monthly	Grab
	Permit Requirement				Report (Mo. Ave.)			mg/L		Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: MARCH 2005

County: Highlands

Three Month Average Daily Flow: .083

Daily Flow % of Permitted Capacity: 92%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.065					6.9		3.1			
2	.077					6.7		3.0			
3	.070					6.7		2.8			
4	.085					6.7		3.8			
5	.073					6.8		4.1			
6	.111										
7	.110					6.8		3.9			
8	.061					6.8		3.3			
9	.090					6.8		3.6			
10	.077					6.9		3.0			
11	.085					6.9		4.1			
12	.071					6.9		1.5			
13	.054										
14	.053					6.8		1.0			
15	.065					6.8		.8			
16	.086					6.8		.9			
17	.084	17.0	270.0	54.0	136.0	6.8	<1.0	.8	.28	G	1317
18	.096					6.9		1.1			
19	.085					6.9		1.0			
20	.081										
21	.080					6.9		3.0			
22	.081					6.7		1.9			
23	.072					6.7		1.8			
24	.069					6.7		1.9			
25	.080					6.7		1.8			
26	.067					6.7		3.1			
27	.076										
28	.076					6.8		2.3			
29	.075					6.7		.8			
30	.069					6.7		.9			
31	.059					6.7		.8			

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

Type of Effluent Disposal or Reclaimed Water Reuse: _____

Limited Wet Weather Discharge Activated: Yes: _____ No: _____ If yes, cumulative days of wet weather discharge: _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

341
FILE COPY

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Ave. Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

CLASS SIZE:
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: III/C
NO DISCHARGE FROM SITE: []
Type of Effluent Disposal: Perk Pond

GROUP: Domestic

FACILITY: Sun & Lakes of Lake Placid WWTP
LOCATION: Brevard Ave Lake Placid, Florida

MONITORING PERIOD From: 4/1/05

To: 4/30/05

COUNTY: Highlands

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

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

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

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

MAY 27 05 03:55P

PUGH UTILITIES

863 465 5159

P. 2

DISCHARGE MONITORING REPORT - PART A (Continued)

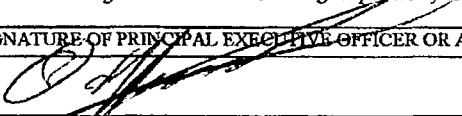
FACILITY NAME: Sun & Lakes of Lake Placid WWTP
 Month/Year: APRIL 2005 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.6			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.55	mg/L	0	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.038		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.056		mgd					2	5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					248.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					206.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: APRIL 2005

County: Highlands

Three Month Average Daily Flow: .082

Daily Flow % of Permitted Capacity: 91%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.066					6.7		.9			
2	.073					6.8		1.0			
3	.114										
4	.115					6.8		1.9			
5	.061					6.8		1.8			
6	.072					6.8		1.6			
7	.050	3.2	248.0	1.0U	206.0	6.8	<1.0	1.7	.55	G	0945
8	.085					6.9		2.0			
9	.052					6.9		3.2			
10	.050										
11	.050					7.1		3.8			
12	.036					7.2		4.1			
13	.049					7.2		3.3			
14	.037					7.2		1.0			
15	.037					7.1		1.2			
16	.060					7.1		1.3			
17	.053										
18	.054					7.1		1.0			
19	.039					7.2		.6			
20	.046					7.2		1.1			
21	.039					7.3		1.9			
22	.054					7.3		2.8			
23	.055					7.2		2.9			
24	.050										
25	.050					7.3		3.2			
26	.037					7.3		3.0			
27	.039					7.3		3.1			
28	.072					7.3		3.0			
29	.051					7.4		3.5			
30	.025					7.4		3.6			
31											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final REPORT: Monthly

CLASS SIZE: DISCHARGE POINT NUMBER: GROUP: Domestic

PLANT SIZE/TREATMENT TYPE: III/C

NO DISCHARGE FROM SITE: []

Type of Effluent Disposal: Perk Pond

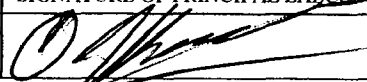
MONITORING PERIOD: From: 5/1/05 To: 5/31/05

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Brevard Ave
 Lake Placid, Florida

COUNTY: Highlands

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

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

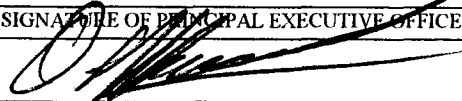
FACILITY NAME: Sun & Lakes of Lake Placid WWTP
 Month/Year: MAY 2005 COUNTY: Highlands

PERMIT NUMBER: 10014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.5			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.38	mg/L	0	Monthly	Grab
	Permit Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.053		mgd					0	5 days a week	Flow meter a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.040		mgd					2	5 days a week	Flow meter a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					128.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					68.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: MAY 2005

County: Highlands

Three Month Average Daily Flow: .058

Daily Flow % of Permitted Capacity: 64%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.066										
2	.067					7.4		2.6			
3	.037					7.4		.6			
4	.028					7.4		1.0			
5	.072					7.4		3.0			
6	.049					7.4		3.1			
7	.038					7.3		3.8			
8	.044					7.3		3.5			
9	.043					7.3		3.1			
10	.038					7.5		3.0			
11	.042										
12	.043					7.5		2.2			
13	.038					6.0		.6			
14	.045					6.5		.6			
15	.039										
16	.039					6.6		.5			
17	.031					6.6		.6			
18	.046					6.8		.6			
19	.036					6.8		.7			
20	.036	128.0	68.0	5.3	1.6	6.7	<1.0	3.0	.38	G	1136
21	.038					6.7		3.1			
22	.037										
23	.036					6.7		3.8			
24	.035					6.7		3.5			
25	.031					6.7		3.1			
26	.022					6.8		3.2			
27	.037					6.8		3.0			
28	.037					6.8		2.9			
29	.029										
30	.029					6.7		2.3			
31	.014					6.7		2.1			

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

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

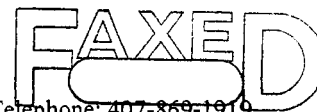
*Attach additional sheets if necessary to list all certified operators.

EASTLAKE WATER SERVICE, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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



Telephone: 407-869-1919

Florida: 800-272-1919

Fax: 407-869-6961

florida@utilitiesinc-usa.com

Fax Transmittal

Attn: Rick Retz

Date: 6/30/2005 10:29 AM

Company: Lake Placid Utilities, Inc.

Fax #: (813) 626-1030

From: Michael Dunn

Pages: 4 including this cover page.

Subject: May DMR

URGENT

For Your Review

For your Information

Please

Original: will not be sent

As Requested

Please Comment

Reply

via U.S. Mail



Messages:

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

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

ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

1241

FILE COPY

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave. Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

GROUP: Domestic

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Brevard Ave
 Lake Placid, Florida

MONITORING PERIOD From: 6/1/05

To: 6/30/05

COUNTY: Highlands

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator		(863) 465-6911	7/15/05

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

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

PERMIT NUMBER: F. 14386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				5			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.19	mg/L	0	Monthly	Grab
	Permit Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.041		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.021		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					71.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					82.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY MM/DD
Otto Krucker / Operator		(863) 465-6911	7.15.05

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: JUNE 2005

County: Highlands

Three Month Average Daily Flow: .039

Daily Flow % of Permitted Capacity: 43%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.020					6.7		1.5			
2	.022					6.7		1.4			
3	.041					6.8		1.0			
4	.022					6.8		1.0			
5	.037										
6	.036					6.8		1.1			
7	.026					6.8		1.0			
8	.032					6.8		1.5			
9	.029	2.2	71.0	1.0U	82.0	6.7	<1.0	.9	.19	G	0850
10	.027					6.8		1.0			
11	.038					6.9		1.1			
12	.010										
13	.010					6.9		.6			
14	.017					6.9		.7			
15	.019					6.9		.9			
16	.021					6.9		.9			
17	.014					6.9		.6			
18	.023					6.9		.7			
19	.019										
20	.018					6.8		.6			
21	.018					6.8		.5			
22	.019					6.8		3.0			
23	.023					6.9		3.2			
24	.021					6.9		2.8			
25	.008					6.9		2.0			
26	.010										
27	.010					6.8		1.8			
28	.006					6.9		1.9			
29	.012					6.9		1.8			
30	.013					6.8		1.9			
31											

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>8619</u>	Name: <u>Otto Krucker</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

021

When Completed mail this report to: Department of Environmental Protection

PERMITTEE: Lake Placid Utilities, Inc.
 NAME:
 MAILING: 200 Weathersfield Ave.
 ADDRESS: Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

FILE COPY
 REPORT: Monthly

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Brevard Ave
 Lake Placid, Florida

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

GROUP: Domestic

COUNTY: Highlands

MONITORING PERIOD From: 7/1/05

To: 7/31/05

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Otha Kuebler, Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	PHONE NO. (863) 468-6911	DATE BY ANALYSIS 8/15/05
---	--	--------------------------------	-----------------------------

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

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

PERMIT NUMBER: 1 014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				1.0		1.0	# 100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	# 100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.7			mg L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.16	mg L	0	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.0412		mgd					0	5 days a week	Flow meter a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.0072		mgd						5 days a week	Flow meter a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					36.0		mg L	0	Monthly	Grab
	Permit Requirement				Report (Mo. Ave.)			mg L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					74.0		mg L	0	Monthly	Grab
	Permit Requirement				Report (Mo. Ave.)			mg L		Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month Year: JULY 2005

County: Highlands

Three Month Average Daily Flow: .0177

Daily Flow % of Permitted Capacity: 29%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PHI (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen Nitrate Total (as N mg/l)	Type of Sample Grab Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.008					6.9		2.3			
2	.009					6.9		2.5			
3	.013					6.9		1.9			
4	.005										
5	.005					6.9		1.3			
6	.009					6.8		1.1			
7	.005	2.6	36.0	4.0	74.0	6.8	1.0	1.8	.16	G	0925
8	.008					6.9		1.1			
9	.007					6.9		1.8			
10	.007										
11	.007					6.8		1.1			
12	.005					6.8		1.3			
13	.008					6.8		1.0			
14	.006					6.8		1.5			
15	.007					6.8		1.3			
16	.012					6.8		1.4			
17	.003										
18	.003					6.8		.6			
19	.006					6.9		1.4			
20	.006					6.8		1.2			
21	.007					6.9		.8			
22	.007					6.8		.7			
23	.007										
24	.006					6.8		1.1			
25	.007					6.8		1.2			
26	.008					6.8		.9			
27	.011					6.8		1.3			
28	.009					6.9		1.6			
29	.011					6.8		1.4			
30	.012					6.8		1.7			
31											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave. Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

FILE COPY 641
 REPORT: Monthly

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

GROUP: Domestic

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Brevard Ave
 Lake Placid, Florida

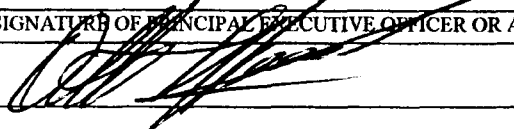
MONITORING PERIOD From: 8/1/05

To: 8/31/05

COUNTY: Highlands

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

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

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

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

RECEIVED

SEP 26 2005

UTILITIES, INC.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sun & Lakes of Lake Placid WWTP

PERMIT NUMBER: F 014386

DISCHARGE POINT NUMBER: R-001

Month/Year: AUGUST 2005 COUNTY: Highlands

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.5			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						2.87	mg/L	0	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.041		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.014		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					32.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					32.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: AUGUST 2005

County: Highlands

Three Month Average Daily Flow: .0157

Daily Flow % of Permitted Capacity: 17%

RECEIVED

SEP 26 2005

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.014					6.8		.8			
2	.008					6.8		.7			
3	.015					6.8		.9			
4	.014					6.9		1.8			
5	.015					6.9		2.0			
6	.010					6.9		1.9			
7	.041										
8	.040					6.9		1.5			
9	.010					6.9		1.0			
10	.009					6.7		1.0			
11	.009					6.7		1.0			
12	.006					6.8		1.1			
13	.009					6.9		1.0			
14	.018										
15	.018					6.7		.5			
16	.007					6.7		.6			
17	.021					6.7		.7			
18	.012	8.7	32.0	1.0	32.0	6.7	<1.0	.6	2.87	G	1020
19	.008					6.7		.9			
20	.009					6.7		.8			
21	.008										
22	.008					6.7		.8			
23	.008					6.7		.9			
24	.014					6.7		.8			
25	.011					6.7		.9			
26	.018					6.8		.7			
27	.003					6.8		.8			
28	.022										
29	.022					6.8		.7			
30	.018					6.9		.5			
31	.009					6.9		.6			

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection

PERMITTEE: Lake Placid Utilities, Inc.
 NAME:
 MAILING: 200 Weathersfield Ave.
 ADDRESS: Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

GROUP: Domestic

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Brevard Ave
 Lake Placid, Florida

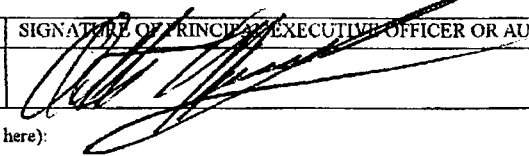
MONITORING PERIOD: From: 9/1/05

To: 9/30/05

COUNTY: Highlands

Parameter		Quantity or Loading		Quality or Concentration				No. Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Minimum	Maximum	Average	Minimum				Maximum
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.72		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.4	2.4	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					7.72		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.2	1.2	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement				6.8		6.9	s.u.	0	5 days a week	Grab
PARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					<1.0		#/100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (An. Ave)		#/100 ml		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.5			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen Nitrate Total (as N) (as required in the permit)	Sample Measurement						9.44	mg/l	11	Monthly	Grab
	Permit Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.039		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.0097		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					170.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					54.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

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

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

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Pugh Utilities Service

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DAILY SAMPLE RESULTS - PART B

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

Month/Year: SEPTEMBER 2005

County: Highlands

Three Month Average Daily Flow: 1.0 MGD

Daily Flow % of Permitted Capacity: 11%

	Flow (MGD)	CBOD5 (mg/l)	CFOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G-grab C-Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.010					6.9		.6			
2	.007					6.8		.6			
3	.008					6.8		.9			
4	.017										
5	.017					6.8		.7			
6	.006					6.9		.7			
7	.007					6.9					
8	.011	2.4	173.0	1.2	54.0	6.9	<1.0	.5	9.34	G	1017
9	.010					6.9		.6			
10	.012					6.8		3.0			
11	.0074										
12	.0075					6.8		3.2			
13	.0021					6.8		1.0			
14	.016					6.8		.6			
15	.005					6.8		.5			
16	.004					6.8		.8			
17	.005					6.9		.9			
18	.002										
19	.002					6.9		.6			
20	.006					6.9		.8			
21	.006					6.9		.9			
22	.011					6.9		1.1			
23	.026					6.9		1.0			
24	.011					6.9		1.0			
25	.015										
26	.015					6.9		1.0			
27	.007					6.9		1.1			
28	.012					6.9		1.1			
29	.008					6.9		1.0			
30	.011					6.9		1.1			
31											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: 8619 Name: Otto Krucker

Type of Effluent Disposal or Reclaimed Water Use: _____

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

Attach additional sheets if necessary to list all certified operators.

When Completed mail this report to: Department of Environmental Protection

PERMITTEE: Lake Placid Utilities, Inc.
 NAME:
 MAILING: 200 Weathersfield Ave.
 ADDRESS: Altamonte Springs, Florida 32714

PERMIT NO.: GRP-FL 0014386

LIMIT: Final REPORT: Monthly

CLASS SIZE: GROUP: Domestic

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: ILC

NO DISCHARGE FROM SITE: 11

Type of Effluent Disposal: Perk Pond

MONITORING PERIOD: From: 10/1/05 To: 10/31/05


FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Brevard Ave
 Lake Placid, Florida

COUNTY: Highlands

641

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

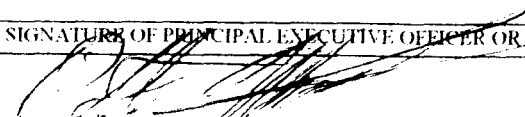
I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that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

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

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

Parameter		Quantity or Loading		Units	Quality or Concentration			No Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum		Minimum	Average	Maximum				Units
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				1.0		1.0	# 100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	# 100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.3			mg/l	1	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/l		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.93	mg/l	0	Monthly	Grab
	Permit Requirement				12 mg/l		12.0 (max)	mg/l		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.0398		mgd					0	5 days a week	Flow meter a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.012		mgd						5 days a week	Flow meter a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					50.0		mg/l	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/l		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					51.0		mg/l	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/l		Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Mead WWTW Permit Number: FLA014386 Discharge Point Number: 8000

Month Year: OCTOBER 2005

County: Highland

12 Month Average Daily Flow: 012 Daily Flow % of Permitted Capacity: 13%

Code	Flow (MGD)	CHOD5 (mg/l)	CHOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (pH)	Fecal Coliform (per 100)	TRC (mg/l)	Nitrogen Total (mg/l)	Type of Sample	Time of Sample
50050										C Comp	
80082											
80082											
00530											
00530											
00400											
74055											
50060											
00620											

Mon Site	Flow (MGD)	CHOD5 (mg/l)	CHOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (pH)	Fecal Coliform (per 100)	TRC (mg/l)	Nitrogen Total (mg/l)	Type of Sample	Time of Sample
1	011					6.8					
2	013					6.8					
3	017					6.8					
4	005					6.8					
5	012					6.8					
6	015										
7	014					6.8					
8	015					6.8					
9	020										
10	020					6.8					
11	012					6.9					
12	041					6.9					
13	012					6.9					
14	011					6.5					
15	011					6.9					
6	003										
17	003					6.9					
18	002					6.9					
19	012					6.9					
20	002	4.9	50.0	3.2	51.0	6.9	1.0	0.7	0.93	G	1257
21	009					6.9					
22	006					6.9					
23	003					6.9					
24	003					6.0					
25	017					6.0					
26	020					6.5					
27	010					6.9					
28	011					6.9					
29	019					6.9					
30	011					6.9					
31	008					6.9					

PLANT STAFFING

Day Shift Operator	Class	Certificate No.	Name
Evening Shift Operator	Class	Certificate No.	Name
Night Shift Operator	Class	Certificate No.	Name
Lead Operator	Class	Certificate No.	Name

of Effluent Disposal or Reclaimed Water Reuse

Class: C Certificate No: 8619 Name: Otto Krueker

Attached additional sheets if necessary to list all certified operators. If yes, cumulative days of wet weather discharge: _____

When Completed mail this report to: Department of Environmental Protection

FILE COPY

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Brevard Ave
 Lake Placid, Florida

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: 11
 Type of Effluent Disposal: Perk Pond

GROUP: 641 Domestic

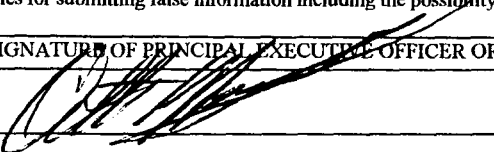
COUNTY: Highlands

MONITORING PERIOD From: 11/1/05

To: 11/30/05

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

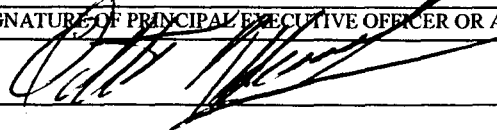
I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that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

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

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

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
Coliform Fecal PARM Code 74055 I Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.7			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 I Mon. Site No. EFA - 1	Sample Measurement						2.08	mg/L	0	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.0386		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 I Mon. Site No. FLW - 1	Sample Measurement	.0184		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					270.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					244.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: NOVEMBER 2005

County: Highlands

Three Month Average Daily Flow: .014

Daily Flow % of Permitted Capacity: 16%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.010					6.9		1.0			
2	.014					6.8		1.0			
3	.015										
4	.014					6.8		1.1			
5	.019					6.8		1.1			
6	.027										
7	.027					6.8		1.0			
8	.0274					6.8		1.1			
9	.023					6.8		1.0			
10	.014					6.9		1.0			
11	.005					6.9		1.1			
12	.011					6.9		1.0			
13	.013										
14	.013					6.9		1.0			
15	.010					6.8		1.1			
16	.025					6.8		1.0			
17	.033	2.2	270.0	1.6	244.0	6.8	<1.0	1.0	2.08	G	1130
18	.026					6.8		1.1			
19	.019					7.1		.7			
20	.020										
21	.021					7.1		.8			
22	.024					7.2		.7			
23	.008					7.2		.9			
24	.006					7.2		1.0			
25	.021					7.2		1.3			
26	.006					7.1		.9			
27	.0065										
28	.0065					7.2		1.0			
29	.022					7.2		1.1			
30	.011					6.8		.8			
31											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

UTILITIES, INC. OF FLORIDA

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



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

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

Fax Transmittal

Attn: Otto Krucker

Date: 1/6/2006 14:04 PM

Company: Lake Placid

Fax #: 941-453-5356

From: Jackie Tappan

Pages: 3 including this cover page.

Subject: Nov Lake Placid DMR

URGENT For Your Review For your Information Please Reply Original: will not be sent
 As Requested **Please Comment**



Messages:

Please note that the flow total I came up with on my spreadsheet does not match the total shown on the DMR. Could you please let me know where it is off.

Also, I never received the October MOR for Lake Placid.

Thanks
Jackie Tappan

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

LAKE PLACID DMR

NOV

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

FILE COPY

641

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, Florida 32714

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Brevard Ave
 Lake Placid, Florida

COUNTY: Highlands

PERMIT NUMBER: FLA014386

LIMIT: Final

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

REPORT: Monthly

GROUP: Domestic

MONITORING PERIOD From: 12/1/05

To: 12/31/05

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

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

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

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

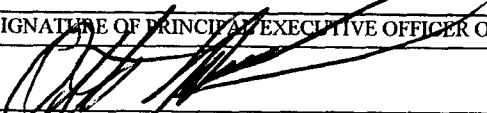
FACILITY NAME: Sun & Lakes of Lake Placid WWTP
 Month/Year: December 2005 COUNTY: Highlands

PERMIT NUMBER: A014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				<1.0		<1.0	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.7			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.06	mg/L	0	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.036		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.0267		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					121.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					128.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab

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

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

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

RECEIVED

JAN 27 2006

OFFICE OF THE SUPERVISOR

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: December 2005

County: Highlands

One Month Average Daily Flow: .0213

Daily Flow % of Permitted Capacity: 24%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.024					6.9		.9			
2	.021					6.9		.8			
3	.013					6.8		.9			
4	.056										
5	.056					6.8		.9			
6	.047					6.8		1.0			
7	.048					6.8		.8			
8	.029					6.9		1.1			
9	.070					6.9		1.0			
10	.014					6.8		1.1			
11	.041										
12	.030					6.8		.5			
13	.031					6.8		.7			
14	.020					6.8		.7			
15	.031	2.0u	121.0	4.6	128.0	6.8	<1.0	.8	.06	G	1044
16	.030					6.8		.9			
17	.033					6.9		1.1			
18	.011										
19	.010					6.8		2.0			
20	.007					6.8		1.1			
21	.011					6.8		1.2			
22	.015					6.8		1.2			
23	.012					6.9		.6			
24	.024					6.9		.7			
25	.025										
26	.024					6.9		.9			
27	.016					6.8		.8			
28	.018					6.8		.9			
29	.011					6.8		1.0			
30	.027					6.8		.6			
31	.022					6.8		.7			

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Operator Class: C Certificate No: 8619 Name: Otto Krucker

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

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

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

25.30-440 (5)
Inspection Reports

Test Year Ended December 31, 2005



Department of Environmental Protection

W
MD

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

April 14, 2005

Response due 5/2

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

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

Dear Mr. Flynn:

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

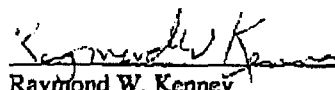
The deficiencies listed in the Report may be a violation of Rule 62-555, F.A.C. Preventative maintenance programs per 62-555.350(2) F.A.C. were required to have been in place as of August 28, 2003 when the rule revisions went into effect. The equipment manufacturer's recommendations or a written preventive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

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

Comments are included in the Report.

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

Sincerely,


Raymond W. Kenney
Engineering Specialist II

RWK

Enclosures

cc: Mr. Mike Durn (w/encs)

Mr. Danny Holmes (w/encs)

Mr. Mark Charneski - Florida DEP (w/encs) *Environmental Protection, Lake Placid*

Printed on recycled paper.

State of Florida
Department of Environmental Protection
South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:	Sun N Lakes of Lake Placid	County:	Highlands PWS: 6280273
Address:	2163 US 27 South, Lake Placid FL 33870 (Behind the Ramada Inn)	Contact:	Otto Krucker
Owner Name:	Lake Placid Utilities	Phone:	(863) 465-6911
Owner Address:	200 Weathersfield Avenue Altamonte Springs, FL 32714	Contact:	Patrick Flynn, Regional Director
		Phone:	(407) 869-1919

This Inspection Date:	Apr 14, 2005	Last C.I. Date:	Jun 24, 2004
Last Sanitary Survey Date:	May 14, 2003		
PWS Type:	Community		
Service Area Characteristics:	Motel, Residential Homes, Condominiums		
No. of Service Connections:	125		
Served Population:	438		

OPERATION AND MAINTENANCE

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

WELLS

Number of Wells: **2 (inside - AAH9348; outside - AAH9349)**
 Check Valve: **Yes**
 Fence/Housing: **Yes**
 Sanitary Hazards: **No**
 Auxiliary Power: **Yes**
 Tested Weekly? **Yes (record not being kept)**

DESIGN CAPACITY 0.288 MGD
STORAGE CAPACITY 0.005 MG

CHLORINATION

Chlorinator Type: **Hypo**
 Cl₂ Residual:
 Plant: **2.3 mg/l**
 Remote: **2.5 mg/l**
 Location: **247 Golfview Dr**

PRESSURE

Plant: 56 psi
 Remote: 50 psi

PWS: 6280273
 Date: 04/14/05

AERATION No

OTHER TREATMENT PROCESSES: None

OTHER

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

(G) Ground (C) Clearwell (E) Elevated
 (B) Bladder (H) Hydropneumatic/flow-through

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

DEFICIENCIES:

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

COMMENTS:

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

2. Start preparation of an emergency preparedness plan, which is due to be completed by December 31, 2004. "Suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities*, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C., by no later than December 31, 2004, and shall update and implement the plan as necessary thereafter. Said suppliers of water shall coordinate with their Local Emergency Planning Committee and their Florida Department of Law Enforcement Regional Security Task Force when developing their emergency plan and shall include in their plan all of the information in paragraphs (a) through (e) below.

(a) A communication chart as described in Chapter 5 of AWWA Manual M19.

(b) Written agreements with other agencies, utilities, or response organizations.

(c) A disaster-specific preparedness/response plan as described in Chapter 5 of AWWA Manual M19 for each of the following disasters: vandalism or sabotage; a drought; a hurricane; a structure fire; and if applicable, a flood, a forest or brush fire, and a hazardous material release. Each disaster-specific preparedness/response plan shall incorporate the results of a vulnerability assessment; shall include actions and procedures, and identify equipment, that can obviate or lessen the impact of such a disaster; and shall include plans and procedures that can be implemented, and identify equipment that can be utilized, in the event of such a disaster.

(d) Details about how the water system meets the standby power requirements under subsection 62-555.320(14), F.A.C., and, if applicable, recommendations regarding the amount of fuel to maintain on site, and the amount of fuel to hold in reserve under contracts with fuel suppliers, for operation of auxiliary power sources.

(e) If applicable, recommendations regarding the amount of drinking water treatment chemicals, including chemicals used for regeneration of ion-exchange resins or for onsite generation of disinfectants, to maintain in inventory at treatment plants." Rule 62-555.350(15) F.A.C.

3. Start preparation of an up-to-date map of the drinking water distribution system, which is due to be completed by December 31, 2005. "By December 31, 2005, suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall have, and thereafter maintain, an up-to-date map of their drinking water distribution system. Such a map shall show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems." Rule 62-555.350(14) F.A.C.

4. Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or

PWS: 6280273

Date: 04/14/05

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

5. Recordkeeping Requirements

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

"Suppliers of water shall retain on their premises, or at a convenient location near their premises, the following records:

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

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

"(12) Suppliers of water shall keep and submit operation and maintenance logs, reports, and records as described below.

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

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

PWS: 6280273

Date: 04/14/05

"(4) Maintain operation and maintenance logs for each plant, on site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed. The logs shall be maintained in hard bound books with consecutive page numbering, and shall contain a minimum of the previous three months of data at all times. Alternative logs or partial electronic logging are acceptable if approved by the appropriate Department district office or the local regulatory agency. The logs shall contain:

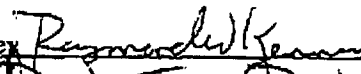
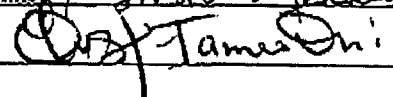
- (a) Identification of the plant;
- (b) The signature and license number of the operator and the signature of the persons making any entries;
- (c) Date and time in and out;
- (d) Specific operation and maintenance activities and any repairs made;
- (e) Results of tests performed and samples taken, unless documented on a laboratory sheet.
- (f) Performance of preventive maintenance and repairs or requests for repair of the equipment."

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

The requirements contained in the July 1, 2000, edition of 40 CFR 141, subpart I (sections 80 through 91), are adopted and incorporated herein by reference and are enforceable under this rule.
40 CFR 141.91 Recordkeeping Requirements

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

RECOMMENDATIONS: None

Inspector : Raymond W. Kenney		Engineering Specialist II	Date 4/14/2005
Approved By : James Oni		P.E. III	Date 4/14/2005

Dead End Main Flushing

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

System Name : XYZ Utility PWS ID No.: 0000000
 Dead End Main Location: End of Judson Street
 Frequency: Quarterly

Date	Personnel	Initial Chlorine	Final Chlorine	Flush Duration, Minutes	Frequency	Comment
10/22/03	John Smith	0.5	2.2	15	quarterly	
01/15/04	John Smith	0.6	2.0	15	quarterly	
04/20/04	John Smith	0.5	2.0	15	quarterly	
07/10/04	Paul Jones	0.1	2.2	25	monthly	changed frequency to monthly since residual < 0.2
08/15/04	Paul Jones	0.3	2.0	15	monthly	
09/20/04	Paul Jones	0.4	2.2	15	monthly	
10/20/04	John Smith	0.4	2.0	15	monthly	
11/15/04	John Smith	0.4	2.2	15	monthly	
12/15/04	John Smith	0.4	2.0	15	monthly	

Exercising Isolation Valves

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

“Preventive maintenance on electrical or mechanical equipment -- including...exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventative maintenance program established by the supplier of water.” Rule 62-555.350(2) F.A.C. “All suppliers of water shall keep records documenting that their isolation valves are being exercised...in accordance with subsection 62-555.350(2), F.A.C.” Rule 62-555.350(12)(c) F.A.C.

Jun 13 05 12:56p

Pugh Utilities

863 465 5159

p.1

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

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

June 13, 2005

Reference: *Sum & Lakes of Lake Placid*
Water and Wastewater Treatment Plant

Dear Mr. Retz,

Water Plant:

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

April 26, 2005	424.1
May 3, 2005	425.6
May 9, 2005	426.6
May 17, 2005	427.7
May 24, 2005	428.7
May 31, 2005	429.8
June 7, 2005	430.8

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

*The MOR's, DMR's and lab we have the following numbers for faxing:
 (407) 869-6961, 468-3268 and (813) 626-1030.*

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

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

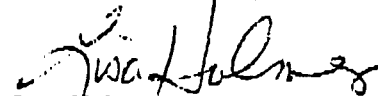
Wastewater Plant:

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

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

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

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



Lisa Holmes
Pugh Utilities

Enclosures



Department of Environmental Protection

LU
MO

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

April 14, 2005

Response due 5/2

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

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

Dear Mr. Flynn:

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

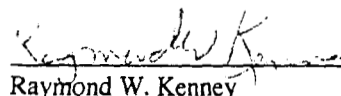
The deficiencies listed in the Report may be a violation of Rule 62-555, F.A.C. Preventative maintenance programs per 62-555.350(2) F.A.C. were required to have been in place as of August 28, 2003 when the rule revisions went into effect. The equipment manufacturer's recommendations or a written preventive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

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

Comments are included in the Report.

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

Sincerely,


Raymond W. Kenney
Engineering Specialist II

RWK

Enclosures

cc: Mr. Mike Dunn (w/encs)
Mr. Danny Holmes (w/encs)
Mr. Mark Charneski - Florida DEP (wo/encs)

State of Florida
Department of Environmental Protection
South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:	Sun N Lakes of Lake Placid	County:	Highlands PWS: 6280273
Address:	2163 US 27 South, Lake Placid FL 33870 (Behind the Ramada Inn)	Contact:	Otto Krucker
Owner Name:	Lake Placid Utilities	Phone:	(863) 465-6911
Owner Address:	200 Weathersfield Avenue Altamonte Springs, FL 32714	Contact:	Patrick Flynn, Regional Director
		Phone:	(407) 869-1919

This Inspection Date:	Apr 14, 2005	Last C.I. Date:	Jun 24, 2004
Last Sanitary Survey Date:	May 14, 2003		
PWS Type:	Community		
Service Area Characteristics:	Motel, Residential Homes, Condominiums		
No. of Service Connections:	125		
Served Population:	438		

OPERATION AND MAINTENANCE

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

WELLS

Number of Wells: **2 (inside – AAH9348; outside – AAH9349)**
Check Valve: **Yes**
Fence/Housing: **Yes**
Sanitary Hazards: **No**
Auxiliary Power: **Yes**
Tested Weekly? **Yes (record not being kept)**

DESIGN CAPACITY 0.288 MGD
STORAGE CAPACITY 0.005 MG

CHLORINATION

Chlorinator Type: **Hypo**
Cl₂ Residual:
Plant: **2.3 mg/l**
Remote: **2.5 mg/l**
Location: **247 Golfview Dr**

PRESSURE

Plant: 56 psi
Remote: 50 psi

PWS: 6280273
Date: 04/14/05

AERATION No

OTHER TREATMENT PROCESSES: None

OTHER

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

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

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

DEFICIENCIES:

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

COMMENTS:

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

2. Start preparation of an emergency preparedness plan, which is due to be completed by December 31, 2004. "Suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities*, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C., by no later than December 31, 2004, and shall update and implement the plan as necessary thereafter. Said suppliers of water shall coordinate with their Local Emergency Planning Committee and their Florida Department of Law Enforcement Regional Security Task Force when developing their emergency plan and shall include in their plan all of the information in paragraphs (a) through (e) below.

(a) A communication chart as described in Chapter 5 of AWWA Manual M19.

(b) Written agreements with other agencies, utilities, or response organizations.

(c) A disaster-specific preparedness/response plan as described in Chapter 5 of AWWA Manual M19 for each of the following disasters: vandalism or sabotage; a drought; a hurricane; a structure fire; and if applicable, a flood, a forest or brush fire, and a hazardous material release. Each disaster-specific preparedness/response plan shall incorporate the results of a vulnerability assessment; shall include actions and procedures, and identify equipment, that can obviate or lessen the impact of such a disaster; and shall include plans and procedures that can be implemented, and identify equipment that can be utilized, in the event of such a disaster.

(d) Details about how the water system meets the standby power requirements under subsection 62-555.320(14), F.A.C., and, if applicable, recommendations regarding the amount of fuel to maintain on site, and the amount of fuel to hold in reserve under contracts with fuel suppliers, for operation of auxiliary power sources.

(e) If applicable, recommendations regarding the amount of drinking water treatment chemicals, including chemicals used for regeneration of ion-exchange resins or for onsite generation of disinfectants, to maintain in inventory at treatment plants." Rule 62-555.350(15) F.A.C.

3. Start preparation of an up-to-date map of the drinking water distribution system, which is due to be completed by December 31, 2005. "By December 31, 2005, suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall have, and thereafter maintain, an up-to-date map of their drinking water distribution system. Such a map shall show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems." Rule 62-555.350(14) F.A.C.

4. Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with section 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or

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

5. Recordkeeping Requirements

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

“Suppliers of water shall retain on their premises, or at a convenient location near their premises, the following records:

- (1) Records of bacteriological analyses made under this chapter shall be kept for not less than 5 years. Records of physical, chemical, or radiological analyses made under any portion of this chapter other than Rule 62-550.800, F.A.C., shall be kept for not less than 10 years. Actual laboratory reports may be kept, or data may be transferred to tabular summaries, provided that the information required in Rule 62-550.730, F.A.C., is included.
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- (3) Copies of any written reports, summaries, or communications relating to cross connection control program or sanitary surveys of the system conducted by the system itself, by a private consultant or by any local, State, or Federal agency, shall be kept for a period not less than 10 years after completion of the sanitary survey.
- (4) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than 5 years following the expiration of the variance and exemption.
- (5) Monthly operation reports shall be kept for a period of not less than 10 years.
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Suppliers of water need to maintain operation and maintenance logs at the facility or convenient to the facility for review during an inspection. Rule 62-602.650(4) F.A.C.

"(4) Maintain operation and maintenance logs for each plant, on site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed. The logs shall be maintained in hard bound books with consecutive page numbering, and shall contain a minimum of the previous three months of data at all times. Alternative logs or partial electronic logging are acceptable if approved by the appropriate Department district office or the local regulatory agency. The logs shall contain:

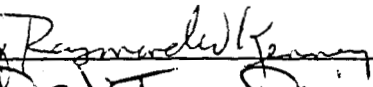
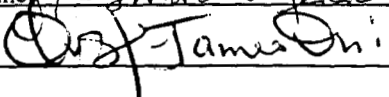
- (a) Identification of the plant;
- (b) The signature and license number of the operator and the signature of the persons making any entries;
- (c) Date and time in and out;
- (d) Specific operation and maintenance activities and any repairs made;
- (e) Results of tests performed and samples taken, unless documented on a laboratory sheet.
- (f) Performance of preventive maintenance and repairs or requests for repair of the equipment."

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

The requirements contained in the July 1, 2000, edition of 40 CFR 141, subpart I (sections 80 through 91), are adopted and incorporated herein by reference and are enforceable under this rule.
40 CFR 141.91 Recordkeeping Requirements

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

RECOMMENDATIONS: None

Inspector : Raymond W. Kenney		Engineering Specialist II	Date 4/14/2005
Approved By : James Oni		P.E. III	Date 4/14/2005

Dead End Main Flushing

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

Exercising Isolation Valves

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

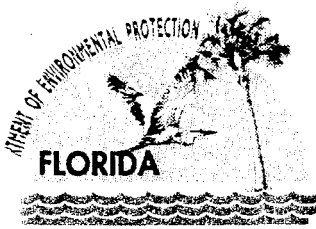
LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

25.30-440 (6)
Permits

Test Year Ended December 31, 2005



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

PA FILE NUMBER:

FLA014386-003-DW3P

ISSUANCE DATE:

October 17, 2005

EXPIRATION DATE:

October 16, 2010

RESPONSIBLE AUTHORITY:

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

(407) 869-1919

FACILITY:

Sun 'n' Lake of Lake Placid WWTP
Brevard Avenue
Lake Placid, FL 33852
Highlands County
Latitude: 27° 13' 50" N Longitude: 81° 19' 01" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

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

REUSE:

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

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

FACILITY: Sun 'n' Lake of Lake Placid WWTP
 PERMIT: Lake Placid Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014386
 PROJECT NUMBER: FLA014386-003-DW3P

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.6:

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

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

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

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

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B. Other Limitations and Monitoring and Reporting Requirements

- During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.6:

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

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

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

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
4. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
5. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
6. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's South District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's South District Office at the address specified in Permit Condition I.B. 7 by the twenty-eighth (28th) of the month following the month of operation.

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

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

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

Phone Number - 239-332-6975

FAX Number - 239-332-6969

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

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is land application and/or transport to Application Materials Services MJ Ranch Facility (Facility no. FLA190284), or Nordgren Ranch Residuals Management Facility (Facility no. FLA280348), or disposal in a Class I or II solid waste landfill.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
3. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit. [62-640.300(5)]
4. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
5. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
6. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s), and the requirements of Chapter 62-640, F.A.C. [62-640]
7. The domestic wastewater residuals for this facility are classified as Class B.
8. The permittee shall achieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(3) (Use of PSRP (Process to Significantly Reduce Pathogens) - Lime Stabilization) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(1)(b)]
9. The permittee shall achieve vector attraction reduction by meeting the vector attraction reduction requirements in section 503.33(b)(6) (Add alkaline materials to raise the pH under specified conditions) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(2)(a)]

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10. Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction reduction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. [62-640.400(8)]
11. The permittee shall sample and analyze the Class A or Class B residuals to monitor for pathogen and vector attraction reduction requirements of Rule 62-640.600, F.A.C., and the parameters listed in the table below at least once every twelve (12) months. All samples shall be representative of the residuals used or land applied and shall be taken after final treatment of the residuals but before use or land application.

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

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

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

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

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13. Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication - POTW Sludge Sampling and Analysis Guidance Document, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the POTW Sludge Sampling and Analysis Guidance Document, the requirements in Title 40 CFR Part 503, section 503.8 will apply. [62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]
14. Grab samples shall be used for pathogens and determinations of percent volatile solids. Composite samples shall be used for metals. [62-640.650(1)(e)]
15. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. Monthly averages of parameter concentrations shall be determined by taking the arithmetic mean of all sample results for the month. [62-640.650(1)(f)]
16. The permittee shall submit the results of all residuals monitoring with the permittee's Discharge Monitoring Report under Chapter 62-601, F.A.C. The analytical results from each sampling event shall be submitted with the report for the month in which the sampling event occurs. [62-640.650(3)(a)&(e)]
17. Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. [62-640.600(3)(b)]
18. Plant nursery use of Class B residuals is limited to plants which will not be sold to the public for 12 months after the last application of residuals. [62-640.600(3)(b)1.]
19. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. [62-640.600(3)(b)2.]
20. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. [62-640.600(3)(b)6.]
21. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. [62-640.600(3)(b)3.]
22. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. [62-640.600(3)(b)4.]
23. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. [62-640.600(3)(b)5.]
24. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. [62-640.600(3)(b)7.]
25. Sod which will be distributed or sold to the public or used on unrestricted public access areas shall not be harvested for 12 months after the last application of Class B residuals. [62-640.600(3)(b)8.]
26. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. [62-640.600(3)(b)]
27. Residuals that do not meet the requirements of Chapter 62-640, F.A.C., for Class AA designation shall not be used for the cultivation of tobacco or leafy vegetables. [62-640.400(7)]

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

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

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

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

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

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

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35. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven days of request by the Department, or delegated Local Program. The permittee shall maintain record items a. through e. below in perpetuity, and maintain record items f. through k. for five years:
- 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.

[62-640.650(2)]

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

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

Source Facility

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

Residuals Management Facility or Treatment Facility

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

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640.880(4)]

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

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins (R-001)

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

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

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

V. OPERATION AND MAINTENANCE REQUIREMENTS

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

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

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

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

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- 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]

VI. SCHEDULES

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

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

[62-600.735(1)]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

- 1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
- 2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)][62-640.700(2)(b)]
- 3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
- 4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]

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5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
 - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.*[62-604.130(5)]*
7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.518(1)] [and 62-600.400(2)(b)]*.
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*
9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*
10. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

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IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*
3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

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

[62-620.610(9)]

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

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- b. The period of the anticipated noncompliance, including dates and times; and
- c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
- a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
- a. The following shall be included as information which must be reported within 24 hours under this condition:
 - 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 4. Any unauthorized discharge to surface or ground waters.

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

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17, 18, and 19 of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20, of this permit. [62-620.610(21)]
22. Bypass Provisions.
 - a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.

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

[62-620.610(22)]

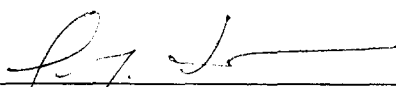
23. Upset Provisions

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

[62-620.610(23)]

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Jon M. Iglehart
Director of
District Management

DATE: October 18, 2005

JMI/RW/jli

LAKE PLACID UTILITIES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

COPY ✓

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

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

June 16, 2005

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

Re: Lake Placid Utilities WWTP
File Review and Field Inspection
FLA014386

Dear Mr. Wells:

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

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

Sincerely
LAKE PLACID UTILITIES, INC.



Michael Dunn, P.E.
Regional Manager

Ec: Richard Retz
Patrick Flynn

Cc: Scott Stewart

Jun 13 05 12:56p

Pugh Utilities

863 465 5159

p.1

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

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

June 13, 2005

Reference: Sun & Lakes of Lake Placid
Water and Wastewater Treatment Plant

Dear Mr. Retz,

Water Plant:

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

April 26, 2005	424.1
May 3, 2005	425.6
May 9, 2005	426.6
May 17, 2005	427.7
May 24, 2005	428.7
May 31, 2005	429.8
June 7, 2005	430.8

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

The MOR's, DMR's and lab we have the following numbers for faxing:
(407) 869-6961, 468-3268 and (813) 626-1030.

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

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

Wastewater Plant:

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

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

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

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



Lisa Holmes
Pugh Utilities

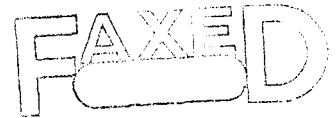
Enclosures

LAKE PLACID UTILITIES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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



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

Fax Transmittal

Attn: Scott Stewart **Date:** 6/16/05

Company: Lake Placid Utilities, Inc. **Fax #:** (239) 561-1263

From: Michael Dunn **Pages:** 5 including this cover page.

Subject: Lake Placid FDEP Field Inspection Response

URGENT For Your Review For your Information Please Reply Original: will not be sent
 As Requested Please Comment via U.S. Mail



Messages:

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

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



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castilla
Secretary

June 2, 2005

SENT VIA ELECTRONIC MAIL

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

RE: Highlands County-DW
Lake Placid Utilities aka Sun-n-
Lakes of Lake Placid
FLA014386

Dear Mr. Flynn:

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

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

Continued . . .

"More Protection, Less Process"

Mr. Flynn
June 2, 2005
Page 2 of 2

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

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

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

Sincerely,



Keith Kleinmann
Environmental Manager

KK/WDW/m:v

cc: Pugh Utilities, Operator
Allen Slater, FRWA (allen.slater@frwa.net)
Rick Retz, Utilities Inc. (r.retz@utilitiesinc-usa.com)

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

25.30-440 (7)
Notices

Test Year Ended December 31, 2005



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

June 2, 2005

SENT VIA ELECTRONIC MAIL

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

RE: Highlands County-DW
Lake Placid Utilities aka Sun-n-
Lakes of Lake Placid
FLA014386

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Continued . . .

"More Protection, Less Process"

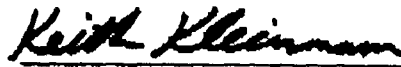
Mr. Flynn
June 2, 2005
Page 2 of 2

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Sincerely,



Keith Kleinmann
Environmental Manager

KK/WDW/m.v

cc: Pugh Utilities, Operator
Allen Slater, FRWA (allen.slater@frwa.net)
Rick Retz, Utilities Inc. (r.retz@utilitiesinc-usa.com)

LAKE PLACID UTILITIES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

COPY

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

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

June 16, 2005

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

Re: Lake Placid Utilities WWTP
File Review and Field Inspection
FLA014386

Dear Mr. Wells:

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

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

Sincerely
LAKE PLACID UTILITIES, INC.



Michael Dunn, P.E.
Regional Manager

Ec: Richard Retz
Patrick Flynn

Cc: Scott Stewart

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

25.30-440 (8)
Field Employees

Test Year Ended December 31, 2005

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

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

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

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

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

Field Employees:

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

Facilities:

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

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

25.30-440 (9)
Vehicles

Test Year Ended December 31, 2005

FL Vehicles as of 5-5-06

Veh. #	Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934	99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL	\$15,678.58	Alafaya Utilities, Inc.
9932	99 DODGE DAKOTA	1B7FL26XXXS277898	NO DRIVER YET	\$15,467.19	Alafaya Utilities, Inc.
636	06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON	\$16,622.26	Alafaya Utilities, Inc.
221	02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY	\$13,356.21	Alafaya Utilities, Inc.
19	00 CHEV CS10803	1GCEC14W9YK196208	CARL ZUBEK	\$15,363.17	Alafaya Utilities, Inc.
610	06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON	\$18,681.44	Alafaya Utilities, Inc.
311	03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS	\$19,053.10	Alafaya Utilities, Inc.
308	03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED	\$19,053.10	Alafaya Utilities, Inc.
431	04 CHEV C25	1GCHK24U04E296751	DON TAYLOR	\$25,036.88	Alafaya Utilities, Inc.
24	00 CHEV S-10	1GCCS14W9YK229577	ALVIN BISHOP	\$15,099.10	Bayside Utility Services, Inc.
638	06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP	\$18,923.65	Bayside Utility Services, Inc.
8691	86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK	\$11,026.85	Bayside Utility Services, Inc.
223	02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL	\$13,356.21	Cypress Lakes, Utilities, Inc.
608	06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	\$18,681.44	Cypress Lakes, Utilities, Inc.
16	00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF	\$15,363.17	Eastlake Water Service, Inc.
9808	98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW	\$15,312.81	Labrador Utilities, Inc.
427	04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY	\$17,763.05	Labrador Utilities, Inc.
508	05 CHEV C25 4X4	1GBHK24UX5E233792	VARIOUS	\$24,607.70	Mid-County
103	01 CHEV S10	1GCCS14W01K129325	MATTHEW GUNTHER	\$15,053.85	Mid-County
9833	98 CHEV S-10	1GCCS14X2WK245013	STEVEN SZCZEPKOWSKI	\$16,047.78	Mid-County
111	01 CHEV 1500	1GCEC14W81Z185977	SPARE	\$16,965.92	Mid-County
461	04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO	\$16,588.04	Mid-County
9928	99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN	\$15,493.25	Sandalhaven
426	04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT	\$17,763.05	Sandalhaven
9935	99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	\$16,056.16	Sanlando Utilities, Inc.
9933	99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET	\$15,659.79	Sanlando Utilities, Inc.
9931	99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE	\$15,493.25	Sanlando Utilities, Inc.
9927	99 DODGE DAKOTA	1B7FL26XXXS261958	JIM SWEGHEIMER	\$15,792.00	Sanlando Utilities, Inc.
9602	96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE	\$16,085.99	Sanlando Utilities, Inc.
516	05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN	\$18,484.14	Sanlando Utilities, Inc.
101	01 CHEV S10	1GCCS14W01K129261	ROBERTO REMIGIO	\$15,053.85	Sanlando Utilities, Inc.
220	02 CHEVY S-10	1GCCS14W128209201	ROY MERICLE	\$13,356.21	Sanlando Utilities, Inc.
14	00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO	\$15,363.17	Sanlando Utilities, Inc.
102	01 CHEV S10	1GCCS14W71K129239	ELISA STEGER	\$15,516.86	Sanlando Utilities, Inc.
9835	98 CHEV S-10	1GCCS14X0VWK247116	SPARE	\$16,290.61	Sanlando Utilities, Inc.
9834	98 CHEV S-10	1GCCS14X6VWK246309	THOMAS KEYS	\$16,143.89	Sanlando Utilities, Inc.
110	01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER	\$18,690.29	Sanlando Utilities, Inc.
109	01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER	\$19,066.93	Sanlando Utilities, Inc.
217	02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE	\$17,238.08	Sanlando Utilities, Inc.
18	00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH	\$19,049.81	Sanlando Utilities, Inc.
108	01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL	\$18,735.55	Sanlando Utilities, Inc.
113	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER	\$17,472.60	Sanlando Utilities, Inc.
107	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	\$17,227.78	Sanlando Utilities, Inc.
112	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	\$16,965.92	Sanlando Utilities, Inc.
312	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	\$19,053.10	Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	\$22,478.87	Sanlando Utilities, Inc.
433	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK	\$63,896.30	Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	\$19,372.92	Tierre Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	\$31,061.22	Utilities, Inc. of Florida
9765	97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET	\$15,000.00	Utilities, Inc. of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK	\$35,922.85	Utilities, Inc. of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	\$16,750.47	Utilities, Inc. of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	\$16,471.74	Utilities, Inc. of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	\$18,923.65	Utilities, Inc. of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	\$16,461.98	Utilities, Inc. of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	\$17,763.05	Utilities, Inc. of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$17,503.53	Utilities, Inc. of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	\$19,053.10	Utilities, Inc. of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	\$21,654.48	Utilities, Inc. of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	\$28,037.52	Utilities, Inc. of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225276	BILL COATES	\$24,891.62	Utilities, Inc. of Florida
428	04 CHEV S10 TRAILBLAZER	1GNDDT13S442340667	BRYAN GONGRE	\$27,109.73	Utilities, Inc. of Florida
512	05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN	\$37,478.51	Utilities, Inc. of Florida
650	06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY	\$32,505.83	Utilities, Inc. of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	\$0.00	Utilities, Inc. of Florida
242	02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS	\$19,351.00	Utilities, Inc. of Florida
9925	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE	\$17,132.82	Utilities, Inc. of Florida
453	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WERZBICKI	\$22,987.16	Utilities, Inc. of Florida
609	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART	\$22,387.19	Utilities, Inc. of Florida
129	01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL	\$24,967.07	Utilities, Inc. of Florida
33	00 DODGE DAKOTA	1B7GG22X7Y5753556	SPARE	\$20,427.35	Utilities, Inc. of Pennbrooke
105	01 CHEV S10	1GCCS14WX18159350	JAMES YINGLING	\$15,998.46	Utilities, Inc. of Pennbrooke
314	03 CHEV C15 FULL	1GCEC14X43Z114271	STEVEN PFOUTS	\$19,053.10	Utilities, Inc. of Pennbrooke
511	05 CHEV C15 REG CAB	1GCEC14X75Z230180	DAN ANDERSON	\$18,064.18	Utilities, Inc. of Pennbrooke

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 060260-WS

HIGHLANDS COUNTY

25.30-440 (10)
Customer Complaints

Test Year Ended December 31, 2005

Lake Placid

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

CORPýý----. 062
ROUTE :. 641
SERVICE ORDER# :. 885431
ACCOUNT# :. 006410010882
CUSTOMER NAME :. DEKEL,EMILE
SERVICE ADDRESS: :. 111 FAIRWAY DR
PHONE :. 305/322-2006
EDATE :. 01/04/05
TYPE :. 17
FOPER :.
COMMENT :. CUSTOMER CALLED THE ANSWERING SERVICE DUE TO LEAK @ METER.
 :. PAGED TO PUGH UTILITIES FOR OTTO
RESOLUTION :. R= REPAIRED BROKEN SERVICE LINE
 :. OTTO/KIM
RDATE :. 12/02/05

CORPýý----. 062
ROUTE :. 641
SERVICE ORDER# :. 897844
ACCOUNT# :. 006410010191
CUSTOMER NAME :. HENRIKSEN,JENS
SERVICE ADDRESS: :. 165 FAIRWAY DR
PHONE :. 863/465-7160
EDATE :. 02/14/05
TYPE :. 17
FOPER :.
COMMENT :. WATER POURING OUT AT METER
 :. PAGED TO;DAN H-4:39PM-LEFT MESSG WITH GIRL @ PUGH UTILITIES
 :. PH HIM @863-465-6911
RESOLUTION :. REQUESTED RESOLUTION FROM PUGH UTILITIES AGAIN.
 :. KIM
 :.
 :.
 :. 2/25/05 LINE BROKE BETWEEN METER AND HOUSE. SERVICE CALL
CUSTOMER. THE
 :. CUSTOMER TOOK CARE OF LEAK.
 :. PUGH/KIM
 :.
 :.
RDATE :. 02/14/05

CORPýý----. 062
ROUTE :. 641
SERVICE ORDER# :. 933839
ACCOUNT# :. 006410011283
CUSTOMER NAME :. HEATER,EDWARD R
SERVICE ADDRESS: :. 122 FAIRWAY DR
PHONE :. 863/465-1891

Lake Placid

EDATE :. 06/08/05
TYPE :. 17
FOPER :.
COMMENT :. CUSTOMER CALLED DUE TO LEAKING PIPE OUTSIDE.
. CALLED TO PUGH UTILITIES ANSWERING SERVICE.
. .
. PLEASE RESOLVE AND FAX TO: 1-407-869-1919 ASAP. (THANKS)
. .
RESOLUTION :. 6/1/05 FAXED TO PUGH FOR RESOLUTION.(KIM)
. R=326390 CUSTOMER LEAK INFORMED CUSTOMER

Lake Placid

ROUTE :. 641
SERVICE ORDER# :. 907447
ACCOUNT# :. 006410012030
CUSTOMER NAME :. JONES, CARL E
SERVICE ADDRESS: . 245 GOLFPOINT DR
PHONE :. 863/699-0307
EDATE :. 03/17/05
TYPE :. 20
FOPER :.
COMMENT :. MR. CALLED TO REPORT HIS STREET NAME HAS CHANGED FROM GOLFVIEW
TO
. GOLFPOINT. PLEASE VERIFY
RESOLUTION :. PER 911 -GOLFVIEW DRIVE IS NOW GOLF POINT DRIVE.
. CS/KIM
RDATE :. 03/18/05

Lake Placid

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

CORPýý----. 062
ROUTE :.
SERVICE ORDER# :. 910231
ACCOUNT# :. 006410000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 03/28/05
TYPE :. 20
FOPER :.
COMMENT :. CUSTOMER AT DEANN'S LAKEFRONT ESTATES WOULD LIKE TO HOOK UP TO
OUR
 . WATER LINE WHEN THIS WORK IS TO BE DONE. PLEASE CALL CLAY
HARGRAVES
 . PHONE: 863-465-7209 REGARDING THIS MATTER.
RESOLUTION :. CLAY WILL BE GETTING WITH MIKE DUNN ON THIS
 . CS/KIM
RDATE :. 03/29/05

CORPýý----. 062
ROUTE :. 641
SERVICE ORDER# :. 911538
ACCOUNT# :. 006410010843
CUSTOMER NAME :. GAMMAGE , JOHN
SERVICE ADDRESS:.. 153 FAIRWAY DR
PHONE :. 863/699-9397
EDATE :. 03/31/05
TYPE :. 20
FOPER :.
COMMENT :. TAKE READING, SEASONAL CUSTOMER TURN OFF & LOCK TEMPORARILY
RESOLUTION :. CUSTOMER CALLED TO CANCEL TEMP OFF.
 . KIM
RDATE :. 04/01/05

CORPýý----. 062
ROUTE :.
SERVICE ORDER# :. 928261
ACCOUNT# :. 006410000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 05/20/05
TYPE :. 20
FOPER :. LPU
COMMENT :. CAN WE PROVIDE SERVICE TO 377 CONCERTS, SUN N LAKES?
 . CHERYL GRILL 863-385-2222 EXT 209
 .
 . THANK YOU, ANN
RESOLUTION :. WATER & SEWER IS NOT AVAILABLE- DAN HOLMES/ ANN

Lake Placid

RDATE :. 07/21/05
CORPýý----- . 062
ROUTE :. 641
SERVICE ORDER# :. 913415
ACCOUNT# :. 006410011562
CUSTOMER NAME :. BRIEG, DOLORES
SERVICE ADDRESS: :. 102 COUNTRY CLUB DR
PHONE :. 863/465-6250
EDATE :. 04/07/05
TYPE :. 21

Lake Placid

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

PAGE 4

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

FOPER :.
COMMENT :. HIGH ON MVR REPORT
RESOLUTION :. 4/6/05-READ 539270
 . 3/31/05- MR 538670-BILLED
 . 2/28/05- MR 530970
 . CLAY/DB
RDATE :. 04/06/05

CORPÝÝ----. 062

ROUTE :. 641
SERVICE ORDER# :. 913430
ACCOUNT# :. 006410011870
CUSTOMER NAME :. SUNDERMAN,ROBERT R
SERVICE ADDRESS:.. 229 COUNTRY CLUB DR
PHONE :. 863/531-5384
EDATE :. 04/07/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/6/05-READ 83450
 . 3/31/05- MR 82340-BILLED
 . 2/28/05- MR 75650
 . CLAY/DB
RDATE :. 04/06/05

CORPÝÝ----. 062

ROUTE :. 641
SERVICE ORDER# :. 913432
ACCOUNT# :. 006410010683
CUSTOMER NAME :. WANAMAKER,GEORGE
SERVICE ADDRESS:.. 146 FAIRWAY DR
PHONE :. 309/836-6872
EDATE :. 04/07/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT-READ
RESOLUTION :. 4/6/05-READ 160820-BILLED
 . 2/28/05- MR 159920
 . CLAY/DB
RDATE :. 04/06/05

CORPÝÝ----. 062

ROUTE :. 641
SERVICE ORDER# :. 913435
ACCOUNT# :. 006410010952
CUSTOMER NAME :. ELKINS,CLARENCE J
SERVICE ADDRESS:.. 124 FAIRWAY DR
PHONE :. 813/465-1515
EDATE :. 04/07/05

Lake Placid

TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/5/05-READ 260520
 . 3/31/05- MR 259690-BILLED
 . 2/28/05- MR 245690
 . CLAY/DB
RDATE :. 04/05/05

Lake Placid

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

PAGE 5

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

CORPýý----. 062

ROUTE :. 641
SERVICE ORDER# :. 913439
ACCOUNT# :. 006410010441
CUSTOMER NAME :. HOLDEN, KIMBALL
SERVICE ADDRESS: :. 117 FAIRWAY DR
PHONE :. 863/699-0135
EDATE :. 04/07/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 4/6/05-READ 311200
 :. 3/31/05- MR 251500-BILLED
 :. 2/28/05- MR 249640
 :. CLAY/DB
RDATE :. 04/06/05

CORPýý----. 062

ROUTE :. 641
SERVICE ORDER# :. 913449
ACCOUNT# :. 006410010441
CUSTOMER NAME :. HOLDEN, KIMBALL
SERVICE ADDRESS: :. 117 FAIRWAY DR
PHONE :. 863/699-0135
EDATE :. 04/07/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/6/05-READ 311200
 :. 3/31/05- MR 310470-BILLED
 :. 2/28/05 MR 305860
 :. CLAY/DB
RDATE :. 04/06/05

CORPýý----. 062

ROUTE :. 641
SERVICE ORDER# :. 913499
ACCOUNT# :. 006410010452
CUSTOMER NAME :. MITCHELL, CARL J
SERVICE ADDRESS: :. 141 FAIRWAY DR
PHONE :. 863/465-7978
EDATE :. 04/07/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 4/6/05-READ 335320-BILLED
 :. 2/28/05- MR 332330
 :. CLAY/DB
RDATE :. 04/06/05

Lake Placid

CORPÝÝ----. 062

ROUTE :. 641
SERVICE ORDER# :. 897756
ACCOUNT# :. 006410011901
CUSTOMER NAME :. WILMARTH, EDWIN
SERVICE ADDRESS:. 241 COUNTRY CLUB DR
PHONE :. 607/467-4047
EDATE :. 02/14/05

Lake Placid

ROUTE :. 641
SERVICE ORDER# :. 908511
ACCOUNT# :. 006410010581
CUSTOMER NAME :. LAKESHORE TOWER I,
SERVICE ADDRESS:. 117 COUNTRY CLUB DR
PHONE :. 863/465-0237
EDATE :. 03/22/05
TYPE :. 29
FOPER :.
COMMENT :. CUSTOMER CALLED DUE TO BROWN WATER
. CALLED IN TO PUGH UTILITIES PER CLAY
. .
. PLEASE FAX BACK RESOLUTION TO: 407-869-4416 (THANKS) KIM
. .
RESOLUTION :. FOUND NO PROBLEM. FLUSHED LINE ANYWAY. THE ONE CUSTOMER MAKING
COMPLAINT
. OTTO/KIM
RDATE :. 03/22/05
CORPýý----- . 062

Lake Placid

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

ROUTE :. 641
SERVICE ORDER# :. 896446
ACCOUNT# :. 006410010634
CUSTOMER NAME :. THOLE,RICHARD F
SERVICE ADDRESS:.. 203 GOLFPOINT DR
PHONE :. 863/699-2828
EDATE :. 02/09/05
TYPE :. 39
FOPER :.
COMMENT :. PER THE CUSTOMER L/S ALARM IS GOING OFF ACROSS THE STREET.
 :. CALLED INFORMATION TO PUGH UTILITIES
 :.
 :. PLEASE FAX RESOLUTION TO THE OFFICE.
 :.
RESOLUTION :. REQUESTING RESOLUTION FROM PUGH UTILITIES AGAIN 2/25/05.
 :. KIM
 :.
 :. 2/25/05 ALARM WAS GOING OFF DUE TO PUMP #1 METER LEADS WERE
BURNT OFF :.
 :. & ON FLOAT WAS HELD IN OFF POSITION DUE TO RAGS AROUND FLOAT.
 :. PUGH/KIM
RDATE :. 02/09/05

CORPýý----. 062

ROUTE :. 641
SERVICE ORDER# :. 909360
ACCOUNT# :. 006410011272
CUSTOMER NAME :. GRILL,DONALD
SERVICE ADDRESS:.. 120 FAIRWAY DR
PHONE :. 863/699-6462
EDATE :. 03/24/05
TYPE :. 39
FOPER :.
COMMENT :. CUSTOMER CALLED DUE TO L/S ACROSS STREET IS OMITTING LIQUIDS.
 :. CALLED TO PUGH UTILITIES.
 :.
 :. PLEASE RESOLVE AND FAX TO : 1-407-869-4416
 :.
RESOLUTION :. 3/24/05 REQUEST FOR RESOLUTION
 :. KIM
 :. 4/11/05 REQUEST FOR RESOLUTION
 :. KIM
 :. 5/4/05 REQUEST FOR RESOLUTION.
 :. KIM
 :.
RDATE :. 03/24/05

CORPýý----. 062

Lake Placid

ROUTE :. 641
SERVICE ORDER# :. 884801
ACCOUNT# :. 006410010531
CUSTOMER NAME :. JOLY,ERNEST
SERVICE ADDRESS:. 109 FAIRWAY DR
PHONE :. / -
EDATE :. 01/03/05
TYPE :. 43
FOPER :.
COMMENT :. CUSTOMER CALLED TO REPORT WHOLE ST. IS OUT OF WATER.

Lake Placid

(545) REPORT UBRSDREPORT.2
DETAIL SERVICE ORDER COMPLAINTS FOR

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

RESOLUTION . PAGED TO SCOTT S
 :. REQUESTED RESOLUTION FROM PUGH UTILITIES AGAIN
 . KIM
 .
STREET WAS . 2/25/05 STREET LOW PRESSURE, REPAIRED LEAKING METER SERVICE
 .
 . NOT OUT OF WATER
 . PUGH/KIM
 .
 .
 .
RDATE :. 01/03/05

22 records listed.

Lake Placid

COMMENT :. CONTRACTOR CALLED TO NEEDING WATER OFF DUE TO SERVICE LINE
BREAK . CONTRACTOR WILL CALL OTTO IF BEFORE OR AFTER METER.
. .
. PLEASE RESOLVE AS TO IF WE NEEDED TO ASSIST CONTRACTOR OR NOT.
. .
RESOLUTION :. REFAXED S/O FOR RESOLUTION
. RB
RDATE :. 03/13/06

CORPýý----. 062

Lake Placid

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/31/05

ROUTE :. 641
SERVICE ORDER# :. 963620
ACCOUNT# :. 006410010634
CUSTOMER NAME :. THOLE,RICHARD F
SERVICE ADDRESS:.. 203 GOLFPOINT DR
PHONE :. 863/699-2828
EDATE :. 08/29/05
TYPE :. 39
FOPER :.
COMMENT :. CUSTOMER CALLED THE ANSWERING SERVICE DUE @ APPROX. 7:02AM DUE
TO
 . LIFT STATION ALARM GOING OFF ACROSS THE STREET FROM HOME.
PAGED TO . PUGH UTILITIES.
 .
 . PLEASE RESOLVE ASAP. (THANKS)
RESOLUTION :. L/STATION OKAY WHEN ARRIVED
 . OTTO/KIM
RDATE :. 08/27/05

CORPýý----. 062
ROUTE :. 641
SERVICE ORDER# :. 989992
ACCOUNT# :. 006410010944
CUSTOMER NAME :. CHASE,RICHARD B
SERVICE ADDRESS:.. 128 FAIRWAY DR
PHONE :. 863/465-5889
EDATE :. 11/15/05
TYPE :. 43
FOPER :.
COMMENT :. PER CUST HAS NO WTR,,,, PGD OUT CLAY SHRUM TO CK IT OUT
RESOLUTION :. CUSTOMER HOUSE VALVE WAS OFF
 . CS/KIM
RDATE :. 11/15/05

5 records listed.