

# LP WATERWORKS, INC.

March 13, 2025

Office of Commission Clerk  
Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399

RECEIVED-FPSC  
2025 MAR 17 PH 3:24  
COMMISSION  
CLERK

*Re: Docket No. 20250013-WS - Application for Staff Assisted Rate Case (SARC) in Highlands County by LP Waterworks, Inc. – Response to Staff Second Data Request*

Dear Commission Clerk,

LP Waterworks, Inc. (LPWW or Utility) hereby requests its response to Staff Second Data Request in the above referenced docket.

COM \_\_\_\_\_  
AFD \_\_\_\_\_  
APA \_\_\_\_\_  
ECO 16 Large meters  
ENG \_\_\_\_\_  
GCL \_\_\_\_\_  
IDM \_\_\_\_\_  
CLK \_\_\_\_\_

1. For item FDR-2, Purchased Power, the request covered the time period from the beginning of the test year to the present. However, bills for three of the meters did not include more than the first three days of the month of October 2024. Also, none of the bills for the meters went beyond October, 2024. In addition, the bill for meter # 177361 for June 2024 was missing. Please provide the missing bills as indicated by the shaded portions of the attached worksheet for Purchased Power – Usage.

**Response:** See attached missing invoices, as well as invoices for February 2025.

2. Also for FDR-2, please indicate what component of LP’s water or wastewater system each meter serves. If the meter is located sufficiently remotely from the system component it serves, such that the two locations have a different address, please indicate the address of the system component in the Notes section of the attached worksheet, Purchased Power – Meters, for the respective meter address listed on the Duke Energy bill.

**Response:** For water, there are two (2) water treatment plants. Meter # 175400 is for the water treatment plant inside the park located at 234 Shoreline Drive and Meter # 2773389 is for the water treatment plant outside the park located at 1535 US Hwy 27. For wastewater the power is for the wastewater treatment plant – Meter # 177387 located at 160 County Road 29; and two lift stations. Meter # 177361 is for the lift station located at 178 Shoreline Dr.; and Meter # 3975234 is for the water well at the wastewater treatment used for treatment and maintenance at the plant, it is also located at 160 County Road 29.

3. Please see the attached worksheet for FDR-3, Chemicals. Please give a full description of the item in red font, “Chlorine-EPA Reg. No. 7870-2,” and explain why it is needed and why the cost on the invoice for that item is so much more than the costs for the items on the other invoices.

[Type here]

**Response:** That is the actual gas chlorine used for water treatment and disinfection. The other items are for the chlorine tanks. Hawkins charges a monthly fee for the tanks.

4. For FDR-8, Primary/Secondary Water Quality Tests, please provide the latest test results for each well for Synthetic Contaminants, and for each test point in the distribution system, as appropriate, for the Disinfection Byproducts results.

**Response:** See attached.

5. For FDR-9, DEP Monthly Operating Reports (MOR) for Water, please submit the MORs for November 2023, April 2024, and July 2024.

**Response:** See attached.

6. In addition to the MORs for the water system, please submit the DEP Discharge Monitoring Reports for the test year, November 2023 through October 2024.

**Response:** See attached.

7. For FDR-10, Monthly Metered Water Sold to Customers, LP provided the information requested. However, to allow staff to calculate the wastewater system's inflow and infiltration, please submit the monthly gallons of water sold to customers who have both water and wastewater service only (i.e. omitting water-only customers), separated by customer class.

**Response:** See attached.

8. For FDR-14, Water and Wastewater Assets, the Utility's response was, "See 2023 Annual Report filed with the Florida Public Service Commission." However, not all of the information in the 2023 annual report matched the information provided in LP's SARC application. Staff compared the information provided in the application, the 2023 annual report, DEP's last sanitary survey and the Utility's current DEP wastewater permit, as well as the Commission's audit work papers from Docket No. 20160222-WS, which included the system descriptions in U.S. Water's contract with LP. Attached are spreadsheets summarizing staff's findings in this comparison for water and for wastewater, along with copies of the source material with the mismatched items highlighted. They are also highlighted on the summary spreadsheets. Please investigate and provide staff with the correct system information.

**Response:** Asset listing requested is attached. The well capacities is limited by the Water Management District Consumptive Use Permit (CUP) effective November 29, 2017.

9. For FDR-15, Number of Customers by Meter Size and Class for Three Points in Time (present, test year, each of four years prior to the test year) for Water and Wastewater, the Utility's response was, "See Annual Reports filed with the Florida Public Service Commission." However, the annual reports on file with the Commission do not provide the responsive information for 2024 and for the present. Please submit the attached worksheet for FDR-15 with the required information inserted.

**Response:** See attached. In reviewing this information, it was discovered that the incorrect information was used to calculate the proposed wastewater rates. This has been revised and a new schedule is provided.

10. For FDR-16, System Maps for Water and Wastewater, the Utility's response was, "This was previously provided in Docket No. 20220099-WS, see Document No. 04205-2022." However, Docket No. 20220099-WS only involved the water system, so the only system maps provided were for the water system. However, the system maps did not include the wells or water treatment plants and the water mains thereto, the service to customers, storage, or fire hydrants. As for the wastewater system maps, the maps should include the wastewater treatment plant (WWTP) and percolation ponds, collection system mains, indicating both type and size, from the WWTP to the service area and to each service connection, lift station(s), and manholes. Based on LP's responses to the FDR, it appears that the Utility may not be in possession of adequate system maps. However, Rule 25-30.125, Florida Administrative Code, requires each utility to maintain suitable maps of its system and facilities. As a utility owner, LP should produce these maps if it does not have them, and update them as needed when changes are made to its systems. Please provide the required water and wastewater system maps.

**Response:** Requested maps enclosed.

Respectfully Submitted,



Troy Rendell  
Vice President  
Investor Owned Utilities  
*//For LP Waterworks, Inc.*





### Your usage snapshot - Continued

<b>Current electric usage for meter number 2773389</b>	
Actual reading on Feb 5	71088
Previous reading on Jan 7	-69476
Energy Used	1,612 kWh
Billed kWh	1,612.000 kWh

### Billing details - Electric

<b>Billing Period - Jan 07 25 to Feb 05 25</b>	
<b>Meter - 2773389</b>	
Customer Charge	\$17.23
Energy Charge	
1,612.000 kWh @ 9.302c	149.94
Fuel Charge	
1,612.000 kWh @ 3.925c	63.27
Asset Securitization Charge	
1,612.000 kWh @ 0.197c	3.18
<b>Total Current Charges</b>	<b>\$233.62</b>

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$16.67
Regulatory Assessment Fee	0.20
Gross Receipts Tax	6.00
County Optional Tax	3.59
<b>Total Taxes</b>	<b>\$26.46</b>







### Your usage snapshot - Continued

<b>Current electric usage for meter number 175400</b>	
Actual reading on Feb 5	25980
Previous reading on Jan 7	- 25980
Energy Used	0 kWh
Billed kWh	0.000 kWh

### Billing details - Electric

<b>Billing Period - Jan 07 25 to Feb 05 25</b>	
<b>Meter - 175400</b>	
Customer Charge	\$17.23
Minimum Bill Adjustment	12.77
<b>Total Current Charges</b>	<b>\$30.00</b>

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at [duke-energy.com/minimum](http://duke-energy.com/minimum).

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$2.14
Regulatory Assessment Fee	0.03
Gross Receipts Tax	0.77
County Optional Tax	0.47
<b>Total Taxes</b>	<b>\$3.41</b>







### Your usage snapshot - Continued

<b>Current electric usage for meter number 175400</b>	
Actual reading on Jan 6	25980
Previous reading on Dec 5	- 25980
<hr/>	
Energy Used	0 kWh
Billed kWh	0.000 kWh

### Billing details - Electric

<b>Billing Period - Dec 05 24 to Jan 06 25</b>	
<b>Meter - 175400</b>	
Customer Charge	\$17.23
Minimum Bill Adjustment	12.77
<b>Total Current Charges</b>	<b>\$30.00</b>

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at [duke-energy.com/minimum](http://duke-energy.com/minimum).

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### Billing details - Taxes

State And Other Taxes	\$2.14
Regulatory Assessment Fee	0.03
Gross Receipts Tax	0.77
County Optional Tax	0.47
<b>Total Taxes</b>	<b>\$3.41</b>







duke-energy.com  
877.372.8477

### Your usage snapshot - Continued

<b>Current electric usage for meter number 2773389</b>	
Actual reading on Jan 6	69476
Previous reading on Dec 5	- 67052
Energy Used	2,424 kWh
Billed kWh	2,424.000 kWh

### Billing details - Electric

<b>Billing Period - Dec 05 24 to Jan 06 25</b>	
<b>Meter - 2773389</b>	
Customer Charge	\$17.23
Energy Charge	
2,424.000 kWh @ 9.302c	225.47
Fuel Charge	
2,424.000 kWh @ 3.925c	95.14
Asset Securitization Charge	
2,424.000 kWh @ 0.197c	4.78
<b>Total Current Charges</b>	<b>\$342.62</b>

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$24.45
Regulatory Assessment Fee	0.30
Gross Receipts Tax	8.79
County Optional Tax	5.27
<b>Total Taxes</b>	<b>\$38.81</b>





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877.372.8477

# Your Energy Bill

**Service address**  
LP WATERWORKS INC  
234 SHORELINE DR  
CAMP FL WTR PLANT

**Bill date** Dec 6, 2024  
**For service** Nov 6 - Dec 4  
29 days

**Account number** 9100 8906 3125

## Billing summary

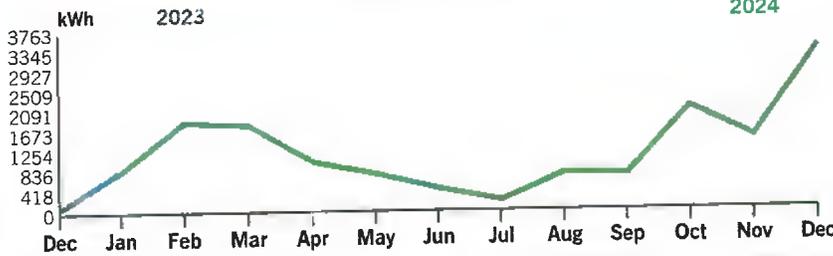
Previous Amount Due	\$255.44
Payment Received Dec 02	-255.44
Current Electric Charges	493.89
Taxes	55.93
<b>Total Amount Due Dec 27</b>	<b>\$549.82</b>



Thank you for your payment.

## Your usage snapshot

Electric usage history



Average temperature in degrees

64° 63° 62° 70° 70° 79° 79° 81° 80° 80° 74° 68° 55°

	Current Month	Dec 2023	12-Month Usage	Avg Monthly Usage
Electric (kWh)	3,345	87	15,554	1,296
Avg. Daily (kWh)	115	3	42	

12-month usage based on most recent history

Entered:

COA Code: 615

Approved:

Paid: CFT 123024

Date: 12/50/24

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail  
PO Box 1090  
Charlotte, NC 28201-1090

Account number  
9100 8906 3125

**\$549.82**  
by Dec 27

Your payment is scheduled to be made by monthly automatic draft on Dec 27

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
Add here, to help others with a contribution to Share the Light **Amount enclosed**

032067 000001522

LP WATERWORKS INC  
ATTN: AMY WILLIAMS  
4939 CROSS BAYOU BLVD  
NEW PORT RICHEY FL 34652-3434



Duke Energy Payment Processing  
PO Box 1094  
Charlotte, NC 28201-1094



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877.372.8477

### Your usage snapshot - Continued

<b>Current electric usage for meter number 175400</b>	
Actual reading on Dec 4	25980
Previous reading on Nov 6	- 22635
<hr/>	
Energy Used	3,345 kWh
Billed kWh	3,345.000 kWh

### Billing details - Electric

<b>Billing Period - Nov 06 24 to Dec 04 24</b>	
<b>Meter - 175400</b>	
Customer Charge	\$16.02
Energy Charge	
3,345.000 kWh @ 9.419c	315.07
Fuel Charge	
3,345.000 kWh @ 4.670c	156.21
Asset Securitization Charge	
3,345.000 kWh @ 0.197c	6.59
<hr/>	
<b>Total Current Charges</b>	<b>\$493.89</b>

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$35.23
Regulatory Assessment Fee	0.43
Gross Receipts Tax	12.67
County Optional Tax	7.60
<hr/>	
<b>Total Taxes</b>	<b>\$55.93</b>

DUKE ENERGY 20241204011729 25 56.64135.000001522







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877.372.8477

### Your usage snapshot - Continued

<b>Current electric usage for meter number 2773389</b>	
Actual reading on Dec 4	67052
Previous reading on Nov 6	- 65165
<hr/>	
Energy Used	1,887 kWh
Billed kWh	1,887.000 kWh

### Billing details - Electric

<b>Billing Period - Nov 06 24 to Dec 04 24</b>	
<b>Meter - 2773389</b>	
Customer Charge	\$16.02
Energy Charge	
1,887.000 kWh @ 9.419c	177.73
Fuel Charge	
1,887.000 kWh @ 4.670c	88.12
Asset Securitization Charge	
1,887.000 kWh @ 0.197c	3.72
<hr/>	
<b>Total Current Charges</b>	<b>\$285.59</b>

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$20.38
Regulatory Assessment Fee	0.25
Gross Receipts Tax	7.33
County Optional Tax	4.40
<hr/>	
<b>Total Taxes</b>	<b>\$32.36</b>

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Account number **9100 8906 4168**

### Your usage snapshot - Continued

<b>Current electric usage for meter number 2773389</b>	
Actual reading on Nov 5	65165
Previous reading on Oct 4	- 64197
<hr/>	
Energy Used	968 kWh
Billed kWh	968.000 kWh

### Billing details - Electric

<b>Billing Period - Oct 04 24 to Nov 05 24</b>	
<b>Meter - 2773389</b>	
Customer Charge	\$16.02
Energy Charge	
968.000 kWh @ 9.419c	91.18
Fuel Charge	
968.000 kWh @ 4.670c	45.21
Asset Securitization Charge	
968.000 kWh @ 0.197c	1.91
<hr/>	
<b>Total Current Charges</b>	<b>\$154.32</b>

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$11.01
Regulatory Assessment Fee	0.13
Gross Receipts Tax	3.96
County Optional Tax	2.38
<hr/>	
<b>Total Taxes</b>	<b>\$17.48</b>

6. def duke hills 20241108221835 53. atb-65075-000001421







### Your usage snapshot - Continued

<b>Current electric usage for meter number 175400</b>	
Actual reading on Nov 5	22635
Previous reading on Oct 4	- 21141
<hr/>	
Energy Used	1,494 kWh
Billed kWh	1,494.000 kWh

### Billing details - Electric

<b>Billing Period - Oct 04 24 to Nov 05 24</b>	
<b>Meter - 175400</b>	
Customer Charge	\$16.02
Energy Charge	
1,494.000 kWh @ 9.419c	140.72
Fuel Charge	
1,494.000 kWh @ 4.670c	69.77
Asset Securitization Charge	
1,494.000 kWh @ 0.197c	2.94
<hr/>	
<b>Total Current Charges</b>	<b>\$229.45</b>

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$16.37
Regulatory Assessment Fee	0.20
Gross Receipts Tax	5.89
County Optional Tax	3.53
<hr/>	
<b>Total Taxes</b>	<b>\$25.99</b>

fn def duke billc 20241104221835 53 afn-65031-000001430







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877.372.8477

Account number **9100 8906 4168**

### Your usage snapshot - Continued

<b>Current electric usage for meter number 2773389</b>	
Actual reading on Oct 3	64197
Previous reading on Sep 6	- 63990
Energy Used	207 kWh
Billed kWh	207.000 kWh

### Billing details - Electric

<b>Billing Period - Sep 06 24 to Oct 03 24</b>	
<b>Meter - 2773389</b>	
Customer Charge	\$16.02
Energy Charge	
207.000 kWh @ 9.419c	19.50
Fuel Charge	
207.000 kWh @ 4.670c	9.67
Asset Securitization Charge	
207.000 kWh @ 0.197c	0.41
<b>Total Current Charges</b>	<b>\$45.60</b>

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$3.25
Regulatory Assessment Fee	0.04
Gross Receipts Tax	1.17
County Optional Tax	0.70
<b>Total Taxes</b>	<b>\$5.16</b>

fb.def.duke.bills.20241004200816.96.a.fp-66029-000001458







### Your usage snapshot - Continued

<b>Current electric usage for meter number 175400</b>	
Actual reading on Oct 3	21141
Previous reading on Sep 6	- 19008
Energy Used	2,133 kWh
Billed kWh	2,133.000 kWh

### Billing details - Electric

<b>Billing Period - Sep 06 24 to Oct 03 24</b>	
<b>Meter - 175400</b>	
Customer Charge	\$16.02
Energy Charge	
2,133.000 kWh @ 9.419c	200.92
Fuel Charge	
2,133.000 kWh @ 4.670c	99.61
Asset Securitization Charge	
2,133.000 kWh @ 0.197c	4.20
<b>Total Current Charges</b>	<b>\$320.75</b>

Your current rate is General Service Non-Demand Sec (GS-1).  
For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$22.89
Regulatory Assessment Fee	0.28
Gross Receipts Tax	8.23
County Optional Tax	4.94
<b>Total Taxes</b>	<b>\$36.34</b>





duke-energy.com  
877.372.8477

# Your Energy Bill

**Service address**  
LP WATERWORKS INC  
160 COUNTY ROAD 29  
CAMP FL SEWAGE

**Bill date** Feb 7, 2025  
**For service** Jan 7 - Feb 5  
30 days

**Account number** 9100 8906 3901

## Billing summary

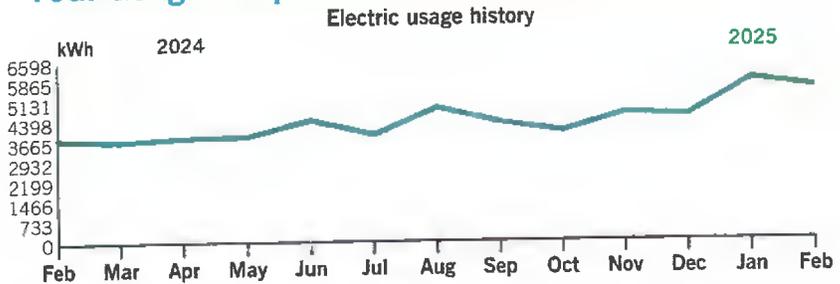
Previous Amount Due	\$637.11
Payment Received Jan 29	-637.11
Current Electric Charges	552.87
Taxes	62.63
<b>Total Amount Due Feb 28</b>	<b>\$615.50</b>



Thank you for your payment.

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 7.2%, Purchased Power 3.8%, Gas 82.7%, Oil 0.1%, Nuclear 0%, Solar 6.2% (For prior 12 months ending December 31, 2024).

## Your usage snapshot

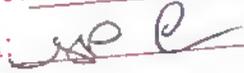


### Average temperature in degrees

62° 70° 70° 79° 79° 81° 80° 80° 74° 68° 63° 57° 68°

	Current Month	Feb 2024	12-Month Usage	Avg Monthly Usage
Electric (kWh)	5,545	3,786	53,531	4,461
Avg. Daily (kWh)	185	118	146	

12-month usage based on most recent history

Entered:   
 COA Code:   
 Approved:   
 Paid: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Mail your payment at least 7 days before the due date** or pay instantly at [duke-energy.com/billing](http://duke-energy.com/billing). Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail  
PO Box 1090  
Charlotte, NC 28201-1090

Account number  
9100 8906 3901

### Amount of automatic draft

**\$615.50**  
by Feb 28

Your payment is scheduled to be made by monthly automatic draft on Feb 28

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
Add here, to help others with a contribution to Share the Light **Amount enclosed**



Duke Energy Payment Processing  
PO Box 1094  
Charlotte, NC 28201-1094

fb.def.duke.bills.20250206205552.88.afp-6-4635-000001325

032318 000001325



LP WATERWORKS INC  
ATTN: AMY WILLIAMS  
4939 CROSS BAYOU BLVD  
NEW PORT RICHEY FL 34652-3434

88910089063901000660000000000000006155000000615501





duke-energy.com  
877.372.8477

Account number **9100 8906 3901**

## Your usage snapshot - Continued

Current Electric Usage		
<u>Meter Number</u>	<u>Usage Type</u>	<u>Billing Period</u>
177387	Actual	Jan 7 - Feb 5
<u>Usage Values</u>		
Billed kWh		5,545.322 kWh
Billed Demand kW		10.874 kW
Load Factor		70.83 %

## Billing details - Electric

Billing Period - Jan 07 25 to Feb 05 25	
Meter - 177387	
Customer Charge	\$17.75
Energy Charge 5,545.322 kWh @ 3.271c	181.39
Fuel Charge 5,545.322 kWh @ 3.925c	217.65
Demand Charge 10.874 kW @ \$11.61	126.26
Asset Securitization Charge 5,545.322 kWh @ 0.177c	9.82
<b>Total Current Charges</b>	<b>\$552.87</b>

Your current rate is General Service Demand Sec (GSD-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

## Billing details - Taxes

State And Other Taxes	\$39.45
Regulatory Assessment Fee	0.48
Gross Receipts Tax	14.19
County Optional Tax	8.51
<b>Total Taxes</b>	<b>\$62.63</b>







### Your usage snapshot - Continued

<b>Current electric usage for meter number 177361</b>	
Actual reading on Jan 28	16978
Previous reading on Dec 27	- 16633
Energy Used	345 kWh
Billed kWh	345.000 kWh

### Billing details - Electric

<b>Billing Period - Dec 27 24 to Jan 28 25</b>	
<b>Meter - 177361</b>	
Customer Charge	\$17.23
Energy Charge	
345.000 kWh @ 9.302c	32.09
Fuel Charge	
345.000 kWh @ 3.925c	13.54
Asset Securitization Charge	
345.000 kWh @ 0.197c	0.68
<b>Total Current Charges</b>	<b>\$63.54</b>

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$4.52
Regulatory Assessment Fee	0.06
Gross Receipts Tax	1.63
County Optional Tax	0.98
<b>Total Taxes</b>	<b>\$7.19</b>





### Your usage snapshot - Continued

<b>Current electric usage for meter number 3975234</b>	
Actual reading on Jan 28	386
Previous reading on Dec 27	- 384
Energy Used	2 kWh
Billed kWh	2.000 kWh

### Billing details - Electric

<b>Billing Period - Dec 27 24 to Jan 28 25</b>	
<b>Meter - 3975234</b>	
Customer Charge	\$17.23
Energy Charge	
2.000 kWh @ 9.302c	0.19
Fuel Charge	
2.000 kWh @ 3.925c	0.08
Minimum Bill Adjustment	12.50
<b>Total Current Charges</b>	<b>\$30.00</b>

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at [duke-energy.com/minimum](http://duke-energy.com/minimum).

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$2.15
Regulatory Assessment Fee	0.03
Gross Receipts Tax	0.77
County Optional Tax	0.47
<b>Total Taxes</b>	<b>\$3.42</b>





### Your usage snapshot - Continued

Current Electric Usage		
<u>Meter Number</u>	<u>Usage Type</u>	<u>Billing Period</u>
177387	Actual	Dec 5 - Jan 6
<u>Usage Values</u>		
Billed kWh		5,864.556 kWh
Billed Demand kW		10.520 kW
Load Factor		70.39 %

### Billing details - Electric

Billing Period - Dec 05 24 to Jan 06 25	
Meter - 177387	
Customer Charge	\$17.75
Energy Charge	
5,864.556 kWh @ 3.271c	191.83
Fuel Charge	
5,864.556 kWh @ 3.925c	230.18
Demand Charge	
10.520 kW @ \$11.61	122.14
Asset Securitization Charge	
5,864.556 kWh @ 0.177c	10.38
<b>Total Current Charges</b>	<b>\$572.28</b>

Your current rate is General Service Demand Sec (GSD-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$40.83
Regulatory Assessment Fee	0.50
Gross Receipts Tax	14.69
County Optional Tax	8.81
<b>Total Taxes</b>	<b>\$64.83</b>







### Your usage snapshot - Continued

<b>Current electric usage for meter number 177361</b>	
Actual reading on Dec 26	16633
Previous reading on Nov 26	- 16409
<hr/>	
Energy Used	224 kWh
Billed kWh	224.000 kWh

### Billing details - Electric

<b>Billing Period - Nov 26 24 to Dec 26 24</b>	
<b>Meter - 177361</b>	
Customer Charge	\$16.02
Energy Charge	
224.000 kWh @ 9.419c	21.10
Fuel Charge	
224.000 kWh @ 4.670c	10.46
Asset Securitization Charge	
224.000 kWh @ 0.197c	0.44
<hr/>	
<b>Total Current Charges</b>	<b>\$48.02</b>

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$3.42
Regulatory Assessment Fee	0.04
Gross Receipts Tax	1.23
County Optional Tax	0.74
<hr/>	
<b>Total Taxes</b>	<b>\$5.43</b>





duke-energy.com  
877.372.8477

# Your Energy Bill

**Service address**  
LP WATERWORKS INC  
160 COUNTY ROAD 29  
PUMP

**Bill date** Dec 30, 2024  
**For service** Nov 26 - Dec 26  
31 days

**Account number** 9100 8906 3480

## Billing summary

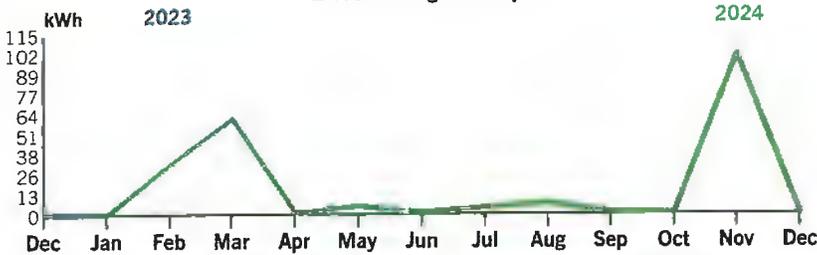
Previous Amount Due	\$34.04
Payment Received Dec 18	-34.04
Current Electric Charges	30.00
Taxes	3.40
<b>Total Amount Due Jan 21</b>	<b>\$33.40</b>



Thank you for your payment.

## Your usage snapshot

Electric usage history



Average temperature in degrees

64° 63° 62° 70° 70° 79° 79° 81° 80° 80° 74° 68° 62°

	Current Month	Dec 2023	12-Month Usage	Avg Monthly Usage
Electric (kWh)	0	0	215	18
Avg. Daily (kWh)	0	0	1	

12-month usage based on most recent history

Entered:

COA Code: 716

Approved:

Paid: EFT 012325

Date: 1/23/25

**Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.**

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail  
PO Box 1090  
Charlotte, NC 28201-1090

Account number  
**9100 8906 3480**

### Amount of automatic draft

**\$33.40**  
by Jan 21

Your payment is scheduled to be made by monthly automatic draft on Jan 21

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
Add here, to help others with a contribution to Share the Light **Amount enclosed**

019264 000005038



LP WATERWORKS INC  
ATTN: AMY WILLIAMS  
4939 CROSS BAYOU BLVD  
NEW PORT RICHEY FL 34652-3434



Duke Energy Payment Processing  
PO Box 1094  
Charlotte, NC 28201-1094



### Your usage snapshot - Continued

<b>Current electric usage for meter number 3975234</b>	
Actual reading on Dec 26	384
Previous reading on Nov 26	-384
Energy Used	0 kWh
Billed kWh	0.000 kWh

### Billing details - Electric

<b>Billing Period - Nov 26 24 to Dec 26 24</b>	
<b>Meter - 3975234</b>	
Customer Charge	\$16.02
Minimum Bill Adjustment	13.98
<b>Total Current Charges</b>	<b>\$30.00</b>

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at [duke-energy.com/minimum](http://duke-energy.com/minimum).

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$2.14
Regulatory Assessment Fee	0.03
Gross Receipts Tax	0.77
County Optional Tax	0.46
<b>Total Taxes</b>	<b>\$3.40</b>





duke-energy.com  
877.372.8477

# Your Energy Bill

**Service address**  
LP WATERWORKS INC  
160 COUNTY ROAD 29  
CAMP FL SEWAGE

Bill date Dec 6, 2024  
For service Nov 6 - Dec 4  
29 days

Account number **9100 8906 3901**

## Billing summary

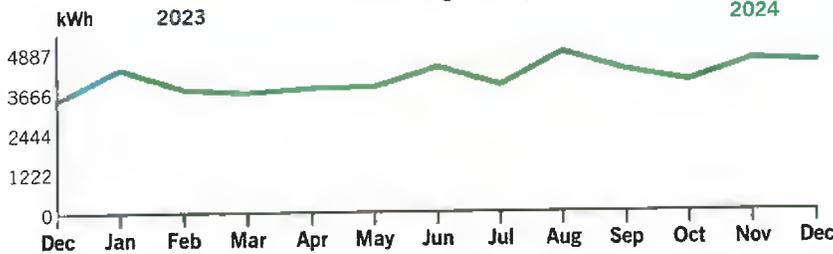
Previous Amount Due	\$584.19
Payment Received Dec 02	-584.19
Current Electric Charges	517.25
Taxes	58.59
<b>Total Amount Due Dec 27</b>	<b>\$575.84</b>



Thank you for your payment.

## Your usage snapshot

Electric usage history



Average temperature in degrees

64° 63° 62° 70° 70° 79° 79° 81° 80° 80° 74° 68° 55°

	Current Month	Dec 2023	12-Month Usage	Avg Monthly Usage
Electric (kWh)	4,552	3,461	50,316	4,193
Avg. Daily (kWh)	157	112	137	

12-month usage based on most recent history

Entered: JS  
COA Code: 715  
Approved: JP  
Paid: EFT 123024  
Date: 12/30/24

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail  
PO Box 1090  
Charlotte, NC 28201-1090

Account number  
**9100 8906 3901**

### Amount of automatic draft

**\$575.84**  
by Dec 27

Your payment is scheduled to be made by monthly automatic draft on Dec 27

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
Add here, to help others with a contribution to Share the Light **Amount enclosed**



Duke Energy Payment Processing  
PO Box 1094  
Charlotte, NC 28201-1094

032065 000001522



LP WATERWORKS INC  
ATTN: AMY WILLIAMS  
4939 CROSS BAYOU BLVD  
NEW PORT RICHEY FL 34652-3434





### Your usage snapshot - Continued

<b>Current Electric Usage</b>		
<u>Meter Number</u>	<u>Usage Type</u>	<u>Billing Period</u>
177387	Actual	Nov 6 - Dec 4
<u>Usage Values</u>		
Billed kWh		4,551.915 kWh
Billed Demand kW		10.498 kW
Load Factor		62.30 %

### Billing details - Electric

<b>Billing Period - Nov 06 24 to Dec 04 24</b>	
<b>Meter - 177387</b>	
Customer Charge	\$16.51
Energy Charge	
4,551.915 kWh @ 3.432c	156.23
Fuel Charge	
4,551.915 kWh @ 4.670c	212.57
Demand Charge	
10.498 kW @ \$11.80	123.88
Asset Securitization Charge	
4,551.915 kWh @ 0.177c	8.06
<b>Total Current Charges</b>	<b>\$517.25</b>

Your current rate is General Service Demand Sec (GSD-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$36.90
Regulatory Assessment Fee	0.45
Gross Receipts Tax	13.27
County Optional Tax	7.97
<b>Total Taxes</b>	<b>\$58.59</b>

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### Your usage snapshot - Continued

<b>Current electric usage for meter number 177361</b>	
Actual reading on Nov 25	16409
Previous reading on Oct 29	- 16245
Energy Used	164 kWh
Billed kWh	164.000 kWh

### Billing details - Electric

<b>Billing Period - Oct 29 24 to Nov 25 24</b>	
<b>Meter - 177361</b>	
Customer Charge	\$16.02
Energy Charge	
164.000 kWh @ 9.419c	15.45
Fuel Charge	
164.000 kWh @ 4.670c	7.66
Asset Securitization Charge	
164.000 kWh @ 0.197c	0.32
<b>Total Current Charges</b>	<b>\$39.45</b>

Your current rate is General Service Non-Demand Sec (GS-1).  
For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$2.82
Regulatory Assessment Fee	0.03
Gross Receipts Tax	1.01
County Optional Tax	0.60
<b>Total Taxes</b>	<b>\$4.46</b>





duke-energy.com  
877.372.8477

# Your Energy Bill

**Service address**  
LP WATERWORKS INC  
160 COUNTY ROAD 29  
PUMP

Bill date Nov 27, 2024  
For service Oct 29 - Nov 25  
28 days

Account number **9100 8906 3480**

## Billing summary

Previous Amount Due	\$33.40
Payment Received Nov 20	-33.40
Current Electric Charges	30.58
Taxes	3.46
<b>Total Amount Due Dec 18</b>	<b>\$34.04</b>

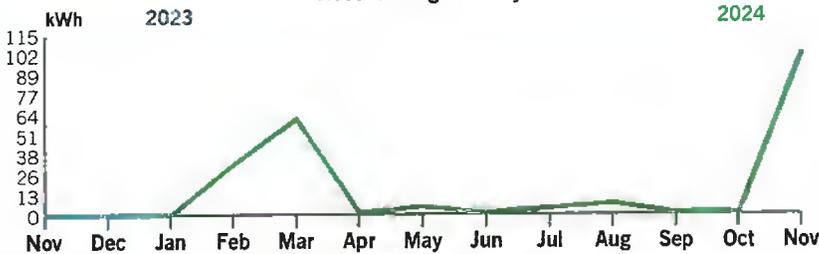


Thank you for your payment.

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8.5%, Purchased Power 4.4%, Gas 81.1%, Oil 0.1%, Nuclear 0%, Solar 5.9% (For prior 12 months ending September 30, 2024).

## Your usage snapshot

Electric usage history



### Average temperature in degrees

69° 64° 63° 62° 70° 70° 79° 79° 81° 80° 80° 74° 72°

	Current Month	Nov 2023	12-Month Usage	Avg Monthly Usage
Electric (kWh)	102	0	215	18
Avg. Daily (kWh)	4	0	1	

12-month usage based on most recent history

Entered: *[Signature]*  
COA Code: *715*  
*[Signature]*  
Paid: EFT 12/20/24  
Date: 12/20/24

**Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.**

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail  
PO Box 1090  
Charlotte, NC 28201-1090

Account number  
**9100 8906 3480**

### Amount of automatic draft

**\$34.04**  
by Dec 18

Your payment is scheduled to be made by monthly automatic draft on Dec 18

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
Add here, to help others with a contribution to Share the Light **Amount enclosed**

017673 000005921



LP WATERWORKS INC  
ATTN: AMY WILLIAMS  
4939 CROSS BAYOU BLVD  
NEW PORT RICHEY FL 34652-3434



Duke Energy Payment Processing  
PO Box 1094  
Charlotte, NC 28201-1094



duke-energy.com  
877.372.8477

Account number **9100 8906 3480**

### Your usage snapshot - Continued

<b>Current electric usage for meter number 3975234</b>	
Actual reading on Nov 25	384
Previous reading on Oct 29	- 282
Energy Used	102 kWh
Billed kWh	102.000 kWh

### Billing details - Electric

<b>Billing Period - Oct 29 24 to Nov 25 24</b>	
<b>Meter - 3975234</b>	
Customer Charge	\$16.02
Energy Charge	
102.000 kWh @ 9.419c	9.60
Fuel Charge	
102.000 kWh @ 4.670c	4.76
Asset Securitization Charge	
102.000 kWh @ 0.197c	0.20
<b>Total Current Charges</b>	<b>\$30.58</b>

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$2.18
Regulatory Assessment Fee	0.03
Gross Receipts Tax	0.78
County Optional Tax	0.47
<b>Total Taxes</b>	<b>\$3.46</b>

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duke-energy.com  
877.372.8477

# Your Energy Bill

**Service address**  
LP WATERWORKS INC  
160 COUNTY ROAD 29  
CAMP FL SEWAGE

**Bill date** Nov 7, 2024  
**For service** Oct 4 - Nov 5  
33 days

**Account number** 9100 8906 3901

## Billing summary

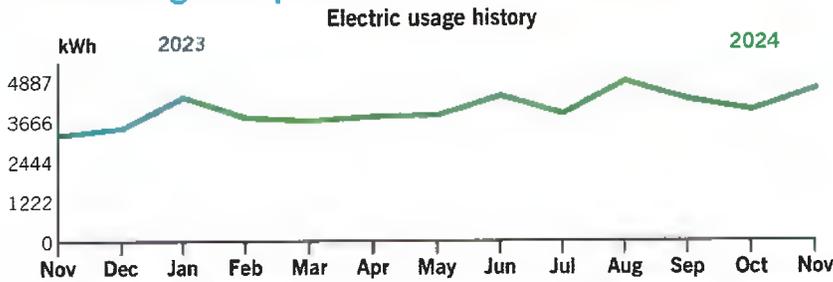
Previous Amount Due	\$519.50
Payment Received Oct 28	-519.50
Current Electric Charges	524.74
Taxes	59.45
<b>Total Amount Due Dec 02</b>	<b>\$584.19</b>



Thank you for your payment.

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8.5%, Purchased Power 4.4%, Gas 81.1%, Oil 0.1%, Nuclear 0%, Solar 5.9% (For prior 12 months ending September 30, 2024).

## Your usage snapshot



### Average temperature in degrees

69° 64° 63° 62° 70° 70° 79° 79° 81° 80° 80° 74° 73°

	Current Month	Nov 2023	12-Month Usage	Avg Monthly Usage
Electric (kWh)	4,647	3,257	49,225	4,102
Avg. Daily (kWh)	141	109	134	

12-month usage based on most recent history

Entered: [Signature]  
 COA Code: 715  
 Approved: [Signature]  
 Paid: EFT 120424  
 Date: 12/4/24

**Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.**

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail  
PO Box 1090  
Charlotte, NC 28201-1090

Account number  
**9100 8906 3901**

### Amount of automatic draft

**\$584.19**  
by Dec 2

Your payment is scheduled to be made by monthly automatic draft on Dec 2

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
Add here, to help others with a contribution to Share the Light **Amount enclosed**



Duke Energy Payment Processing  
PO Box 1094  
Charlotte, NC 28201-1094

032517 000001430



LP WATERWORKS INC  
ATTN: AMY WILLIAMS  
4939 CROSS BAYOU BLVD  
NEW PORT RICHEY FL 34652-3434



## Your usage snapshot - Continued

Current Electric Usage		
<u>Meter Number</u>	<u>Usage Type</u>	<u>Billing Period</u>
177387	Actual	Oct 4 - Nov 5
<u>Usage Values</u>		
Billed kWh		4,646.606 kWh
Billed Demand kW		10.468 kW
Load Factor		56.05 %

## Billing details - Electric

Billing Period - Oct 04 24 to Nov 05 24	
Meter - 177387	
Customer Charge	\$16.51
Energy Charge	
4,646.606 kWh @ 3.432c	159.48
Fuel Charge	
4,646.606 kWh @ 4.670c	217.00
Demand Charge	
10.468 kW @ \$11.80	123.53
Asset Securitization Charge	
4,646.606 kWh @ 0.177c	8.22
<b>Total Current Charges</b>	<b>\$524.74</b>

Your current rate is General Service Demand Sec (GSD-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

## Billing details - Taxes

State And Other Taxes	\$37.44
Regulatory Assessment Fee	0.46
Gross Receipts Tax	13.47
County Optional Tax	8.08
<b>Total Taxes</b>	<b>\$59.45</b>







### Your usage snapshot - Continued

<b>Current electric usage for meter number 3975234</b>	
Actual reading on Oct 28	282
Previous reading on Sep 26	- 281
<hr/>	
Energy Used	1 kWh
Billed kWh	1.000 kWh

### Billing details - Electric

<b>Billing Period - Sep 26 24 to Oct 28 24</b>	
<b>Meter - 3975234</b>	
Customer Charge	\$16.02
Energy Charge	
1.000 kWh @ 9.419c	0.08
Fuel Charge	
1.000 kWh @ 4.670c	0.05
Minimum Bill Adjustment	13.85
<hr/>	
<b>Total Current Charges</b>	<b>\$30.00</b>

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at [duke-energy.com/minimum](http://duke-energy.com/minimum).

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$2.14
Regulatory Assessment Fee	0.03
Gross Receipts Tax	0.77
County Optional Tax	0.46
<hr/>	
<b>Total Taxes</b>	<b>\$3.40</b>







### Your usage snapshot - Continued

<b>Current electric usage for meter number 177361</b>	
Actual reading on Oct 28	16245
Previous reading on Sep 26	- 16104
<hr/>	
Energy Used	141 kWh
Billed kWh	141.000 kWh

### Billing details - Electric

<b>Billing Period - Sep 26 24 to Oct 28 24</b>	
<b>Meter - 177361</b>	
Customer Charge	\$16.02
Energy Charge	
141.000 kWh @ 9.419c	13.28
Fuel Charge	
141.000 kWh @ 4.670c	6.58
Asset Securitization Charge	
141.000 kWh @ 0.197c	0.28
<hr/>	
<b>Total Current Charges</b>	<b>\$36.16</b>

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$2.58
Regulatory Assessment Fee	0.03
Gross Receipts Tax	0.93
County Optional Tax	0.56
<hr/>	
<b>Total Taxes</b>	<b>\$4.10</b>



**Service address**  
 LP WATERWORKS INC  
 160 COUNTY ROAD 29  
 CAMP FL SEWAGE

**Bill date** Oct 7, 2024  
**For service** Sep 6 - Oct 3  
 28 days

**Account number** 9100 8906 3901

**Billing summary**

Previous Amount Due	\$563.71
Payment Received Sep 30	-563.71
Current Electric Charges	466.64
Taxes	52.86
<b>Total Amount Due Oct 28</b>	<b>\$519.50</b>

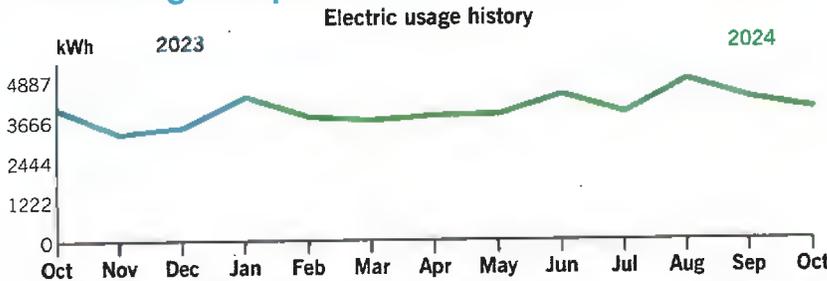


Thank you for your payment.

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energy-savings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to [duke-energy.com/FreeBizCheck](http://duke-energy.com/FreeBizCheck) or email [prescriptiveincentives@duke-energy.com](mailto:prescriptiveincentives@duke-energy.com).

To help us repair malfunctioning streetlights, quickly: 1. Visit [duke-energy.com/lightrepair](http://duke-energy.com/lightrepair) 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.

**Your usage snapshot**



**Average temperature in degrees**

74° 69° 64° 63° 62° 70° 70° 79° 79° 81° 80° 80° 79°

	Current Month	Oct 2023	12-Month Usage	Avg Monthly Usage
Electric (kWh)	4,000	4,035	47,835	3,986
Avg. Daily (kWh)	143	139	131	

12-month usage based on most recent history

Entered: [Signature]  
 COA Code: 215  
 Approved: [Signature]  
 Paid: EFT 103024  
 Date: 10/30/24

**Mail your payment at least 7 days before the due date** or pay instantly at [duke-energy.com/billing](http://duke-energy.com/billing). Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail  
 PO Box 1090  
 Charlotte, NC 28201-1090

Account number  
**9100 8906 3901**

**Amount of automatic draft**

**\$519.50**  
 by Oct 28

Your payment is scheduled to be made by monthly automatic draft on Oct 28

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Add here, to help others with a contribution to Share the Light **Amount enclosed**

033080 000001427



LP WATERWORKS INC  
 ATTN: AMY WILLIAMS  
 4939 CROSS BAYOU BLVD  
 NEW PORT RICHEY FL 34652-3434



Duke Energy Payment Processing  
 PO Box 1094  
 Charlotte, NC 28201-1094

### Your usage snapshot - Continued

Current Electric Usage		
<u>Meter Number</u>	<u>Usage Type</u>	<u>Billing Period</u>
177387	Actual	Sep 6 - Oct 3
<u>Usage Values</u>		
Billed kWh		4,000.486 kWh
Billed Demand kW		10.080 kW
Load Factor		59.06 %

### Billing details - Electric

Billing Period - Sep 06 24 to Oct 03 24	
Meter - 177387	
Customer Charge	\$16.51
Energy Charge 4,000.486 kWh @ 3.432c	137.29
Fuel Charge 4,000.486 kWh @ 4.670c	186.82
Demand Charge 10.080 kW @ \$11.80	118.94
Asset Securitization Charge 4,000.486 kWh @ 0.177c	7.08
<b>Total Current Charges</b>	<b>\$466.64</b>

Your current rate is General Service Demand Sec (GSD-1).

For a complete listing of all Florida rates and riders, visit [duke-energy.com/rates](http://duke-energy.com/rates)

### Billing details - Taxes

State And Other Taxes	\$33.29
Regulatory Assessment Fee	0.41
Gross Receipts Tax	11.98
County Optional Tax	7.18
<b>Total Taxes</b>	<b>\$52.86</b>







## Your usage snapshot - Continued

<b>Current electric usage for meter number 177361</b>	
Actual reading on Jun 27	13144
Previous reading on May 26	- 12874
<hr/>	
Energy Used	270 kWh
Billed kWh	270.000 kWh

## Billing details - Electric

<b>Billing Period - May 26 23 to Jun 27 23</b>	
<b>Meter - 177361</b>	
Customer Charge	\$15.55
Energy Charge	
270.000 kWh @ 10.278c	27.75
Fuel Charge	
270.000 kWh @ 5.630c	15.20
Asset Securitization Charge	
270.000 kWh @ 0.179c	0.48
<hr/>	
<b>Total Current Charges</b>	<b>\$58.98</b>

Your current rate is General Service Non-Demand Sec (GS-1).

## Billing details - Taxes

State And Other Taxes	\$4.19
Regulatory Assessment Fee	0.04
Gross Receipts Tax	1.51
County Optional Tax	0.91
<hr/>	
<b>Total Taxes</b>	<b>\$6.65</b>



## 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: The Woodlands Plant #1 PWS I.D. #: 628-0304  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 100 Shoreline Dr.  
 City: Lake Placid ZIP Code: 33852  
 Phone #: 727-848-8292 Fax #: 727-849-4219 E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: F2402347001 Sample Date: 4-15-24 Sample Time: 13:00 AM PM (Circle One)  
 Sample Location (be specific): POE @ WTP 1 Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.8 mg/L Field pH: 7.7

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

- Routine Compliance with 62-550
- Replacement (of Invalidated Sample)
- Confirmation of MCL Exceedance\*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites\*\*
- Clearance (permitting)
- Other: \_\_\_\_\_

Sampling Procedure Used or Other Comments:

Primary's/Secondary's/VCCs

\*See 62-550.500(8) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

### SAMPLER CERTIFICATION

I, Cj Berish \_\_\_\_\_, Lead Operator \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: 4-15-24

Certified Operator #: B28149 Phone #: 863-991-1828 Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: Cjberish@uswatercorp.net



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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: F2402347001

PWS ID (From Page 1): 6280304

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.023	U	EPA 300.0	0.023	04/16/2024	13:32	E84492
1041	Nitrite (as N)	1	mg/L	0.018	U	EPA 300.0	0.018	04/16/2024	13:32	E84492
1005	Arsenic	0.01	mg/L	0.00025	U	EPA 200.8	0.00025	04/17/2024	23:57	E82574
1010	Barium	2	mg/L	0.028		EPA 200.8	0.00050	04/17/2024	23:57	E82574
1015	Cadmium	0.005	mg/L	0.00025	U	EPA 200.8	0.00025	04/17/2024	23:57	E82574
1020	Chromium	0.1	mg/L	0.0050	U	EPA 200.7	0.0050	04/25/2024	09:44	E84589
1024	Cyanide	0.2	mg/L	0.0040	U	SM 4500-CN-E	0.0040	04/23/2024	12:16	E84589
1025	Fluoride	4	mg/L	0.036	U	EPA 300.0	0.036	04/16/2024	13:32	E84492
1030	Lead	0.015	mg/L	0.00050	U	EPA 200.8	0.00050	04/17/2024	23:57	E82574
1035	Mercury	0.002	mg/L	0.000011	U	EPA 245.1	0.000011	04/22/2024	13:27	E84589
1036	Nickel	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/25/2024	09:44	E84589
1045	Selenium	0.05	mg/L	0.0012	U	EPA 200.8	0.0012	04/17/2024	23:57	E82574
1052	Sodium	160	mg/L	4.9		EPA 200.7	0.80	04/25/2024	09:44	E84589
1074	Antimony	0.006	mg/L	0.0010	U	EPA 200.8	0.0010	04/17/2024	23:57	E82574
1075	Beryllium	0.004	mg/L	0.0020	U	EPA 200.7	0.0020	04/25/2024	09:44	E84589
1085	Thallium	0.002	mg/L	0.00025	U	EPA 200.8	0.00025	04/17/2024	23:57	E82574

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: F2402347001

PWS ID (From Page 1): 6280304

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.021	04/25/2024	09:44	E84589
1017	Chloride	250	mg/L	13		EPA 300.0	0.12	04/16/2024	13:32	E84492
1022	Copper	1	mg/L	0.0033	I	EPA 200.8	0.0010	04/18/2024	19:20	E82574
1025	Fluoride	2	mg/L	0.036	U	EPA 300.0	0.036	04/16/2024	13:32	E84492
1028	Iron	0.3	mg/L	0.018	I	EPA 200.7	0.0067	04/25/2024	09:44	E84589
1032	Manganese	0.05	mg/L	0.0036	I	EPA 200.8	0.0010	04/17/2024	23:57	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	04/17/2024	23:57	E82574
1055	Sulfate	250	mg/L	2.8	I	EPA 300.0	0.076	04/16/2024	13:32	E84492
1095	Zinc	5	mg/L	0.0063	I	EPA 200.8	0.0060	04/17/2024	23:57	E82574
1905	Color	15	CU	5.0	U	SM 2120 B	5.0	04/16/2024	16:15	E84492
1920	Odor	3	TON	1.0		SM 2150 B	1.0	04/16/2024	15:00	E84492
1925	pH (field pH from page 1)	6.5 - 8.5		7.51	Q	SM 4500H+B		04/16/2024	14:42	E84492
1930	Total Dissolved Solids	500	mg/L	180		SM 2540 C	10	04/17/2024	13:03	E84492
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/17/2024	12:00	E82001

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code 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

VOLATILE ORGANICS  
62-550.310(4)(a)

Report Number / Job ID: F2402347001

PWS ID (From Page 1): 6280304

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/20/2024	08:27	E84589
2380	cis-1,2-Dichloroethylene	70	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/20/2024	08:27	E84589
2955	Xylenes (total)	10000	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/20/2024	08:27	E84589
2964	Dichloromethane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/20/2024	08:27	E84589
2968	o-Dichlorobenzene	600	ug/L	0.39	U	EPA 524.2	0.39	0.5	04/20/2024	08:27	E84589
2969	para-Dichlorobenzene	75	ug/L	0.33	U	EPA 524.2	0.33	0.5	04/20/2024	08:27	E84589
2976	Vinyl Chloride	1	ug/L	0.29	U	EPA 524.2	0.29	0.5	04/20/2024	08:27	E84589
2977	1,1-Dichloroethylene	7	ug/L	0.22	U	EPA 524.2	0.22	0.5	04/20/2024	08:27	E84589
2979	trans-1,2-Dichloroethylene	100	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/20/2024	08:27	E84589
2980	1,2-Dichloroethane	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	04/20/2024	08:27	E84589
2981	1,1,1-Trichloroethane	200	ug/L	0.29	U	EPA 524.2	0.29	0.5	04/20/2024	08:27	E84589
2982	Carbon tetrachloride	3	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/20/2024	08:27	E84589
2983	1,2-Dichloropropane	5	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/20/2024	08:27	E84589
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	04/20/2024	08:27	E84589
2985	1,1,2-Trichloroethane	5	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/20/2024	08:27	E84589
2987	Tetrachloroethylene	3	ug/L	0.42	U	EPA 524.2	0.42	0.5	04/20/2024	08:27	E84589
2989	Monochlorobenzene	100	ug/L	0.36	U	EPA 524.2	0.36	0.5	04/20/2024	08:27	E84589
2990	Benzene	1	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/20/2024	08:27	E84589
2991	Toluene	1000	ug/L	0.33	U	EPA 524.2	0.33	0.5	04/20/2024	08:27	E84589
2992	Ethylbenzene	700	ug/L	0.31	U	EPA 524.2	0.31	0.5	04/20/2024	08:27	E84589
2996	Styrene	100	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/20/2024	08:27	E84589

**Note:** Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.





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**FINAL**

**Workorder:** The Woodlands Plant 1 62-550 (F2402347)

May 06, 2024

Melisa Rotteveel  
US Water Services  
4939 Cross Bayou Blvd.  
New Port Richey, FL 34652

RE: Workorder: F2402347 The Woodlands Plant 1 62-550

Dear Melisa Rotteveel:

Enclosed are the analytical results for sample(s) received by the laboratory on Monday April 15, 2024. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Jennifer Mazen, Project Manager  
JMazen@aellab.com





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**FINAL**

**Workorder:** The Woodlands Plant 1 62-550 (F2402347)

**Sample Summary**

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
F2402347001	POE	DW	EPA 200.7	04/15/2024 13:00	04/15/2024 15:05	6	NA
F2402347001	POE	DW	EPA 200.8	04/15/2024 13:00	04/15/2024 15:05	11	NA
F2402347001	POE	DW	EPA 245.1	04/15/2024 13:00	04/15/2024 15:05	1	NA
F2402347001	POE	DW	EPA 300.0	04/15/2024 13:00	04/15/2024 15:05	5	NA
F2402347001	POE	DW	EPA 524.2	04/15/2024 13:00	04/15/2024 15:05	21	NA
F2402347001	POE	DW	SM 2120 B	04/15/2024 13:00	04/15/2024 15:05	1	NA
F2402347001	POE	DW	SM 2150 B	04/15/2024 13:00	04/15/2024 15:05	1	NA
F2402347001	POE	DW	SM 2540 C	04/15/2024 13:00	04/15/2024 15:05	1	NA
F2402347001	POE	DW	SM 4500-CN-E	04/15/2024 13:00	04/15/2024 15:05	1	NA
F2402347001	POE	DW	SM 4500H+B	04/15/2024 13:00	04/15/2024 15:05	1	NA
F2402347001	POE	DW	SM 5540 C	04/15/2024 13:00	04/15/2024 15:05	1	NA

**Certificate of Analysis**

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**FINAL**

Workorder: The Woodlands Plant 1 62-550 (F2402347)

**Workorder Summary**

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**Method Comments**

COLR-SM-W

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**FINAL**

**Workorder:** The Woodlands Plant 1 62-550 (F2402347)

## QC Results Qualifiers

---

### Parameter Qualifiers

- U The compound was analyzed for but not detected.
- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- Q Missed Hold Time

### Lab Qualifiers

- F DOH Certification #E84492 (FL NELAC) AEL-Ft. Myers
- G DOH Certification #E82001 (FL NELAC) AEL-Gainesville
- J DOH Certification #E82574 (FL NELAC) AEL-Jacksonville  
DOD-ELAP Certification #L23-514 (ISO/IEC 17025:2017) AEL-Jacksonville
- T DOH Certification #E84589 (FL NELAC) AEL-Tampa

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**FINAL**

Workorder: The Woodlands Plant 1 62-550 (F2402347)

**QC Results**

QC Batch: CVAI/2211  
 Preparation Method: EPA 245.1  
 Associated Lab IDs: F2402347001

Analysis Method: EPA 245.1

Method Blank(5265371)

Parameter	Results	Units	PQL	MDL	Lab
Mercury	0.000011 U	mg/L	0.00010	0.000011	T

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**FINAL**

Workorder: The Woodlands Plant 1 62-550 (F2402347)

**QC Results**

QC Batch: ICMj/4235  
 Preparation Method: EPA 200.8  
 Associated Lab IDs: F2402347001

Analysis Method: EPA 200.8

**Method Blank(5262436)**

Parameter	Results	Units	PQL	MDL	Lab
Manganese	0.0010 U	mg/L	0.0040	0.0010	J
Copper	0.0010 U	mg/L	0.0040	0.0010	J
Zinc	0.0060 U	mg/L	0.024	0.0060	J
Arsenic	0.00025 U	mg/L	0.0010	0.00025	J
Selenium	0.0012 U	mg/L	0.0050	0.0012	J
Silver	0.00050 U	mg/L	0.0020	0.00050	J
Cadmium	0.00025 U	mg/L	0.0010	0.00025	J
Antimony	0.0010 U	mg/L	0.0040	0.0010	J
Barium	0.00050 U	mg/L	0.0020	0.00050	J
Thallium	0.00025 U	mg/L	0.0010	0.00025	J
Lead	0.00050 U	mg/L	0.0020	0.00050	J

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**FINAL**

Workorder: The Woodlands Plant 1 62-550 (F2402347)

**QC Results**

QC Batch: ICPV4698  
 Preparation Method: EPA 200.7  
 Associated Lab IDs: F2402347001

Analysis Method: EPA 200.7

**Method Blank(5273885)**

Parameter	Results	Units	PQL	MDL	Lab
Aluminum	0.021 U	mg/L	0.10	0.021	T
Beryllium	0.0020 U	mg/L	0.010	0.0020	T
Chromium	0.0050 U	mg/L	0.010	0.0050	T
Iron	0.0067 U	mg/L	0.10	0.0067	T
Sodium	0.80 U	mg/L	1.0	0.80	T
Nickel	0.0080 U	mg/L	0.010	0.0080	T

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**FINAL**

**Workorder:** The Woodlands Plant 1 62-550 (F2402347)

**QC Results**

**QC Batch:** MSV09071  
**Preparation Method:** EPA 524.2  
**Associated Lab IDs:** F2402347001

**Analysis Method:** EPA 524.2

**Method Blank(5268055)**

Parameter	Results	Units	PQL	MDL	Lab
Vinyl Chloride	0.29 U	ug/L	1.0	0.29	T <sup>A</sup>
1,1-Dichloroethylene	0.22 U	ug/L	1.0	0.22	T <sup>A</sup>
Methylene Chloride	0.44 U	ug/L	1.0	0.44	T <sup>A</sup>
trans-1,2-Dichloroethylene	0.21 U	ug/L	1.0	0.21	T <sup>A</sup>
cis-1,2-Dichloroethylene	0.27 U	ug/L	1.0	0.27	T <sup>A</sup>
1,2-Dichloroethane	0.24 U	ug/L	1.0	0.24	T <sup>A</sup>
1,1,1-Trichloroethane	0.29 U	ug/L	1.0	0.29	T <sup>A</sup>
Carbon Tetrachloride	0.25 U	ug/L	1.0	0.25	T <sup>A</sup>
Benzene	0.26 U	ug/L	1.0	0.26	T <sup>A</sup>
1,2-Dichloropropane	0.26 U	ug/L	1.0	0.26	T <sup>A</sup>
Trichloroethene	0.14 U	ug/L	1.0	0.14	T <sup>A</sup>
1,1,2-Trichloroethane	0.27 U	ug/L	1.0	0.27	T <sup>A</sup>
Toluene	0.33 U	ug/L	1.0	0.33	T <sup>A</sup>
Tetrachloroethylene (PCE)	0.42 U	ug/L	1.0	0.42	T <sup>A</sup>
Chlorobenzene	0.36 U	ug/L	1.0	0.36	T <sup>A</sup>
Ethylbenzene	0.31 U	ug/L	1.0	0.31	T <sup>A</sup>
Styrene	0.25 U	ug/L	1.0	0.25	T <sup>A</sup>
1,4-Dichlorobenzene	0.33 U	ug/L	1.0	0.33	T <sup>A</sup>
1,2-Dichlorobenzene	0.39 U	ug/L	1.0	0.39	T <sup>A</sup>
1,2,4-Trichlorobenzene	0.44 U	ug/L	1.0	0.44	T <sup>A</sup>
Xylene (Total)	0.44 U	ug/L	3.0	0.44	T <sup>A</sup>

**Surrogates**

Parameter	Units	Spiked Amount	Spike Result	Spike Recovery	Control Limits	Lab
1,2-Dichloroethane-d4 (S)	ug/L	50	53	107	70 - 130	T
Bromofluorobenzene (S)	ug/L	50	56	112	70 - 130	T
Toluene-d8 (S)	ug/L	50	54	108	70 - 130	T





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**FINAL**

Workorder: The Woodlands Plant 1 62-550 (F2402347)

**QC Results**

QC Batch: WCAf/4900  
 Preparation Method: SM 2540 C  
 Associated Lab IDs: F2402347001

Analysis Method: SM 2540 C

**Method Blank(5261134)**

Parameter	Results	Units	PQL	MDL	Lab
Total Dissolved Solids	10 U	mg/L	10	10	F

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**FINAL**

**Workorder:** The Woodlands Plant 1 62-550 (F2402347)

**QC Results**

**QC Batch:** WCA/4920  
**Preparation Method:** EPA 300.0  
**Associated Lab IDs:** F2402347001

**Analysis Method:** EPA 300.0

**Method Blank(5264530)**

Parameter	Results	Units	PQL	MDL	Lab
Fluoride	0.036 U	mg/L	0.50	0.036	F
Chloride	0.12 U	mg/L	5.0	0.12	F
Nitrite (as N)	0.018 U	mg/L	0.50	0.018	F
Nitrate (as N)	0.023 U	mg/L	0.50	0.023	F
Sulfate	0.076 U	mg/L	5.0	0.076	F

**Method Blank(5264535)**

Parameter	Results	Units	PQL	MDL	Lab
Fluoride	0.036 U	mg/L	0.50	0.036	F
Chloride	0.12 U	mg/L	5.0	0.12	F
Nitrite (as N)	0.018 U	mg/L	0.50	0.018	F
Nitrate (as N)	0.023 U	mg/L	0.50	0.023	F
Sulfate	0.076 U	mg/L	5.0	0.076	F







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**FINAL**

**Workorder:** The Woodlands Plant 1 62-550 (F2402347)

**QC Results**

**QC Batch:** WCA1/29442  
**Preparation Method:** SM 4500-CN-E  
**Associated Lab IDs:** F2402347001

**Analysis Method:** SM 4500-CN-E

**Method Blank(5275886)**

Parameter	Results	Units	PQL	MDL	Lab
Cyanide	0.0040 U	mg/L	0.010	0.0040	T

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**FINAL**

**Workorder:** The Woodlands Plant 1 62-550 (F2402347)

**QC Cross Reference**

Lab ID	Sample ID	Prep Batch	Prep Method
<b>CVAf/2211 - EPA 245.1</b>			
F2402347001	POE	DGM/7628	EPA 245.1
<b>ICMj/4235 - EPA 200.8</b>			
F2402347001	POE		
<b>ICP/4698 - EPA 200.7</b>			
F2402347001	POE		
<b>MSVf/9071 - EPA 524.2</b>			
F2402347001	POE		
<b>WCAf/4887 - SM 2150 B</b>			
F2402347001	POE		
<b>WCAf/4900 - SM 2540 C</b>			
F2402347001	POE		
<b>WCAf/4905 - SM 2120 B</b>			
F2402347001	POE		
<b>WCAf/4915 - SM 4500H+B</b>			
F2402347001	POE		
<b>WCAf/4920 - EPA 300.0</b>			
F2402347001	POE		
<b>WCAg/15839 - SM 5540 C</b>			
F2402347001	POE		
<b>WCAf/29442 - SM 4500-CN-E</b>			
F2402347001	POE		

**Certificate of Analysis**

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## 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: The Woodlands Plant #2 PWS I.D. #: 628-0304  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 5 Hidden Cove.  
 City: Lake Placid ZIP Code: 33852  
 Phone #: 727-848-8292 Fax #: 727-849-4219 E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: F2402348001 Sample Date: 4-15-24 Sample Time: 13:30 AM PM (Circle One)  
 Sample Location (be specific): POE @ WTP 2 Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH: 7.6

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

- Routine Compliance with 62-550
- Replacement (of Invalidated Sample)
- Confirmation of MCL Exceedance\*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites\*\*
- Clearance (permitting)
- Other: \_\_\_\_\_

Sampling Procedure Used or Other Comments:

Primary's / Secondary's / VOCs

\*See 62-550.600(6) for requirements and restrictions.  
And 62-550.612(3) for nitrate or nitrite exceedances.

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

### SAMPLER CERTIFICATION

I, Cj Berish \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: 4-15-24  
 Certified Operator #: B28149 Phone #: 863-991-1828 Sampler's Fax #: \_\_\_\_\_  
 Sampler's E-mail: Cjberish@uswatercorp.net

# 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)

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E84492 Certification Expiration Date: 06/30/2024

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 13100 Westlinks Terrace, Unit 10, Ft. Myers, FL 33913 Phone #: (239) 674-8130

Were any analyses subcontracted  Yes  No If yes, please provide DOH certification number(s): E84589,E82001,E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 04/15/2024

PWS ID: (From Page 1): 6280304 Sample Number (From Page 1): F2402348001 Lab Assigned Report # Or Job ID: F2402348

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

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

## LAB CERTIFICATION

I, Jennifer Mazen, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: *Jennifer Mazen* Date: 05/06/2024

\* 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.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES**

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

**COMPLIANCE DETERMINATION**(to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1. 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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: F2402348001

PWS ID (From Page 1): 6280304

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.070	I	EPA 300.0	0.023	04/16/2024	13:46	E84492
1041	Nitrite (as N)	1	mg/L	0.018	U	EPA 300.0	0.018	04/16/2024	13:46	E84492
1005	Arsenic	0.01	mg/L	0.00025	U	EPA 200.8	0.00025	04/18/2024	00:03	E82574
1010	Barium	2	mg/L	0.014		EPA 200.8	0.00050	04/18/2024	00:03	E82574
1015	Cadmium	0.005	mg/L	0.00025	U	EPA 200.8	0.00025	04/18/2024	00:03	E82574
1020	Chromium	0.1	mg/L	0.0050	U	EPA 200.7	0.0050	04/25/2024	09:46	E84589
1024	Cyanide	0.2	mg/L	0.0040	U	SM 4500-CN-E	0.0040	04/23/2024	12:18	E84589
1025	Fluoride	4	mg/L	0.036	U	EPA 300.0	0.036	04/16/2024	13:46	E84492
1030	Lead	0.015	mg/L	0.00050	U	EPA 200.8	0.00050	04/18/2024	00:03	E82574
1035	Mercury	0.002	mg/L	0.000011	U	EPA 245.1	0.000011	04/22/2024	13:30	E84589
1036	Nickel	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/25/2024	09:46	E84589
1045	Selenium	0.05	mg/L	0.0012	U	EPA 200.8	0.0012	04/18/2024	00:03	E82574
1052	Sodium	160	mg/L	4.7		EPA 200.7	0.80	04/25/2024	09:46	E84589
1074	Antimony	0.006	mg/L	0.0010	U	EPA 200.8	0.0010	04/18/2024	00:03	E82574
1075	Beryllium	0.004	mg/L	0.0020	U	EPA 200.7	0.0020	04/25/2024	09:46	E84589
1085	Thallium	0.002	mg/L	0.00025	U	EPA 200.8	0.00025	04/18/2024	00:03	E82574

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code 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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: F2402348001

PWS ID (From Page 1): 6280304

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.021	04/25/2024	09:46	E84589
1017	Chloride	250	mg/L	12		EPA 300.0	0.12	04/16/2024	13:46	E84492
1022	Copper	1	mg/L	0.0026	I	EPA 200.8	0.0010	04/18/2024	19:26	E82574
1025	Fluoride	2	mg/L	0.036	U	EPA 300.0	0.036	04/16/2024	13:46	E84492
1028	Iron	0.3	mg/L	0.058	I	EPA 200.7	0.0067	04/25/2024	09:46	E84589
1032	Manganese	0.05	mg/L	0.0025	I	EPA 200.8	0.0010	04/18/2024	00:03	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	04/18/2024	00:03	E82574
1055	Sulfate	250	mg/L	2.2	I	EPA 300.0	0.076	04/16/2024	13:46	E84492
1095	Zinc	5	mg/L	0.0093	I	EPA 200.8	0.0060	04/18/2024	00:03	E82574
1905	Color	15	CU	5.0	U	SM 2120 B	5.0	04/16/2024	16:15	E84492
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/16/2024	15:00	E84492
1925	pH (field pH from page 1)	6.5 - 8.5		7.02	Q	SM 4500H+B		04/16/2024	14:42	E84492
1930	Total Dissolved Solids	500	mg/L	120		SM 2540 C	10	04/17/2024	13:03	E84492
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/17/2024	12:00	E82001

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code 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

VOLATILE ORGANICS  
62-550.310(4)(a)

Report Number / Job ID: F2402348001

PWS ID (From Page 1): 6280304

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/20/2024	08:52	E84589
2380	cis-1,2-Dichloroethylene	70	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/20/2024	08:52	E84589
2955	Xylenes (total)	10000	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/20/2024	08:52	E84589
2964	Dichloromethane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/20/2024	08:52	E84589
2968	o-Dichlorobenzene	600	ug/L	0.39	U	EPA 524.2	0.39	0.5	04/20/2024	08:52	E84589
2969	para-Dichlorobenzene	75	ug/L	0.33	U	EPA 524.2	0.33	0.5	04/20/2024	08:52	E84589
2976	Vinyl Chloride	1	ug/L	0.29	U	EPA 524.2	0.29	0.5	04/20/2024	08:52	E84589
2977	1,1-Dichloroethylene	7	ug/L	0.22	U	EPA 524.2	0.22	0.5	04/20/2024	08:52	E84589
2979	trans-1,2-Dichloroethylene	100	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/20/2024	08:52	E84589
2980	1,2-Dichloroethane	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	04/20/2024	08:52	E84589
2981	1,1,1-Trichloroethane	200	ug/L	0.29	U	EPA 524.2	0.29	0.5	04/20/2024	08:52	E84589
2982	Carbon tetrachloride	3	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/20/2024	08:52	E84589
2983	1,2-Dichloropropane	5	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/20/2024	08:52	E84589
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	04/20/2024	08:52	E84589
2985	1,1,2-Trichloroethane	5	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/20/2024	08:52	E84589
2987	Tetrachloroethylene	3	ug/L	0.42	U	EPA 524.2	0.42	0.5	04/20/2024	08:52	E84589
2989	Monochlorobenzene	100	ug/L	0.36	U	EPA 524.2	0.36	0.5	04/20/2024	08:52	E84589
2990	Benzene	1	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/20/2024	08:52	E84589
2991	Toluene	1000	ug/L	0.33	U	EPA 524.2	0.33	0.5	04/20/2024	08:52	E84589
2992	Ethylbenzene	700	ug/L	0.31	U	EPA 524.2	0.31	0.5	04/20/2024	08:52	E84589
2996	Styrene	100	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/20/2024	08:52	E84589

**Note:** Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code 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.



Advanced  
Environmental Laboratories, Inc.

- Altamonte Springs: 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1534 • Lab ID: E63076
- Fort Myers: 13100 Westlake Terrace, Ste. 10, FL 33913 • 239.674.8130 • Lab ID: E94492
- Jacksonville: 6601 Southpoint Pkwy., FL 32216 • 904.383.9350 • Lab ID: E92574
- Tallahassee: 2536 North Monroe St., Suite D, FL 32303 • 850.219.5274 • Lab ID: E811095

- Gainesville: 4565
- Miramar: 10200 US
- Tampa: 9610 Palmetto



Client Name: <b>US Water</b>		Project Name: <b>The Woodlands Plant 2</b>		BOTTLE SIZE & TYPE 2x 250P lot 03289011 1Lier AG lot2048007 500P HDPE lot2068015 250AG lot2048006 250P lot 2068014 3x40ml CGV lot2102004															
Address: <b>4939 Cross Bayou</b>		Project Number: <b>DWTP 62-550</b>																	
<b>New Port Richey, FL</b>		PO Number:																	
Phone: <b>727-848-8292</b>		FDEP Facility No: <b>6280304</b>																	
FAX: <b>727-849-4219</b>		FDEP Facility Addr:																	
Contact: <b>Tonya Luning</b>		Special Instructions: AA lot2HL0128; NaThio lot2KJD410; HCl 4121070 ex0824																	
Sampled By: <b>Cj Benish</b>		Special Instructions: HNO3 lot1FZ311-01 ex0524; NaOH lotLR11M1 ex0824; NaThio lot 2KJD410 ;MCAA lotLR1-1L1 ex0824																	
Turn Around Time: <b>Standard X Rush</b>		AEL Profile #:																	
AEL Profile #:		ADaPT EQUIS Other																	
SAMPLE ID		SAMPLE DESCRIPTION				Grab Comp		SAMPLING DATE TIME		MATRIX		NO. COUNT		ANALYSIS REQUIRED Prim/Sec Metals + Hg, U Prim/Sec Wet MBAS Cyanide F 524 VOC		LABORATORY I.D. NUMBER			
POE		Entry to Distribution		Grab		4-15 13:30		DW		9		N I I NaOH I MBAS						001	

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = Ice H = (HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) 3.2 °C Temp. when received (corrected) 3.2 °C

DCN: AD-D051web Form last revised 08/07/2019 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V **(F: 1A)**

	Relinquished by:	Date	Time	Received by:	Date	Time
1	<i>[Signature]</i>	4-15	1505	<i>[Signature]</i>	4/15/2019	1405
2	<i>[Signature]</i>	4/16/2019	1410	<i>[Signature]</i>	4/16/2019	1410
3						
4						

**FOR DRINKING WATER USE:**

(When PWS information not otherwise supplied) PWS ID: 628-0304

Contact Person: Cj Benish

Supplier of Water: U.S. Water

Site Address: 5 Hidden Cove



Advanced Environmental Laboratories, Inc  
13100 Westlinks Terrace, Unit 10 Ft. Myers FL 33913  
Payments: P.O. Box 551580 Jacksonville, FL 32255-1580  
Phone: (239) 674-8130  
Fax: (239) 674-8128

**FINAL**

**Workorder: The Woodlands Plant 2 62-550 (F2402348)**

May 06, 2024

Melisa Rotteveel  
US Water Services  
4939 Cross Bayou Blvd.  
New Port Richey, FL 34652

RE: Workorder: F2402348 The Woodlands Plant 2 62-550

Dear Melisa Rotteveel:

Enclosed are the analytical results for sample(s) received by the laboratory on Monday April 15, 2024. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Jennifer Mazen, Project Manager  
JMazen@aellab.com

**Certificate of Analysis**

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 Fax: (239) 674-8128

**FINAL**

**Workorder: The Woodlands Plant 2 62-550 (F2402348)**

**Sample Summary**

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
F2402348001	POE	DW	EPA 200.7	04/15/2024 13:30	04/15/2024 15:05	6	NA
F2402348001	POE	DW	EPA 200.8	04/15/2024 13:30	04/15/2024 15:05	11	NA
F2402348001	POE	DW	EPA 245.1	04/15/2024 13:30	04/15/2024 15:05	1	NA
F2402348001	POE	DW	EPA 300.0	04/15/2024 13:30	04/15/2024 15:05	5	NA
F2402348001	POE	DW	EPA 524.2	04/15/2024 13:30	04/15/2024 15:05	21	NA
F2402348001	POE	DW	SM 2120 B	04/15/2024 13:30	04/15/2024 15:05	1	NA
F2402348001	POE	DW	SM 2150 B	04/15/2024 13:30	04/15/2024 15:05	1	NA
F2402348001	POE	DW	SM 2540 C	04/15/2024 13:30	04/15/2024 15:05	1	NA
F2402348001	POE	DW	SM 4500-CN-E	04/15/2024 13:30	04/15/2024 15:05	1	NA
F2402348001	POE	DW	SM 4500H+B	04/15/2024 13:30	04/15/2024 15:05	1	NA
F2402348001	POE	DW	SM 5540 C	04/15/2024 13:30	04/15/2024 15:05	1	NA





Advanced Environmental Laboratories, Inc  
13100 Westlinks Terrace, Unit 10 Ft. Myers FL 33913  
Payments: P.O. Box 551580 Jacksonville, FL 32255-1580  
Phone: (239) 674-8130  
Fax: (239) 674-8128

**FINAL**

**Workorder:** The Woodlands Plant 2 62-550 (F2402348)

**Workorder Summary**

---

**Method Comments**

COLR-SM-W

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Fax: (239) 674-8128

**FINAL**

Workorder: The Woodlands Plant 2 62-550 (F2402348)

## QC Results Qualifiers

---

### Parameter Qualifiers

- U The compound was analyzed for but not detected.
- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- Q Missed Hold Time

### Lab Qualifiers

- F DOH Certification #E84492 (FL NELAC) AEL-Ft. Myers
- G DOH Certification #E82001 (FL NELAC) AEL-Gainesville
- J DOH Certification #E82574 (FL NELAC) AEL-Jacksonville  
DOD-ELAP Certification #L23-514 (ISO/IEC 17025:2017) AEL-Jacksonville
- T DOH Certification #E84589 (FL NELAC) AEL-Tampa

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 Fax: (239) 674-8128

**FINAL**

**Workorder:** The Woodlands Plant 2 62-550 (F2402348)

**QC Results**

**QC Batch:** CVA1/2211  
**Preparation Method:** EPA 245.1  
**Associated Lab IDs:** F2402348001

**Analysis Method:** EPA 245.1

**Method Blank(5265371)**

Parameter	Results	Units	PQL	MDL	Lab
Mercury	0.000011 U	mg/L	0.00010	0.000011	T

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 Phone: (239) 674-8130  
 Fax: (239) 674-8128

**FINAL**

**Workorder: The Woodlands Plant 2 62-550 (F2402348)**

**QC Results**

**QC Batch:** ICMj/4235  
**Preparation Method:** EPA 200.8  
**Associated Lab IDs:** F2402348001

**Analysis Method:** EPA 200.8

**Method Blank(5262436)**

Parameter	Results	Units	PQL	MDL	Lab
Manganese	0.0010 U	mg/L	0.0040	0.0010	J
Copper	0.0010 U	mg/L	0.0040	0.0010	J
Zinc	0.0060 U	mg/L	0.024	0.0060	J
Arsenic	0.00025 U	mg/L	0.0010	0.00025	J
Selenium	0.0012 U	mg/L	0.0050	0.0012	J
Silver	0.00050 U	mg/L	0.0020	0.00050	J
Cadmium	0.00025 U	mg/L	0.0010	0.00025	J
Antimony	0.0010 U	mg/L	0.0040	0.0010	J
Barium	0.00050 U	mg/L	0.0020	0.00050	J
Thallium	0.00025 U	mg/L	0.0010	0.00025	J
Lead	0.00050 U	mg/L	0.0020	0.00050	J





Advanced Environmental Laboratories, Inc  
 13100 Westlinks Terrace, Unit 10 Ft. Myers FL 33913  
 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580  
 Phone: (239) 674-8130  
 Fax: (239) 674-8128

**FINAL**

**Workorder:** The Woodlands Plant 2 62-550 (F2402348)

**QC Results**

**QC Batch:** ICPV4698  
**Preparation Method:** EPA 200.7  
**Associated Lab IDs:** F2402348001

**Analysis Method:** EPA 200.7

**Method Blank(5273885)**

Parameter	Results	Units	PQL	MDL	Lab
Aluminum	0.021 U	mg/L	0.10	0.021	T
Beryllium	0.0020 U	mg/L	0.010	0.0020	T
Chromium	0.0050 U	mg/L	0.010	0.0050	T
Iron	0.0067 U	mg/L	0.10	0.0067	T
Sodium	0.80 U	mg/L	1.0	0.80	T
Nickel	0.0080 U	mg/L	0.010	0.0080	T

**Certificate of Analysis**

This report shall not be reproduced, except in full,  
 without the written consent of Advanced Environmental Laboratories, Inc.





**FINAL**

**Workorder:** The Woodlands Plant 2 62-550 (F2402348)

**QC Results**

**QC Batch:** MSV09071  
**Preparation Method:** EPA 524.2  
**Associated Lab IDs:** F2402348001

**Analysis Method:** EPA 524.2

**Method Blank(5268055)**

Parameter	Results	Units	PQL	MDL	Lab
Vinyl Chloride	0.29 U	ug/L	1.0	0.29	T^
1,1-Dichloroethylene	0.22 U	ug/L	1.0	0.22	T^
Methylene Chloride	0.44 U	ug/L	1.0	0.44	T^
trans-1,2-Dichloroethylene	0.21 U	ug/L	1.0	0.21	T^
cis-1,2-Dichloroethylene	0.27 U	ug/L	1.0	0.27	T^
1,2-Dichloroethane	0.24 U	ug/L	1.0	0.24	T^
1,1,1-Trichloroethane	0.29 U	ug/L	1.0	0.29	T^
Carbon Tetrachloride	0.25 U	ug/L	1.0	0.25	T^
Benzene	0.26 U	ug/L	1.0	0.26	T^
1,2-Dichloropropane	0.26 U	ug/L	1.0	0.26	T^
Trichloroethene	0.14 U	ug/L	1.0	0.14	T^
1,1,2-Trichloroethane	0.27 U	ug/L	1.0	0.27	T^
Toluene	0.33 U	ug/L	1.0	0.33	T^
Tetrachloroethylene (PCE)	0.42 U	ug/L	1.0	0.42	T^
Chlorobenzene	0.36 U	ug/L	1.0	0.36	T^
Ethylbenzene	0.31 U	ug/L	1.0	0.31	T^
Styrene	0.25 U	ug/L	1.0	0.25	T^
1,4-Dichlorobenzene	0.33 U	ug/L	1.0	0.33	T^
1,2-Dichlorobenzene	0.39 U	ug/L	1.0	0.39	T^
1,2,4-Trichlorobenzene	0.44 U	ug/L	1.0	0.44	T^
Xylene (Total)	0.44 U	ug/L	3.0	0.44	T^

**Surrogates**

Parameter	Units	Spiked Amount	Spike Result	Spike Recovery	Control Limits	Lab
1,2-Dichloroethane-d4 (S)	ug/L	50	53	107	70 - 130	T
Bromofluorobenzene (S)	ug/L	50	56	112	70 - 130	T
Toluene-d8 (S)	ug/L	50	54	108	70 - 130	T











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 Phone: (239) 674-8130  
 Fax: (239) 674-8128

**FINAL**

**Workorder:** The Woodlands Plant 2 62-550 (F2402348)

**QC Results**

**QC Batch:** WCA/29442  
**Preparation Method:** SM 4500-CN-E  
**Associated Lab IDs:** F2402348001

**Analysis Method:** SM 4500-CN-E

**Method Blank(5275886)**

Parameter	Results	Units	PQL	MDL	Lab
Cyanide	0.0040 U	mg/L	0.010	0.0040	T

**Certificate of Analysis**

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 without the written consent of Advanced Environmental Laboratories, Inc.





**FINAL**

**Workorder:** The Woodlands Plant 2 62-550 (F2402348)

**QC Cross Reference**

Lab ID	Sample ID	Prep Batch	Prep Method
<b>CVA/2211 - EPA 245.1</b>			
F2402348001	POE	DGM/7628	EPA 245.1
<b>ICM/4235 - EPA 200.8</b>			
F2402348001	POE		
<b>ICP/4698 - EPA 200.7</b>			
F2402348001	POE		
<b>MSV/9071 - EPA 524.2</b>			
F2402348001	POE		
<b>WCA/4887 - SM 2150 B</b>			
F2402348001	POE		
<b>WCA/4900 - SM 2540 C</b>			
F2402348001	POE		
<b>WCA/4905 - SM 2120 B</b>			
F2402348001	POE		
<b>WCA/4915 - SM 4500H+B</b>			
F2402348001	POE		
<b>WCA/4920 - EPA 300.0</b>			
F2402348001	POE		
<b>WCAg/15839 - SM 5540 C</b>			
F2402348001	POE		
<b>WCA/29442 - SM 4500-CN-E</b>			
F2402348001	POE		

**Certificate of Analysis**

This report shall not be reproduced, except in full,  
 without the written consent of Advanced Environmental Laboratories, Inc.



# 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: Woodlands PWS I.D. #: 628-0304  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 100 Shoreline Dr.  
 City: Lake Placid ZIP Code: 33852  
 Phone # 727-848-8292 Fax #: 727-849-4219 E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: F2404003001 Sample Date: 6/26/24 Sample Time: 7:20  AM  PM (Circle One)  
 Sample Location (be specific): POE @WTP #1 Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments:

SOcs

\*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.500(4) for requirements and attach a res page for each site.

## SAMPLER CERTIFICATION

I, Vincent Cautero Operator, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: Vincent Cautero Date: 6/26/2024

Certified Operator #: C30027 Phone #: 239-460-0884 Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: vcautero@usewatercorp.net



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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: F2404003001 PWS ID (From Page 1): 6280304

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0069	U	EPA 508	0.0069	0.01	07/01/2024	07/03/2024	20:50	E82574
2010	Lindane	0.2	ug/L	0.0071	U	EPA 508	0.0071	0.02	07/01/2024	07/03/2024	20:50	E82574
2015	Methoxychlor	40	ug/L	0.0068	U	EPA 508	0.0068	0.1	07/01/2024	07/03/2024	20:50	E82574
2020	Toxaphene	3	ug/L	0.12	U	EPA 508	0.12	1	07/01/2024	07/03/2024	20:50	E82574
2031	Dalapon	200	ug/L	0.90	U	EPA 515.3	0.90	1	07/02/2024	07/04/2024	03:02	E82574
2032	Diquat	20	ug/L	0.37	U	EPA 549.2	0.37	0.4	07/01/2024	07/02/2024	14:14	E82574
2033	Endothall	100	ug/L	6.0	UJ	EPA 548.1	6.0	9	06/27/2024	07/02/2024	13:58	E82574
2034	Glyphosate	700	ug/L	5.9	U	EPA 547	5.9	6		07/02/2024	20:26	E82574
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.50	U	EPA 525.2	0.50	0.6	07/03/2024	07/10/2024	22:11	E82574
2036	Oxamyl (Vydate)	200	ug/L	1.8	U	EPA 531.1	1.8	2		07/04/2024	10:19	E82574
2037	Simazine	4	ug/L	0.060	U	EPA 525.2	0.060	0.07	07/03/2024	07/10/2024	22:11	E82574
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.50	U	EPA 525.2	0.50	0.6	07/03/2024	07/10/2024	22:11	E82574
2040	Picloram	500	ug/L	0.090	U	EPA 515.3	0.090	0.1	07/02/2024	07/04/2024	03:02	E82574
2041	Dinoseb	7	ug/L	0.18	U	EPA 515.3	0.18	0.2	07/02/2024	07/04/2024	03:02	E82574
2042	Hexachlorocyclopentadinene	50	ug/L	0.019	U	EPA 508	0.019	0.1	07/01/2024	07/03/2024	20:50	E82574
2046	Carbofuran	40	ug/L	0.67	U	EPA 531.1	0.67	0.9		07/04/2024	10:19	E82574
2050	Atrazine	3	ug/L	0.090	U	EPA 525.2	0.090	0.1	07/03/2024	07/10/2024	22:11	E82574
2051	Alachlor	2	ug/L	0.15	U	EPA 525.2	0.15	0.2	07/03/2024	07/10/2024	22:11	E82574
2065	Heptachlor	0.4	ug/L	0.0060	U	EPA 508	0.0060	0.04	07/01/2024	07/03/2024	20:50	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0052	U	EPA 508	0.0052	0.02	07/01/2024	07/03/2024	20:50	E82574
2105	2,4-D	70	ug/L	0.095	U	EPA 515.3	0.095	0.1	07/02/2024	07/04/2024	03:02	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.090	U	EPA 515.3	0.090	0.2	07/02/2024	07/04/2024	03:02	E82574
2274	Hexachlorobenzene	1	ug/L	0.0063	U	EPA 508	0.0063	0.1	07/01/2024	07/03/2024	20:50	E82574
2306	Benzo(a)pyrene	0.2	ug/L	0.015	U	EPA 525.2	0.015	0.02	07/03/2024	07/10/2024	22:11	E82574
2326	Pentachlorophenol	1	ug/L	0.038	U	EPA 515.3	0.038	0.04	07/02/2024	07/04/2024	03:02	E82574
2383	Polychlorinated biphenyls (PCBs)	0.5	ug/L	0.093	U	EPA 508	0.093	0.1	07/01/2024	07/03/2024	20:50	E82574
2931	Dibromochloropropane	0.2	ug/L	0.0061	U	EPA 504.1	0.0061	0.02	07/02/2024	07/02/2024	23:17	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0090	U	EPA 504.1	0.0090	0.01	07/02/2024	07/02/2024	23:17	E82574
2959	Chlordane	2	ug/L	0.053	U	EPA 508	0.053	0.2	07/01/2024	07/03/2024	20:50	E82574

**Note:** Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code 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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E84492 Certification Expiration Date: 06/30/2025

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 13100 Westlinks Terrace, Unit 10, Ft. Myers, FL 33913

Phone #: (239) 674-8130

Were any analyses subcontracted  Yes  No If yes, please provide DOH certification number(s): E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 06/26/2024

PWS ID: (From Page 1): 6280304 Sample Number (From Page 1): F2404003002 Lab Assigned Report # Or Job ID: F2404003

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>	<u>Radionuclides</u>	<u>Secondaries</u>
<input type="checkbox"/> All except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite*	<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input checked="" type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

LAB CERTIFICATION

I, Jennifer Mazen, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: *Jennifer Mazen* Date: 08/19/2024

\* 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.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code 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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: F2404003002 PWS ID (From Page 1): 6280304

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0069	U	EPA 508	0.0069	0.01	07/01/2024	07/03/2024	21:11	E82574
2010	Lindane	0.2	ug/L	0.0071	U	EPA 508	0.0071	0.02	07/01/2024	07/03/2024	21:11	E82574
2015	Methoxychlor	40	ug/L	0.0068	U	EPA 508	0.0068	0.1	07/01/2024	07/03/2024	21:11	E82574
2020	Toxaphene	3	ug/L	0.12	U	EPA 508	0.12	1	07/01/2024	07/03/2024	21:11	E82574
2031	Dalapon	200	ug/L	0.90	U	EPA 515.3	0.90	1	07/02/2024	07/04/2024	03:34	E82574
2032	Diquat	20	ug/L	0.37	U	EPA 549.2	0.37	0.4	07/01/2024	07/02/2024	14:23	E82574
2033	Endothall	100	ug/L	6.0	UJ	EPA 548.1	6.0	9	06/27/2024	07/02/2024	13:44	E82574
2034	Glyphosate	700	ug/L	5.9	U	EPA 547	5.9	6		07/02/2024	20:41	E82574
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.50	U	EPA 525.2	0.50	0.6	07/03/2024	07/10/2024	22:37	E82574
2036	Oxamyl (Vydate)	200	ug/L	1.8	U	EPA 531.1	1.8	2		07/04/2024	10:56	E82574
2037	Simazine	4	ug/L	0.060	U	EPA 525.2	0.060	0.07	07/03/2024	07/10/2024	22:37	E82574
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.50	U	EPA 525.2	0.50	0.6	07/03/2024	07/10/2024	22:37	E82574
2040	Picloram	500	ug/L	0.090	U	EPA 515.3	0.090	0.1	07/02/2024	07/04/2024	03:34	E82574
2041	Dinoseb	7	ug/L	0.18	U	EPA 515.3	0.18	0.2	07/02/2024	07/04/2024	03:34	E82574
2042	Hexachlorocyclopentadine	50	ug/L	0.019	U	EPA 508	0.019	0.1	07/01/2024	07/03/2024	21:11	E82574
2046	Carbofuran	40	ug/L	0.67	U	EPA 531.1	0.67	0.9		07/04/2024	10:56	E82574
2050	Atrazine	3	ug/L	0.090	U	EPA 525.2	0.090	0.1	07/03/2024	07/10/2024	22:37	E82574
2051	Alachlor	2	ug/L	0.15	U	EPA 525.2	0.15	0.2	07/03/2024	07/10/2024	22:37	E82574
2065	Heptachlor	0.4	ug/L	0.0060	U	EPA 508	0.0060	0.04	07/01/2024	07/03/2024	21:11	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0052	U	EPA 508	0.0052	0.02	07/01/2024	07/03/2024	21:11	E82574
2105	2,4-D	70	ug/L	0.095	U	EPA 515.3	0.095	0.1	07/02/2024	07/04/2024	03:34	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.090	U	EPA 515.3	0.090	0.2	07/02/2024	07/04/2024	03:34	E82574
2274	Hexachlorobenzene	1	ug/L	0.0063	U	EPA 508	0.0063	0.1	07/01/2024	07/03/2024	21:11	E82574
2306	Benzo(a)pyrene	0.2	ug/L	0.015	U	EPA 525.2	0.015	0.02	07/03/2024	07/10/2024	22:37	E82574
2326	Pentachlorophenol	1	ug/L	0.038	U	EPA 515.3	0.038	0.04	07/02/2024	07/04/2024	03:34	E82574
2383	Polychlorinated biphenyls (PCBs)	0.5	ug/L	0.093	U	EPA 508	0.093	0.1	07/01/2024	07/03/2024	21:11	E82574
2931	Dibromochloropropane	0.2	ug/L	0.0061	U	EPA 504.1	0.0061	0.02	07/02/2024	07/03/2024	00:19	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0090	U	EPA 504.1	0.0090	0.01	07/02/2024	07/03/2024	00:19	E82574
2959	Chlordane	2	ug/L	0.053	U	EPA 508	0.053	0.2	07/01/2024	07/03/2024	21:11	E82574

**Note:** Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

## 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: Woodlands PWS I.D. #: 628-0304  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 100 Shoreline Dr.  
 City: Lake Placid ZIP Code: 33852  
 Phone # 727-848-8292 Fax #: 727-849-4219 E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: F2404003003 Sample Date: 7/30/24 Sample Time: 7:20  AM  PM (Circle One)  
 Sample Location (be specific): POE @WTP #1 Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

- Routine Compliance with 62-550
- Replacement (of Invalidated Sample)
- Confirmation of MCL Exceedance\*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites\*\*
- Clearance (permitting)
- Other: \_\_\_\_\_

Sampling Procedure Used or Other Comments:

Endothall

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

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

### SAMPLER CERTIFICATION

I, Vincent Cautero Operator, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: VK CA Date: 7/30/24  
 Certified Operator #: C30027 Phone #: 239-460-0884  
 Sampler's E-mail: vcautero@usewatercorp.net Sampler's Fax #: \_\_\_\_\_



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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: F2404003003 PWS ID (From Page 1): 6280304

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2033	Endothall	100	ug/L	6.0	U	EPA 548.1	6.0	9	07/31/2024	08/07/2024	17:07	E82574

**Note:** Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

## 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: Woodlands PWS I.D. #: 628-0304  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 100 Shoreline Dr.  
 City: Lake Placid ZIP Code: 33852  
 Phone #: 727-848-8292 Fax #: 727-849-4219 E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: F2404003004 Sample Date: 7/30/24 Sample Time: 7:40  AM  PM (Circle One)  
 Sample Location (be specific): POE @WTP # 2 Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

- Routine Compliance with 62-550
- Replacement (of Invalidated Sample)
- Confirmation of MCL Exceedance\*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites\*\*
- Clearance (permitting)
- Other: \_\_\_\_\_

Sampling Procedure Used or Other Comments:

Endothall

\*See 62-550.500(6) for requirements and restrictions.  
 And 62-550.512(3) for nitrate or nitrite exceedances.

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

### SAMPLER CERTIFICATION

I, Vincent Cautero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: VCA Date: 7/30/24

Certified Operator #: C30027 Phone #: 239-460-0884 Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: vcautero@usewatercorp.net

# 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)

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E84492 Certification Expiration Date: 06/30/2025

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: 13100 Westlinks Terrace, Unit 10, Ft. Myers, FL 33913 Phone #: (239) 674-8130

Were any analyses subcontracted  Yes  No If yes, please provide DOH certification number(s): E82574

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB**

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 07/30/2024

PWS ID: (From Page 1): 6280304 Sample Number (From Page 1): F2404003004 Lab Assigned Report # Or Job ID: F2404003

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

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

## LAB CERTIFICATION

I, Jennifer Mazen, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: *Jennifer Mazen* Date: 08/19/2024

- \* 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.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES**

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

**COMPLIANCE DETERMINATION**(to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID:   F2404003004   PWS ID (From Page 1):   6280304  

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2033	Endothall	100	ug/L	6.0	U	EPA 548.1	6.0	9	07/31/2024	08/07/2024	17:22	E82574

**Note:** Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code 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.





Advanced Environmental Laboratories, Inc.

- Altamonte Springs: 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1594 • Lab ID: E53076
- Fort Myers: 13100 Westlaks Terrace, Ste. 10, FL 33913 • 239.674.8130 • Lab ID: E84492
- Jacksonville: 6681 Southpoint Pkwy., FL 32216 • 904.363.9350 • Lab ID: E82574
- Tallahassee: 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Lab ID: E811095

F 2404003

- Gainesville: 4965 SW 41st Blvd., FL 32608 • 352.377.2349 • Lab ID: E82001
- Miramar: 10200 USA Today Way, FL 33025 • 954.889.2288 • Lab ID: E82535
- Tampa: 9610 Princess Palm Ave., FL 33618 • 813.630.9615 • Lab ID: E84589

Client Name: <b>US Water</b>		Project Name: <b>LP Waterworks-The Woodlands</b>				BOTTLE SIZE & TYPE											LABORATORY I.D. NUMBER	
Address: <b>4939 Cross Bayou</b>		Project Number:					ANALYSIS REQUIRED											
<b>New Port Richey, FL</b>		PO Number:																
Phone: <b>727-848-8292</b>		FDEP Facility No: <b>6280304</b>																
FAX: <b>727-849-4219</b>		FDEP Facility Addr:																
Contact: <b>Melisa Rotteveel</b>		Special Instructions: <b>No Charge- Reanalysis</b>																
Sampled By: <b>V. CAWLEY US WATER</b>		Turn Around Time: <b>Standard x Rush</b>																
AEL Profile #:		ADaPT EQUIS Other																
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation											
			DATE	TIME														
	Plant #1 @ POE	Grab	7/30/24	7:20	DW	1	T											
	Plant #2 @ POE	Grab	7/30/24	7:40	DW	1	X											
							X											

Matrix Code: WW=wastewater SW=surface water GW=ground water DW=drinking water O=oil A=air SO=soil SL=sludge Preservation Code: I=ice H=HCl S=H2SO4 N=HNO3 T=Sodium Thiosulfate AH=Ascorbic/HCl AN=Ascorbic/NaOH

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) **3.0** °C Temp. when received (corrected) **3.0** °C

DCN: AD-D051web Form last revised 07/26/2022

Device used for measuring Temp by unique Identifier (circle IR temp gun used) J: SA G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V **(1A)**

	Relinquished by:	Date	Time	Received by:	Date	Time
1	<i>[Signature]</i>	7/30/24	8:23	<i>[Signature]</i>	7/30/24	8:23
2	<i>[Signature]</i>	7/30/24	1420	<i>[Signature]</i>	7/30/24	1420
3						
4						

**FOR DRINKING WATER USE:**

(When PWS Information not otherwise supplied) PWS ID: 5364150

Contact Person: \_\_\_\_\_

Supplier of Water: \_\_\_\_\_

Site Address: \_\_\_\_\_



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**FINAL**

**Workorder: LP Waterworks Woodlands SOC (F2404003)**

August 19, 2024

Melisa Rotteveel  
 US Water Services  
 4939 Cross Bayou Blvd.  
 New Port Richey, FL 34652

RE: Workorder: F2404003 LP Waterworks Woodlands SOC

Dear Melisa Rotteveel:

Enclosed are the analytical results for sample(s) received by the laboratory between Wednesday June 26, 2024 and Tuesday July 30, 2024. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Jennifer Mazen, Project Manager  
 JMazen@aellab.com

**Certificate of Analysis**

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**Workorder: LP Waterworks Woodlands SOC (F2404003)**

**Sample Summary**

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
F2404003001	Plant 1 at POE	DW	EPA 504.1	06/26/2024 07:20	06/26/2024 09:12	2	NA
F2404003001	Plant 1 at POE	DW	EPA 508	06/26/2024 07:20	06/26/2024 09:12	10	NA
F2404003001	Plant 1 at POE	DW	EPA 515.3	06/26/2024 07:20	06/26/2024 09:12	6	NA
F2404003001	Plant 1 at POE	DW	EPA 525.2	06/26/2024 07:20	06/26/2024 09:12	6	NA
F2404003001	Plant 1 at POE	DW	EPA 531.1	06/26/2024 07:20	06/26/2024 09:12	2	NA
F2404003001	Plant 1 at POE	DW	EPA 547	06/26/2024 07:20	06/26/2024 09:12	1	NA
F2404003001	Plant 1 at POE	DW	EPA 548.1	06/26/2024 07:20	06/26/2024 09:12	1	NA
F2404003001	Plant 1 at POE	DW	EPA 549.2	06/26/2024 07:20	06/26/2024 09:12	1	NA
F2404003002	Plant 2 at POE	DW	EPA 504.1	06/26/2024 08:00	06/26/2024 09:12	2	NA
F2404003002	Plant 2 at POE	DW	EPA 508	06/26/2024 08:00	06/26/2024 09:12	10	NA
F2404003002	Plant 2 at POE	DW	EPA 515.3	06/26/2024 08:00	06/26/2024 09:12	6	NA
F2404003002	Plant 2 at POE	DW	EPA 525.2	06/26/2024 08:00	06/26/2024 09:12	6	NA
F2404003002	Plant 2 at POE	DW	EPA 531.1	06/26/2024 08:00	06/26/2024 09:12	2	NA
F2404003002	Plant 2 at POE	DW	EPA 547	06/26/2024 08:00	06/26/2024 09:12	1	NA
F2404003002	Plant 2 at POE	DW	EPA 548.1	06/26/2024 08:00	06/26/2024 09:12	1	NA
F2404003002	Plant 2 at POE	DW	EPA 549.2	06/26/2024 08:00	06/26/2024 09:12	1	NA
F2404003003	Plant #1 POE	DW	EPA 548.1	07/30/2024 07:20	07/30/2024 08:23	1	NA
F2404003004	Plant #2 POE	DW	EPA 548.1	07/30/2024 07:40	07/30/2024 08:23	1	NA





FINAL

Workorder: LP Waterworks Woodlands SOC (F2404003)

## Workorder Summary

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### Batch Comments

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#### GCSj/6603 - E508 Analysis, Water

The samples associated with this analysis batch GCSj:6603 were extracted on 07/01/2024 09:00.

#### HPLj/2759 - E547 Analysis, Water

The spike recoveries of Diquat (at 158% and 143%, respectively) for the Laboratory Control Sample (LCS) and LCS Duplicate were outside the upper control criterion (Limits 70-130%). The analyte in question was not detected in the associated client samples. The error associated with elevated recovery equates to a high bias. The sample data is not significantly affected. No further corrective action was required.

#### HPLj/2763 - E549.2 Analysis, Water

The spike recovery of Diquat (at 152%) for the Laboratory Control Sample (LCS) Duplicate was outside the upper control criterion (Limits 70-130%). The analyte in question was not detected in the associated client samples. The error associated with elevated recovery equates to a high bias. The sample data is not significantly affected. No further corrective action was required.

The relative percent difference (RPD) for Diquat between the Laboratory Control Sample (LCS) and the Laboratory Control Sample Duplicate (LCSD) was outside control criteria due to relatively higher spike recovery in 5370733LCSD in comparison with 5370732LCS. Spike recoveries in the LCS were within acceptable limits, indicating the analytical batch was in control. No further corrective action was required.

#### MSSj/4087 - E548.1 Analysis, Water

The samples associated with this analysis batch were extracted on 06/27/2024 09:03.

The spike recovery of Endothall for the Laboratory Control Sample (LCS) (18%) and the Laboratory Control Sample Duplicate (LCSD) (35%) was outside the lower control criterion (63-131%). The error associated with the recovery equates to a low bias. Client sample were past the recommended holding time. All batch samples were qualified accordingly.

#### MSSj/4100 - E525.2 Analysis, Water

The samples associated with this analysis batch were extracted on 07/03/2024 09:20.

#### MSSj/4175 - E548.1 Analysis, Water

All samples associated with this analysis batch were extracted on 07/31/2024 at 16:05.

The upper control criterion was exceeded for Endothall in Initial Calibration Verification (ICV) standards for analytical batch 4175, indicating increased sensitivity. The client samples reported in this batch did not contain the analyte in question. Since the apparent problem equates to a potential high bias, the data quality is not affected. No further corrective action was required.

The upper control criterion was exceeded for Endothall in Continuing Calibration Verification (CCV) standards for sequence 240809T, indicating increased sensitivity. The client samples reported in this batch did not contain the analytes in question. Since the apparent problem equates to a potential high bias, the data quality is not affected. No further corrective action was required.

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**FINAL**

**Workorder: LP Waterworks Woodlands SOC (F2404003)**

## QC Results Qualifiers

---

### Parameter Qualifiers

- U The compound was analyzed for but not detected.
- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- J3 Lab QC Failure

### Lab Qualifiers

- J DOH Certification #E82574 (FL NELAC) AEL-Jacksonville  
DOD-ELAP Certification #L23-514 (ISO/IEC 17025:2017) AEL-Jacksonville







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**FINAL**

Workorder: LP Waterworks Woodlands SOC (F2404003)

**QC Results**

QC Batch: GCSJ/6599  
 Preparation Method: EPA 515.3  
 Associated Lab IDs: F2404003001, F2404003002

Analysis Method: EPA 515.3

**Method Blank(5373489)**

Parameter	Results	Units	PQL	MDL	Lab
Dalapon	0.90 U	ug/L	5.0	0.90	J
2,4-D	0.095 U	ug/L	5.0	0.095	J
Pentachlorophenol	0.038 U	ug/L	0.50	0.038	J
Silvex (2,4,5-TP)	0.090 U	ug/L	1.0	0.090	J
Picloram	0.090 U	ug/L	0.50	0.090	J
Dinoseb	0.18 U	ug/L	2.5	0.18	J

**Surrogates**

Parameter	Units	Spiked Amount	Spike Result	Spike Recovery	Control Limits	Lab
2,4-Dichlorophenylacetic acid (S)	ug/L	25	22	88	70 - 130	J





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**FINAL**

**Workorder: LP Waterworks Woodlands SOC (F2404003)**

**QC Results**

**QC Batch:** GCSj/6603  
**Preparation Method:** EPA 508  
**Associated Lab IDs:** F2404003001, F2404003002

**Analysis Method:** EPA 508

**Method Blank(5370680)**

Parameter	Results	Units	PQL	MDL	Lab
Hexachlorocyclopentadiene	0.019 U	ug/L	0.020	0.019	J
Hexachlorobenzene	0.0063 U	ug/L	0.020	0.0063	J
gamma-BHC (Lindane)	0.0071 U	ug/L	0.020	0.0071	J
Heptachlor	0.0060 U	ug/L	0.020	0.0060	J
Heptachlor Epoxide	0.0052 U	ug/L	0.020	0.0052	J
Endrin	0.0069 U	ug/L	0.020	0.0069	J
Methoxychlor	0.0068 U	ug/L	0.020	0.0068	J
PCBs	0.093 U	ug/L	0.20	0.093	J
Chlordane (technical)	0.053 U	ug/L	0.20	0.053	J
Toxaphene	0.12 U	ug/L	0.20	0.12	J

**Surrogates**

Parameter	Units	Spiked Amount	Spike Result	Spike Recovery	Control Limits	Lab
Decachlorobiphenyl (S)	mg/L	0.0005	0.000510	102	70 - 130	J

Monday, August 19, 2024 1:44:15 PM  
 Dates and times are displayed using (-04:00)  
 Page 7 of 32

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**FINAL**

**Workorder: LP Waterworks Woodlands SOC (F2404003)**

**QC Results**

**QC Batch:** HPLJ/2759  
**Preparation Method:** EPA 547  
**Associated Lab IDs:** F2404003001, F2404003002

**Analysis Method:** EPA 547

**Method Blank(5373591)**

Parameter	Results	Units	PQL	MDL	Lab
Glyphosate	5.9 U	ug/L	50	5.9	J

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**FINAL**

**Workorder: LP Waterworks Woodlands SOC (F2404003)**

**QC Results**

**QC Batch:** HPLJ/2763  
**Preparation Method:** EPA 549.2  
**Associated Lab IDs:** F2404003001, F2404003002

**Analysis Method:** EPA 549.2

**Method Blank(5370731)**

Parameter	Results	Units	PQL	MDL	Lab
Diquat	0.37 U	ug/L	5.0	0.37	J

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**FINAL**

**Workorder: LP Waterworks Woodlands SOC (F2404003)**

**QC Results**

**QC Batch:** MSSJ4087  
**Preparation Method:** EPA 548.1  
**Associated Lab IDs:** F2404003001, F2404003002

**Analysis Method:** EPA 548.1

**Method Blank(5367579)**

Parameter	Results	Units	PQL	MDL	Lab
Endothall	6.0 U	ug/L	8.0	6.0	J

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**FINAL**

Workorder: LP Waterworks Woodlands SOC (F2404003)

**QC Results**

QC Batch: MSSJ/4100  
 Preparation Method: EPA 525.2  
 Associated Lab IDs: F2404003001, F2404003002

Analysis Method: EPA 525.2

**Method Blank(5376136)**

Parameter	Results	Units	PQL	MDL	Lab
Simazine	0.060 U	ug/L	0.50	0.060	J
Atrazine	0.090 U	ug/L	0.50	0.090	J
Alachlor	0.15 U	ug/L	0.50	0.15	J
Di(2-ethylhexyl) adipate	0.50 U	ug/L	1.0	0.50	J
bis(2-Ethylhexyl) phthalate	0.50 U	ug/L	2.0	0.50	J
Benzo[a]pyrene	0.015 U	ug/L	0.50	0.015	J

**Surrogates**

Parameter	Units	Spiked Amount	Spike Result	Spike Recovery	Control Limits	Lab
p-Terphenyl-d14 (S)	mg/L	0.0050	0.0050	100	70 - 130	J

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**FINAL**

**Workorder: LP Waterworks Woodlands SOC (F2404003)**

**QC Results**

**QC Batch:** MSSJ4175  
**Preparation Method:** EPA 548.1  
**Associated Lab IDs:** F2404003003, F2404003004

**Analysis Method:** EPA 548.1

**Method Blank(5417794)**

Parameter	Results	Units	PQL	MDL	Lab
Endothall	6.0 U	ug/L	8.0	6.0	J

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**FINAL**

**Workorder: LP Waterworks Woodlands SOC (F2404003)**

**QC Cross Reference**

Lab ID	Sample ID	Prep Batch	Prep Method
<b>GCSJ/6596 - EPA 504.1</b>			
F2404003001	Plant 1 at POE	EXTJ/9409	EPA 504.1
F2404003002	Plant 2 at POE	EXTJ/9409	EPA 504.1
<b>GCSJ/6599 - EPA 515.3</b>			
F2404003001	Plant 1 at POE	GCSJ/6598	EPA 515.3
F2404003002	Plant 2 at POE	GCSJ/6598	EPA 515.3
<b>GCSJ/6603 - EPA 508</b>			
F2404003001	Plant 1 at POE	EXTJ/9385	EPA 508
F2404003002	Plant 2 at POE	EXTJ/9385	EPA 508
<b>HPLJ/2759 - EPA 547</b>			
F2404003001	Plant 1 at POE		
F2404003002	Plant 2 at POE		
<b>HPLJ/2763 - EPA 549.2</b>			
F2404003001	Plant 1 at POE	EXTJ/9386	EPA 549.2
F2404003002	Plant 2 at POE	EXTJ/9386	EPA 549.2
<b>HPLJ/2765 - EPA 531.1</b>			
F2404003001	Plant 1 at POE		
F2404003002	Plant 2 at POE		
<b>MSSJ/4087 - EPA 548.1</b>			
F2404003001	Plant 1 at POE	EXTJ/9377	EPA 548.1
F2404003002	Plant 2 at POE	EXTJ/9377	EPA 548.1
<b>MSSJ/4100 - EPA 525.2</b>			
F2404003001	Plant 1 at POE	EXTJ/9419	EPA 525.2
F2404003002	Plant 2 at POE	EXTJ/9419	EPA 525.2
<b>MSSJ/4175 - EPA 548.1</b>			
F2404003003	Plant #1 POE	EXTJ/9656	EPA 548.1
F2404003004	Plant #2 POE	EXTJ/9656	EPA 548.1



# 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: The Woodlands of Lake Placid PWS I.D. #: 628-0304

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 100 Shoreline Dr.

City: Lake Placid ZIP Code: 33852

Phone # 727-848-8292 Fax #: 727-849-4219 E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: U2400257001 Sample Date: 8-19-24 Sample Time: 9:00 AM PM (Circle One)

Sample Location (be specific): Men's restroom @ Pool Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.16 mg/L Field pH: 7.4

Sample Type (Check Only One)

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

gr  
at

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments:

DBP's

\*See 62-550.5 (3)(b) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.5 (3)(b) for requirements and attach a results page for each case.

## SAMPLER CERTIFICATION

I, Christopher Berish, Lead Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Christopher Berish / U.S. Water Date: 8-19-24

Certified Operator #: B28149 Phone #: 863-991-1828 Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: Cjberish@uswatercorp.net

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)

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E851195 Certification Expiration Date: 06/30/2025

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 125 Tower St., Lake Placid, FL 33852

Phone #: (863) 655-4022

Were any analyses subcontracted  Yes  No If yes, please provide DOH certification number(s): E84589, E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/19/2024

PWS ID: (From Page 1): 628-0304 Sample Number (From Page 1): L2400257001 Lab Assigned Report # Or Job ID: L2400257

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>                       | <u>Radionuclides</u>                      | <u>Secondaries</u>               |
| <input type="checkbox"/> All except Asbestos | <input type="checkbox"/> All 30            | <input type="checkbox"/> All 21  | <input checked="" type="checkbox"/> Trihalomethanes  | <input type="checkbox"/> Single Sample    | <input type="checkbox"/> All 14  |
| <input type="checkbox"/> Partial             | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite* | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate             | <input type="checkbox"/> Partial           |                                  | <input type="checkbox"/> Chlorite                    |   |                                  |
| <input type="checkbox"/> Nitrite             | <input type="checkbox"/> Dioxin Only       |                                  | <input type="checkbox"/> Bromate                     |   |                                  |
| <input type="checkbox"/> Asbestos            |  |                                  |  |   |                                  |

LAB CERTIFICATION

I, Jennifer Mazen, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Jennifer Mazen Date: 09/04/2024

- \* 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.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code 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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: L2400257001

Disinfectant Residual (mg/L): 1.16

PWS ID (From Page 1): 628-0304

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	1.01		EPA 552.2	0.89	2	08/31/2024	19:57	E82574
2451	Dichloroacetic Acid	N/A	ug/L	2.01		EPA 552.2	0.89	1	08/31/2024	19:57	E82574
2452	Trichloroacetic Acid	N/A	ug/L	3.93		EPA 552.2	0.67	1	08/31/2024	19:57	E82574
2453	Monobromoacetic Acid	N/A	ug/L	0.52	U	EPA 552.2	0.52	1	08/31/2024	19:57	E82574
2454	Dibromoacetic Acid	N/A	ug/L	1.67		EPA 552.2	0.73	1	08/31/2024	19:57	E82574
2456	Total Haloacetic Acids (HAA5)	60	ug/L	8.62		EPA 552.2	0.89	---	08/31/2024	19:57	E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	7.51		EPA 524.2	0.32	1	08/28/2024	05:47	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	08/28/2024	05:47	E84589
2943	Bromodichloromethane	N/A	ug/L	5.06		EPA 524.2	0.42	1	08/28/2024	05:47	E84589
2944	Dibromochloromethane	N/A	ug/L	2.67		EPA 524.2	0.37	1	08/28/2024	05:47	E84589
2950	Total Trihalomethanes (TTHM)	80	ug/L	15.24		EPA 524.2	0.45	---	08/28/2024	05:47	E84589

\*\* Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

\*\*\* Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

\*\*\*\* Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

**Note:** Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.





Advanced Environmental Laboratories, Inc  
125 Tower ST. Lake Placid, FL 33852  
Payments: P.O. Box 551580 Jacksonville, FL 32255-1580  
Phone: (863) 655-4022

**FINAL**

**Workorder: The Woodlands DBP (L2400257)**

September 04, 2024

Melisa Rotteveel  
US Water Services  
4939 Cross Bayou Blvd.  
New Port Richey, FL 34652

RE: Workorder: L2400257 The Woodlands DBP

Dear Melisa Rotteveel:

Enclosed are the analytical results for sample(s) received by the laboratory on Monday August 19, 2024. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Jennifer Mazen, Project Manager  
JMazen@aellab.com

**Certificate of Analysis**

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Advanced Environmental Laboratories, Inc  
 125 Tower ST. Lake Placid, FL 33852  
 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580  
 Phone: (863) 655-4022

**FINAL**

**Workorder: The Woodlands DBP (L2400257)**

**Sample Summary**

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
L2400257001	Mens Restroom at Pool	DW	EPA 524.2	08/19/2024 09:00	08/19/2024 10:25	5	NA
L2400257001	Mens Restroom at Pool	DW	EPA 552.2	08/19/2024 09:00	08/19/2024 10:25	6	NA

**Certificate of Analysis**

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**FINAL**

**Workorder:** The Woodlands DBP (L2400257)

## QC Results Qualifiers

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### Parameter Qualifiers

- U The compound was analyzed for but not detected.
- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

### Lab Qualifiers

- J DOH Certification #E82574 (FL NELAC) AEL-Jacksonville  
DOD-ELAP Certification #L23-514 (ISO/IEC 17025:2017) AEL-Jacksonville
- T DOH Certification #E84589 (FL NELAC) AEL-Tampa









Advanced Environmental Laboratories, Inc  
 125 Tower ST. Lake Placid, FL 33852  
 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580  
 Phone: (863) 655-4022

**FINAL**

**Workorder: The Woodlands DBP (L2400257)**

**QC Cross Reference**

Lab ID	Sample ID	Prep Batch	Prep Method
<b>GCSJ/6854 - EPA 552.2</b>			
L2400257001	Mens Restroom at Pool	GCSJ/6853	EPA 552.2
<b>MSV/9919 - EPA 524.2</b>			
L2400257001	Mens Restroom at Pool		

**Certificate of Analysis**

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# 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: The Woodlands of Lake Placid PWS I.D. #: 628-0304

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 100 Shoreline Dr.

City: Lake Placid ZIP Code: 33852

Phone # 727-848-8292 Fax #: 727-849-4219 E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: U2400257001 Sample Date: 8-19-24 Sample Time: 9:00 AM PM (Circle One)

Sample Location (be specific): Men's restroom @ Pool Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.16 mg/L Field pH: 7.7

**Sample Type (Check Only One)**

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

af

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments:

DBPs

\*See 62-550.5 for requirements and And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.5 for requirements and attach a results report for each site.

## SAMPLER CERTIFICATION

I, Christopher Berish, Lead Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Christopher Berish / U.S. Water Date: 8-19-24

Certified Operator #: B28149 Phone #: 863-991-1828 Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: Cjberish@uswatercorp.net

# 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)

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E851195 Certification Expiration Date: 06/30/2025

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: 125 Tower St., Lake Placid, FL 33852

Phone #: (863) 655-4022

Were any analyses subcontracted  Yes  No If yes, please provide DOH certification number(s): E84589,E82574

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB**

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 08/19/2024

PWS ID: (From Page 1): 628-0304 Sample Number (From Page 1): L2400257001 Lab Assigned Report # Or Job ID: L2400257

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

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

## LAB CERTIFICATION

I, Jennifer Mazen, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: *Jennifer N Mazen* Date: 09/04/2024

- \* 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.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES**

**NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH "U" QUALIFIER.** (Non-detects reported as "BDL" or with a "<" are not acceptable.)

**COMPLIANCE DETERMINATION**(to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code 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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: L2400257001

Disinfectant Residual (mg/L): 1.16

PWS ID (From Page 1): 628-0304

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	1.01		EPA 552.2	0.89	2	08/31/2024	19:57	E82574
2451	Dichloroacetic Acid	N/A	ug/L	2.01		EPA 552.2	0.89	1	08/31/2024	19:57	E82574
2452	Trichloroacetic Acid	N/A	ug/L	3.93		EPA 552.2	0.67	1	08/31/2024	19:57	E82574
2453	Monobromoacetic Acid	N/A	ug/L	0.52	U	EPA 552.2	0.52	1	08/31/2024	19:57	E82574
2454	Dibromoacetic Acid	N/A	ug/L	1.67		EPA 552.2	0.73	1	08/31/2024	19:57	E82574
2456	Total Haloacetic Acids (HAA5)	60	ug/L	8.62		EPA 552.2	0.89	---	08/31/2024	19:57	E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	7.51		EPA 524.2	0.32	1	08/28/2024	05:47	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	08/28/2024	05:47	E84589
2943	Bromodichloromethane	N/A	ug/L	5.06		EPA 524.2	0.42	1	08/28/2024	05:47	E84589
2944	Dibromochloromethane	N/A	ug/L	2.67		EPA 524.2	0.37	1	08/28/2024	05:47	E84589
2950	Total Trihalomethanes (TTHM)	80	ug/L	15.24		EPA 524.2	0.45	---	08/28/2024	05:47	E84589

\*\* Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

\*\*\* Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

\*\*\*\* Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

**Note:** Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.





Advanced Environmental Laboratories, Inc  
125 Tower ST. Lake Placid, FL 33852  
Payments: P.O. Box 551580 Jacksonville, FL 32255-1580  
Phone: (863) 655-4022

**FINAL**

**Workorder: The Woodlands DBP (L2400257)**

September 04, 2024

Melisa Rotteveel  
US Water Services  
4939 Cross Bayou Blvd.  
New Port Richey, FL 34652

RE: Workorder: L2400257 The Woodlands DBP

Dear Melisa Rotteveel:

Enclosed are the analytical results for sample(s) received by the laboratory on Monday August 19, 2024. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Jennifer Mazen, Project Manager  
JMazen@aellab.com

**Certificate of Analysis**

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Advanced Environmental Laboratories, Inc  
 125 Tower ST. Lake Placid, FL 33852  
 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580  
 Phone: (863) 655-4022

**FINAL**

**Workorder: The Woodlands DBP (L2400257)**

**Sample Summary**

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
L2400257001	Mens Restroom at Pool	DW	EPA 524.2	08/19/2024 09:00	08/19/2024 10:25	5	NA
L2400257001	Mens Restroom at Pool	DW	EPA 552.2	08/19/2024 09:00	08/19/2024 10:25	6	NA





**FINAL**

**Workorder: The Woodlands DBP (L2400257)**

## **QC Results Qualifiers**

---

### **Parameter Qualifiers**

- U The compound was analyzed for but not detected.
- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

### **Lab Qualifiers**

- J DOH Certification #E82574 (FL NELAC) AEL-Jacksonville  
DOD-ELAP Certification #L23-514 (ISO/IEC 17025:2017) AEL-Jacksonville
- T DOH Certification #E84589 (FL NELAC) AEL-Tampa

### **Certificate of Analysis**

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**FINAL**

**Workorder:** The Woodlands DBP (L2400257)

**QC Results**

**QC Batch:** GCSj/6854  
**Preparation Method:** EPA 552.2  
**Associated Lab IDs:** L2400257001

**Analysis Method:** EPA 552.2

**Method Blank(5453504)**

Parameter	Results	Units	PQL	MDL	Lab
Chloroacetic Acid	0.89 U	ug/L	1.0	0.89	J
Bromoacetic Acid	0.52 U	ug/L	1.0	0.52	J
Dichloroacetic Acid	0.89 U	ug/L	1.0	0.89	J
Trichloroacetic Acid	0.67 U	ug/L	1.0	0.67	J
Dibromoacetic Acid	0.73 U	ug/L	1.0	0.73	J
Total Haloacetic Acids (HAA5)	0.89 U	ug/L	1.0	0.89	J

**Surrogates**

Parameter	Units	Spiked Amount	Spike Result	Spike Recovery	Control Limits	Lab
2,3-Dibromopropionic Acid (S)	ug/L	20	24	120	70 - 130	J

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**FINAL**

Workorder: The Woodlands DBP (L2400257)

**QC Results**

QC Batch: MSV/9919  
 Preparation Method: EPA 524.2  
 Associated Lab IDs: L2400257001

Analysis Method: EPA 524.2

**Method Blank(5455752)**

Parameter	Results	Units	PQL	MDL	Lab
Chloroform	0.32 U	ug/L	1.0	0.32	T
Bromodichloromethane	0.42 U	ug/L	1.0	0.42	T
Dibromochloromethane	0.37 U	ug/L	1.0	0.37	T
Bromoform	0.45 U	ug/L	1.0	0.45	T
Total Trihalomethanes	0.45 U	ug/L	1.0	0.45	T

**Surrogates**

Parameter	Units	Spiked Amount	Spike Result	Spike Recovery	Control Limits	Lab
1,2-Dichloroethane-d4 (S)	ug/L	50	55	110	70 - 130	T
Bromofluorobenzene (S)	ug/L	50	52	105	70 - 130	T
Toluene-d8 (S)	ug/L	50	52	103	70 - 130	T

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Advanced Environmental Laboratories, Inc  
125 Tower ST. Lake Placid, FL 33852  
Payments: P.O. Box 551580 Jacksonville, FL 32255-1580  
Phone: (863) 655-4022

**FINAL**

**Workorder: The Woodlands DBP (L2400257)**

**QC Cross Reference**

Lab ID	Sample ID	Prep Batch	Prep Method
<b>GCSJ/6854 - EPA 552.2</b>			
L2400257001	Mens Restroom at Pool	GCSJ/6853	EPA 552.2
<b>MSVU/9919 - EPA 524.2</b>			
L2400257001	Mens Restroom at Pool		

**Certificate of Analysis**

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# MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE PLANTS

See page 2 for instructions

Daily Finished Water Production for the Month Year of

November 2023

Community Water System (CWS) Name:

Woodlands of Lake Placid/LP Water Works

Public Water System (PWS) Name:

628-0304

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP	WTP								
	Public Water System (PWS) Name:									
	200,000	200,000								
	Public Water System (PWS) Name:									
Day 1	17,000	0								17,000
Day 2	22,000	598								22,598
Day 3	19,000	0								19,000
Day 4	25,000	0								25,000
Day 5	25,000	0								25,000
Day 6	20,000	646								20,646
Day 7	31,000	175								31,175
Day 8	23,000	0								23,000
Day 9	23,000	319								23,319
Day 10	23,000	0								23,000
Day 11	30,000	2,239								32,239
Day 12	30,000	2,239								32,239
Day 13	25,000	2,125								27,125
Day 14	22,000	2,670								24,670
Day 15	31,000	1,659								32,659
Day 16	44,000	2,448								46,448
Day 17	23,000	0								23,000
Day 18	26,000	1,375								27,375
Day 19	26,000	1,375								27,375
Day 20	22,000	2,120								24,120
Day 21	27,000	7,133								34,133
Day 22	28,000	710								28,710
Day 23	35,000	0								35,000
Day 24	24,000	0								24,000
Day 25	24,000	0								24,000
Day 26	24,000	0								24,000
Day 27	37,000	0								37,000
Day 28	20,000	0								20,000
Day 29	27,000	0								27,000
Day 30	27,000	0								27,000
Day 31										
<b>Total</b>										807,831
<b>Avg.</b>										26,928
<b>Min</b>										46,448





PWS Identification Number: 628-0304

Woodlands of Lake Placid/LP Water Works WTP

PL Daily Data for the Month/Year of: November 2023

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:

X Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or visited by operator "X"	Hours 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 <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24	17,000		1.45									1.26	
2	X	24	22,000		1.58									1.17	
3	X	24	19,000		1.43									1.12	
4	X	24	25,000		1.26									1.07	
5		24	25,000												
6	X	24	20,000		1.07									0.93	
7	X	24	31,000		1.36									0.87	
8	X	24	23,000		1.28									1.09	
9	X	24	23,000		1.38									1.16	
10	X	24	23,000		1.27									1.09	
11	X	24	30,000		1.38									1.00	
12		24	30,000												
13	X	24	25,000		1.47									1.15	
14	X	24	22,000		1.30									1.11	
15	X	24	31,000		1.28									1.07	
16	X	24	44,000		1.59									1.20	
17	X	24	23,000		1.38									1.11	
18	X	24	26,000		1.26									1.05	
19		24	26,000												
20	X	24	22,000		1.70									1.08	
21	X	24	27,000		1.31									1.14	
22	X	24	28,000		1.40									1.09	
23	X	24	35,000		1.50									1.08	
24	X	24	24,000		1.49									1.15	
25	X	24	24,000		1.60									1.28	
26		24	24,000												
27	X	24	37,000		1.50									1.18	
28	X	24	20,000		2.10									1.28	
29	X	24	27,000		2.00									1.27	
30	X	24	27,000		1.10									1.18	
31															
Total			780,000												
Average			26,000												
Maximum			44,000												



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: **November 2023**

A. Public Water System (PWS) Information

PWS Name: Woodlands of Lake Placid/LP Water Works	PWS Identification Number: 628-0304
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 440	Total Population Served at End of Month: 800
PWS Owner: LP Waterworks	
Contact Person: Sharon Purviance	Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292	Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net	

B. Water Treatment Plant Information

Plant Name: WTP	Plant Telephone Number:
Plant Address: 1525 US Highway 27 S	City: Lake Placid State: FL Zip Code: 33862
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200000	
Plant Category (per subsection 62-699.310(4), F.A.C.): D	Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators:	Name: License Class License Number Day(s) Shift(s) Worked
Lead/Chief Operators:	Christopher Berish C 28149
Other Operators:	Dennis Coates C 26770
	Dustin Williams A 22520

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 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

<u>Christopher Berish</u>	<u>12/4/2023</u>	<u>Christopher Berish</u>	<u>C 28149</u>
Signature and Date		Printed or Typed Name	License Number

PWS Identification Number: 628-0304

Woodlands of Lake Placid/LP Water Works WTP

1. Daily Data for the Month Year of: November 2023

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:

X Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours 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 <sup>2</sup>	Minimum UV Dose Required mW-sec/cm <sup>2</sup>			
1	X	24	0		1.30									1.00	
2	X	24	598		1.13									0.93	
3	X	24	0		1.21									1.06	
4	X	24	0		1.28									1.10	
5		24	0												
6	X	24	646		1.31									1.04	
7	X	24	175		1.26									1.07	
8	X	24	0		1.20									1.00	
9	X	24	319		1.30									1.04	
10	X	24	0		1.24									1.03	
11	X	24	2,239		1.10									0.90	
12		24	2,239												
13	X	24	2,125		1.26									1.05	
14	X	24	2,670		1.34									1.06	
15	X	24	1,659		1.08									0.91	
16	X	24	2,448		0.97									0.80	
17	X	24	0		1.26									1.07	
18	X	24	1,375		1.30									1.06	
19		24	1,375												
20	X	24	2,120		1.38									1.04	
21	X	24	7,133		1.46									1.17	
22	X	24	710		1.26									1.03	
23	X	24	0		1.32									1.01	
24	X	24	0		1.28									0.90	
25	X	24	0		1.28									0.80	
26		24	0												
27	X	24	0		1.29									0.80	
28	X	24	0		1.28									0.80	
29	X	24	0		1.28									0.80	
30	X	24	0		1.28									0.80	
31															
Total			27,831												
Average			928												
Maximum			7,133												



# MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE PLANTS

See **2** for instructions

Daily Finished Water Production for the Month Year of \_\_\_\_\_

April 2024

Community Water System (CWS) Name: \_\_\_\_\_

Woodlands of Lake Placid/LP Water Works

Public Water System (PWS) Name: \_\_\_\_\_

6280304

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP	WTP								
	Public Water System (PWS) Name: _____									
	200,000	200,000								
	Public Water System (PWS) Name: _____									
Day 1	31,000	10,232								41,232
Day 2	23,000	7,941								30,941
Day 3	27,000	9,095								36,095
Day 4	27,000	11,943								38,943
Day 5	18,000	5,202								23,202
Day 6	33,000	10,039								43,039
Day 7	33,000	10,039								43,039
Day 8	20,000	9,081								29,081
Day 9	18,000	8,664								26,664
Day 10	22,000	7,069								29,069
Day 11	25,000	14,101								39,101
Day 12	20,000	8,320								28,320
Day 13	24,000	7,737								31,737
Day 14	24,000	7,737								31,737
Day 15	20,000	8,806								28,806
Day 16	25,000	8,294								33,294
Day 17	22,000	6,652								28,652
Day 18	15,000	8,381								23,381
Day 19	27,000	21,918								48,918
Day 20	19,000	8,031								27,031
Day 21	19,000	8,031								27,031
Day 22	19,000	12,290								31,290
Day 23	26,000	8,221								34,221
Day 24	22,000	5,082								27,082
Day 25	21,000	8,465								29,465
Day 26	21,000	3,162								24,162
Day 27	27,000	3,177								30,177
Day 28	27,000	3,177								30,177
Day 29	26,000	3,249								29,249
Day 30	22,000	8,786								30,786
Day 31										
<b>Total</b>										955,922
<b>Avg.</b>										31,864
<b>Min</b>										48,918





PWS Identification Number: 6280304

Woodlands of Lake Placid/LP Water Works WTP

1. E. Data Date for the Month Year: April 2024

Means of Achieving Four-Log Virus Inactivation/Removal \*

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

UltraViolet Radiation

Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System:

X Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours 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 <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24	31,000		1.24								1.02	
2	X	24	23,000		1.26								1.00	
3	X	24	27,000		1.38								1.06	
4	X	24	27,000		1.09								0.90	
5	X	24	18,000		1.30								1.04	
6	X	24	33,000		1.11								0.92	
7		24	33,000											
8	X	24	20,000		1.69								1.22	
9	X	24	18,000		2.00								1.35	
10	X	24	22,000		1.48								1.07	
11	X	24	25,000		1.21								0.94	
12	X	24	20,000		1.08								1.20	
13	X	24	24,000		1.68								0.97	
14		24	24,000											
15	X	24	20,000		1.33								1.02	
16	X	24	25,000		1.44								1.09	
17	X	24	22,000		1.06								0.96	
18	X	24	15,000		1.37								1.18	
19	X	24	27,000		1.45								1.20	
20	X	24	19,000		1.49								1.22	
21		24	19,000											
22	X	24	19,000		1.38								1.16	
23	X	24	26,000		1.43								1.10	
24	X	24	22,000		1.34								1.06	
25	X	24	21,000		1.36								1.11	
26	X	24	21,000		1.27								1.06	
27	X	24	27,000		1.18								0.99	
28		24	27,000											
29	X	24	26,000		1.32								1.08	
30	X	24	22,000		1.17								0.98	
31														
Total			703,000											
Average			23,433											
Maximum			33,000											



PWS Identification Number: 6280304

Woodlands of Lake Placid/LP Water Works WTP

Daily Data for the Month Year: April 2024

Means of Achieving Four-Log Virus Inactivation/Removal \*

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

X Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours 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 <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	X	24	10,232		1.20									0.88		
2	X	24	7,941		1.14									0.92		
3	X	24	9,095		1.22									0.90		
4	X	24	11,943		1.11									0.74		
5	X	24	5,202		1.28									0.96		
6	X	24	10,039		1.08									0.90		
7		24	10,039													
8	X	24	9,081		1.45									0.93		
9	X	24	8,664		1.50									1.10		
10	X	24	7,069		1.37									0.97		
11	X	24	14,101		1.24									0.83		
12	X	24	8,320		1.41									1.08		
13	X	24	7,737		1.55									1.18		
14		24	7,737													
15	X	24	8,806		1.39									0.92		
16	X	24	8,294		1.32									1.01		
17	X	24	6,652		1.65									1.21		
18	X	24	8,381		1.35									1.12		
19	X	24	21,918		1.63									1.24		
20	X	24	8,031		1.71									1.32		
21		24	8,031													
22	X	24	12,290		1.86									1.43		
23	X	24	8,221		0.97									0.74		
24	X	24	5,082		1.41									1.04		
25	X	24	8,465		1.34									1.10		
26	X	24	3,162		1.29									1.07		
27	X	24	3,177		1.31									1.11		
28		24	3,177													
29	X	24	3,249		1.23									1.07		
30	X	24	8,786		1.25									1.04		
31																
Total			252,922													
Average			8,431													
Maximum			21,918													



## MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE PLANTS

See page 2 for instructions

Daily Finished Water Production for the Month Year of July 2024  
 Community Water System (CWS) Name: Woodlands of Lake Placid/LP Water Works  
 Public Water System (PWS) Name: 6280304

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP	WTP								
	Public Water System (PWS) Name: <u>200,000</u> <u>200,000</u>									
	Public Water System (PWS) Name:									
Day 1	29,000	3,477								32,477
Day 2	13,000	2,693								15,693
Day 3	22,000	1,328								23,328
Day 4	3,400	2,941								6,341
Day 5	15,000	0								15,000
Day 6	24,000	2,845								26,845
Day 7	24,000	2,845								26,845
Day 8	27,000	0								27,000
Day 9	13,000	1,290								14,290
Day 10	14,000	1,218								15,218
Day 11	20,000	1,953								21,953
Day 12	17,000	351								17,351
Day 13	18,000	1,165								19,165
Day 14	18,000	1,165								19,165
Day 15	42,000	0								42,000
Day 16	15,000	5,865								20,865
Day 17	0	18,741								18,741
Day 18	0	20,539								20,539
Day 19	0	18,056								18,056
Day 20	1,000	19,995								20,995
Day 21	1,000	19,995								20,995
Day 22	2,000	27,143								29,143
Day 23	19,000	0								19,000
Day 24	21,000	0								21,000
Day 25	18,000	0								18,000
Day 26	26,000	0								26,000
Day 27	30,000	0								30,000
Day 28	30,000	0								30,000
Day 29	11,000	0								11,000
Day 30	33,000	0								33,000
Day 31	12,000	0								12,000
<b>Total</b>										672,005
<b>Avg.</b>										21,678
<b>Min</b>										42,000





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: July 2024

A. Public Water System (PWS) Information

PWS Name: Woodlands of Lake Placid/LP Water Works	PWS Identification Number: 6280304
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 440	Total Population Served at End of Month: 800
PWS Owner: LP Waterworks	
Contact Person: Sharon Purviance	Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292	Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net	

B. Water Treatment Plant Information

Plant Name: WTP	Plant Telephone Number:
Plant Address: 1525 US Highway 27 S	City: Lake Placid State: FL Zip Code: 33862
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200000	
Plant Category (per subsection 62-699.310(4), F.A.C.): D	Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators:	Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators:	Vincent Cautero C 30027
Other Operators:	Christopher Berish C 28149

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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Vincent Cautero 8/6/2024  
Signature and Date

Vincent Cautero  
Printed or Typed Name

C 30027  
License Number





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: July 2024

A. Public Water System (PWS) Information

PWS Name: Woodlands of Lake Placid/LP Water Works PWS Identification Number: 6280304
PWS Type: Community [X] NonTransient [ ] NonCommunity [ ] Consecutive
Number of Service Connections at End of Month: 440 Total Population Served at End of Month: 800
PWS Owner: LP Waterworks
Contact Person: Sharon Purviance Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net

B. Water Treatment Plant Information

Plant Name: WTP Plant Telephone Number:
Plant Address: 1525 US Highway 27 S City: Lake Placid State: FL Zip Code: 33862
Type of water treated by Plant: [X] Raw Ground [ ] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200000
Plant Category (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators: Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators: Vincent Cautero C 30027
Other Operators: Christopher Berish C 28149

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 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Vincent Cautero 8/6/2024 Vincent Cautero C 30027
Signature and Date Printed or Typed Name License Number

PWS Identification Number: 6280304

Woodlands of Lake Placid/LP Water Works WTP

Daily Data for the Month Year of: July 2024

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:

X Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours 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 <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24	3,477		1.51									0.96	
2	X	24	2,693		1.30									0.90	
3	X	24	1,328		1.33									1.02	
4	X	24	2,941		1.44									1.10	
5	X	24	0		1.21									0.90	
6	X	24	2,845		1.10									0.84	
7		24	2,845												
8	X	24	0		1.77									1.27	
9	X	24	1,290		1.18									0.87	
10	X	24	1,218		1.07									0.79	
11	X	24	1,953		1.28									0.97	
12	X	24	351		1.31									0.97	
13	X	24	1,165		1.27									0.96	
14		24	1,165												
15	X	24	0		1.18									0.88	
16	X	24	5,865		1.13									0.84	
17	X	24	18,741		1.52									1.16	
18	X	24	20,539		2.20									1.98	
19	X	24	18,056		3.70									2.96	
20	X	24	19,995		3.60									2.30	
21		24	19,995												
22	X	24	27,143		3.40									2.30	
23	X	24	0		1.14									0.86	
24	X	24	0		0.97									1.43	
25	X	24	0		0.81									0.96	
26	X	24	0		0.78									1.01	
27	X	24	0		0.70									1.06	
28		24	0												
29	X	24	0		0.64									1.04	
30	X	24	0		0.61									0.88	
31	X	24	0		0.52									1.29	
Total			153,605												
Average			4,955												
Maximum			27,143												

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Land application system consisting of two rapid infiltration basins.  MONITORING PERIOD: From: 11/01/2023 To: 11/30/2023
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	Sample Measurement			7.2		0	1 Monthly	Grab
	Permit Requirement			20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	Sample Measurement			<2	<2	0	1 Monthly	Grab
	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement			2.4		0	1 Monthly	Grab
	Permit Requirement			20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement			<1	<1	0	1 Monthly	Grab
	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			5.5		0	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-01	Permit Requirement			200.0 (Annl Avg)	#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement			<1	<1	0	1 Monthly	Grab
PARM Code 74055 A Mon. Site: EFA-01	Permit Requirement			200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL	(1 Monthly)	(Grab)
pH	Sample Measurement			7.1	7.7	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-01	Permit Requirement			6.0 (Minimum)	8.5 (Maximum)	s.u.	(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement			1.6		0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Permit Requirement			0.5 (Minimum)		mg/L	(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement				<0.12	0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-01	Permit Requirement				12.0 (Maximum)	mg/L	(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement	0.007				0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)	
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement	0.05 (Mo Avg)	MGD				(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))	
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement			17		0	1 Monthly	Calculated	
PARM Code 00180 P Mon. Site: CAL-01	Permit Requirement			Report (Mo Avg)	percent		(1 Monthly)	(Calculated)	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			218		0	1 Monthly	Grab	
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Permit Requirement			Report (Maximum)	mg/L		(1 Monthly)	(Grab)	
Solids, Total Suspended	Sample Measurement			202		0	1 Monthly	Grab	
PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Permit Requirement			Report (Maximum)	mg/L		(1 Monthly)	(Grab)	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  12/14/2023

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q
FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852	DESCRIPTION: Biosolids Quantity
COUNTY: HIGHLANDS	MONITORING PERIOD: From: 11/01/2023 To: 11/30/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-2	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  12/14/2023

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014340-006-DW3P  
From: 11/01/2023 To: 11/30/2023

Facility: Lake Placid Camp Florida Resort WWTP  
(WOODLANDS)

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L L	BOD, Carbonaceous 5 day, 20C mg/L L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Nitrogen, Nitrate, Total (as N) mg/L L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L	pH s.u.	
Code	80082	80082	50060	74055	50050	00620	00530	00530	00400	
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	FLA-01	EFA-01	INF-01	EFA-01	EFA-01	
1			2.0		0.008				7.6	
2			2.0		0.007				7.7	
3			2.5		0.005				7.6	
4			2.1		0.006				7.7	
5					0.006					
6			2.4		0.007				7.7	
7			2.0		0.007				7.7	
8			2.1		0.009				7.1	
9			2.2		0.006				7.6	
10			2.1		0.009				7.7	
11			1.7		0.007				7.6	
12					0.007					
13	218	<2	1.6	<1	0.009	<0.12	202	<1	7.7	
14			1.9		0.010				7.7	
15			1.7		0.008				7.6	
16			1.9		0.005				7.3	
17			1.8		0.009				7.4	
18			1.9		0.008				7.3	
19					0.009					
20			1.8		0.008				7.3	
21			1.9		0.009				7.4	
22			1.9		0.006				7.3	
23			1.8		0.010				7.4	
24			1.9		0.007				7.2	
25			1.9		0.007				7.4	
26					0.007					
27			2.1		0.011				7.4	
28			2.0		0.007				7.3	
29			2.0		0.002				7.4	
30			2.0		0.007				7.4	
31										
Total	202	<2		<1	0.223	<0.12	202	<1		
Mo. Avg.	202	<2		<1	0.007	<0.12	202	<1		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   Dustin Williams  

Evening Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:                 Certificate No:                 Name:

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

<b>PERMITTEE NAME:</b> LP WATERWORKS, INC. <b>ADDRESS:</b> 4939 Cross Bayou Boulevard New Port Richey, FL 34652  <b>FACILITY:</b> Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork <b>LOCATION:</b> 1525 US Highway 27 S Lake Placid, FL 33852  <b>COUNTY:</b> HIGHLANDS	<b>PERMIT NUMBER:</b> FLA014340 <b>LIMIT:</b> FINAL <b>REPORT:</b> Monthly <b>FACILITY TYPE:</b> DW <b>GROUP:</b> Domestic <b>MONITORING GROUP:</b> R-001  <b>DESCRIPTION:</b> Land application system consisting of two rapid infiltration basins.  <b>MONITORING PERIOD:</b> From: 12/01/2023 To: 12/31/2023
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	<b>Sample Measurement</b>			6.9		0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	<b>Permit Requirement</b>			20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	<b>Sample Measurement</b>			3.9    3.9    2.5		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	<b>Permit Requirement</b>			60.0 (Maximum)    45.0 (Wkly Avg)    30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	<b>Sample Measurement</b>			2.2		0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-01	<b>Permit Requirement</b>			20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	<b>Sample Measurement</b>			2.8    2.8    1.7		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-01	<b>Permit Requirement</b>			60.0 (Maximum)    45.0 (Wkly Avg)    30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement			3.4		0	1 Monthly	Grab
	Permit Requirement			200.0 (Annl Avg)	#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement			<1	<1	0	1 Monthly	Grab
	Permit Requirement			200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL	(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement			7	7.4	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Minimum)	8.5 (Maximum)	s.u.	(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement			1.7		0	5 Days/Week	Grab
	Permit Requirement			0.5 (Minimum)		mg/L	(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement				0.66	0	1 Monthly	Grab
	Permit Requirement				12.0 (Maximum)	mg/L	(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement		0.012						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.05 (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-01	Sample Measurement					19			0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					240			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended  PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					226			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (727) 848-8292	SUBMITTED ON  01/12/2024	

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 12/01/2023 To: 12/31/2023
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
			0								
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>		0						0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	<b>Permit Requirement</b>		Report (Mo Total)	dry tons						(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>		0						0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-2	<b>Permit Requirement</b>		Report (Mo Total)	dry tons						(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  01/12/2024	

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P  
 Monitoring Period From: 12/01/2023 To: 12/31/2023

Facility: Lake Placid Camp Florida Resort WWTP  
 (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L L	BOD, Carbonaceous 5 day, 20C mg/L L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Nitrogen, Nitrate, Total (as N) mg/L L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L	pH s.u.	
Code	80082	80082	50060	74055	50050	00620	00530	00530	00400	
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	FLA-01	EFA-01	INF-01	EFA-01	EFA-01	
1			1.9		0.014				7.3	
2					0.014					
3			1.7		0.014				7.4	
4			1.8		0.014				7.4	
5			1.9		0.009				7.3	
6			1.9		0.011				7.4	
7			2.0		0.013				7.4	
8			2.0		0.008				7.4	
9			1.9		0.008				7.3	
10					0.008					
11			1.9		0.008				7.4	
12			1.9		0.024				7.4	
13			1.9		0.014				7.4	
14			1.9		0.009				7.4	
15			1.9		0.009				7.3	
16			1.9		0.009				7.4	
17					0.009					
18			1.9		0.010				7.3	
19	240	3.9	1.9	<1	0.013	0.66	226	2.8	7.0	
20			2.2		0.018				7.4	
21	152	<2	2.0	<1	0.012	<0.12	132	<1	7.4	
22			2.4		0.012				7.4	
23			2.6		0.010				7.4	
24					0.010					
25			2.6		0.006				7.4	
26			2.4		0.010				7.4	
27			2.8		0.016				7.4	
28			2.6		0.010				7.4	
29			2.4		0.020				7.4	
30					0.017				7.4	
31					0.014					
<b>Total</b>	<b>392</b>	<b>4.9</b>			<b>0.373</b>		<b>358</b>	<b>3.3</b>		
<b>Mo. Avg.</b>	<b>196</b>	<b>2.5</b>			<b>0.012</b>		<b>179</b>	<b>1.7</b>		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   Dustin Williams  

Evening Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:                 Certificate No:                 Name:

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Land application system consisting of two rapid infiltration basins.  MONITORING PERIOD: From: 01/01/2024 To: 01/31/2024
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Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	Sample Measurement			8			0	1 Monthly	Grab
	Permit Requirement			20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	Sample Measurement		20	20	20		0	1 Monthly	Grab
	Permit Requirement		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement			3.6			0	1 Monthly	Grab
	Permit Requirement			20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement		21	21	21		0	1 Monthly	Grab
	Permit Requirement		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement				2.9			0	1 Monthly	Grab
	Permit Requirement				200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement				<1	<1		0	1 Monthly	Grab
	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.4	7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement					0.22		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.015						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		0.05 (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement					23			0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-01	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					346			0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement					280			0	1 Monthly	Grab
PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  02/09/2024	

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

PERMITTEE NAME: LP WATERWORKS, INC.	PERMIT NUMBER: FLA014340
ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652	LIMIT: FINAL REPORT: Monthly
FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852	MONITORING GROUP: RMP-Q
COUNTY: HIGHLANDS	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 01/01/2024 To: 01/31/2024

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-2	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  02/09/2024

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P  
 Monitoring Period From: 01/01/2024 To: 01/31/2024

Facility: Lake Placid Camp Florida Resort WWTP  
 (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L L	BOD, Carbonaceous 5 day, 20C mg/L L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Nitrogen, Nitrate, Total (as N) mg/L L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L	pH s.u.	
Code	80082	80082	50060	74055	50050	00620	00530	00530	00400	
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	FLA-01	EFA-01	INF-01	EFA-01	EFA-01	
1			2.2		0.020				7.5	
2			2.3		0.018				7.5	
3			2.6		0.007				7.5	
4			2.4		0.016				7.5	
5			2.1		0.017				7.5	
6			2.2		0.014				7.5	
7					0.014					
8	346	20	2.4	<1	0.010	0.22	280	21	7.4	
9			2.3		0.019				7.4	
10			2.5		0.010				7.4	
11			2.6		0.018				7.4	
12			2.2		0.013				7.4	
13			2.1		0.017				7.4	
14					0.017					
15			2.4		0.017				7.4	
16			2.1		0.016				7.4	
17			2.2		0.014				7.4	
18			2.1		0.016				7.4	
19			2.3		0.019				7.4	
20			2.5		0.013				7.4	
21					0.013					
22			2.1		0.012				7.4	
23			2.4		0.010				7.4	
24			2.4		0.016				7.4	
25			2.3		0.017				7.4	
26			2.1		0.018				7.4	
27			2.0		0.014				7.4	
28					0.014					
29			2.1		0.011				7.4	
30			2.2		0.019				7.4	
31			2.1		0.018				7.4	
<b>Total</b>	<b>346</b>	<b>20</b>		<b>&lt;1</b>	<b>0.467</b>	<b>0.22</b>	<b>280</b>	<b>21</b>		
<b>Mo. Avg.</b>	<b>346</b>	<b>20</b>		<b>&lt;1</b>	<b>0.015</b>	<b>0.22</b>	<b>280</b>	<b>21</b>		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   28119        Name:   Christopher Berish  

Evening Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:                 Certificate No:                 Name:

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

PERMITTEE NAME: LP WATERWORKS, INC.	PERMIT NUMBER: FLA014340
ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001
FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork	DESCRIPTION: Land application system consisting of two rapid infiltration basins.
LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852	
COUNTY: HIGHLANDS	MONITORING PERIOD: From: 02/01/2024 To: 02/29/2024

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement				20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.6	4.6	4.6		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				3.9			0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-01	Permit Requirement				20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement			3.8	3.8	3.8		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-01	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement				2.9			0	1 Monthly	Grab
	Permit Requirement				200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement				<1	<1		0	1 Monthly	Grab
	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.	(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				1.5			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.35	0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L	(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement		0.015			0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.05 (Mo Avg)	MGD			(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-01	Sample Measurement				28	0	1 Monthly	Calculated
	Permit Requirement				Report (Mo Avg)	percent	(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement				99	0	1 Monthly	Grab
	Permit Requirement				Report (Maximum)	mg/L	(1 Monthly)	(Grab)
Solids, Total Suspended  PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement				76	0	1 Monthly	Grab
	Permit Requirement				Report (Maximum)	mg/L	(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  03/13/2024

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

PERMITTEE NAME: LP WATERWORKS, INC.	PERMIT NUMBER: FLA014340
ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652	LIMIT: FINAL REPORT: Monthly
FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852	MONITORING GROUP: RMP-Q
COUNTY: HIGHLANDS	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 02/01/2024 To: 02/29/2024

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-2	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  03/13/2024

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P  
 Monitoring Period: From: 02/01/2024 To: 02/29/2024

Facility: Lake Placid Camp Florida Resort WWTP  
 (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L L	BOD, Carbonaceous 5 day, 20C mg/L L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Nitrogen, Nitrate, Total (as N) mg/L L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L	pH s.u.	
Code	80082	80082	50060	74055	50050	00620	00530	00530	00400	
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	FLA-01	EFA-01	INF-01	EFA-01	EFA-01	
1			2.8		0.015				7.5	
2			2.2		0.016				7.5	
3			2.3		0.016				7.5	
4					0.016					
5			2.1		0.018				7.5	
6			2.3		0.015				7.5	
7			2.4		0.015				7.5	
8			2.1		0.018				7.5	
9			2.2		0.017				7.5	
10			2.0		0.013				7.5	
11					0.015					
12			1.5		0.016				7.5	
13			2.1		0.014				7.5	
14			2.0		0.013				7.5	
15			2.2		0.017				7.5	
16			2.3		0.018				7.5	
17			2.0		0.018				7.5	
18					0.018					
19			1.8		0.014				7.5	
20			2.0		0.010				7.5	
21			2.1		0.014				7.5	
22	99	4.6	3.1	<1	0.016	0.35	76	3.8	7.5	
23			3.2		0.019				7.5	
24			1.8		0.013				7.5	
25					0.015					
26			2.0		0.016				7.5	
27			2.3		0.021				7.5	
28			2.1		0.008				7.5	
29			2.0		0.014				7.5	
30										
31										
<b>Total</b>	<b>99</b>	<b>4.6</b>		<b>&lt;1</b>	<b>0.448</b>	<b>0.35</b>	<b>76</b>	<b>3.8</b>		
<b>Mo. Avg.</b>	<b>99</b>	<b>4.6</b>		<b>&lt;1</b>	<b>0.015</b>	<b>0.35</b>	<b>76</b>	<b>3.8</b>		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   28119        Name:   Christopher Berish  

Evening Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:                 Certificate No:                 Name:

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Land application system consisting of two rapid infiltration basins.  MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	Sample Measurement			8.6		0	1 Monthly	Grab
	Permit Requirement			20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	Sample Measurement			12    12    12		0	1 Monthly	Grab
	Permit Requirement			60.0 (Maximum)    45.0 (Wkly Avg)    30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement			4.5		0	1 Monthly	Grab
	Permit Requirement			20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement			11    11    11		0	1 Monthly	Grab
	Permit Requirement			60.0 (Maximum)    45.0 (Wkly Avg)    30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement				2.9			0	1 Monthly	Grab
	Permit Requirement				200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement				<1	<1		0	1 Monthly	Grab
	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.4	7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				1.7			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement					<0.023		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.015				0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	0.05 (Mo Avg)	MGD				(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-01	Sample Measurement			30		0	1 Monthly	Calculated
	Permit Requirement			Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement			397		0	1 Monthly	Grab
	Permit Requirement			Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended  PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement			366		0	1 Monthly	Grab
	Permit Requirement			Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  04/11/2024

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  04/11/2024

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P  
 Monitoring Period: From: 03/01/2024 TO: 03/31/2024

Facility: Lake Placid Camp Florida Resort WWTP  
 (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L L	BOD, Carbonaceous 5 day, 20C mg/L L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Nitrogen, Nitrate, Total (as N) mg/L L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L	pH s.u.	
Code	80082	80082	50060	74055	50050	00620	00530	00530	00400	
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	FLA-01	EFA-01	INF-01	EFA-01	EFA-01	
1			2.0		0.015				7.5	
2			1.8		0.015				7.5	
3					0.015					
4			2.1		0.014				7.5	
5			2.3		0.022				7.5	
6			2.1		0.017				7.5	
7			2.0		0.012				7.5	
8			2.1		0.018				7.5	
9			1.8		0.016				7.5	
10					0.016					
11			2.8		0.016				7.4	
12	397	12	3.0	<1	0.017	<0.023	366	11	7.4	
13			1.9		0.010				7.4	
14			2.4		0.019				7.4	
15			1.9		0.016				7.4	
16			1.7		0.018				7.4	
17					0.018					
18			1.9		0.012				7.4	
19			2.1		0.014				7.4	
20			2.2		0.014				7.4	
21			2.4		0.013				7.4	
22			2.4		0.018				7.5	
23			1.9		0.014				7.5	
24					0.014					
25			2.1		0.005				7.4	
26			2.2		0.022				7.5	
27			2.4		0.009				7.5	
28			2.5		0.016				7.4	
29			3.0		0.018				7.5	
30			2.2		0.010				7.5	
31					0.010					
Total					<b>0.463</b>					
Mo. Avg.					<b>0.015</b>					

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   28119        Name:   Christopher Berish  

Evening Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:                 Certificate No:                 Name:

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

PERMITTEE NAME: LP WATERWORKS, INC.	PERMIT NUMBER: FLA014340
ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001
FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork	DESCRIPTION: Land application system consisting of two rapid infiltration basins.
LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852	
COUNTY: HIGHLANDS	MONITORING PERIOD: From: 04/01/2024 To: 04/30/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.8				0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement				20.0 (Annl Avg)			mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.5	3.5	3.5		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				4.7				0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-01	Permit Requirement				20.0 (Annl Avg)			mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				2.8	2.8	2.8		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-01	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement			2.9		0	1 Monthly	Grab
	Permit Requirement			200.0 (Annl Avg)	#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement			<1	<1	0	1 Monthly	Grab
	Permit Requirement			200.0 (Mo Geom)	800.0 (Maximum)	#/100mL	(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement			7.3	7.6	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Minimum)	8.5 (Maximum)	s.u.	(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement			1.8		0	5 Days/Week	Grab
	Permit Requirement			0.5 (Minimum)		mg/L	(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement				0.42	0	1 Monthly	Grab
	Permit Requirement				12.0 (Maximum)	mg/L	(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.009				0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	0.05 (Mo Avg)	MGD				(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-01	Sample Measurement			26		0	1 Monthly	Calculated
	Permit Requirement			Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement			269		0	1 Monthly	Grab
	Permit Requirement			Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended  PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement			250		0	1 Monthly	Grab
	Permit Requirement			Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  05/14/2024

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 04/01/2024 To: 04/30/2024
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  05/14/2024

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P  
 Monitoring Period From: 04/01/2024 To: 04/30/2024

Facility: Lake Placid Camp Florida Resort WWTP  
 (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L L	BOD, Carbonaceous 5 day, 20C mg/L L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Nitrogen, Nitrate, Total (as N) mg/L L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L	pH s.u.
Code	80082	80082	50060	74055	50050	00620	00530	00530	00400
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	FLA-01	EFA-01	INF-01	EFA-01	EFA-01
1			2.1		0.012				7.5
2			2.4		0.007				7.5
3	269	3.5	3.0	<1	0.018	0.42	250	2.8	7.4
4			3.1		0.003				7.4
5			2.8		0.013				7.4
6			2.3		0.013				7.4
7					0.013				
8			2.4		0.005				7.4
9			2.6		0.011				7.5
10			3.0		0.010				7.5
11			3.1		0.014				7.5
12			2.4		0.013				7.6
13			1.8		0.004				7.6
14					0.004				
15			2.5		0.009				7.3
16			3.1		0.008				7.6
17			3.0		0.008				7.5
18			3.1		0.008				7.5
19			3.2		0.009				7.5
20			3.7		0.008				7.5
21					0.008				
22			3.1		0.008				7.6
23			3.0		0.008				7.6
24			3.1		0.008				7.6
25			3.0		0.006				7.5
26			3.1		0.006				7.5
27			3.1		0.008				7.6
28					0.008				
29			3.0		0.005				7.5
30			3.2		0.006				7.5
31									
<b>Total</b>	<b>269</b>	<b>3.5</b>		<b>&lt;1</b>	<b>0.261</b>	<b>0.42</b>	<b>250</b>	<b>2.8</b>	
<b>Mo. Avg.</b>	<b>269</b>	<b>3.5</b>		<b>&lt;1</b>	<b>0.009</b>	<b>0.42</b>	<b>250</b>	<b>2.8</b>	

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   28119        Name:   Christopher Berish  

Evening Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:                 Certificate No:                 Name:

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

<b>PERMITTEE NAME:</b> LP WATERWORKS, INC. <b>ADDRESS:</b> 4939 Cross Bayou Boulevard New Port Richey, FL 34652  <b>FACILITY:</b> Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork <b>LOCATION:</b> 1525 US Highway 27 S Lake Placid, FL 33852  <b>COUNTY:</b> HIGHLANDS	<b>PERMIT NUMBER:</b> FLA014340 <b>LIMIT:</b> FINAL <b>REPORT:</b> Monthly <b>FACILITY TYPE:</b> DW <b>GROUP:</b> Domestic <b>MONITORING GROUP:</b> R-001  <b>DESCRIPTION:</b> Land application system consisting of two rapid infiltration basins.  <b>MONITORING PERIOD:</b> From: 05/01/2024 To: 05/31/2024
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	<b>Sample Measurement</b>					8.7			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	<b>Permit Requirement</b>					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	<b>Sample Measurement</b>				6.9	6.9	6.9		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	<b>Permit Requirement</b>				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	<b>Sample Measurement</b>					5			0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-01	<b>Permit Requirement</b>					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	<b>Sample Measurement</b>				6	6	6		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-01	<b>Permit Requirement</b>				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement				<1			0	1 Monthly	Grab
	Permit Requirement				200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement				<1	<1		0	1 Monthly	Grab
	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.1				5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)			s.u.	(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				1			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement					5.3		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement		0.005						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.05 (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-01	Sample Measurement					19			0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					149			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended  PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					116			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (727) 848-8292	SUBMITTED ON  12/02/2024	

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

PERMITTEE NAME: LP WATERWORKS, INC.	PERMIT NUMBER: FLA014340
ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652	LIMIT: FINAL REPORT: Monthly
FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852	MONITORING GROUP: RMP-Q
COUNTY: HIGHLANDS	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 05/01/2024 To: 05/31/2024

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-2	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  12/02/2024

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P  
 Monitoring Period From: 05/01/2024 To: 05/31/2024

Facility: Lake Placid Camp Florida Resort WWTP  
 (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L L	BOD, Carbonaceous 5 day, 20C mg/L L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Nitrogen, Nitrate, Total (as N) mg/L L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L	pH s.u.	
Code	80082	80082	50060	74055	50050	00620	00530	00530	00400	
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	FLA-01	EFA-01	INF-01	EFA-01	EFA-01	
1			3.1		0.008				7.3	
2			3.2		0.002				7.4	
3			3.0		0.006				7.4	
4			3.2		0.007				7.4	
5					0.007					
6			1.5		0.005				7.3	
7	149	6.9	3.3	<1	0.007	5.3	116	6	7.2	
8			3.1		0.003				7.2	
9			3.0		0.006				7.2	
10			3.1		0.008				7.3	
11			1.8		0.003				7.3	
12					0.003					
13			1.6		0.008				7.3	
14			1.8		0.006				7.3	
15			1.6		0.002				7.3	
16			1.4		0.005				7.3	
17			1.4		0.004				7.2	
18			1.2		0.006				7.2	
19					0.006					
20			1.1		0.006				7.3	
21			1.0		0.002				7.2	
22			1.3		0.004				7.2	
23			1.2		0.003				7.3	
24			1.2		0.005				7.3	
25			1.1		0.006				7.3	
26					0.006					
27			1.2		0.006				7.3	
28			1.1		0.006				7.2	
29			1.3		0.006				7.2	
30			1.3		0.003				7.2	
31			1.4		0.003				7.1	
<b>Total</b>	<b>149</b>	<b>6.9</b>		<b>&lt;1</b>	<b>0.158</b>	<b>5.3</b>	<b>116</b>	<b>6</b>		
<b>Mo. Avg.</b>	<b>149</b>	<b>6.9</b>		<b>&lt;1</b>	<b>0.005</b>	<b>5.3</b>	<b>116</b>	<b>6</b>		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   28119        Name:   Christopher Berish  

Evening Shift Operator      Class:                 Certificate No:                 Name:                           

Night Shift Operator      Class:                 Certificate No:                 Name:                           

Lead Operator      Class:                 Certificate No:                 Name:

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Land application system consisting of two rapid infiltration basins.  MONITORING PERIOD: From: 06/01/2024 To: 06/30/2024
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	<b>Sample Measurement</b>		8.2		0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	<b>Permit Requirement</b>		20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	<b>Sample Measurement</b>		3	3	3	0	1 Monthly Grab
PARM Code 80082 A Mon. Site: EFA-01	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly) (Grab)
Solids, Total Suspended	<b>Sample Measurement</b>		4.8		0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-01	<b>Permit Requirement</b>		20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	<b>Sample Measurement</b>		2	2	2	0	1 Monthly Grab
PARM Code 00530 A Mon. Site: EFA-01	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly) (Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement				<1			0	1 Monthly	Grab
	Permit Requirement				200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement				<1	<1		0	1 Monthly	Grab
	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7	7.2		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				1.1			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement					0.49		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.005				0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	0.05 (Mo Avg)	MGD				(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-01	Sample Measurement			13		0	1 Monthly	Calculated
	Permit Requirement			Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement			404		0	1 Monthly	Grab
	Permit Requirement			Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended  PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement			420		0	1 Monthly	Grab
	Permit Requirement			Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  07/23/2024

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 06/01/2024 To: 06/30/2024
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated
	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated
	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (727) 848-8292	SUBMITTED ON  07/23/2024				

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P  
 Monitoring Period: From: 06/01/2024 To: 06/30/2024

Facility: Lake Placid Camp Florida Resort WWTP  
 (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L L	BOD, Carbonaceous 5 day, 20C mg/L L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Nitrogen, Nitrate, Total (as N) mg/L L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L	pH s.u.	
Code	80082	80082	50060	74055	50050	00620	00530	00530	00400	
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	FLA-01	EFA-01	INF-01	EFA-01	EFA-01	
1			2.1		0.006				7.2	
2					0.007					
3			1.6		0.008				7.1	
4	404	3	1.4	<1	0.005	0.49	420	2	7.1	
5			1.2		0.002				7.2	
6			1.1		0.006				7.1	
7			1.2		0.003				7.2	
8			1.1		0.006				7.1	
9					0.006					
10			1.4		0.008				7.0	
11			1.2		0.002				7.1	
12			1.1		0.002				7.2	
13			1.3		0.002				7.2	
14			1.2		0.005				7.1	
15			1.2		0.006				7.2	
16					0.006					
17			1.4		0.004				7.2	
18			1.3		0.004				7.2	
19			1.2		0.003				7.1	
20			1.1		0.005				7.1	
21			1.2		0.004				7.0	
22			1.2		0.007				7.1	
23					0.007					
24			1.3		0.005				7.1	
25			1.2		0.005				7.2	
26			1.1		0.008				7.1	
27			1.2		0.003				7.1	
28			1.2		0.008				7.1	
29			1.3		0.004				7.1	
30					0.004					
31										
<b>Total</b>	<b>404</b>	<b>3</b>		<b>&lt;1</b>	<b>0.151</b>	<b>0.49</b>	<b>420</b>	<b>2</b>		
<b>Mo. Avg.</b>	<b>404</b>	<b>3</b>		<b>&lt;1</b>	<b>0.005</b>	<b>0.49</b>	<b>420</b>	<b>2</b>		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   28119        Name:   Christopher Berish  

Evening Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:                 Certificate No:                 Name:

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Land application system consisting of two rapid infiltration basins.  MONITORING PERIOD: From: 07/01/2024 To: 07/31/2024
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Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	<b>Sample Measurement</b>			<b>8.5</b>			<b>0</b>	<b>1 Monthly</b>	<b>Grab</b>
	<b>Permit Requirement</b>			20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	<b>Sample Measurement</b>		<b>6.3</b>	<b>6.3</b>	<b>6.3</b>		<b>0</b>	<b>1 Monthly</b>	<b>Grab</b>
	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	<b>Sample Measurement</b>			<b>5.1</b>			<b>0</b>	<b>1 Monthly</b>	<b>Grab</b>
	<b>Permit Requirement</b>			20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	<b>Sample Measurement</b>		<b>5.4</b>	<b>5.4</b>	<b>5.4</b>		<b>0</b>	<b>1 Monthly</b>	<b>Grab</b>
	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement			<1		0	1 Monthly	Grab
	Permit Requirement			200.0 (Annl Avg)	#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement			<1	<1	0	1 Monthly	Grab
	Permit Requirement			200.0 (Mo Geom)	800.0 (Maximum)	#/100mL	(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement			6.8	7.1	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Minimum)	8.5 (Maximum)	s.u.	(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement			1		0	5 Days/Week	Grab
	Permit Requirement			0.5 (Minimum)		mg/L	(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement				3.7	0	1 Monthly	Grab
	Permit Requirement				12.0 (Maximum)	mg/L	(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement		0.006				0	5 Days/Week  Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.05 (Mo Avg)	MGD				(5 Days/Week)  (Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-01	Sample Measurement				11	0	1 Monthly	Calculated
	Permit Requirement				Report (Mo Avg)	percent	(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement				141	0	1 Monthly	Grab
	Permit Requirement				Report (Maximum)	mg/L	(1 Monthly)	(Grab)
Solids, Total Suspended  PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement				128	0	1 Monthly	Grab
	Permit Requirement				Report (Maximum)	mg/L	(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  08/26/2024

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 07/01/2024 To: 07/31/2024
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	<b>Report (Mo Total)</b>	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-2	<b>Report (Mo Total)</b>	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (727) 848-8292	SUBMITTED ON  08/26/2024

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014340-006-DW3P  
From: 07/01/2024 To: 07/31/2024

Facility: Lake Placid Camp Florida Resort WWTP  
(WOODLANDS)

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L L	BOD, Carbonaceous 5 day, 20C mg/L L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Nitrogen, Nitrate, Total (as N) mg/L L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L	pH s.u.	
Code	80082	80082	50060	74055	50050	00620	00530	00530	00400	
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	FLA-01	EFA-01	INF-01	EFA-01	EFA-01	
1	141	6.3	1.3		0.008	3.7	128	5.4	7.0	
2			1.2		0.005				7.0	
3			1.4		0.006				7.1	
4			1.2		0.011				7.0	
5			1.1		0.004				7.0	
6			1.3		0.007				7.1	
7					0.007					
8			1.1	<1	0.004				7.0	
9			1.2		0.004				7.0	
10			1.1		0.002				7.1	
11			2.6		0.006				7.0	
12			1.7		0.004				7.0	
13			1.4		0.005				7.0	
14					0.005					
15			1.2		0.007				7.1	
16			1.2		0.007				7.0	
17			1.1		0.008				7.0	
18			1.2		0.008				7.0	
19			1.2		0.005				7.0	
20			1.1		0.008				7.0	
21					0.008					
22			1.2		0.007				7.1	
23			1.1		0.006				7.0	
24			1.1		0.006				7.0	
25			1.0		0.005				6.9	
26			1.3		0.007				6.8	
27			1.1		0.009				6.9	
28					0.009					
29			1.2		0.004				6.8	
30			1.0		0.010				6.8	
31			1.1		0.003				6.8	
Total	141	6.3		<1	0.195	3.7	128	5.4		
Mo. Avg.	141	6.3		<1	0.006	3.7	128	5.4		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   29884        Name:   Vincent Cantero  

Evening Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:                 Certificate No:                 Name:

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

PERMITTEE NAME: LP WATERWORKS, INC.	PERMIT NUMBER: FLA014340
ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652	LIMIT: FINAL REPORT: Monthly
FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852	MONITORING GROUP: R-001
COUNTY: HIGHLANDS	DESCRIPTION: Land application system consisting of two rapid infiltration basins.
MONITORING PERIOD: From: 08/01/2024 To: 08/31/2024	

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement				20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.8	4.8	4.8		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				5.4			0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-01	Permit Requirement				20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement			4.4	4.4	4.4		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-01	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			<1		0	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-01	Permit Requirement			200.0 (Annl Avg)	#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement			<1	<1	0	1 Monthly	Grab
PARM Code 74055 A Mon. Site: EFA-01	Permit Requirement			200.0 (Mo Geom)	800.0 (Maximum)	#/100mL	(1 Monthly)	(Grab)
pH	Sample Measurement			6.6	7	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-01	Permit Requirement			6.0 (Minimum)	8.5 (Maximum)	s.u.	(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement			1		0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Permit Requirement			0.5 (Minimum)		mg/L	(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement				14	1	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-01	Permit Requirement				12.0 (Maximum)	mg/L	(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.005				0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	0.05 (Mo Avg)	MGD				(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-01	Sample Measurement			11		0	1 Monthly	Calculated
	Permit Requirement			Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement			105		0	1 Monthly	Grab
	Permit Requirement			Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended  PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement			104		0	1 Monthly	Grab
	Permit Requirement			Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  10/01/2024

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
00620 A	EFA-01	The operator utilizes field nitrate strips to measure effluent nitrate levels and make aeration adjustments where available in an attempt to maintain effluent within permitted limits. limit The operator will reduce aeration blower run times due to lower flow conditions currently being received at the plant. We will continue to monitor and report as required.

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 08/01/2024 To: 08/31/2024
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  10/01/2024

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P  
 Monitoring Period From: 08/01/2024 To: 08/31/2024

Facility: Lake Placid Camp Florida Resort WWTP  
 (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L L	BOD, Carbonaceous 5 day, 20C mg/L L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Nitrogen, Nitrate, Total (as N) mg/L L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L	pH s.u.	
Code	80082	80082	50060	74055	50050	00620	00530	00530	00400	
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	FLA-01	EFA-01	INF-01	EFA-01	EFA-01	
1			1.1		0.006				6.9	
2			1.0		0.007				6.8	
3			1.2		0.008				6.8	
4					0.008					
5			1.0		0.002				6.8	
6			1.2		0.004				6.8	
7			1.3		0.006				6.8	
8			1.2		0.002				6.8	
9			1.0		0.005				6.9	
10			1.3		0.006				6.9	
11					0.006					
12			1.2		0.007				6.8	
13			1.1		0.006				6.8	
14			1.0		0.003				6.7	
15			1.2		0.005				6.7	
16			1.0		0.004				6.8	
17			1.1		0.006				6.7	
18					0.006					
19			1.0		0.007				6.7	
20			1.1		0.002				6.7	
21			1.0		0.004				6.7	
22			1.0		0.004				6.6	
23			1.3		0.006				6.9	
24			1.1		0.003				6.8	
25					0.005					
26			1.0		0.006				6.7	
27	105	4.8	1.3	<1	0.004	14	104	4.4	6.7	
28			1.4		0.005				6.8	
29			1.5		0.004				6.7	
30			1.6		0.008				6.9	
31			1.5		0.006				7.0	
Total					<b>0.161</b>					
Mo. Avg.					<b>0.005</b>					

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   29884        Name:   Vincent Cantero  

Evening Shift Operator      Class:                 Certificate No:                 Name:                           

Night Shift Operator      Class:                 Certificate No:                 Name:                           

Lead Operator      Class:                 Certificate No:                 Name:

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Land application system consisting of two rapid infiltration basins.  MONITORING PERIOD: From: 09/01/2024 To: 09/30/2024
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	<b>Sample Measurement</b>		6.5		0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	<b>Permit Requirement</b>		20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	<b>Sample Measurement</b>		11	11	11	0	1 Monthly
PARM Code 80082 A Mon. Site: EFA-01	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)
Solids, Total Suspended	<b>Sample Measurement</b>		6.1		0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-01	<b>Permit Requirement</b>		20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	<b>Sample Measurement</b>		13	13	13	0	1 Monthly
PARM Code 00530 A Mon. Site: EFA-01	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement			<1		0	1 Monthly	Grab
	Permit Requirement			200.0 (Annl Avg)	#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement			<1	<1	0	1 Monthly	Grab
	Permit Requirement			200.0 (Mo Geom)	800.0 (Maximum)	#/100mL	(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement			6.6	6.8	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Minimum)	8.5 (Maximum)	s.u.	(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement			1		0	5 Days/Week	Grab
	Permit Requirement			0.5 (Minimum)		mg/L	(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement				23	1	1 Monthly	Grab
	Permit Requirement				12.0 (Maximum)	mg/L	(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement		0.007						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.05 (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-01	Sample Measurement					12			0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					90			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended  PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					90			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (727) 848-8292	SUBMITTED ON  10/23/2024	

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
00620 A	EFA-01	The operator utilizes field nitrate strips to measure effluent nitrate levels and make aeration adjustments where available in an attempt to maintain effluent within permitted limits. The operator will reduce aeration blower run times due to lower flow conditions currently being received at the plant. We will continue to monitor and report as required.

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 09/01/2024 To: 09/30/2024
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated	
PARM Code B0007 + Mon. Site: RMP-1	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)	
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated	
PARM Code B0008 + Mon. Site: RMP-2	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  10/23/2024

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P  
 Monitoring Period From: 09/01/2024 To: 09/30/2024

Facility: Lake Placid Camp Florida Resort WWTP  
 (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L L	BOD, Carbonaceous 5 day, 20C mg/L L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Nitrogen, Nitrate, Total (as N) mg/L L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L	pH s.u.
Code	80082	80082	50060	74055	50050	00620	00530	00530	00400
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	FLA-01	EFA-01	INF-01	EFA-01	EFA-01
1					0.006				
2			1.4		0.007				6.8
3			1.5		0.008				6.7
4			1.6		0.009				6.8
5			1.4		0.005				6.7
6			1.2		0.007				6.7
7			1.4		0.013				6.7
8					0.013				
9			1.2		0.009				6.7
10			1.1		0.008				6.7
11	90	11	1.2	<1	0.009	23	92	13	6.7
12			1.1		0.009				6.7
13			1.0		0.006				6.7
14			1.1		0.009				6.7
15					0.009				
16			2.1		0.006				6.8
17			2.0		0.007				6.7
18			2.0		0.006				6.7
19			1.8		0.003				6.7
20			1.6		0.008				6.7
21			1.4		0.008				6.6
22					0.008				
23			1.4		0.005				6.7
24			1.4		0.003				6.7
25			1.2		0.005				6.7
26			1.1		0.009				6.7
27			1.0		0.003				6.7
28			1.0		0.006				6.7
29					0.006				
30			1.1		0.007				6.7
31									
Total					<b>0.217</b>				
Mo. Avg.					<b>0.007</b>				

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   29884        Name:   Vincent Cantero  

Evening Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:                 Certificate No:                 Name:

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Land application system consisting of two rapid infiltration basins.
MONITORING PERIOD: From: 10/01/2024 To: 10/31/2024	

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.1			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement				20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.3	9.3	9.3		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				6.8			0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-01	Permit Requirement				20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement			9.6	9.6	9.6		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-01	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement				<1			0	1 Monthly	Grab
	Permit Requirement				200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement				<1	<1		0	1 Monthly	Grab
	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				6.6	7.2		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				1			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement					6.8		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow  PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement		0.007				0	5 Days/Week  Elapsed Time Measurement on Pump (Pump Log)	
	Permit Requirement		0.05 (Mo Avg)	MGD				(5 Days/Week)  (Elapsed Time Measurement on Pump (Pump Log))	
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-01	Sample Measurement					13	0	1 Monthly  Calculated	
	Permit Requirement					Report (Mo Avg)	percent	(1 Monthly)  (Calculated)	
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					105	0	1 Monthly  Grab	
	Permit Requirement					Report (Maximum)	mg/L	(1 Monthly)  (Grab)	
Solids, Total Suspended  PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					86	0	1 Monthly  Grab	
	Permit Requirement					Report (Maximum)	mg/L	(1 Monthly)  (Grab)	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  11/13/2024

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

PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652  FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands Waterwork LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 10/01/2024 To: 10/31/2024
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated
	<b>Permit Requirement</b>		Report (Mo Total)	dry tons			(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated
	<b>Permit Requirement</b>		Report (Mo Total)	dry tons			(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	SUBMITTED ON
Tonya Luning						Electronically Signed	(727) 848-8292	11/13/2024

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P  
 Monitoring Period From: 10/01/2024 To: 10/31/2024

Facility: Lake Placid Camp Florida Resort WWTP  
 (WOODLANDS)

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L L	BOD, Carbonaceous 5 day, 20C mg/L L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Nitrogen, Nitrate, Total (as N) mg/L L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L	pH s.u.
Code	80082	80082	50060	74055	50050	00620	00530	00530	00400
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	FLA-01	EFA-01	INF-01	EFA-01	EFA-01
1			1.0		0.007				6.6
2			1.7		0.004				6.7
3			1.2		0.006				6.6
4			1.0		0.007				6.7
5			1.3		0.005				6.7
6					0.005				
7			1.2		0.008				7.0
8			1.4		0.009				7.0
9			1.3		Hurrigan				7.0
10			1.0		Milton				7.0
11			1.2		0.016				7.1
12			1.4		0.007				7.2
13					0.007				
14	105	9.3	1.4	<1	0.009	6.8	86	9.6	7.1
15			1.5		0.007				7.0
16			1.3		0.005				6.9
17			1.1		0.007				7.1
18			1.4		0.006				7.1
19			1.6		0.008				7.1
20					0.008				
21			1.8		0.004				7.1
22			1.4		0.005				7.0
23			1.5		0.004				6.9
24			1.3		0.006				6.8
25			1.2		0.006				6.8
26			1.5		0.005				7.1
27					0.005				
28			1.2		0.008				7.0
29			1.7		0.008				6.8
30			1.5		0.006				6.9
31			1.4		0.003				6.9
<b>Total</b>	<b>105</b>	<b>9.3</b>		<b>&lt;1</b>	<b>0.191</b>	<b>6.8</b>	<b>86</b>	<b>9.6</b>	
<b>Mo. Avg.</b>	<b>105</b>	<b>9.3</b>		<b>&lt;1</b>	<b>0.007</b>	<b>6.8</b>	<b>86</b>	<b>9.6</b>	

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   29884        Name:   Vincent Cantero  

Evening Shift Operator      Class:                 Certificate No:                 Name:                           

Night Shift Operator      Class:                 Certificate No:                 Name:                           

Lead Operator      Class:                 Certificate No:                 Name:

LP Waterworks, Inc.  
Second Data Request  
FDR 14

	<u>WTP-1</u>	<u>WTP-2</u>
Hydrotanks	11,000	14,000

Well Capacity

WMD Permit - Combined	95,900	combined
DEP permit - Plant Design	200,000	combined

Year Drilled	1990	1990
Depth	1780	830
Pump Capacity gpm	280	300
Motor HP	25	50
Hydrants	7	

Wastewater

Gravity Lines:

4"	616
6"	3531
8"	2720
10"	1599
12"	83
Force Main	11827
Manholes	45

	<u>Nov-23</u>	<u>Dec-23</u>	<u>Jan-24</u>	<u>Feb-24</u>	<u>Mar-24</u>	<u>Apr-24</u>	<u>May-24</u>	<u>Jun-24</u>	<u>Jul-24</u>	<u>Aug-24</u>	<u>Sep-24</u>	<u>Oct-24</u>
<b><u>General Service</u></b>												
Water Gallons	80	132	130	172	120	103	74	30	48	30	23	15
Sewer Gallons	79	28	45	64	55	40	29	11	26	8	7	6
<b><u>Residential</u></b>												
Water Gallons	377	412	528	538	629	626	484	343	256	192	199	131
Sewer Gallons	328	377	474	506	579	560	426	280	213	162	151	103

**WATER CUSTOMERS  
2024**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
<b>Residential Service</b>					
5/8"	D	1.0	424	435	435
3/4"	D	1.5	2		0
1"	D	2.5			0
1 1/2"	D,T	5.0	1		0
<b>General Service</b>					
5/8"	D	1.0	14	11	11
3/4"	D	1.5	0	0	0
1"	D	2.5	3	3	7.5
1 1/2"	D,T	5.0	2	2	10
2"	D,C,T	8.0	3	3	24
3"	D	15.0			
3"	C	16.0			
3"	T	17.5			
Unmetered Customers Other (Specify)	Fireflow 6"	4.17	1	1	4.17
** D = Displacement C = Compound T = Turbine			<b>Total</b>	<b>450</b>	<b>455</b>
				<b>455</b>	<b>491.67</b>

**WASTEWATER CUSTOMERS  
2024**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
Residential Service					
All meter sizes	D	1.0	<u>377</u>	<u>376</u>	<u>376</u>
General Service					
5/8"	D	1.0	<u>10</u>	<u>32</u>	<u>32</u>
3/4"	D	1.5			<u>0</u>
1"	D	2.5	<u>1</u>	<u>1</u>	<u>2.5</u>
1 1/2"	D,T	5.0	<u>2</u>	<u>2</u>	<u>10</u>
2"	D,C,T	8.0			<u>0</u>
3"	D	15.0			<u>0</u>
3"	C	16.0			<u>0</u>
3"	T	17.5			<u>0</u>
Unmetered Customers					
Other (Specify)					
<b>Total</b>			<u><u>390</u></u>	<u><u>411</u></u>	<u><u>420.5</u></u>

\*\* D = Displacement  
C = Compound  
T = Turbine

UTILITY NAME: LP WATERWORKS, INC.

**WATER CUSTOMERS  
TEST YEAR**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	End of Test Year (e)	Total Number of Meter Equivalents (c x e) (f)
<b>Residential Service</b>				
5/8"	D	1.0	435	435
3/4"	D	1.5		0
1"	D	2.5		0
1 1/2"	D,T	5.0		0
<b>General Service</b>				
5/8"	D	1.0	11	11
3/4"	D	1.5	0	0
1"	D	2.5	3	7.5
1 1/2"	D,T	5.0	2	10
2"	D,C,T	8.0	3	24
3"	D	15.0		
3"	C	16.0		
3"	T	17.5		
Unmetered Customers Other (Specify)	Fireflow 6"	4.17	1	4.17
<b>** D = Displacement C = Compound T = Turbine</b>			<b>Total</b>	<b>455</b>
				<b>491.67</b>

**WASTEWATER CUSTOMERS  
TEST YEAR**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	End of Test Year (e)	Total Number of Meter Equivalents (c x e) (f)
<b>Residential Service</b>				
All meter sizes	D	1.0	376	376
<b>General Service</b>				
5/8"	D	1.0	11	11
3/4"	D	1.5		0
1"	D	2.5	1	2.5
1 1/2"	D,T	5.0	2	10
2"	D,C,T	8.0		0
3"	D	15.0		0
3"	C	16.0		0
3"	T	17.5		0
Unmetered Customers Other (Specify)				
<b>** D = Displacement C = Compound T = Turbine</b>			<b>Total</b>	<b>390</b>
				<b>399.5</b>

LP Waterworks, Inc.

Docket No. 20250013-WS

**FACTORED ERCs & GALLONS - WATER**

Test Year Ended 10/31/2024

(METER EQUIVALENT FACTORS BELOW)

<u>METER SIZE</u>	<u>ERC</u>	<u>NUMBER OF BILLS</u>	<u>FACTORED ERCs</u>	<u>GALLONS (000s)</u>
<b><u>RESIDENTIAL</u></b>				
5/8 x 3/4"	1.0	5,217	5,217	5,979
1"	2.5	0	0	0
1-1/2"	5.0	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL RESIDENTIAL</b>		<b><u>5,217</u></b>	<b><u>5,217</u></b>	<b><u>5,979</u></b>
<b><u>GENERAL SERVICE</u></b>				
5/8"x3/4"	1.0	133	133	340
3/4"	1.5	0	0	0
1"	2.5	35	88	14
1-1/2"	5.0	24	120	90
2"	8.0	36	288	1,559
3" COMPOUND	16.0	0	0	0
4" COMPOUND	25.0	0	0	0
6" COMPOUND	50.0	0	0	0
8" COMPOUND	80.0	0	0	0
10" COMPOUND	115.0	0	<u>0</u>	<u>0</u>
<b>TOTAL GENERAL SERVICE</b>		<b><u>228</u></b>	<b><u>629</u></b>	<b><u>2,003</u></b>
<b><u>PRIVATE FIRE PROTECTION</u></b>				
2"	0.7	0	0	0
3" COMPOUND	1.3	0	0	0
4" COMPOUND	2.1	0	0	0
6" COMPOUND	4.2	12	50	0
8" COMPOUND	6.7	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL PRIVATE FIRE PROTECTION</b>		<b><u>12</u></b>	<b><u>50</u></b>	<b><u>0</u></b>
<b>TOTAL WATER</b>		<b><u>5,457</u></b>	<b><u>5,896</u></b>	<b><u>7,982</u></b>

LP Waterworks, Inc.

Docket No. 20250013-WS

**FACTORED ERCs & GALLONS - WASTEWATER**

Test Year Ended 10/31/2024

<u>METER SIZE</u>	<u>ERC</u>	<u>NUMBER OF BILLS</u>	<u>FACTORED ERCs</u>	<u>GALLONS (000s)</u>
<b>RESIDENTIAL</b>				
ALL METER SIZES	1.0	4,509	4,509	3,726
<b>GENERAL SERVICE &amp; MULTI-FAMILY</b>				
5/8"x3/4"	1.0	130	130	233
1"	2.5	12	30	0
1-1/2"	5.0	23	115	89
2"	8.0	0	0	0
3" COMPOUND	16.0	0	0	0
4" COMPOUND	25.0	0	0	0
6" COMPOUND	50.0	0	0	0
8" COMPOUND	80.0	0	0	0
10" COMPOUND	115.0	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL GENERAL SERVICE</b>		<u>165</u>	<u>275</u>	<u>322</u>
<b>TOTAL WASTEWATER</b>		<u>4,674</u>	<u>4,784</u>	<u>4,048</u>

**LP Waterworks, Inc.**  
**Wastewater Monthly Service Rates**  
**Test Year Ended 10/31/2024**

**SCHEDULE NO. 4-B**  
**Docket No. 20250013-WS**

	<b>Rates Prior to Filing</b>	<b>Utility Requested Final</b>	<b>Four-year Rate Reduction</b>
<b><u>Residential</u></b>			
Base Facility Charge All Meter Sizes:	\$19.34	\$18.82	\$0.03
Gallonge Charge - Per 1,000 gallons (8,000 gallon cap)	\$9.99	\$14.60	\$0.03
<b><u>General Service</u></b>			
Base Facility Charge by Meter Size:			
5/8" x 3/4"	\$19.34	\$18.82	\$0.03
3/4"	\$29.01	\$28.23	\$0.05
1"	\$48.35	\$47.05	\$0.08
1-1/2"	\$96.70	\$94.11	\$0.17
2"	\$154.72	\$150.58	\$0.27
3"	\$309.44	\$301.15	\$0.54
4"	\$483.50	\$470.55	\$0.84
6"	\$967.00	\$941.10	\$1.67
Gallonge Charge, per 1,000 Gallons	\$12.00	\$17.52	\$0.03
<b><u>Typical Residential Bills 5/8" x 3/4" Meter</u></b>			
3,000 Gallons	\$49.31	\$62.61	
5,000 Gallons	\$69.29	\$91.81	
10,000 Gallons	\$79.28	\$106.41	
(Wastewater Gallonge Cap - 8,000 Gallons)			

UTILITY NAME: LP WATERWORKS, INC.

YEAR OF REPORT DECEMBER 31, 2024
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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	<u>95,900</u>	<u>95,900</u>	_____
Type of Source_____	<u>Ground</u>	<u>Ground</u>	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	<u>95,900</u>	<u>95,900</u>	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator__ (Gas)	<u>Superior</u>	<u>Superior</u>	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	<u>N/A</u>	_____	_____

UTILITY NAME: LP WATERWORKS, INC.

YEAR OF REPORT DECEMBER 31, 2024
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SYSTEM NAME: \_\_\_\_\_

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1990	1990	_____	_____
Types of Well Construction and Casing _____	10"/8"	6"/4"	_____	_____
_____	_____	_____	_____	_____
Depth of Wells _____	1780	830	_____	_____
Diameters of Wells _____	4"	4"	_____	_____
Pump - GPM _____	_____	_____	_____	_____
Motor - HP _____	50	25	_____	_____
Motor Type * _____	_____	_____	_____	_____
Yields of Wells in GPD _____	_____	_____	_____	_____
Auxiliary Power _____	N/A	N/A	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	Steel	Steel	_____	_____
Capacity of Tank _____	11,000	14,000	_____	_____
Ground or Elevated _____	Ground	Ground	_____	_____

**HIGH SERVICE PUMPING**      N/A

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____