

LAKESIDE WATERWORKS, INC.

FILED SEP 28, 2016
DOCUMENT NO. 07837-16
FPSC - COMMISSION CLERK

September 26, 2016

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

RECEIVED-FPSC
2016 SEP 28 AM 9:14
COMMISSION
CLERK

Re: Docket 160195-WS-Application for staff-assisted rate case in Lake County by Lakeside Waterworks, Inc. – Response to Staff's First Data Request

Dear Commission Clerk,

Please find attached Lakeside Waterworks, Inc.'s (Lakeside) response to Staff's First Data Request in the above referenced docket.

1. Purchased Water and/or Wastewater: All Utility related bills from the beginning of the test year to present which include meter number and location, gallons used, dollars paid, and the Utility's account numbers.

Response: Not applicable. There was no purchased water or wastewater.

2. Purchased Power: All utility related electricity bills from the beginning of the test year to present, which include meter number and location, kilowatts used, dollars paid, and the electric company's account numbers.

Response: Please find attached all copies of the test year purchased power invoices.

3. Chemicals: A list of all chemicals used in the treatment of water, amounts purchased, quantity purchased, unit prices paid and dosage rates utilized.

Response: Please find attached all copies of the test year chemical invoices.

Water dosage rate is 6 mg/L/Day. Wastewater dosage rate is 11 mg/l/Day.

4. Sludge Removal Expenses: Provide a schedule showing the total cost and quantity of removing the sludge, if persons other than owners, stockholders, and employees of the utility perform such work during the test year.

Response: Please find attached all copies of sludge removal for the test year.

5. Contractual Services – Testing: A list of tests along with costs paid to outside laboratories for testing the water treatment during the test year.

Response: The cost of all testing is included in the monthly operation and maintenance fee charged by U.S. Water Service Corporation. All invoices from U.S. Water Services Corporation, as well as the contract, are attached. Below is a listing of all DEP required testing for Lakeside along with the frequency.

Water:

	Samples Req'd	Frequency
Total Coliform	4	3/month
DBP - TTHMs	2	2/year
Nitrates	1	1/year
L & C	10	1/year
Tri-Annuals	1	1/3 yrs
Radionuclides	1	every 6 yrs

Wastewater:

	Samples Req'd	Frequency
CBOD	13	monthly
TSS	13	monthly
F. Coli	12	monthly
Sludge Analysis	1	yearly
TN	1	yearly

6. **Contractual Services – Other:** The costs of operation and maintenance work not performed by utility employees with an explanation of the type of work performed. These costs include the operator's fee, mowing and grounds keeping and contracted repair for the water system.

Response: Please refer to the invoices provided in response to Request No. 5 above.

7. **Transportation Expenses:** A schedule of all vehicles by serial number and description owned or leased by the utility, original cost or lease documents, whom the vehicles are assigned to, and an explanation of how they are allocated to the utility, or a copy of the log

book showing miles on personal vehicles associated with utility business. All vehicles are to be available for inspection.

Response: Not applicable. There are no vehicles owned or leased by the utility.

8. Copies of your most recent Primary and Secondary Water Quality test results.

Response: See Attached.

9. Copies of monthly operation reports for water and wastewater from July 1, 2015, through June 30, 2016, (test year) which includes:

FOR WASTEWATER – Total treated, total wash water, total of each chemical in points, chemical dosage rates (average).

FOR WATER – Total water purchased or pumped, total wash water, total of each chemical in points, chemical dosages rates (average).

Response: See Attached Monthly Operation Reports.

10. Copy of monthly totals of metered water sold for each month of the test year.

Response: See Schedule F-1 - Document No. **07026-16** in the PSC docket file.

11. A written summary, by permit number, of all Department of Environmental Protection, Water Management District, and/or County Health Department permits.

Response: See Documents Nos. **07026-16** and **07047-16** in the PSC docket file. See also the attached permits.

12. If any plant addition has been made or will be required due to a written order from a governmental agency, please provide a copy of that order.

Response: See Document No. **07026-16** in the PSC docket file..

13. A list of all service complaints received during the test year and four years prior to the test year. Please include an explanation of how each complaint was resolved.

Response: Lakeside requests additional time to respond to this request. The utility is pulling all of the customer complaints and will need additional time to research each one to provide the resolution.

14. A listing of all assets owned by the utility.

Example: 200' – 8" PVC (Sewer)

250' – 6" PVC Pipe (Water)

50' – 6" PVC Fire Hydrants (Water)

Response: See the 2015 Annual Report on file with the Commission. On Pages W-4 through W-6, the data is contained for the water system. On Pages S-4 through S-6, the data is contained for the wastewater system. However, the wastewater treatment plant is being replaced. See Document No. **07026-16** in the PSC docket file.

15. Number of customers classified as to meter size and class (commercial or residential) for the following points in time:

- a) A minimum of 4 years prior to the beginning of the test (or calendar last) year.
- b) The beginning of the last calendar year.
- c) The end of the last calendar year.
- d) Present.

Response: The utility was purchased in October 2012. For the calendar years 2012 through 2015, see the Annual Reports for those years on file with the Commission. For the test year, please find the billing information on Schedule E-1w for water and also the Billing Determinants Schedule in Document No. **07026-16** in the PSC docket file.

16. Please provide a copy of the utility's engineering maps for water showing location and size of water mains throughout the service area and customer location and classification.

Response: Service map is attached.

17. Please fill out the spreadsheet attached concerning any pro forma items. Please include any bid proposals or estimates for the pro forma items.

18. **Response:** This information is provided in Documents Nos. **07026-16** and **07045-16** in the PSC docket file. The well replacement was due to a collapsed well that was required to be replaced for continued water service. The wastewater treatment plant is required by FDEP due to the deteriorated condition of the existing aged WWTP.

Respectfully Submitted,



Troy Rendell
Manager of Regulated Utilities
// for Lakeside Waterworks, Inc.

Lakeside Waterworks
Water Purchased Power



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
04594 44529

JULY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652

SERVICE ADDRESS

000 SHANGRI LA BLVD,
NORTH WELL

DUE DATE TOTAL AMOUNT DUE
JUL 19 2016 42.25

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT NONE
AUG 01 2016

PIN: 021246507

METER READINGS

METER NO. 002637159
PRESENT (ACTUAL) 046508
PREVIOUS (ACTUAL) 046248
DIFFERENCE 000260
TOTAL KWH 260
PRESENT KW (ACTUAL) 0026.34
BASE KW 26
LOAD FACTOR 1.4%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$42.25 ON 07/19/16
PAYMENTS RECEIVED AS OF JUN 16 2016 6.76 THANK YOU

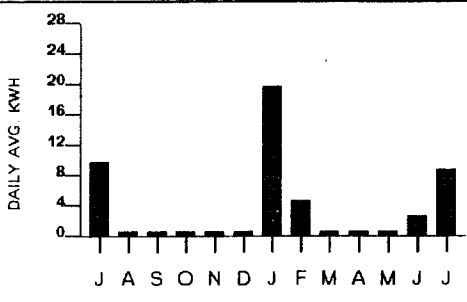
GS-1 060 GENERAL SERVICE - NON DEMAND SEC

BILLING PERIOD..05-26-16 TO 06-25-16 30 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 260 KWH @ 7.02300¢ 18.26
FUEL CHARGE 260 KWH @ 2.97300¢ 7.73
ASSET SECURITIZATION CHARGE 260 KWH @ 0.22200¢ 0.58

*TOTAL ELECTRIC COST 38.16
GROSS RECEIPTS TAX .98
STATE AND OTHER TAXES ON ELECTRIC 3.11

TOTAL CURRENT BILL 42.25

TOTAL DUE THIS STATEMENT \$42.25



ENERGY USE
DAILY AVG. USE - 9 KWH/DAY
USE ONE YEAR AGO - 10 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$1.27

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your business now with Duke Energy's Commercial Backup Power Systems.
Visit duke-energy.com/BackupPower or call 800.288.6807.

Entered: [Signature]
COA Code: 615
Approved: [Signature]
Paid: EFT 07/19/16
Date: 7/19/16

Duke Energy

ACCOUNT NUMBER - 04594 44529

000655 000000145

|||||
LAKESIDE WATER WORKS
4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652-3434





STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
70697 57096

JULY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE TOTAL AMOUNT DUE
JUL 19 2016 197.68

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
AUG 01 2016 NONE

PIN: 021246507

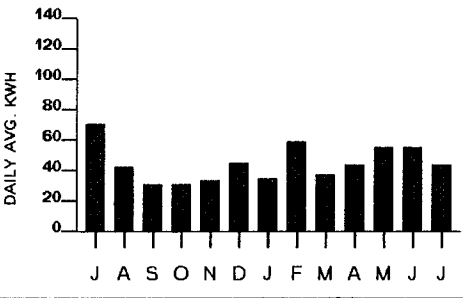
METER READINGS

Table with meter readings: METER NO. 002655334, PRESENT (ACTUAL) 025584, PREVIOUS (ACTUAL) 024222, DIFFERENCE 001362, TOTAL KWH 1362, PRESENT KW (ACTUAL) 0014.91, BASE KW 15, LOAD FACTOR 12.6%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$197.68 ON 07/19/16
PAYMENTS RECEIVED AS OF JUN 16 2016 217.38 THANK YOU

Table of charges: GS-1 060 GENERAL SERVICE - NON DEMAND SEC, BILLING PERIOD .05-26-16 TO 06-25-16 30 DAYS, ENERGY CHARGE 1362 KWH @ 7.02300¢ 95.65, FUEL CHARGE 1362 KWH @ 2.97300¢ 40.49, ASSET SECURITIZATION CHARGE 1362 KWH @ 0.22200¢ 3.02, LS-1 017 LIGHTING SER COMPANY OWNED/MAINTAINED, BILLING PERIOD .05-26-16 TO 06-27-16 32 DAYS, ENERGY CHARGE 174 KWH @ 2.64600¢ 4.60, FUEL CHARGE 174 KWH @ 2.82800¢ 4.92, ASSET SECURITIZATION CHARGE 174 KWH @ 0.04400¢ 0.08

Summary of costs: *TOTAL ELECTRIC COST 161.54, EQUIPMENT RENTAL FOR: 1 WOOD 30/35, 2 SV RW 16000, 1 MV OB 4000, FIXTURE TOTAL 12.28, MAINTENANCE TOTAL 5.30, GROSS RECEIPTS TAX 4.15, STATE AND OTHER TAXES ON ELECTRIC 13.17, SALES TAX ON EQUIPMENT RENTAL 1.24



ENERGY USE summary: DAILY AVG. USE - 50 KWH/DAY, USE ONE YEAR AGO - 78 KWH/DAY, *DAILY AVG. ELECTRIC COST - \$5.92

Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

Entered: [Signature]
COA Code: 615
Approved: [Signature] @ 7-6-16
Paid: EFT 071916
Date: 7/19/16

Duke Energy

ACCOUNT NUMBER - 70697 57096

001410 000002974

Barcode and address: LAKESIDE WATER WORKS, ATTEN JOE GABAY, 4939 CROSS BAYOU BLVD, NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
70697 57096

JULY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE
JUL 19 2016

NEXT READ
DATE ON OR
ABOUT
AUG 01 2016

TOTAL AMOUNT DUE
197.68

DEPOSIT AMOUNT
ON ACCOUNT
NONE

TOTAL CURRENT BILL

197.68

TOTAL DUE THIS STATEMENT

\$197.68



STATEMENT OF ELECTRIC SERVICE

**ACCOUNT NUMBER****70697 57096**

JUNE 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE TOTAL AMOUNT DUE
JUN 17 2016 217.38

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUN 29 2016 NONE

PIN: 021246507

METER READINGS

METER NO. 002655334
PRESENT (ACTUAL) 024222
PREVIOUS (ACTUAL) 022651
DIFFERENCE 001571
TOTAL KWH 1571
PRESENT KW (ACTUAL) 0011.13
BASE KW 11
LOAD FACTOR 21.3%

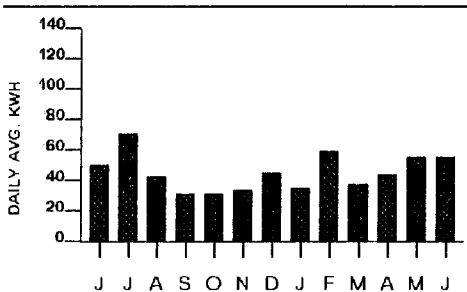
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$217.38 ON 06/17/16
PAYMENTS RECEIVED AS OF MAY 19 2016 233.55 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..04-28-16 TO 05-26-16 28 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 1571 KWH @ 7.02300¢ 110.33
FUEL CHARGE 1571 KWH @ 2.97300¢ 46.71
LS-1 017 LIGHTING SER COMPANY OWNED/MAINTAINED
BILLING PERIOD..04-28-16 TO 05-26-16 28 DAYS
CUSTOMER CHARGE 1.19
ENERGY CHARGE 174 KWH @ 2.64600¢ 4.60
FUEL CHARGE 174 KWH @ 2.82800¢ 4.92

*TOTAL ELECTRIC COST 179.34
EQUIPMENT RENTAL FOR:
1 WOOD 30/35
2 SV RW 16000
1 MV OB 4000

FIXTURE TOTAL 12.28
MAINTENANCE TOTAL 5.30
GROSS RECEIPTS TAX 4.59
STATE AND OTHER TAXES ON ELECTRIC 14.63
SALES TAX ON EQUIPMENT RENTAL 1.24

TOTAL CURRENT BILL 217.38



ENERGY USE

DAILY AVG. USE - 62 KWH/DAY
USE ONE YEAR AGO - 57 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$7.03

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COA Code: 615
Approved: @ @ 6-16
Paid: EFT 061716
Date: 6/17/16

Duke Energy

ACCOUNT NUMBER - 70697 57096

001269 000002511

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
70697 57096

JUNE 2016

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:**
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE **TOTAL AMOUNT DUE**
JUN 17 2016 **217.38**

NEXT READ **DEPOSIT AMOUNT**
DATE ON OR **ON ACCOUNT**
ABOUT
JUN 29 2016 **NONE**

TOTAL DUE THIS STATEMENT

\$217.38





STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
04594 44529

JUNE 2016

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:**
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
NORTH WELL

DUE DATE TOTAL AMOUNT DUE
JUN 17 2016 6.76

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUN 29 2016 NONE

PIN: 021246507

METER READINGS

METER NO.	002637159
PRESENT (ACTUAL)	046248
PREVIOUS (ACTUAL)	046171
DIFFERENCE	000077
TOTAL KWH	77
PRESENT KW (ACTUAL)	0000.62
BASE KW	1
LOAD FACTOR	11.5%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$6.76 ON 06/17/16

GS-1 060 GENERAL SERVICE - NON DEMAND SEC

BILLING PERIOD .04-28-16 TO 05-26-16 28 DAYS

CUSTOMER CHARGE		11.59
ENERGY CHARGE	77 KWH @ 7.02300¢	5.41
FUEL CHARGE	77 KWH @ 2.97300¢	2.29

*TOTAL ELECTRIC COST	19.29
GROSS RECEIPTS TAX	.49
STATE AND OTHER TAXES ON ELECTRIC	1.58

TOTAL CURRENT BILL	21.36
CREDIT BALANCE	14.60CR

TOTAL DUE THIS STATEMENT \$6.76

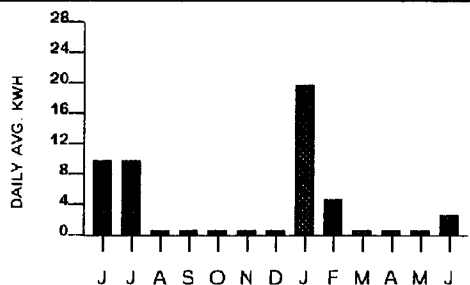
Entered:

COA Code: 615

Approved: @ @ 6-6-16

Paid: EFT 061716

Date: 6/17/16



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ENERGY USE

DAILY AVG. USE -	3 KWH/DAY
USE ONE YEAR AGO -	10 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.69

Duke Energy

ACCOUNT NUMBER - 04594 44529

000692 000000139



LAKESIDE WATER WORKS
4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

**ACCOUNT NUMBER****47725 88597**

JUNE 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652

SERVICE ADDRESS

00 FOREST LAKE RD,
WASTE WATER PLT

DUE DATE
JUN 17 2016

TOTAL AMOUNT DUE
153.06

**NEXT READ
DATE ON OR
ABOUT**

JUN 29 2016

**DEPOSIT AMOUNT
ON ACCOUNT**

NONE

PIN: 021246507**METER READINGS**

METER NO.	008656483
PRESENT (ACTUAL)	020511
PREVIOUS (ACTUAL)	018940
DIFFERENCE	001571
PRESENT ONPEAK	006785
PREVIOUS ONPEAK	006154
DIFFERENCE ONPEAK	000631
TOTAL KWH	1571
IN PEAK KWH	631
PRESENT KW (ACTUAL)	0004.29
PRESENT PEAK KW	0004.24
BASE KW	4
IN-PEAK KW	4
LOAD FACTOR	58.4%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$153.06 ON 06/17/16
PAYMENTS RECEIVED AS OF MAY 19 2016 173.36 THANK YOU

GSD-1 070 GENERAL SERVICE - DEMAND SEC

BILLING PERIOD..04-28-16 TO 05-26-16 28 DAYS

CUSTOMER CHARGE		11.59
ENERGY CHARGE	1571 KWH @ 2.43600¢	38.27
FUEL CHARGE	1571 KWH @ 3.00800¢	47.26
DEMAND CHARGE	4 KW @ \$10.28000	41.12

*TOTAL ELECTRIC COST	138.24
GROSS RECEIPTS TAX	3.54
STATE AND OTHER TAXES ON ELECTRIC	11.28

TOTAL CURRENT BILL 153.06

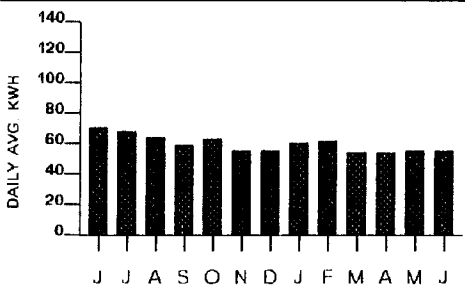
TOTAL DUE THIS STATEMENT Entered: [Signature] \$153.06

COA Code: 715

Approved: [Signature]

Paid: EFT 061716

Date: 6/17/16

**ENERGY USE**

DAILY AVG. USE - 56 KWH/DAY
USE ONE YEAR AGO - 72 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$4.94

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_BL_DEF_20160526_200422_1.CSV-693-000000139

MM 0000660

BILL # 2 OF 3 GRP 209

Duke Energy

ACCOUNT NUMBER - 47725 88597

000693 000000139



LAKESIDE WATER WORKS
4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
04594 44529

MAY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
NORTH WELL

DUE DATE TOTAL AMOUNT DUE
MAY 26 2016 .00

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
MAY 31 2016 NONE

PIN: 021246507

METER READINGS

METER NO. 002637159
PRESENT (ACTUAL) 046171
PREVIOUS (ACTUAL) 046140
DIFFERENCE 000031
TOTAL KWH 31

PAYMENTS RECEIVED AS OF APR 20 2016 43.70 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC

BILLING PERIOD..02-26-16 TO 03-30-16 33 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 16 KWH @ 7.02300¢ 1.12
FUEL CHARGE 16 KWH @ 2.97300¢ .48
BILLING PERIOD..03-30-16 TO 04-28-16 29 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 15 KWH @ 7.02300¢ 1.05
FUEL CHARGE 15 KWH @ 2.97300¢ .45

*TOTAL ELECTRIC COST 26.28
GROSS RECEIPTS TAX .68
STATE AND OTHER TAXES ON ELECTRIC 2.14

TOTAL CURRENT BILL 29.10
CREDIT BALANCE 43.70CR

TOTAL DUE THIS STATEMENT NONE
CREDIT BALANCE TO BE APPLIED TO FUTURE BILLINGS \$14.60

This bill for electric service covers an extended period of time. Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 22%, Purchased Power 17%, Gas 61%, Oil 0%, Nuclear 0% (For Prior 12 months ending March 31, 2016). Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

ENERGY USE

DAILY AVG. USE - 1 KWH/DAY
USE ONE YEAR AGO - 16 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.42

IF_BL_DEF_20160504_220357_2.CSV-20175-000002297

ZP03 0006356

Duke Energy

ACCOUNT NUMBER - 04594 44529

020175 000002297

LAKESIDE WATER WORKS
4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652-3434



Entered: [Signature]
COA Code: 615
Approved: [Signature]
Paid: _____
Date: _____



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
70697 57096

MAY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE TOTAL AMOUNT DUE
MAY 20 2016 233.55

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
MAY 31 2016 NONE

PIN: 021246507

METER READINGS

METER NO.	002655334
PRESENT (ACTUAL)	022651
PREVIOUS (ACTUAL)	020934
DIFFERENCE	001717
TOTAL KWH	1717
PRESENT KW (ACTUAL)	0009.23
BASE KW	9
LOAD FACTOR	26.5%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$233.55 ON 05/20/16
PAYMENTS RECEIVED AS OF APR 19 2016 202.11 THANK YOU

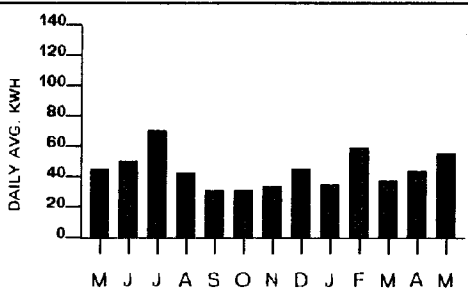
GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..03-29-16 TO 04-28-16	30 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	1717 KWH @ 7.02300¢ 120.58
FUEL CHARGE	1717 KWH @ 2.97300¢ 51.05
LS-1 017 LIGHTING SER COMPANY OWNED/MAINTAINED	
BILLING PERIOD..03-29-16 TO 04-28-16	30 DAYS
CUSTOMER CHARGE	1.19
ENERGY CHARGE	174 KWH @ 2.64600¢ 4.60
FUEL CHARGE	174 KWH @ 2.82800¢ 4.92

*TOTAL ELECTRIC COST 193.93
EQUIPMENT RENTAL FOR:
1 WOOD 30/35
2 SV RW 16000
1 MV OB 4000

FIXTURE TOTAL 12.28
MAINTENANCE TOTAL 5.30
GROSS RECEIPTS TAX 4.97
STATE AND OTHER TAXES ON ELECTRIC 15.83
SALES TAX ON EQUIPMENT RENTAL 1.24

TOTAL CURRENT BILL 233.55

Entered: [Signature] 193.93
COA Code: 615 05/20/16
Approved: [Signature] 12.28
Paid: EFT 052016 5.30
Date: 5/20/16 4.97
15.83
1.24
233.55



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 22%, Purchased Power 17%, Gas 61%, Oil 0%, Nuclear 0% (For Prior 12 months ending March 31, 2016). Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

ENERGY USE

DAILY AVG. USE -	63 KWH/DAY
USE ONE YEAR AGO -	53 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$7.05

Duke Energy

ACCOUNT NUMBER - 70697 57096

041946 000002027



LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434





STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
70697 57096

MAY 2016

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:**
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE
MAY 20 2016

TOTAL AMOUNT DUE
233.55

**NEXT READ
DATE ON OR
ABOUT**
MAY 31 2016

**DEPOSIT AMOUNT
ON ACCOUNT**
NONE

TOTAL DUE THIS STATEMENT

\$233.55





STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
70697 57096

APRIL 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE TOTAL AMOUNT DUE
APR 20 2016 202.11

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
APR 29 2016 NONE

PIN: 021246507

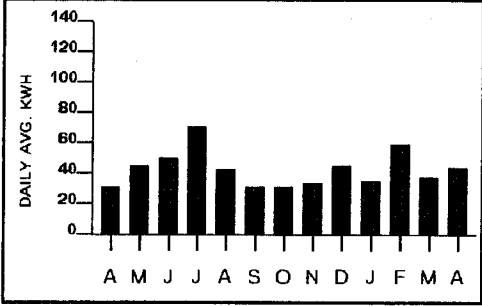
METER READINGS

Table with meter readings: METER NO. 002655334, PRESENT (ACTUAL) 020934, PREVIOUS (ACTUAL) 019501, DIFFERENCE 001433, TOTAL KWH 1433, PRESENT KW (ACTUAL) 0012.32, BASE KW 12, LOAD FACTOR 15.5%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$202.11 ON 04/20/16
PAYMENTS RECEIVED AS OF MAR 18 2016 183.48 THANK YOU

Table of charges: GS-1 060 GENERAL SERVICE - NON DEMAND SEC, BILLING PERIOD..02-26-16 TO 03-29-16 32 DAYS, ENERGY CHARGE 1433 KWH @ 7.02300¢ 100.64, FUEL CHARGE 1433 KWH @ 2.97300¢ 42.60, LS-1 017 LIGHTING SER COMPANY OWNED/MAINTAINED, ENERGY CHARGE 174 KWH @ 2.64600¢ 4.60, FUEL CHARGE 174 KWH @ 2.82800¢ 4.92

Summary of costs: *TOTAL ELECTRIC COST 165.54, EQUIPMENT RENTAL FOR: 1 WOOD 30/35, 2 SV RW 16000, 1 MV OB 4000, FIXTURE TOTAL 12.28, MAINTENANCE TOTAL 5.30, GROSS RECEIPTS TAX 4.24, STATE AND OTHER TAXES ON ELECTRIC 13.51, SALES TAX ON EQUIPMENT RENTAL 1.24, TOTAL CURRENT BILL 202.11



ENERGY USE summary: DAILY AVG. USE - 50 KWH/DAY, USE ONE YEAR AGO - 38 KWH/DAY, *DAILY AVG. ELECTRIC COST - \$5.72

Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/Business, or call 877.372.8477.

COA Code: 618
Approved: [Signature] 4-7-16
Paid: EFT 042016
Date: 4/20/16

Duke Energy

ACCOUNT NUMBER - 70697 57096

042655 000002051

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



4

ACCOUNT NUMBER

70697 57096

APRIL 2016

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477**

WEB SITE: www.duke-energy.com

**TO REPORT A POWER OUTAGE:
1-800-228-8485**

**LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652**

**SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL**

**DUE DATE
APR 20 2016**

**NEXT READ
DATE ON OR
ABOUT
APR 29 2016**

**TOTAL AMOUNT DUE
202.11**

**DEPOSIT AMOUNT
ON ACCOUNT
NONE**

TOTAL DUE THIS STATEMENT

\$202.11



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
70697 57096

MARCH 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE MAR 21 2016	TOTAL AMOUNT DUE 183.48
NEXT READ DATE ON OR ABOUT MAR 30 2016	DEPOSIT AMOUNT ON ACCOUNT NONE

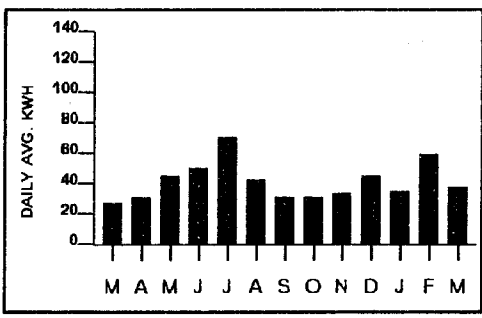
PIN: 021246507

METER READINGS

METER NO.	002655334
PRESENT (ACTUAL)	019501
PREVIOUS (ACTUAL)	018318
DIFFERENCE	001183
TOTAL KWH	1183
PRESENT KW (ACTUAL)	0008.51
BASE KW	9
LOAD FACTOR	18.3%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$183.48 ON 03/21/16
PAYMENTS RECEIVED AS OF FEB 17 2016 254.49 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..01-27-16 TO 02-26-16	30 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	1183 KWH @ 6.95200¢ 82.24
FUEL CHARGE	1183 KWH @ 3.64700¢ 43.14
LS-1 017 LIGHTING SER COMPANY OWNED/MAINTAINED	
BILLING PERIOD..01-27-16 TO 02-26-16	30 DAYS
CUSTOMER CHARGE	1.19
ENERGY CHARGE	174 KWH @ 2.63000¢ 4.58
FUEL CHARGE	174 KWH @ 3.44500¢ 5.99
*TOTAL ELECTRIC COST	148.73
EQUIPMENT RENTAL FOR:	
1 WOOD 30/35	
2 SV RH 16000	
1 MV OB 4000	
FIXTURE TOTAL	12.28
MAINTENANCE TOTAL	5.30
GROSS RECEIPTS TAX	3.81
STATE AND OTHER TAXES ON ELECTRIC	12.12
SALES TAX ON EQUIPMENT RENTAL	1.24
TOTAL CURRENT BILL	183.48



ENERGY USE

DAILY AVG. USE -	45 KWH/DAY
USE ONE YEAR AGO -	35 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$5.55

Duke Energy Florida filed a proposed rate reduction with the Florida Public Service Commission, to start with April 2016 billing. The reduction is due to lower projected natural gas prices. While the capacity, or purchased power, cost will increase slightly, the total rate will be lower. For additional information please visit: www.duke-energy.com/RateCut. If you have any questions, please call Customer Service at (800) 700-8744.

BF_BL_DEF_20160226_213328_1.CSV-42360-000001481

ZP03 0004819

PAGE 1 OF 2

Duke Energy

ACCOUNT NUMBER - 70697 57096

042360 000001481

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434

Entered: *[Signature]*
COA Code: 615
Approved: @ 2-3-16
Paid: EFT 032116
Date: 3/21/16



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
70697 57096

MARCH 2016

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:**
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE
MAR 21 2016

TOTAL AMOUNT DUE
183.48

**NEXT READ
DATE ON OR
ABOUT**
MAR 30 2016

**DEPOSIT AMOUNT
ON ACCOUNT**
NONE

TOTAL DUE THIS STATEMENT

\$183.48



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
04594 44529

MARCH 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
NORTH WELL

DUE DATE TOTAL AMOUNT DUE
MAR 21 2016 14.83

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
MAR 30 2016 NONE

PIN: 021246507

METER READINGS

METER NO.	002637159
PRESENT (ACTUAL)	046140
PREVIOUS (ACTUAL)	046123
DIFFERENCE	000017
TOTAL KWH	17

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$14.83 ON 03/21/16
PAYMENTS RECEIVED AS OF FEB 17 2016 31.15 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC

BILLING PERIOD..01-27-16 TO 02-26-16	30 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	17 KWH @ 6.95200¢ 1.18
FUEL CHARGE	17 KWH @ 3.64700¢ .62

*TOTAL ELECTRIC COST	13.39
GROSS RECEIPTS TAX	.34
STATE AND OTHER TAXES ON ELECTRIC	1.10

TOTAL CURRENT BILL

14.83

TOTAL DUE THIS STATEMENT

\$14.83

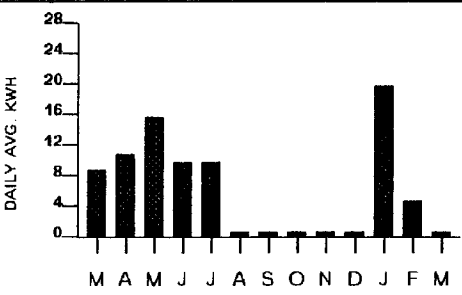
Entered:

COA Code: 615

Approved: @ 3-3-16

Paid: EFT 032116

Date: 3/21/16



Duke Energy Florida filed a proposed rate reduction with the Florida Public Service Commission, to start with April 2016 billing. The reduction is due to lower projected natural gas prices. While the capacity, or purchased power, cost will increase slightly, the total rate will be lower. For additional information please visit: www.duke-energy.com/RateCut. If you have any questions, please call Customer Service at (800) 700-8744.

ENERGY USE

DAILY AVG. USE -	1 KWH/DAY
USE ONE YEAR AGO -	9 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.45

Duke Energy

ACCOUNT NUMBER - 04594 44529

001737 000000948



LAKESIDE WATER WORKS
4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

04594 44529

FEBRUARY 2016

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD NEW PRT RCHY FL 34652

SERVICE ADDRESS 000 SHANGRI LA BLVD, NORTH HELL

DUE DATE FEB 18 2016 TOTAL AMOUNT DUE 31.15

NEXT READ DATE ON OR ABOUT FEB 29 2016 DEPOSIT AMOUNT ON ACCOUNT NONE

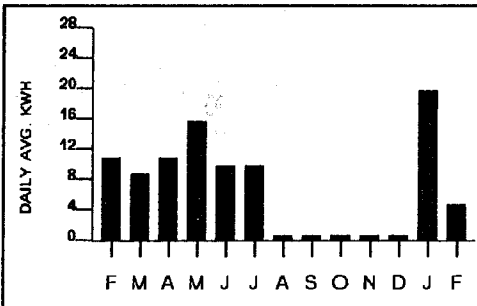
PIN: 021246507

METER READINGS

METER NO. 002637159 PRESENT (ACTUAL) 046123 PREVIOUS (ACTUAL) 045967 DIFFERENCE 000156 TOTAL KWH 156 PRESENT KW (ACTUAL) 0001.08 BASE KW 1 LOAD FACTOR 21.7%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$31.15 ON 02/18/16 PAYMENTS RECEIVED AS OF JAN 18 2016 93.34 THANK YOU

Table with 3 columns: Description, Amount, Total. Includes rows for GS-1 060 GENERAL SERVICE, BILLING PERIOD, CUSTOMER CHARGE, ENERGY CHARGE, FUEL CHARGE, *TOTAL ELECTRIC COST, GROSS RECEIPTS TAX, STATE AND OTHER TAXES ON ELECTRIC, TOTAL CURRENT BILL, and TOTAL DUE THIS STATEMENT \$31.15.



ENERGY USE summary table: DAILY AVG. USE - 5 KWH/DAY, USE ONE YEAR AGO - 11 KWH/DAY, *DAILY AVG. ELECTRIC COST - \$.94

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 23%, Purchased Power 17%, Gas 60%, Oil 0%, Nuclear 0% (For Prior 12 months ending December 31, 2015).

Entered: [Signature] COA Code: 615 Approved: @ 2-3-16 Paid: EFT 021816 Date: 2/18/16

BF_BL_DEF_20160127_211229_2.CSV-1824-00000890

MM 0002723 BILL # 1 OF 3 GRP 925

Duke Energy

ACCOUNT NUMBER - 04594 44529

001824 000000890

LAKESIDE WATER WORKS 4939 CROSS BAYOU BLVD NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
70697 57096

FEBRUARY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE TOTAL AMOUNT DUE
FEB 18 2016 254.49

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
FEB 29 2016 NONE

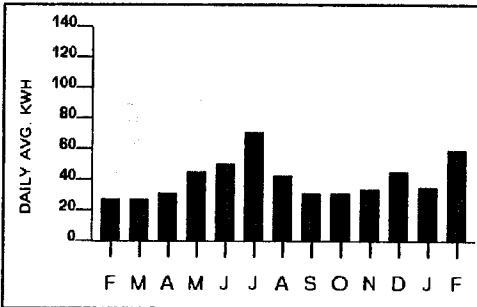
PIN: 021246507

METER READINGS

METER NO.	002655334
PRESENT (ACTUAL)	018318
PREVIOUS (ACTUAL)	016530
DIFFERENCE	001788
TOTAL KWH	1788
PRESENT KW (ACTUAL)	0019.67
BASE KW	20
LOAD FACTOR	12.4%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$254.49 ON 02/18/16
PAYMENTS RECEIVED AS OF JAN 18 2016 188.42 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD	..12-28-15 TO 01-27-16	30 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	1788 KWH @ 6.95200¢	124.30
FUEL CHARGE	1788 KWH @ 3.64700¢	65.21
LS-1	017 LIGHTING SER COMPANY OWNED/MAINTAINED	
BILLING PERIOD	..12-28-15 TO 01-27-16	30 DAYS
CUSTOMER CHARGE		1.19
ENERGY CHARGE	174 KWH @ 2.63000¢	4.58
FUEL CHARGE	174 KWH @ 3.44500¢	5.99
*TOTAL ELECTRIC COST		212.86
EQUIPMENT RENTAL FOR:		
1	WOOD 30/35	
2	SV RW 16000	
1	MV OB 4000	
FIXTURE TOTAL		12.28
MAINTENANCE TOTAL		5.30
GROSS RECEIPTS TAX		5.46
STATE AND OTHER TAXES ON ELECTRIC		17.35
SALES TAX ON EQUIPMENT RENTAL		1.24
TOTAL CURRENT BILL		254.49



ENERGY USE

DAILY AVG. USE - 66 KWH/DAY
 USE ONE YEAR AGO - 34 KWH/DAY
 *DAILY AVG. ELECTRIC COST - \$7.68

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 23%, Purchased Power 17%, Gas 60%, Oil 0%, Nuclear 0% (For Prior 12 months ending December 31, 2015)

Entered: [Signature]
 COA Code: 615
 Approved: [Signature]
 Paid: EFT 021816
 Date: 2/18/16

Duke Energy

ACCOUNT NUMBER - 70697 57096

042367 000002133



LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
70697 57096

FEBRUARY 2016

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:**
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE FEB 18 2016	TOTAL AMOUNT DUE 254.49
NEXT READ DATE ON OR ABOUT FEB 29 2016	DEPOSIT AMOUNT ON ACCOUNT NONE

TOTAL DUE THIS STATEMENT

\$254.49

BF_BL_DEF_20160127_211229_1.CSV-42368-000002133



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER 70697 57096

JANUARY 2016

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS ATTEN JOE GABAY 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652

SERVICE ADDRESS 000 SHANGRI LA BLVD, SOUTH WELL

DUE DATE TOTAL AMOUNT DUE JAN 19 2016 188.42

NEXT READ DEPOSIT AMOUNT DATE ON OR ON ACCOUNT ABOUT JAN 29 2016 NONE

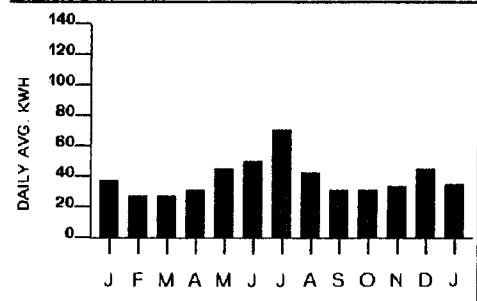
PIN: 021246507

METER READINGS

Table with meter details: METER NO. 002655334, PRESENT (ACTUAL) 016530, PREVIOUS (ACTUAL) 015305, DIFFERENCE 001225, TOTAL KWH 1225, PRESENT KW (ACTUAL) 0007.44, BASE KW 7, LOAD FACTOR 21.4%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$188.42 ON 01/19/16 PAYMENTS RECEIVED AS OF DEC 15 2015 213.59 THANK YOU

Main billing table with categories: GS-1 060 GENERAL SERVICE - NON DEMAND SEC, LS-1 017 LIGHTING SER COMPANY OWNED/MAINTAINED, and various charges like ENERGY CHARGE, FUEL CHARGE, and taxes.



ENERGY USE summary table: DAILY AVG. USE - 41 KWH/DAY, USE ONE YEAR AGO - 44 KWH/DAY, *DAILY AVG. ELECTRIC COST - \$5.02

This bill for electric service covers an extended period of time. Duke Energy will be closed on December 24 and 25, 2015 and January 1, 2016. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485

Entered: [Signature] COA Code: 615 Approved: [Signature] Paid: EFT 011916 Date: 1/19/16

Duke Energy

ACCOUNT NUMBER - 70697 57096

021410 000002386

Barcode and address: LAKESIDE WATER WORKS ATTEN JOE GABAY 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

70697 57096

JANUARY 2016

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477**

WEB SITE: www.duke-energy.com

**TO REPORT A POWER OUTAGE:
1-800-228-8485**

**LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652**

**SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL**

**DUE DATE
JAN 19 2016**

**TOTAL AMOUNT DUE
188.42**

**NEXT READ
DATE ON OR
ABOUT
JAN 29 2016**

**DEPOSIT AMOUNT
ON ACCOUNT
NONE**

TOTAL DUE THIS STATEMENT

\$188.42



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

04594 44529

JANUARY 2016

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD NEW PRT RCHY FL 34652

SERVICE ADDRESS 000 SHANGRI LA BLVD, NORTH WELL

DUE DATE TOTAL AMOUNT DUE JAN 19 2016 93.34

NEXT READ DEPOSIT AMOUNT DATE ON OR ON ACCOUNT ABOUT JAN 29 2016 NONE

PIN: 021246507

METER READINGS

METER NO. 002637159 PRESENT (ACTUAL) 045967 PREVIOUS (ACTUAL) 045281 DIFFERENCE 000686 TOTAL KWH 686 PRESENT KW (ACTUAL) 0005.73 BASE KW 6 LOAD FACTOR 14.0%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$93.34 ON 01/19/16 PAYMENTS RECEIVED AS OF DEC 15 2015 14.99 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC

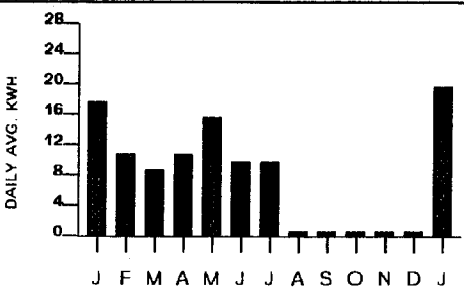
BILLING PERIOD..11-24-15 TO 12-28-15 34 DAYS CUSTOMER CHARGE 11.59 ENERGY CHARGE 686 KWH @ 6.95200¢ 47.69 FUEL CHARGE 686 KWH @ 3.64700¢ 25.02

*TOTAL ELECTRIC COST 84.30 GROSS RECEIPTS TAX 2.16 STATE AND OTHER TAXES ON ELECTRIC 6.88

TOTAL CURRENT BILL 93.34

TOTAL DUE THIS STATEMENT

Entered: [Signature] \$93.34 COA Code: 6015 Approved: @ 01-16 Paid: EFT 011916 Date: 1/19/16



ENERGY USE

DAILY AVG. USE - 20 KWH/DAY USE ONE YEAR AGO - 18 KWH/DAY *DAILY AVG. ELECTRIC COST - \$2.48

This bill for electric service covers an extended period of time. Duke Energy will be closed on December 24 and 25, 2015 and January 1, 2016. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

Duke Energy

ACCOUNT NUMBER - 04594 44529

001936 000001738

LAKESIDE WATER WORKS 4939 CROSS BAYOU BLVD NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

**ACCOUNT NUMBER****04594 44529**

DECEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
NORTH WELL

DUE DATE TOTAL AMOUNT DUE
DEC 16 2015 14.99

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
DEC 30 2015 NONE

PIN: 021246507

METER READINGS

METER NO. 002637159
PRESENT (ACTUAL) 045281
PREVIOUS (ACTUAL) 045264
DIFFERENCE 000017
TOTAL KWH 17

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$14.99 ON 12/16/15
PAYMENTS RECEIVED AS OF NOV 16 2015 14.73 THANK YOU

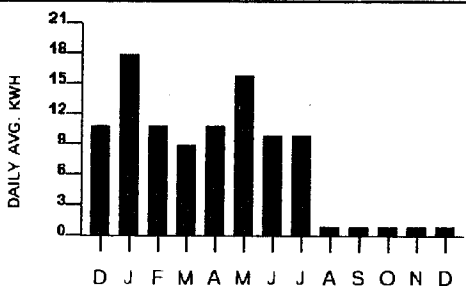
GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..10-26-15 TO 11-24-15 29 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 17 KWH @ 6.79700¢ 1.16
FUEL CHARGE 17 KWH @ 4.60500¢ .78

*TOTAL ELECTRIC COST 13.53
GROSS RECEIPTS TAX .35
STATE AND OTHER TAXES ON ELECTRIC 1.11

TOTAL CURRENT BILL 14.99

TOTAL DUE THIS STATEMENT \$14.99

Entered: [Signature]
COA Code: 615
Approved: @ 12-3-15
Paid: EFT 12-16-15
Date: 12/16/15



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending September 30, 2015). Duke Energy will be closed on November 26 and 27, 2015. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

ENERGY USE

DAILY AVG. USE - 1 KWH/DAY
USE ONE YEAR AGO - 11 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.47

3F_BL_DEF_20151124_213945052_2.CSV-2143-000001303

MM 0003596

BILL # 1 OF 3 GRP 1152

Duke Energy

ACCOUNT NUMBER - 04594 44529

002143 000001303



LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

70697 57096

DECEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

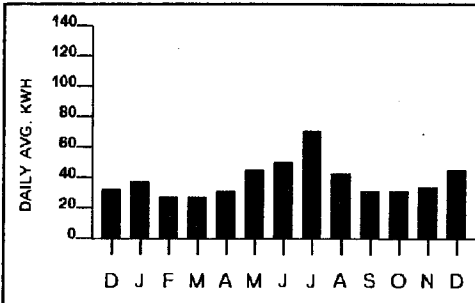
DUE DATE TOTAL AMOUNT DUE
DEC 16 2015 213.59

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
DEC 30 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	002655334
PRESENT (ACTUAL)	015305
PREVIOUS (ACTUAL)	013979
DIFFERENCE	001326
TOTAL KWH	1326
PRESENT KW (ACTUAL)	0007.85
BASE KW	8
LOAD FACTOR	23.8%



ENERGY USE	
DAILY AVG. USE -	52 KWH/DAY
USE ONE YEAR AGO -	40 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$6.67

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$213.59 ON 12/16/15
PAYMENTS RECEIVED AS OF NOV 16 2015 170.18 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..10-26-15 TO 11-24-15	29 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	1326 KWH @ 6.79700¢ 90.13
FUEL CHARGE	1326 KWH @ 4.60500¢ 61.06
LS-1 017 LIGHTING SER COMPANY OWNED/MAINTAINED	
BILLING PERIOD..10-26-15 TO 11-24-15	29 DAYS
CUSTOMER CHARGE	1.19
ENERGY CHARGE	174 KWH @ 2.52600¢ 4.40
FUEL CHARGE	174 KWH @ 4.33200¢ 7.54
<hr/>	
*TOTAL ELECTRIC COST	175.91
EQUIPMENT RENTAL FOR:	
1 WOOD 30/35	
2 SV RW 16000	
1 MV OB 4000	
FIXTURE TOTAL	12.28
MAINTENANCE TOTAL	5.30
GROSS RECEIPTS TAX	4.51
STATE AND OTHER TAXES ON ELECTRIC	14.35
SALES TAX ON EQUIPMENT RENTAL	1.24
<hr/>	
TOTAL CURRENT BILL	213.59

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending September 30, 2015). Duke Energy will be closed on November 26 and 27, 2015. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

Entered: [Signature]
 COA Code 0615
 Approved: @ 12-1-15
 Paid: EFT 121615
 Date: 12/16/15

Duke Energy

ACCOUNT NUMBER - 70697 57096

047125 000002479

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

70697 57096

DECEMBER 2015

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477**

WEB SITE: www.duke-energy.com

**TO REPORT A POWER OUTAGE:
1-800-228-8485**

**LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652**

**SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL**

**DUE DATE
DEC 16 2015**

**NEXT READ
DATE ON OR
ABOUT
DEC 30 2015**

**TOTAL AMOUNT DUE
213.59**

**DEPOSIT AMOUNT
ON ACCOUNT
NONE**

TOTAL DUE THIS STATEMENT

\$213.59



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

04594 44529

NOVEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
NORTH WELL

DUE DATE TOTAL AMOUNT DUE
NOV 17 2015 14.73

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT NOV 30 2015 NONE

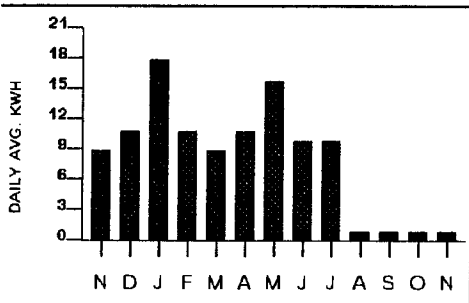
PIN: 021246507

METER READINGS

METER NO.	002637159
*PRESENT (ACTUAL)	045264
*PREVIOUS (ACTUAL)	045249
**DIFFERENCE	000015
TOTAL KWH	15

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$14.73 ON 11/17/15
PAYMENTS RECEIVED AS OF OCT 19 2015 15.36 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD	.09-28-15 TO 10-26-15	28 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	15 KWH @ 6.79700¢	1.02
FUEL CHARGE	15 KWH @ 4.60500¢	.69
*TOTAL ELECTRIC COST		13.30
GROSS RECEIPTS TAX		.34
STATE AND OTHER TAXES ON ELECTRIC		1.09
TOTAL CURRENT BILL		14.73
TOTAL DUE THIS STATEMENT		\$14.73



ENERGY USE	
DAILY AVG. USE -	1 KWH/DAY
USE ONE YEAR AGO -	9 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.48

Entered: [Signature]
 COA Code: 615
 Approved: @ 11-3-15
 Paid: EFT 11/17/15
 Date: 11/17/15

F_BL_DEF_20151026_2101401ca_2.CSV-846-000001021

MM 0002216 BILL # 1 OF 3 GRP 749

Duke Energy

ACCOUNT NUMBER - 04594 44529

000846 000001021

LAKESIDE WATER WORKS
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

70697 57096

NOVEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE TOTAL AMOUNT DUE
NOV 17 2015 170.18

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
NOV 30 2015 NONE

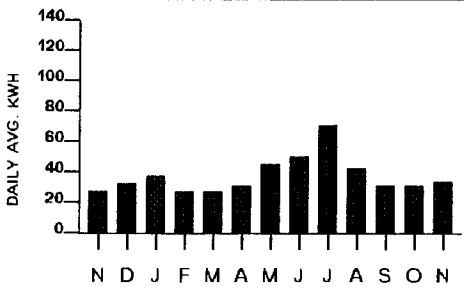
PIN: 021246507

METER READINGS

METER NO.	002655334
PRESENT (ACTUAL)	013979
PREVIOUS (ACTUAL)	012997
DIFFERENCE	000982
TOTAL KWH	982
PRESENT KW (ACTUAL)	0007.19
BASE KW	7
LOAD FACTOR	20.9%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$170.18 ON 11/17/15
PAYMENTS RECEIVED AS OF OCT 19 2015 173.58 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD	09-28-15 TO 10-26-15	28 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	982 KWH @ 6.79700¢	66.75
FUEL CHARGE	982 KWH @ 4.60500¢	45.22
LS-1	017 LIGHTING SER COMPANY OWNED/MAINTAINED	
BILLING PERIOD	09-28-15 TO 10-26-15	28 DAYS
CUSTOMER CHARGE		1.19
ENERGY CHARGE	174 KWH @ 2.52600¢	4.40
FUEL CHARGE	174 KWH @ 4.33200¢	7.54
*TOTAL ELECTRIC COST		136.69
EQUIPMENT RENTAL FOR:		
1	WOOD 30/35	
2	SV RW 16000	
1	MV OB 4000	
FIXTURE TOTAL		12.28
MAINTENANCE TOTAL		5.30
GROSS RECEIPTS TAX		3.51
STATE AND OTHER TAXES ON ELECTRIC		11.16
SALES TAX ON EQUIPMENT RENTAL		1.24
TOTAL CURRENT BILL		170.18



ENERGY USE

DAILY AVG. USE -	41 KWH/DAY
USE ONE YEAR AGO -	35 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$5.51

Entered: [Signature]
 COA Code: 015
 Approved: @ 11-3-15
 Paid: EFT 11/7/15
 Date: 11/17/15

Duke Energy

ACCOUNT NUMBER - 70697 57096

033547 000001002

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

70697 57096

NOVEMBER 2015

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477**

WEB SITE: www.duke-energy.com

**TO REPORT A POWER OUTAGE:
1-800-228-8485**

**LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652**

**SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL**

**DUE DATE
NOV 17 2015**

**NEXT READ
DATE ON OR
ABOUT
NOV 30 2015**

**TOTAL AMOUNT DUE
170.18**

**DEPOSIT AMOUNT
ON ACCOUNT
NONE**

TOTAL DUE THIS STATEMENT

\$170.18



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
70697 57096

OCTOBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE TOTAL AMOUNT DUE
OCT 20 2015 173.58

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
OCT 28 2015 NONE

PIN: 021246507

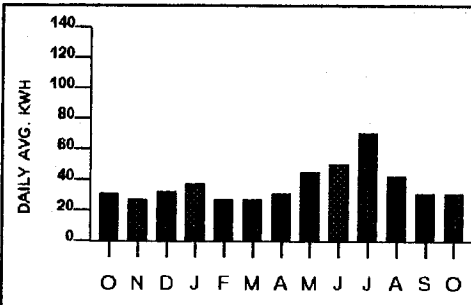
METER READINGS

METER NO.	002655334
PRESENT (ACTUAL)	012997
PREVIOUS (ACTUAL)	011988
DIFFERENCE	001009
TOTAL KWH	1009
PRESENT KW (ACTUAL)	0006.45
BASE KW	6
LOAD FACTOR	21.9%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$173.58 ON 10/20/15
PAYMENTS RECEIVED AS OF SEP 17 2015 165.76 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD	.08-27-15 TO 09-28-15	32 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	1009 KWH @ 6.79700¢	68.58
FUEL CHARGE	1009 KWH @ 4.60500¢	46.46
LS-1	017 LIGHTING SER COMPANY OWNED/MAINTAINED	
BILLING PERIOD	.08-27-15 TO 09-28-15	32 DAYS
CUSTOMER CHARGE		1.19
ENERGY CHARGE	174 KWH @ 2.52600¢	4.40
FUEL CHARGE	174 KWH @ 4.33200¢	7.54

*TOTAL ELECTRIC COST	139.76
EQUIPMENT RENTAL FOR:	
1 WOOD 30/35	
2 SV RW 16000	
1 MV OB 4000	
FIXTURE TOTAL	12.28
MAINTENANCE TOTAL	5.30
GROSS RECEIPTS TAX	3.59
STATE AND OTHER TAXES ON ELECTRIC	11.41
SALES TAX ON EQUIPMENT RENTAL	1.24
TOTAL CURRENT BILL	173.58



Duke Energy Florida, Inc. has converted to Duke Energy Florida, LLC d/b/a Duke Energy. The conversion will not impact Duke Energy Florida customers, rates or operations.

Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

Stay in the know. Get power outage notifications by text or voice message. Enroll now at duke-energy.com/OutageAlerts. For residential and small business customers only.

ENERGY USE	
DAILY AVG. USE -	37 KWH/DAY
USE ONE YEAR AGO -	38 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$4.92

BF_BL_DEF_20150928_21401512b_1.CSV-42642-000002213

ZP03 0005010

PAGE 1 OF 2

Duke Energy

ACCOUNT NUMBER - 70697 57096

042642 000002213



LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434

Entered:

COA Code: 615

Approved:

Paid: EFT 10 2015

Date: 10/20/15



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
70697 57096

OCTOBER 2015

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:**
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE
OCT 20 2015

TOTAL AMOUNT DUE
173.58

**NEXT READ
DATE ON OR
ABOUT**
OCT 28 2015

**DEPOSIT AMOUNT
ON ACCOUNT**
NONE

TOTAL DUE THIS STATEMENT

\$173.58





STATEMENT OF ELECTRIC SERVICE

SEPTEMBER 2015

ACCOUNT NUMBER

04594 44529

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
NORTH WELL

DUE DATE TOTAL AMOUNT DUE
SEP 18 2015 15.61

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
SEP 29 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	002637159
PRESENT (ACTUAL)	045229
PREVIOUS (ACTUAL)	045207
DIFFERENCE	000022
TOTAL KWH	22
PRESENT KW (ACTUAL)	0001.44
BASE KW	1
LOAD FACTOR	3.1%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$15.61 ON 09/18/15
PAYMENTS RECEIVED AS OF AUG 18 2015 15.49 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC

BILLING PERIOD .07-28-15 TO 08-27-15 30 DAYS

CUSTOMER CHARGE		11.59
ENERGY CHARGE	22 KWH @ 6.79700¢	1.50
FUEL CHARGE	22 KWH @ 4.60500¢	1.01

*TOTAL ELECTRIC COST	14.10
GROSS RECEIPTS TAX	.36
STATE AND OTHER TAXES ON ELECTRIC	1.15

TOTAL CURRENT BILL

15.61

TOTAL DUE THIS STATEMENT

\$15.61

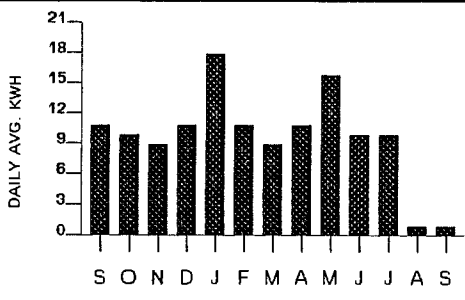
Entered: [Signature]

COA Code: 615

Approved: [Signature]

Paid: EFT 091815

Date: 9/18/15



To help us repair malfunctioning streetlights, quickly: 1. Call us at 1.800.228.8485 or visit duke-energy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.

ENERGY USE

DAILY AVG. USE -	1 KWH/DAY
USE ONE YEAR AGO -	11 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.47

MM 0001207 BILL # 1 OF 2 GRP 913

Duke Energy

ACCOUNT NUMBER - 04594 44529

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

SEPTEMBER 2015

ACCOUNT NUMBER

70697 57096

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE TOTAL AMOUNT DUE
SEP 18 2015 165.76

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
SEP 29 2015 NONE

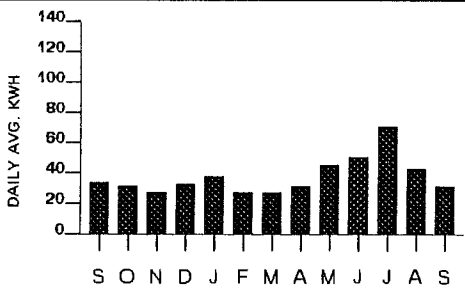
PIN: 021246507

METER READINGS

METER NO.	002655334
PRESENT (ACTUAL)	011988
PREVIOUS (ACTUAL)	011041
DIFFERENCE	000947
TOTAL KWH	947
PRESENT KW (ACTUAL)	0005.98
BASE KW	6
LOAD FACTOR	21.9%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$165.76 ON 09/18/15
PAYMENTS RECEIVED AS OF AUG 18 2015 228.10 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD.	07-28-15 TO 08-27-15	30 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	947 KWH @ 6.79700¢	64.37
FUEL CHARGE	947 KWH @ 4.60500¢	43.61
LS-1	017 LIGHTING SER COMPANY OWNED/MAINTAINED	
BILLING PERIOD.	07-28-15 TO 08-27-15	30 DAYS
CUSTOMER CHARGE		1.19
ENERGY CHARGE	174 KWH @ 2.52600¢	4.40
FUEL CHARGE	174 KWH @ 4.33200¢	7.54
*TOTAL ELECTRIC COST		132.70
EQUIPMENT RENTAL FOR:		
1	WOOD 30/35	
2	SV RW 16000	
1	MV OB 4000	
FIXTURE TOTAL		12.28
MAINTENANCE TOTAL		5.30
GROSS RECEIPTS TAX		3.41
STATE AND OTHER TAXES ON ELECTRIC		10.83
SALES TAX ON EQUIPMENT RENTAL		1.24
TOTAL CURRENT BILL		165.76



To help us repair malfunctioning streetlights, quickly: 1. Call us at 1.800.228.8485 or visit duke-energy.com/lightrepair 2. Provide us with the light 's location and your contact information. 3. Specific addresses, landmarks and directions work best.

ENERGY USE

DAILY AVG. USE - 38 KWH/DAY
USE ONE YEAR AGO - 41 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$5.01

PAGE 1 OF 2

Duke Energy

ACCOUNT NUMBER - 70697 57096

000038967 01 AT 0.413



LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434

Entered: *[Signature]*

COA Code: 615

Approved: *[Signature]* 9-1-15

Paid: EFT 091815

Date: 9/18/15



STATEMENT OF ELECTRIC SERVICE

SEPTEMBER 2015

ACCOUNT NUMBER

70697 57096

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477**

WEB SITE: www.duke-energy.com

**TO REPORT A POWER OUTAGE:
1-800-228-8485**

**LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652**

**SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL**

**DUE DATE
SEP 18 2015**

**TOTAL AMOUNT DUE
165.76**

**NEXT READ
DATE ON OR
ABOUT
SEP 29 2015**

**DEPOSIT AMOUNT
ON ACCOUNT
NONE**

TOTAL DUE THIS STATEMENT

\$165.76



STATEMENT OF ELECTRIC SERVICE

AUGUST 2015

ACCOUNT NUMBER

70697 57096

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS ATTEN JOE GABAY 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652

SERVICE ADDRESS 000 SHANGRI LA BLVD, SOUTH WELL

DUE DATE TOTAL AMOUNT DUE AUG 19 2015 228.10

NEXT READ DEPOSIT AMOUNT DATE ON OR ON ACCOUNT ABOUT AUG 28 2015 NONE

PIN: 021246507

METER READINGS

METER NO. 002655334 PRESENT (ACTUAL) 011041 PREVIOUS (ACTUAL) 009600 DIFFERENCE 001441 TOTAL KWH 1441 PRESENT KW (ACTUAL) 0008.88 BASE KW 9 LOAD FACTOR 20.2%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$228.10 ON 08/19/15 PAYMENTS RECEIVED AS OF JUL 16 2015 308.52 THANK YOU

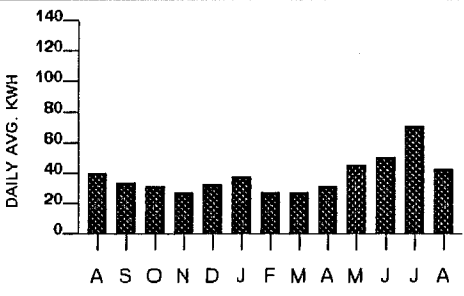
GS-1 060 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD..06-25-15 TO 07-28-15 33 DAYS CUSTOMER CHARGE 11.59 ENERGY CHARGE 1441 KWH @ 6.79700¢ 97.94 FUEL CHARGE 1441 KWH @ 4.60500¢ 66.36 LS-1 017 LIGHTING SER COMPANY OWNED/MAINTAINED BILLING PERIOD..06-25-15 TO 07-28-15 33 DAYS CUSTOMER CHARGE 1.19 ENERGY CHARGE 174 KWH @ 2.52600¢ 4.40 FUEL CHARGE 174 KWH @ 4.33200¢ 7.54

*TOTAL ELECTRIC COST 189.02 EQUIPMENT RENTAL FOR: 1 WOOD 30/35 2 SV RW 16000 1 MV OB 4000

FIXTURE TOTAL MAINTENANCE TOTAL GROSS RECEIPTS TAX STATE AND OTHER TAXES ON Electric SALES TAX ON EQUIPMENT RENTAL

TOTAL CURRENT BILL 228.10

Entered: [Signature] COA Code: 0615 Approved: [Signature] 08-4-15 Paid: EFT 081915 Date: 8/19/15



ENERGY USE DAILY AVG. USE - 49 KWH/DAY USE ONE YEAR AGO - 46 KWH/DAY *DAILY AVG. ELECTRIC COST - \$6.26

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending June 30, 2015).

Duke Energy

ACCOUNT NUMBER - 70697 57096

000039315 01 AT 0.413 [Barcode] LAKESIDE WATER WORKS ATTEN JOE GABAY 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

AUGUST 2015

ACCOUNT NUMBER

70697 57096

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477**

WEB SITE: www.duke-energy.com

**TO REPORT A POWER OUTAGE:
1-800-228-8485**

**LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652**

**SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL**

**DUE DATE
AUG 19 2015**

**TOTAL AMOUNT DUE
228.10**

**NEXT READ
DATE ON OR
ABOUT
AUG 28 2015**

**DEPOSIT AMOUNT
ON ACCOUNT
NONE**

TOTAL DUE THIS STATEMENT

\$228.10



STATEMENT OF ELECTRIC SERVICE

AUGUST 2015

ACCOUNT NUMBER

04594 44529

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
NORTH WELL

DUE DATE TOTAL AMOUNT DUE
AUG 19 2015 15.49

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
AUG 28 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	002637159
PRESENT (ACTUAL)	045207
PREVIOUS (ACTUAL)	045186
DIFFERENCE	000021
TOTAL KWH	21
PRESENT KW (ACTUAL)	0001.47
BASE KW	1
LOAD FACTOR	2.7%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$15.49 ON 08/19/15
PAYMENTS RECEIVED AS OF JUL 16 2015 48.69 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD.	06-25-15 TO 07-28-15	33 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	21 KWH @ 6.79700¢	1.43
FUEL CHARGE	21 KWH @ 4.60500¢	.97

*TOTAL ELECTRIC COST	13.99
GROSS RECEIPTS TAX	.36
STATE AND OTHER TAXES ON ELECTRIC	1.14

TOTAL CURRENT BILL 15.49

TOTAL DUE THIS STATEMENT Entered: COA Code: Approved: Paid: Date: 8/19/15 \$15.49

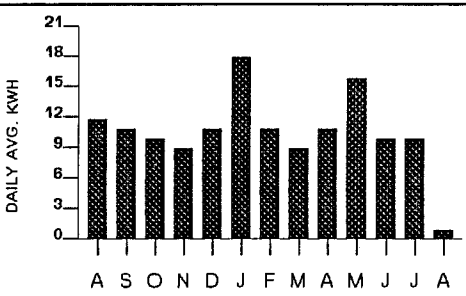
Entered: [Signature]

COA Code: 615

Approved: [Signature] @ 8-4-15

Paid: EFT 081915

Date: 8/19/15



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending June 30, 2015).

ENERGY USE

DAILY AVG. USE -	1 KWH/DAY
USE ONE YEAR AGO -	12 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.42

MM 0002804 BILL # 1 OF 3 GRP 938

Duke Energy

ACCOUNT NUMBER - 04594 44529

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

ACCOUNT NUMBER
70697 57096

JULY 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL

DUE DATE TOTAL AMOUNT DUE
JUL 17 2015 308.52

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUL 30 2015 NONE

PIN: 021246507

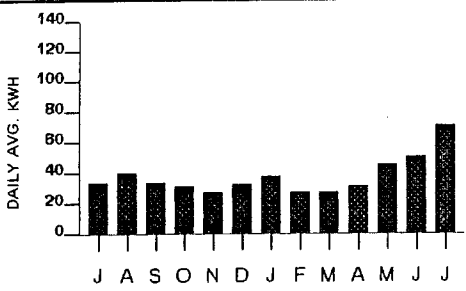
METER READINGS

METER NO. 002655334
PRESENT (ACTUAL) 009600
PREVIOUS (ACTUAL) 007522
DIFFERENCE 002078
TOTAL KWH 2078
PRESENT KW (ACTUAL) 0016.99
BASE KW 17
LOAD FACTOR 17.6%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$308.52 ON 07/17/15
PAYMENTS RECEIVED AS OF JUN 17 2015 239.96 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD .05-27-15 TO 06-25-15 29 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 2078 KWH @ 6.79700¢ 141.24
FUEL CHARGE 2078 KWH @ 4.60500¢ 95.69
LS-1 017 LIGHTING SER COMPANY OWNED/MAINTAINED
BILLING PERIOD .05-27-15 TO 06-25-15 29 DAYS
CUSTOMER CHARGE 1.19
ENERGY CHARGE 174 KWH @ 2.52600¢ 4.40
FUEL CHARGE 174 KWH @ 4.33200¢ 7.54

*TOTAL ELECTRIC COST 261.65
EQUIPMENT RENTAL FOR:
1 WOOD 30/35
2 SV RW 16000
1 MV OB 4000
FIXTURE TOTAL 12.28
MAINTENANCE TOTAL 5.30
GROSS RECEIPTS TAX 6.71
STATE AND OTHER TAXES ON ELECTRIC 21.34
SALES TAX ON EQUIPMENT RENTAL 1.24
TOTAL CURRENT BILL 308.52



ENERGY USE
DAILY AVG. USE - 78 KWH/DAY
USE ONE YEAR AGO - 41 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$9.63

Entered: [Signature]
COA Code: 615
Approved: [Signature] 7-6-15
Paid: EFT 07/17/15
Date: 7/17/15

Duke Energy

ACCOUNT NUMBER - 70697 57096

000002231 01 AT 0.413
LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

JULY 2015

ACCOUNT NUMBER

70697 57096

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477**

WEB SITE: www.duke-energy.com

**TO REPORT A POWER OUTAGE:
1-800-228-8485**

**LAKESIDE WATER WORKS
ATTEN JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652**

**SERVICE ADDRESS
000 SHANGRI LA BLVD,
SOUTH WELL**

**DUE DATE TOTAL AMOUNT DUE
JUL 17 2015 308.52**

**NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUL 30 2015 NONE**

TOTAL DUE THIS STATEMENT

\$308.52



STATEMENT OF ELECTRIC SERVICE

JULY 2015

ACCOUNT NUMBER

04594 44529

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 SHANGRI LA BLVD,
NORTH WELL

DUE DATE TOTAL AMOUNT DUE
JUL 17 2015 48.69

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUL 30 2015 NONE

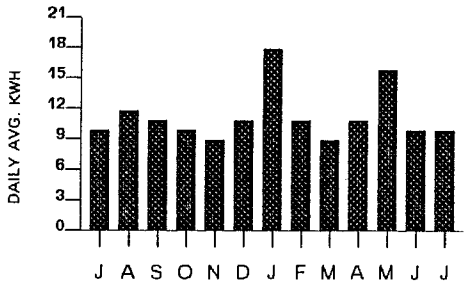
PIN: 021246507

METER READINGS

METER NO.	002637159
PRESENT (ACTUAL)	045186
PREVIOUS (ACTUAL)	044902
DIFFERENCE	000284
TOTAL KWH	284
PRESENT KW (ACTUAL)	0013.54
BASE KW	14
LOAD FACTOR	2.9%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$48.69 ON 07/17/15
PAYMENTS RECEIVED AS OF JUN 17 2015 50.07 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD	.05-27-15 TO 06-25-15	29 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	284 KWH @ 6.79700¢	19.30
FUEL CHARGE	284 KWH @ 4.60500¢	13.08
*TOTAL ELECTRIC COST		43.97
GROSS RECEIPTS TAX		1.13
STATE AND OTHER TAXES ON ELECTRIC		3.59
TOTAL CURRENT BILL		48.69
TOTAL DUE THIS STATEMENT		\$48.69



ENERGY USE

DAILY AVG. USE -	10 KWH/DAY
USE ONE YEAR AGO -	10 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$1.52

Entered: [Signature]
COA Code: 0615
Approved: [Signature] @ 7-6-15
Paid: EFT 071715
Date: 7/17/15

MM 0000651 BILL # 1 OF 3 GRP 213

Duke Energy

ACCOUNT NUMBER - 04594 44529

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434

Lakeside Waterworks
Wastewater Purchased Power



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

24158 77335

JUNE 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
EAST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
JUN 21 2016 36.96

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUN 29 2016 NONE

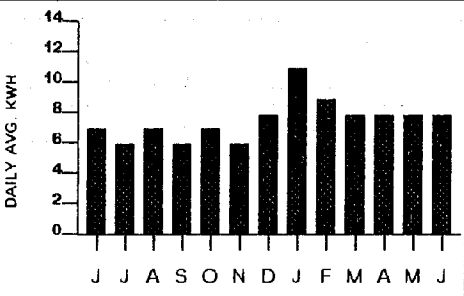
PIN: 021246507

METER READINGS

METER NO.	006212484
PRESENT (ACTUAL)	049212
PREVIOUS (ACTUAL)	048994
DIFFERENCE	000218
TOTAL KWH	218

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$36.96 ON 06/21/16
PAYMENTS RECEIVED AS OF MAY 19 2016 40.17 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..04-28-16 TO 05-27-16 29 DAYS	
CUSTOMER CHARGE	11.59
ENERGY CHARGE 218 KWH @ 7.02300¢	15.31
FUEL CHARGE 218 KWH @ 2.97300¢	6.48
*TOTAL ELECTRIC COST	33.38
GROSS RECEIPTS TAX	.86
STATE AND OTHER TAXES ON ELECTRIC	2.72
TOTAL CURRENT BILL	36.96
TOTAL DUE THIS STATEMENT	\$36.96



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Entered: _____
 COA Code: 715
 Approved: @ 6-8-16
 Paid: EFT 062116
 Date: 6/21/16

ENERGY USE

DAILY AVG. USE -	8 KWH/DAY
USE ONE YEAR AGO -	7 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$1.15

_BL_DEF_20160527_213815_2.CSV-1867-000000920

MM 0002817 BILL # 1 OF 3 GRP 954

Duke Energy

ACCOUNT NUMBER - 24158 77335

001867 000000920



LAKESIDE WATER WORKS
 ATTN: JOE GABAY
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434





STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
68609 80405

JUNE 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
WEST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
JUN 21 2016 28.99

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUN 29 2016 NONE

PIN: 021246507

METER READINGS

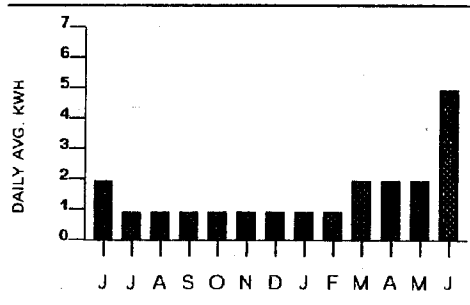
METER NO.	006057444
PRESENT (ACTUAL)	033737
PREVIOUS (ACTUAL)	033591
DIFFERENCE	000146
TOTAL KWH	146

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$28.99 ON 06/21/16
PAYMENTS RECEIVED AS OF MAY 19 2016 19.80 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..04-28-16 TO 05-27-16	29 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	146 KWH @ 7.02300¢ 10.25
FUEL CHARGE	146 KWH @ 2.97300¢ 4.34

*TOTAL ELECTRIC COST	26.18
GROSS RECEIPTS TAX	.67
STATE AND OTHER TAXES ON ELECTRIC	2.14
TOTAL CURRENT BILL	28.99

TOTAL DUE THIS STATEMENT **\$28.99**



ENERGY USE	
DAILY AVG. USE -	5 KWH/DAY
USE ONE YEAR AGO -	2 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.90

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Entered: [Signature]
 COA Code: 715
 Approved: [Signature]
 Paid: EFT 062116
 Date: 6/21/16

Duke Energy

ACCOUNT NUMBER - 68609 80405

001869 000000920



LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
25611 32127

JUNE 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
12001 GOLDEN TREE DR,
SOUTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
JUN 21 2016 18.59

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUN 29 2016 NONE

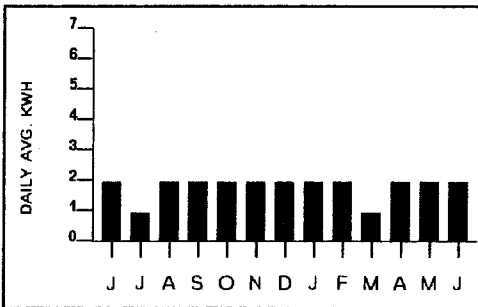
PIN: 021246507

METER READINGS

METER NO. 006217138
PRESENT (ACTUAL) 004588
PREVIOUS (ACTUAL) 004536
DIFFERENCE 000052
TOTAL KWH 52

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$18.59 ON 06/21/16
PAYMENTS RECEIVED AS OF MAY 19 2016 19.14 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..04-28-16 TO 05-27-16 29 DAYS	
CUSTOMER CHARGE	11.59
ENERGY CHARGE 52 KWH @ 7.02300¢	3.65
FUEL CHARGE 52 KWH @ 2.97300¢	1.55
<hr/>	
*TOTAL ELECTRIC COST	16.79
GROSS RECEIPTS TAX	.43
STATE AND OTHER TAXES ON ELECTRIC	1.37
<hr/>	
TOTAL CURRENT BILL	18.59
<hr/>	
TOTAL DUE THIS STATEMENT	\$18.59



ENERGY USE	
DAILY AVG. USE -	2 KWH/DAY
USE ONE YEAR AGO -	2 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.58

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Entered: _____
 COA Code: 715
 Approved: 0 E 6-8-16
 Paid: FFT 062116
 Date: 6/21/16

Duke Energy

ACCOUNT NUMBER - 25611 32127

001868 000000920



LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

77898 58114

JUNE 2016

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD NEW PRT RCHY FL 34652

SERVICE ADDRESS 000 HARBOR SHORES RD, NORTH LIFT STATION

DUE DATE JUN 17 2016 TOTAL AMOUNT DUE 17.60

NEXT READ DATE ON OR ABOUT JUN 29 2016 DEPOSIT AMOUNT ON ACCOUNT NONE

PIN: 021246507

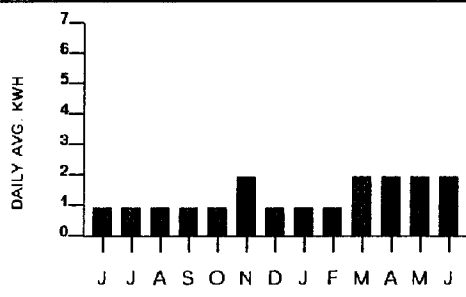
METER READINGS

Table with meter readings: METER NO. 002648887, PRESENT (ACTUAL) 029216, PREVIOUS (ACTUAL) 029173, DIFFERENCE 000043, TOTAL KWH 43

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$17.60 ON 06/17/16. PAYMENTS RECEIVED AS OF MAY 19 2016 18.37 THANK YOU

Table of charges: GS-1 060 GENERAL SERVICE - NON DEMAND SEC, BILLING PERIOD .04-28-16 TO 05-26-16 28 DAYS, CUSTOMER CHARGE 11.59, ENERGY CHARGE 43 KWH @ 7.02300¢ 3.02, FUEL CHARGE 43 KWH @ 2.97300¢ 1.28, TOTAL ELECTRIC COST 15.89, GROSS RECEIPTS TAX .41, STATE AND OTHER TAXES ON ELECTRIC 1.30, TOTAL CURRENT BILL 17.60, TOTAL DUE THIS STATEMENT \$17.60

Entered: [Signature] COA Code: 715 Approved: [Signature] @ 6-6-16 Paid: EFT 061716 Date: 6/17/16



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ENERGY USE table: DAILY AVG. USE - 2 KWH/DAY, USE ONE YEAR AGO - 1 KWH/DAY, *DAILY AVG. ELECTRIC COST - \$.57

Duke Energy

ACCOUNT NUMBER - 77898 58114

000694 000000139

LAKESIDE WATER WORKS 4939 CROSS BAYOU BLVD NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER 77898 58114

MAY 2016

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD NEW PRT RCHY FL 34652

SERVICE ADDRESS 000 HARBOR SHORES RD, NORTH LIFT STATION

DUE DATE MAY 20 2016 TOTAL AMOUNT DUE 18.37

NEXT READ DATE ON OR ABOUT MAY 31 2016 DEPOSIT AMOUNT ON ACCOUNT NONE

PIN: 021246507

METER READINGS

Table with meter details: METER NO. 002648887, PRESENT (ACTUAL) 029173, PREVIOUS (ACTUAL) 029123, DIFFERENCE 000050, TOTAL KWH 50

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$18.37 ON 05/20/16. PAYMENTS RECEIVED AS OF APR 19 2016 19.14 THANK YOU

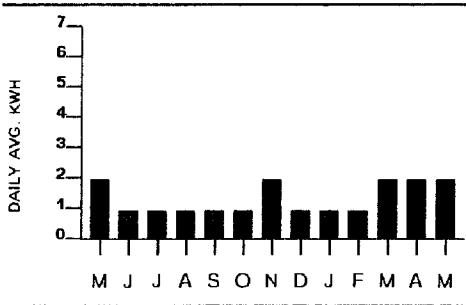
Table with service details: GS-1 060 GENERAL SERVICE - NON DEMAND SEC, BILLING PERIOD .03-29-16 TO 04-28-16 30 DAYS, CUSTOMER CHARGE 11.59, ENERGY CHARGE 50 KWH @ 7.02300¢ 3.51, FUEL CHARGE 50 KWH @ 2.97300¢ 1.49

Table with costs: *TOTAL ELECTRIC COST 16.59, GROSS RECEIPTS TAX .43, STATE AND OTHER TAXES ON ELECTRIC 1.35

TOTAL CURRENT BILL 18.37

TOTAL DUE THIS STATEMENT Entered: [Signature] \$18.37

COA Code: 715, Approved: [Signature] @ 5-11-16, Paid: EFT 052016, Date: 5/20/16



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 22%, Purchased Power 17%, Gas 61%, Oil 0%, Nuclear 0% (For Prior 12 months ending March 31, 2016). Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

ENERGY USE

Table with energy use metrics: DAILY AVG. USE - 2 KWH/DAY, USE ONE YEAR AGO - 2 KWH/DAY, *DAILY AVG. ELECTRIC COST - \$.55

Duke Energy

ACCOUNT NUMBER - 77898 58114

001735 000000878

LAKESIDE WATER WORKS 4939 CROSS BAYOU BLVD NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
25611 32127

MAY 2016

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:**
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
12001 GOLDEN TREE DR,
SOUTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
MAY 20 2016 19.14

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
MAY 31 2016 NONE

PIN: 021246507

METER READINGS

METER NO.	006217138
PRESENT (ACTUAL)	004536
PREVIOUS (ACTUAL)	004479
DIFFERENCE	000057
TOTAL KWH	57

**YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$19.14 ON 05/20/16**

PAYMENTS RECEIVED AS OF APR 19 2016 18.48 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD	.03-29-16 TO 04-28-16	30 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	57 KWH @ 7.02300¢	4.00
FUEL CHARGE	57 KWH @ 2.97300¢	1.69

*TOTAL ELECTRIC COST	17.28
GROSS RECEIPTS TAX	.44
STATE AND OTHER TAXES ON ELECTRIC	1.42

TOTAL CURRENT BILL 19.14

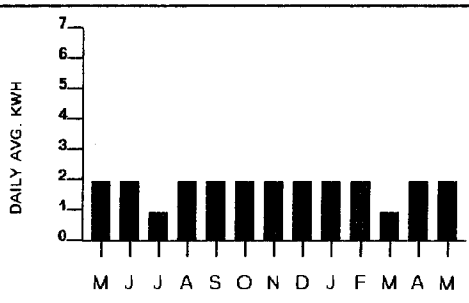
TOTAL DUE THIS STATEMENT Entered: [Signature] \$19.14

COA Code: 765

Approved: [Signature] 05-4-16

Paid: EFT 052016

Date: 5/20/16



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 22%, Purchased Power 17%, Gas 61%, Oil 0%, Nuclear 0% (For Prior 12 months ending March 31, 2016). Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

ENERGY USE

DAILY AVG. USE -	2 KWH/DAY
USE ONE YEAR AGO -	2 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.58

Duke Energy

ACCOUNT NUMBER - 25611 32127

001732 000000879



LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

68609 80405

MAY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
WEST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
MAY 20 2016 19.80

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
MAY 31 2016 NONE

PIN: 021246507

METER READINGS

METER NO.	006057444
*PRESENT (ACTUAL)	033591
*PREVIOUS (ACTUAL)	033528
DIFFERENCE	000063
TOTAL KWH	63

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$19.80 ON 05/20/16
PAYMENTS RECEIVED AS OF APR 19 2016 19.03 THANK YOU

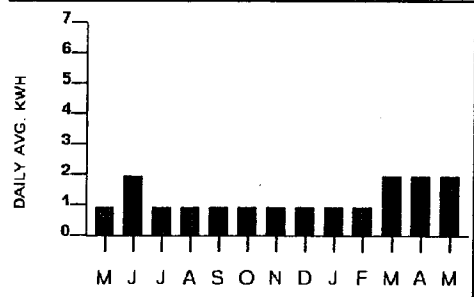
GS-1	060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD	03-29-16 TO 04-28-16 30 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	63 KWH @ 7.02300¢ 4.42
FUEL CHARGE	63 KWH @ 2.97300¢ 1.87

*TOTAL ELECTRIC COST	17.88
GROSS RECEIPTS TAX	.46
STATE AND OTHER TAXES ON ELECTRIC	1.46

TOTAL CURRENT BILL

TOTAL DUE THIS STATEMENT

Entered: [Signature] \$19.80
 COA Code: 715
 Approved: [Signature]
 Paid: EFT 052016
 Date: 5/20/16



ENERGY USE

DAILY AVG. USE -	2 KWH/DAY
USE ONE YEAR AGO -	1 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.60

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 22%, Purchased Power 17%, Gas 61%, Oil 0%, Nuclear 0% (For Prior 12 months ending March 31, 2016). Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

_BL_DEF_20160428_212721_2.CSV-1733-000000879

MM 0002699 BILL # 3 OF 3 GRP 894

Duke Energy

ACCOUNT NUMBER - 68609 80405

001733 000000879

LAKESIDE WATER WORKS
 ATTN: JOE GABAY
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

24158 77335

MAY 2016

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS ATTN: JOE GABAY 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652

SERVICE ADDRESS 00 SHANGRI LA BLVD, EAST LIFT STATION

DUE DATE TOTAL AMOUNT DUE MAY 20 2016 40.17

NEXT READ DEPOSIT AMOUNT DATE ON OR ON ACCOUNT ABOUT MAY 31 2016 NONE

PIN: 021246507

METER READINGS

METER NO. 006212484 PRESENT (ACTUAL) 048994 PREVIOUS (ACTUAL) 048747 DIFFERENCE 000247 TOTAL KWH 247

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$40.17 ON 05/20/16 PAYMENTS RECEIVED AS OF APR 19 2016 39.73 THANK YOU

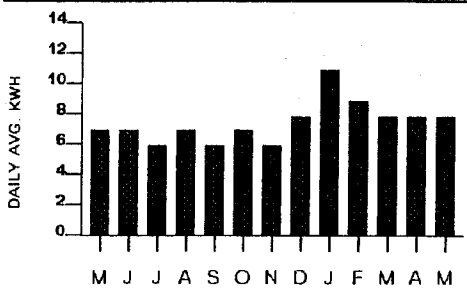
GS-1 060 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD..03-29-16 TO 04-28-16 30 DAYS CUSTOMER CHARGE 11.59 ENERGY CHARGE 247 KWH @ 7.02300¢ 17.35 FUEL CHARGE 247 KWH @ 2.97300¢ 7.34

*TOTAL ELECTRIC COST 36.28 GROSS RECEIPTS TAX .93 STATE AND OTHER TAXES ON ELECTRIC 2.96

TOTAL CURRENT BILL 40.17

TOTAL DUE THIS STATEMENT Entered: \$40.17

COA Code: 715 Approved: @ 5-4-16 Paid: EFT 052016 Date: 5/20/16



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 22%, Purchased Power 17%, Gas 61%, Oil 0%, Nuclear 0% (For Prior 12 months ending March 31, 2016). Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

ENERGY USE

DAILY AVG. USE - 8 KWH/DAY USE ONE YEAR AGO - 7 KWH/DAY *DAILY AVG. ELECTRIC COST - \$1.21

_BL_DEF_20160428_212721_2 CSV-1731-000000879

MM 0002697 BILL # 1 OF 3 GRP 894

Duke Energy

ACCOUNT NUMBER - 24158 77335

001731 000000879

LAKESIDE WATER WORKS ATTN: JOE GABAY 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
47725 88597

MAY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652

SERVICE ADDRESS
00 FOREST LAKE RD,
WASTE WATER PLT

DUE DATE TOTAL AMOUNT DUE
MAY 20 2016 173.36

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
MAY 31 2016 NONE

PIN: 021246507

METER READINGS

METER NO.	008656483
PRESENT (ACTUAL)	018940
PREVIOUS (ACTUAL)	017221
DIFFERENCE	001719
PRESENT ONPEAK	006154
PREVIOUS ONPEAK	005478
DIFFERENCE ONPEAK	000676
TOTAL KWH	1719
ON PEAK KWH	676
PRESENT KW (ACTUAL)	0004.97
PRESENT PEAK KW	0004.91
BASE KW	5
ON-PEAK KW	5
LOAD FACTOR	47.8%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$173.36 ON 05/20/16
PAYMENTS RECEIVED AS OF APR 19 2016 165.10 THANK YOU

GSD-1 070 GENERAL SERVICE - DEMAND SEC	
BILLING PERIOD. 03-29-16 TO 04-28-16	30 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	1719 KWH @ 2.43600¢ 41.87
FUEL CHARGE	1719 KWH @ 3.00800¢ 51.71
DEMAND CHARGE	5 KW @ \$10.28000 51.40

*TOTAL ELECTRIC COST	156.57
GROSS RECEIPTS TAX	4.01
STATE AND OTHER TAXES ON ELECTRIC	12.78

TOTAL CURRENT BILL

173.36

TOTAL DUE THIS STATEMENT

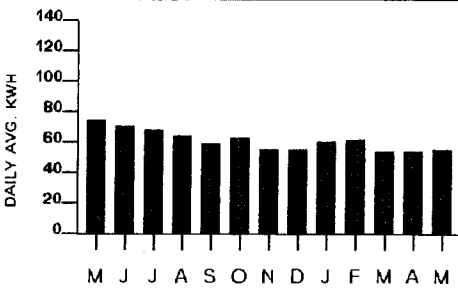
Entered: [Signature] \$173.36

COA Code: 215

Approved: [Signature]

Paid: EFT 052016

Date: 5/20/16



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 22%, Purchased Power 17%, Gas 61%, Oil 0%, Nuclear 0% (For Prior 12 months ending March 31, 2016). Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

ENERGY USE

DAILY AVG. USE -	57 KWH/DAY
USE ONE YEAR AGO -	76 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$5.22

Duke Energy

ACCOUNT NUMBER - 47725 88597

001734 000000878

LAKESIDE WATER WORKS
4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
25611 32127

APRIL 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
12001 GOLDEN TREE DR,
SOUTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
APR 20 2016 18.48

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
APR 29 2016 NONE

PIN: 021246507

METER READINGS

METER NO. 006217138
PRESENT (ACTUAL) 004479
PREVIOUS (ACTUAL) 004428
DIFFERENCE 000051
TOTAL KWH 51

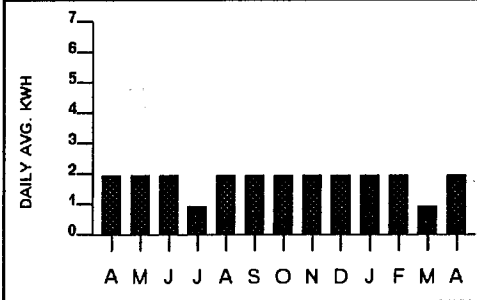
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$18.48 ON 04/20/16
PAYMENTS RECEIVED AS OF MAR 18 2016 17.76 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..02-26-16 TO 03-29-16 32 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 51 KWH @ 7.02300¢ 3.58
FUEL CHARGE 51 KWH @ 2.97300¢ 1.52

*TOTAL ELECTRIC COST 16.69
GROSS RECEIPTS TAX .43
STATE AND OTHER TAXES ON ELECTRIC 1.36
TOTAL CURRENT BILL 18.48

TOTAL DUE THIS STATEMENT \$18.48

Entered: [Signature]
COA Code: 715
Approved: e e 4-7-16
Paid: EFT 042016
Date: 4/20/16



ENERGY USE
DAILY AVG. USE - 2 KWH/DAY
USE ONE YEAR AGO - 2 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.52

Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

BF_BL_DEF_20160329_213233_2.CSV-1780-000000912

MM 0002790 BILL # 2 OF 3 GRP 929

Duke Energy

ACCOUNT NUMBER - 25611 32127

001780 000000912

|||||
LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
68609 80405

APRIL 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
WEST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
APR 20 2016 19.03

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
APR 29 2016 NONE

PIN: 021246507

METER READINGS

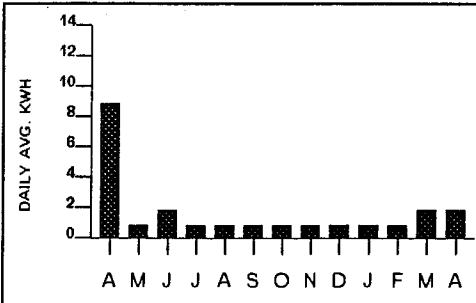
METER NO.	006057444
PRESENT (ACTUAL)	033528
PREVIOUS (ACTUAL)	033472
DIFFERENCE	000056
TOTAL KWH	56

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$19.03 ON 04/20/16
PAYMENTS RECEIVED AS OF MAR 18 2016 18.24 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..02-26-16 TO 03-29-16	32 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	56 KWH @ 7.02300¢ 3.93
FUEL CHARGE	56 KWH @ 2.97300¢ 1.66
*TOTAL ELECTRIC COST	17.18
GROSS RECEIPTS TAX	.44
STATE AND OTHER TAXES ON ELECTRIC	1.41
TOTAL CURRENT BILL	19.03

TOTAL DUE THIS STATEMENT **\$19.03**

Entered: [Signature]
 COA Code: 715
 Approved: [Signature]
 Paid: EFT 042016
 Date: 4/20/16



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ENERGY USE

DAILY AVG. USE -	2 KWH/DAY
USE ONE YEAR AGO -	9 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.54

Duke Energy

ACCOUNT NUMBER - 68609 80405

001781 000000912


 LAKESIDE WATER WORKS
 ATTN: JOE GABAY
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

77898 58114

APRIL 2016

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD NEW PRT RCHY FL 34652

SERVICE ADDRESS 000 HARBOR SHORES RD, NORTH LIFT STATION

DUE DATE APR 20 2016

TOTAL AMOUNT DUE 19.14

NEXT READ DATE ON OR ABOUT APR 29 2016

DEPOSIT AMOUNT ON ACCOUNT NONE

PIN: 021246507

METER READINGS

METER NO. 002648887 PRESENT (ACTUAL) 029123 PREVIOUS (ACTUAL) 029066 DIFFERENCE 000057 TOTAL KWH 57

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$19.14 ON 04/20/16 PAYMENTS RECEIVED AS OF MAR 18 2016 18.83 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD..02-26-16 TO 03-29-16 32 DAYS CUSTOMER CHARGE 11.59 ENERGY CHARGE 57 KWH @ 7.02300¢ 4.00 FUEL CHARGE 57 KWH @ 2.97300¢ 1.69

*TOTAL ELECTRIC COST 17.28 GROSS RECEIPTS TAX .44 STATE AND OTHER TAXES ON ELECTRIC 1.42 TOTAL CURRENT BILL 19.14

TOTAL DUE THIS STATEMENT Entered: \$19.14

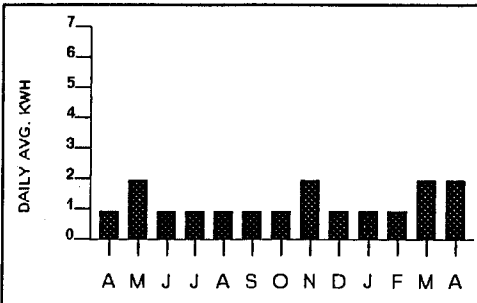
COA Code: 715

Approved: @ 4-7-16

Paid: EFT 042016

Date: 4/20/16

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ENERGY USE DAILY AVG. USE - 2 KWH/DAY USE ONE YEAR AGO - 1 KWH/DAY *DAILY AVG. ELECTRIC COST - \$.54

Duke Energy

ACCOUNT NUMBER - 77898 58114

001783 00000911



LAKESIDE WATER WORKS 4939 CROSS BAYOU BLVD NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
24158 77335

APRIL 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
EAST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
APR 20 2016 39.73

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
APR 29 2016 NONE

PIN: 021246507

METER READINGS

METER NO. 006212484
PRESENT (ACTUAL) 048747
PREVIOUS (ACTUAL) 048504
DIFFERENCE 000243
TOTAL KWH 243

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$39.73 ON 04/20/16
PAYMENTS RECEIVED AS OF MAR 18 2016 42.17 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..02-26-16 TO 03-29-16 32 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 243 KWH @ 7.02300¢ 17.07
FUEL CHARGE 243 KWH @ 2.97300¢ 7.22

*TOTAL ELECTRIC COST 35.88
GROSS RECEIPTS TAX .92
STATE AND OTHER TAXES ON ELECTRIC 2.93
TOTAL CURRENT BILL 39.73

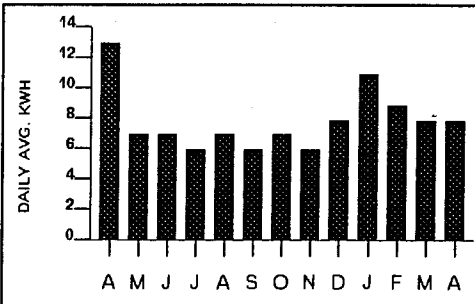
TOTAL DUE THIS STATEMENT Entered: \$39.73

COA Code: 715

Approved: @ 04-7-16

Paid: EFT 042016

Date: 4/20/16



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ENERGY USE

DAILY AVG. USE - 8 KWH/DAY
USE ONE YEAR AGO - 13 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$1.12

BF_BL_DEF_20160329_213233_2.CSV-1779-000000912

MM 0002789

BILL # 1 OF 3 GRP 929

Duke Energy

ACCOUNT NUMBER - 24158 77335

001779 000000912



LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
47725 88597

APRIL 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652

SERVICE ADDRESS
00 FOREST LAKE RD,
WASTE WATER PLT

DUE DATE TOTAL AMOUNT DUE
APR 20 2016 165.10

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
APR 29 2016 NONE

PIN: 021246507

METER READINGS

METER NO.	008656483
PRESENT (ACTUAL)	017221
PREVIOUS (ACTUAL)	015450
DIFFERENCE	001771
PRESENT ONPEAK	005478
PREVIOUS ONPEAK	005015
DIFFERENCE ONPEAK	000463
TOTAL KWH	1771
ON PEAK KWH	463
PRESENT KW (ACTUAL)	0004.48
PRESENT PEAK KW	0004.30
BASE KW	4
ON-PEAK KW	4
LOAD FACTOR	57.6%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$165.10 ON 04/20/16
PAYMENTS RECEIVED AS OF MAR 18 2016 180.40 THANK YOU

GSD-1 070 GENERAL SERVICE - DEMAND SEC	
BILLING PERIOD..02-26-16 TO 03-29-16	32 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	1771 KWH @ 2.43600¢ 43.14
FUEL CHARGE	1771 KWH @ 3.00800¢ 53.27
DEMAND CHARGE	4 KW @ \$10.28000 41.12

*TOTAL ELECTRIC COST	149.12
GROSS RECEIPTS TAX	3.82
STATE AND OTHER TAXES ON ELECTRIC	12.16

TOTAL CURRENT BILL 165.10

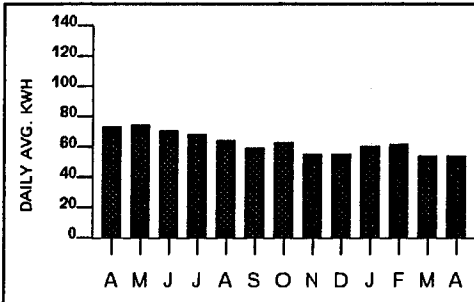
TOTAL DUE THIS STATEMENT **Entered: \$165.10**

COA Code: 715

Approved: @ 04-21-16

Paid: EFT 042016

Date: 4/20/16



Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

ENERGY USE

DAILY AVG. USE -	55 KWH/DAY
USE ONE YEAR AGO -	75 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$4.66

BF_BL_DEF_20160329_213233_2.CSV-1782-000000911

MM 0001237 BILL # 1 OF 2 GRP 930

Duke Energy

ACCOUNT NUMBER - 47725 88597

001782 000000911

LAKESIDE WATER WORKS

 4939 CROSS BAYOU BLVD

 NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
47725 88597

MARCH 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652

SERVICE ADDRESS
00 FOREST LAKE RD,
WASTE WATER PLT

DUE DATE MAR 21 2016	TOTAL AMOUNT DUE 180.40
NEXT READ DATE ON OR ABOUT MAR 30 2016	DEPOSIT AMOUNT ON ACCOUNT NONE

PIN: 021246507

METER READINGS

METER NO.	008656483
PRESENT (ACTUAL)	015450
PREVIOUS (ACTUAL)	013792
DIFFERENCE	001658
PRESENT ONPEAK	005015
PREVIOUS ONPEAK	004596
DIFFERENCE ONPEAK	000419
TOTAL KWH	1658
ON PEAK KWH	419
PRESENT KW (ACTUAL)	0005.11
PRESENT PEAK KW	0003.94
BASE KW	5
ON-PEAK KW	4
LOAD FACTOR	46.1%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$180.40 ON 03/21/16
PAYMENTS RECEIVED AS OF FEB 17 2016 206.54 THANK YOU


GSD-1 070 GENERAL SERVICE - DEMAND SEC
BILLING PERIOD..01-27-16 TO 02-26-16 30 DAYS

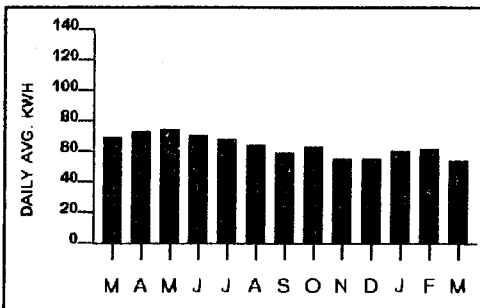
CUSTOMER CHARGE		11.59
ENERGY CHARGE	1658 KWH @ 2.43600¢	40.39
FUEL CHARGE	1658 KWH @ 3.68200¢	61.05
DEMAND CHARGE	5 KW @ \$9.98000	49.90

*TOTAL ELECTRIC COST	162.93
GROSS RECEIPTS TAX	4.18
STATE AND OTHER TAXES ON ELECTRIC	13.29

TOTAL CURRENT BILL 180.40

TOTAL DUE THIS STATEMENT

Entered:  180.40
COA Code: 715 \$180.40
Approved: @ 03-3-16
Paid: EFT 032116
Date: 3/21/16



ENERGY USE

DAILY AVG. USE - 55 KWH/DAY
USE ONE YEAR AGO - 70 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$5.43

Duke Energy Florida filed a proposed rate reduction with the Florida Public Service Commission, to start with April 2016 billing. The reduction is due to lower projected natural gas prices. While the capacity, or purchased power, cost will increase slightly, the total rate will be lower. For additional information please visit: www.duke-energy.com/RateCut. If you have any questions, please call Customer Service at (800) 700-8744.

BF_BL_DEF_20160226_213328_2.CSV-1738-000000948

MM 0002781 BILL # 2 OF 3 GRP 828

Duke Energy

ACCOUNT NUMBER - 47725 88597

001738 000000948


LAKESIDE WATER WORKS
4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

MARCH 2016

ACCOUNT NUMBER 24158 77335

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477
WEB SITE: www.duke-energy.com
TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652
SERVICE ADDRESS
00 SHANGRI LA BLVD,
EAST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
MAR 21 2016 42.17
NEXT READ DATE ON OR ABOUT DEPOSIT AMOUNT ON ACCOUNT
MAR 30 2016 NONE

PIN: 021246507

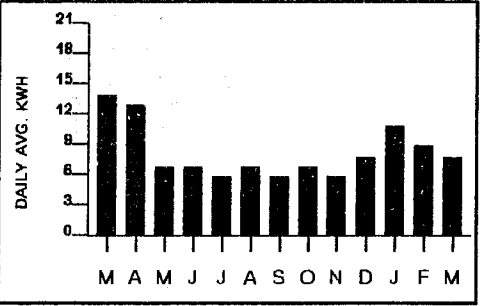
METER READINGS

Table with meter readings: METER NO. 006212484, PRESENT (ACTUAL) 048504, PREVIOUS (ACTUAL) 048254, DIFFERENCE 000250, TOTAL KWH 250

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$42.17 ON 03/21/16
PAYMENTS RECEIVED AS OF FEB 17 2016 42.89 THANK YOU

Table with charges: GS-1 060 GENERAL SERVICE - NON DEMAND SEC, BILLING PERIOD .01-27-16 TO 02-26-16 30 DAYS, CUSTOMER CHARGE 11.59, ENERGY CHARGE 17.38, FUEL CHARGE 9.12, *TOTAL ELECTRIC COST 38.09, GROSS RECEIPTS TAX .98, STATE AND OTHER TAXES ON ELECTRIC 3.10, TOTAL CURRENT BILL 42.17

TOTAL DUE THIS STATEMENT Entered: \$42.17
COA Code: 715
Approved: @ 03-3-16
Paid: EFT 032116
Date: 3/21/16



ENERGY USE
DAILY AVG. USE - 8 KWH/DAY
USE ONE YEAR AGO - 14 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$1.27

Duke Energy Florida filed a proposed rate reduction with the Florida Public Service Commission, to start with April 2016 billing. The reduction is due to lower projected natural gas prices. While the capacity, or purchased power, cost will increase slightly, the total rate will be lower. For additional information please visit: www.duke-energy.com/RateCut. If you have any questions, please call Customer Service at (800) 700-8744.

Duke Energy

ACCOUNT NUMBER - 24158 77335

001734 000000949

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

77898 58114

MARCH 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652

SERVICE ADDRESS
000 HARBOR SHORES RD,
NORTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
MAR 21 2016 18.83

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
MAR 30 2016 NONE

PIN: 021246507

METER READINGS

METER NO.	002648887
PRESENT (ACTUAL)	029066
PREVIOUS (ACTUAL)	029015
DIFFERENCE	000051
TOTAL KWH	51

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$18.83 ON 03/21/16
PAYMENTS RECEIVED AS OF FEB 17 2016 18.00 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD.	01-27-16 TO 02-26-16	30 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	51 KWH @ 6.95200¢	3.55
FUEL CHARGE	51 KWH @ 3.64700¢	1.86

*TOTAL ELECTRIC COST	17.00
GROSS RECEIPTS TAX	.44
STATE AND OTHER TAXES ON ELECTRIC	1.39
TOTAL CURRENT BILL	18.83

TOTAL DUE THIS STATEMENT

Entered: [Signature] \$18.83
 COA Code: 715
 Approved: [Signature] 03-3-16
 Paid: EFT 032116
 Date: 3/21/16



Duke Energy Florida filed a proposed rate reduction with the Florida Public Service Commission, to start with April 2016 billing. The reduction is due to lower projected natural gas prices. While the capacity, or purchased power, cost will increase slightly, the total rate will be lower. For additional information please visit: www.duke-energy.com/RateCut. If you have any questions, please call Customer Service at (800) 700-8744.

ENERGY USE

DAILY AVG. USE -	2 KWH/DAY
USE ONE YEAR AGO -	1 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.57

IF_BL_DEF_20160226_213328_2.CSV-1739-000000948

MM 0002782 BILL # 3 OF 3 GRP 928

Duke Energy

ACCOUNT NUMBER - 77898 58114

001739 000000948

|||||
 LAKESIDE WATER WORKS
 4939 CROSS BAYOU BLVD
 NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
68609 80405

MARCH 2016

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477
WEB SITE: www.duke-energy.com
TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652
SERVICE ADDRESS
00 SHANGRI LA BLVD,
WEST LIFT STATION

DUE DATE MAR 21 2016 TOTAL AMOUNT DUE 18.24
NEXT READ DATE ON OR ABOUT MAR 30 2016 DEPOSIT AMOUNT ON ACCOUNT NONE

PIN: 021246507

METER READINGS

METER NO. 006057444
PRESENT (ACTUAL) 033472
PREVIOUS (ACTUAL) 033426
DIFFERENCE 000046
TOTAL KWH 46

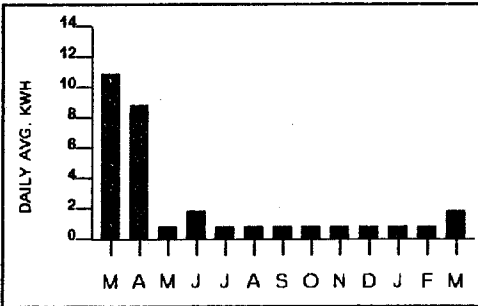
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$18.24 ON 03/21/16
PAYMENTS RECEIVED AS OF FEB 17 2016 17.65 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..01-27-16 TO 02-26-16 30 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 46 KWH @ 6.95200¢ 3.20
FUEL CHARGE 46 KWH @ 3.64700¢ 1.68

*TOTAL ELECTRIC COST 16.47
GROSS RECEIPTS TAX .42
STATE AND OTHER TAXES ON ELECTRIC 1.35
TOTAL CURRENT BILL 18.24

TOTAL DUE THIS STATEMENT Entered: \$18.24

COA Code: 715
Approved: @ 03-3-16
Paid: EFT 032116
Date: 3/21/16



Duke Energy Florida filed a proposed rate reduction with the Florida Public Service Commission, to start with April 2016 billing. The reduction is due to lower projected natural gas prices. While the capacity, or purchased power, cost will increase slightly, the total rate will be lower. For additional information please visit: www.duke-energy.com/RateCut. If you have any questions, please call Customer Service at (800) 700-8744.

ENERGY USE
DAILY AVG. USE - 2 KWH/DAY
USE ONE YEAR AGO - 11 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.55

BF_BL_DEF_20160226_213328_2.CSV-1736-000000949

MM 0002779 BILL # 3 OF 3 GRP 927

Duke Energy

ACCOUNT NUMBER - 68609 80405

001736 000000949



LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
25611 32127

MARCH 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
12001 GOLDEN TREE DR,
SOUTH LIFT STATION

DUE DATE	TOTAL AMOUNT DUE
MAR 21 2016	17.76
NEXT READ DATE ON OR ABOUT	DEPOSIT AMOUNT ON ACCOUNT
MAR 30 2016	NONE

PIN: 021246507

METER READINGS

METER NO.	006217138
PRESENT (ACTUAL)	004428
PREVIOUS (ACTUAL)	004386
DIFFERENCE	000042
TOTAL KWH	42

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$17.76 ON 03/21/16
PAYMENTS RECEIVED AS OF FEB 17 2016 20.34 THANK YOU

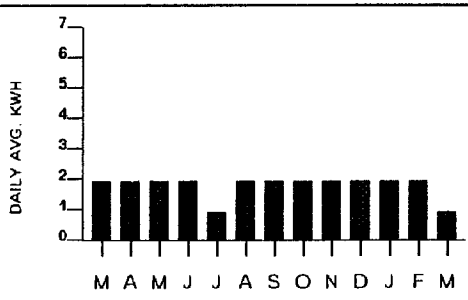
GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..01-27-16 TO 02-26-16	30 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	42 KWH @ 6.95200¢ 2.92
FUEL CHARGE	42 KWH @ 3.64700¢ 1.53

*TOTAL ELECTRIC COST	16.04
GROSS RECEIPTS TAX	.41
STATE AND OTHER TAXES ON ELECTRIC	1.31

TOTAL CURRENT BILL 17.76

TOTAL DUE THIS STATEMENT

Entered: [Signature] \$17.76
 COA Code: 715
 Approved: @ 2-3-16
 Paid: EFT 032116
 Date: 3/21/16



Duke Energy Florida filed a proposed rate reduction with the Florida Public Service Commission, to start with April 2016 billing. The reduction is due to lower projected natural gas prices. While the capacity, or purchased power, cost will increase slightly, the total rate will be lower. For additional information please visit: www.duke-energy.com/RateCut. If you have any questions, please call Customer Service at (800) 700-8744.

ENERGY USE

DAILY AVG. USE -	1 KWH/DAY
USE ONE YEAR AGO -	2 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.53

Duke Energy

ACCOUNT NUMBER - 25611 32127

001735 000000949



LAKESIDE WATER WORKS
 ATTN: JOE GABAY
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

**ACCOUNT NUMBER****47725 88597**

FEBRUARY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652

SERVICE ADDRESS
00 FOREST LAKE RD,
WASTE WATER PLT

DUE DATE
FEB 18 2016

TOTAL AMOUNT DUE
206.54

**NEXT READ
DATE ON OR
ABOUT**
FEB 29 2016

**DEPOSIT AMOUNT
ON ACCOUNT**
NONE

PIN: 021246507**METER READINGS**

METER NO. 008656483
PRESENT (ACTUAL) 013792
PREVIOUS (ACTUAL) 011911
DIFFERENCE 001881
PRESENT ONPEAK 004596
PREVIOUS ONPEAK 004135
DIFFERENCE ONPEAK 000461
TOTAL KWH 1881
ON PEAK KWH 461
PRESENT KW (ACTUAL) 0005.63
PRESENT PEAK KW 0005.27
BASE KW 6
ON-PEAK KW 5
LOAD FACTOR 43.5%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$206.54 ON 02/18/16
PAYMENTS RECEIVED AS OF JAN 18 2016 211.82 THANK YOU

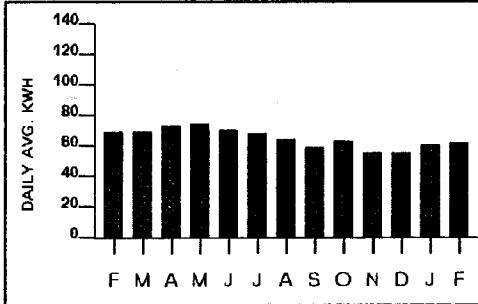
GSD-1 070 GENERAL SERVICE - DEMAND SEC
BILLING PERIOD..12-28-15 TO 01-27-16 30 DAYS

CUSTOMER CHARGE		11.59
ENERGY CHARGE	1881 KWH @ 2.43600¢	45.82
FUEL CHARGE	1881 KWH @ 3.68200¢	69.26
DEMAND CHARGE	6 KW @ \$9.98000	59.88

*TOTAL ELECTRIC COST	186.55
GROSS RECEIPTS TAX	4.78
STATE AND OTHER TAXES ON ELECTRIC	15.21

TOTAL CURRENT BILL 206.54

TOTAL DUE THIS STATEMENT **\$206.54**



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 23%, Purchased Power 17%, Gas 60%, Oil 0%, Nuclear 0% (For Prior 12 months ending December 31, 2015).

Entered: [Signature]
COA Code: 715
Approved: [Signature] 2-3-16
Paid: EFT 021816
Date: 2/18/16

ENERGY USE
DAILY AVG. USE - 63 KWH/DAY
USE ONE YEAR AGO - 70 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$6.22

BF_BI_DEF_20160127_211229_2.CSV-1825-000000890

MM 0002724 BILL # 2 OF 3 GRP 925

Duke Energy**ACCOUNT NUMBER - 47725 88597**

001825 000000890

██
LAKESIDE WATER WORKS
4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

24158 77335

FEBRUARY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
EAST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
FEB 18 2016 42.89

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
FEB 29 2016 NONE

PIN: 021246507

METER READINGS

METER NO.	006212484
PRESENT (ACTUAL)	048254
PREVIOUS (ACTUAL)	047998
DIFFERENCE	000256
TOTAL KWH	256

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$42.89 ON 02/18/16
PAYMENTS RECEIVED AS OF JAN 18 2016 50.16 THANK YOU

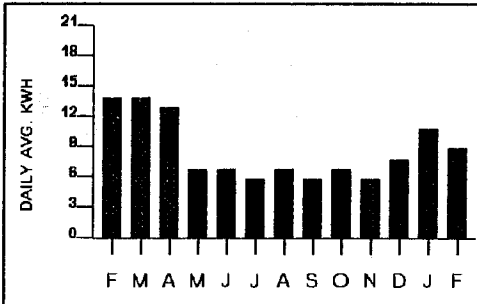
GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..12-28-15 TO 01-27-16 30 DAYS

CUSTOMER CHARGE		11.59
ENERGY CHARGE	256 KWH @ 6.95200¢	17.80
FUEL CHARGE	256 KWH @ 3.64700¢	9.34

*TOTAL ELECTRIC COST	38.73
GROSS RECEIPTS TAX	.99
STATE AND OTHER TAXES ON ELECTRIC	3.17

TOTAL CURRENT BILL 42.89

TOTAL DUE THIS STATEMENT \$42.89



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 23%, Purchased Power 17%, Gas 60%, Oil 0%, Nuclear 0% (For Prior 12 months ending December 31, 2015).

Entered: [Signature]

COA Code: 715

Approved: [Signature] 2-7-16

Paid: EFT 021816

Date: 218116

ENERGY USE

DAILY AVG. USE - 9 KWH/DAY
 USE ONE YEAR AGO - 14 KWH/DAY
 *DAILY AVG. ELECTRIC COST - \$1.29

BF_BL_DEF_20160127_211229_2.CSV-1821-000000891

MM 0002720 BILL # 1 OF 3 GRP 924

Duke Energy

ACCOUNT NUMBER - 24158 77335

001821 000000891



LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

25611 32127

FEBRUARY 2016

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS ATTN: JOE GABAY 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652

SERVICE ADDRESS 12001 GOLDEN TREE DR, SOUTH LIFT STATION

DUE DATE FEB 18 2016 TOTAL AMOUNT DUE 20.34

NEXT READ DATE ON OR ABOUT FEB 29 2016 DEPOSIT AMOUNT ON ACCOUNT NONE

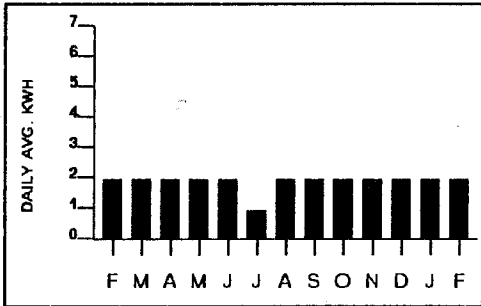
PIN: 021246507

METER READINGS

METER NO. 006217138 PRESENT (ACTUAL) 004386 PREVIOUS (ACTUAL) 004322 DIFFERENCE 000064 TOTAL KWH 64

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$20.34 ON 02/18/16 PAYMENTS RECEIVED AS OF JAN 18 2016 19.40 THANK YOU

Table with 2 columns: Description and Amount. Includes rows for GS-1 060 GENERAL SERVICE, ENERGY CHARGE (64 KWH @ 6.95200¢), FUEL CHARGE (64 KWH @ 3.64700¢), and TOTAL DUE THIS STATEMENT \$20.34.



ENERGY USE summary table: DAILY AVG. USE - 2 KWH/DAY, USE ONE YEAR AGO - 2 KWH/DAY, *DAILY AVG. ELECTRIC COST - \$.61

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 23%, Purchased Power 17%, Gas 60%, Oil 0%, Nuclear 0% (For Prior 12 months ending December 31, 2015)

Entered: [Signature] COA Code: 715 Approved: @ 2-3-16 Paid: EFT 021816 Date: 2/18/16

Duke Energy

ACCOUNT NUMBER - 25611 32127

001822 000000891



LAKESIDE WATER WORKS ATTN: JOE GABAY 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

77898 58114

FEBRUARY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652

SERVICE ADDRESS
000 HARBOR SHORES RD,
NORTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
FEB 18 2016 18.00

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
FEB 29 2016 NONE

PIN: 021246507

METER READINGS

METER NO.	002648887
PRESENT (ACTUAL)	029015
PREVIOUS (ACTUAL)	028971
DIFFERENCE	000044
TOTAL KWH	44

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$18.00 ON 02/18/16
PAYMENTS RECEIVED AS OF JAN 18 2016 18.24 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC

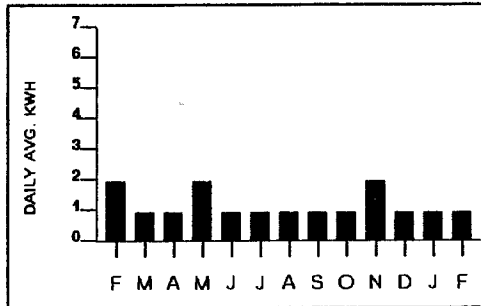
BILLING PERIOD..12-28-15 TO 01-27-16 30 DAYS

CUSTOMER CHARGE		11.59
ENERGY CHARGE	44 KWH @ 6.95200¢	3.06
FUEL CHARGE	44 KWH @ 3.64700¢	1.60

*TOTAL ELECTRIC COST	16.25
GROSS RECEIPTS TAX	.42
STATE AND OTHER TAXES ON ELECTRIC	1.33

TOTAL CURRENT BILL 18.00

TOTAL DUE THIS STATEMENT \$18.00



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 23%, Purchased Power 17%, Gas 60%, Oil 0%, Nuclear 0% (For Prior 12 months ending December 31, 2015).

Entered: [Signature]

COA Code: 715

Approved: @ 2-3-16

Paid: EFT 021816

Date: 2/18/16

ENERGY USE	
DAILY AVG. USE -	1 KWH/DAY
USE ONE YEAR AGO -	2 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.54

BF_BL_DEF_20160127_211229_2.CSV-1826-000000890

MM 0002725 BILL # 3 OF 3 GRP 925

Duke Energy

ACCOUNT NUMBER - 77898 58114

001826 000000890



LAKESIDE WATER WORKS
4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

68609 80405

FEBRUARY 2016

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477
WEB SITE: www.duke-energy.com
TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652
SERVICE ADDRESS
00 SHANGRI LA BLVD,
WEST LIFT STATION

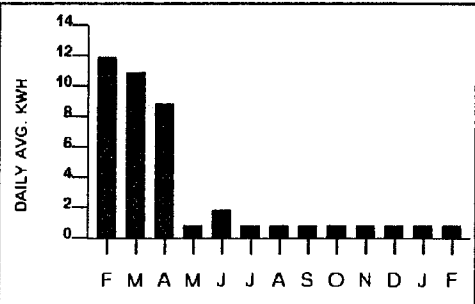
DUE DATE FEB 18 2016 TOTAL AMOUNT DUE 17.65
NEXT READ DATE ON OR ABOUT FEB 29 2016 DEPOSIT AMOUNT ON ACCOUNT NONE

PIN: 021246507

METER READINGS

METER NO. 006057444
PRESENT (ACTUAL) 033426
PREVIOUS (ACTUAL) 033385
DIFFERENCE 000041
TOTAL KWH 41

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$17.65 ON 02/18/16
PAYMENTS RECEIVED AS OF JAN 18 2016 17.05 THANK YOU
GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD .12-28-15 TO 01-27-16 30 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 41 KWH @ 6.95200¢ 2.85
FUEL CHARGE 41 KWH @ 3.64700¢ 1.50
*TOTAL ELECTRIC COST 15.94
GROSS RECEIPTS TAX .41
STATE AND OTHER TAXES ON ELECTRIC 1.30
TOTAL CURRENT BILL 17.65
TOTAL DUE THIS STATEMENT \$17.65



ENERGY USE
DAILY AVG. USE - 1 KWH/DAY
USE ONE YEAR AGO - 12 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.53

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 23%, Purchased Power 17%, Gas 60%, Oil 0%, Nuclear 0% (For Prior 12 months ending December 31, 2015).
Entered: [Signature]
COA Code: 715
Approved: [Signature] @ 2-3-16
Paid: EFT 021816
Date: 2/18/16

Duke Energy

ACCOUNT NUMBER - 68609 80405

001823 000000891

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
47725 88597

JANUARY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652

SERVICE ADDRESS

00 FOREST LAKE RD,
WASTE WATER PLT

DUE DATE
JAN 19 2016

TOTAL AMOUNT DUE
211.82

NEXT READ
DATE ON OR
ABOUT
JAN 29 2016

DEPOSIT AMOUNT
ON ACCOUNT

NONE

PIIN: 021246507

METER READINGS

METER NO.	008656483
PRESENT (ACTUAL)	011911
PREVIOUS (ACTUAL)	009789
DIFFERENCE	002122
PRESENT ONPEAK	004135
PREVIOUS ONPEAK	003667
DIFFERENCE ONPEAK	000468
TOTAL KWH	2122
IN PEAK KWH	468
PRESENT KW (ACTUAL)	0004.99
PRESENT PEAK KW	0004.90
BASE KW	5
IN-PEAK KW	5
LOAD FACTOR	52.0%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$211.82 ON 01/19/16
PAYMENTS RECEIVED AS OF DEC 15 2015 193.56 THANK YOU

GSD-1 070 GENERAL SERVICE - DEMAND SEC

BILLING PERIOD..11-24-15 TO 12-28-15 34 DAYS

CUSTOMER CHARGE		11.59
ENERGY CHARGE	2122 KWH @ 2.43600¢	51.69
FUEL CHARGE	2122 KWH @ 3.68200¢	78.13
DEMAND CHARGE	5 KW @ \$9.98000	49.90

*TOTAL ELECTRIC COST	191.31
GROSS RECEIPTS TAX	4.91
STATE AND OTHER TAXES ON ELECTRIC	15.60

TOTAL CURRENT BILL 211.82

TOTAL DUE THIS STATEMENT **\$211.82**



This bill for electric service covers an extended period of time. Duke Energy will be closed on December 24 and 25, 2015 and January 1, 2016. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800-228-8485.

Entered: [Signature]
 COA Code: 715
 Approved: @ @ 1-7-16
 Paid: EFT 011916
 Date: _____

ENERGY USE

DAILY AVG. USE -	62 KWH/DAY
USE ONE YEAR AGO -	71 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$5.63

_BL_DEF_20151228_215905_3.CSV-1937-000001738

MM 0004223 BILL # 2 OF 3 GRP 1436

Duke Energy

ACCOUNT NUMBER - 47725 88597

001937 000001738

|||||
 LAKESIDE WATER WORKS
 4939 CROSS BAYOU BLVD
 NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

24158 77335

JANUARY 2016

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS ATTN: JOE GABAY 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652

SERVICE ADDRESS 00 SHANGRI LA BLVD, EAST LIFT STATION

DUE DATE JAN 19 2016 TOTAL AMOUNT DUE 50.16

NEXT READ DATE ON OR ABOUT JAN 29 2016 DEPOSIT AMOUNT ON ACCOUNT NONE

PIN: 021246507

METER READINGS

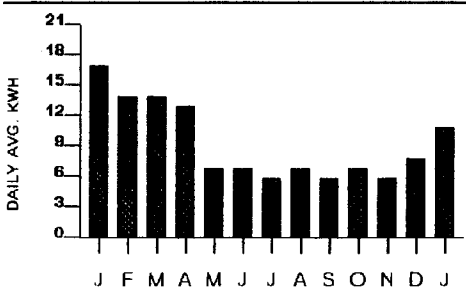
METER NO. 006212484 RESENT (ACTUAL) 047998 REVIOUS (ACTUAL) 047680 DIFFERENCE 000318 TOTAL KWH 318

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$50.16 ON 01/19/16 PAYMENTS RECEIVED AS OF DEC 21 2015 42.63 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD..11-28-15 TO 12-28-15 30 DAYS CUSTOMER CHARGE 11.59 ENERGY CHARGE 318 KWH @ 6.95200¢ 22.11 FUEL CHARGE 318 KWH @ 3.64700¢ 11.60

*TOTAL ELECTRIC COST 45.30 GROSS RECEIPTS TAX 1.16 STATE AND OTHER TAXES ON ELECTRIC 3.70 TOTAL CURRENT BILL 50.16

TOTAL DUE THIS STATEMENT \$50.16



ENERGY USE DAILY AVG. USE - 11 KWH/DAY USE ONE YEAR AGO - 17 KWH/DAY *DAILY AVG. ELECTRIC COST - \$1.51

Entered: [Signature] COA Code: 715 Approved: [Signature] Paid: EFT 011916 Date: 1/19/16

Duke Energy

ACCOUNT NUMBER - 24158 77335

001933 000001739

LAKESIDE WATER WORKS ATTN: JOE GABAY 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

JANUARY 2016



ACCOUNT NUMBER
25611 32127

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
12001 GOLDEN TREE DR,
SOUTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
JAN 19 2016 19.40

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JAN 29 2016 NONE

PIN: 021246507

METER READINGS

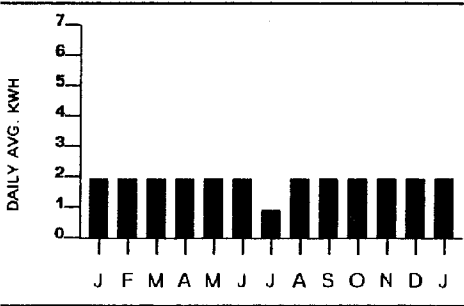
METER NO.	006217138
*PRESENT (ACTUAL)	004322
*PREVIOUS (ACTUAL)	004266
DIFFERENCE	000056
TOTAL KWH	56

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$19.40 ON 01/19/16
PAYMENTS RECEIVED AS OF DEC 21 2015 20.29 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..11-28-15 TO 12-28-15 30 DAYS	
CUSTOMER CHARGE	11.59
ENERGY CHARGE 56 KWH @ 6.95200¢	3.89
FUEL CHARGE 56 KWH @ 3.64700¢	2.04

*TOTAL ELECTRIC COST	17.52
GROSS RECEIPTS TAX	.45
STATE AND OTHER TAXES ON ELECTRIC	1.43
TOTAL CURRENT BILL	19.40

TOTAL DUE THIS STATEMENT **\$19.40**



ENERGY USE	
DAILY AVG. USE -	2 KWH/DAY
USE ONE YEAR AGO -	2 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.58

Entered: [Signature]
 COA Code: 015
 Approved: [Signature]
 Paid: EFT 011916
 Date: 1/19/16

Duke Energy

ACCOUNT NUMBER - 25611 32127

001934 000001739

LAKESIDE WATER WORKS
 ATTN: JOE GABAY
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
77898 58114

JANUARY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS

4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652

SERVICE ADDRESS

000 HARBOR SHORES RD,
NORTH LIFT STATION

DUE DATE
JAN 19 2016

TOTAL AMOUNT DUE
18.24

NEXT READ
DATE ON OR
ABOUT
JAN 29 2016

DEPOSIT AMOUNT
ON ACCOUNT
NONE

PIN: 021246507

METER READINGS

METER NO.	002648887
*PRESENT (ACTUAL)	028971
*PREVIOUS (ACTUAL)	028925
DIFFERENCE	000046
TOTAL KWH	46

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$18.24 ON 01/19/16
PAYMENTS RECEIVED AS OF DEC 15 2015 18.26 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC

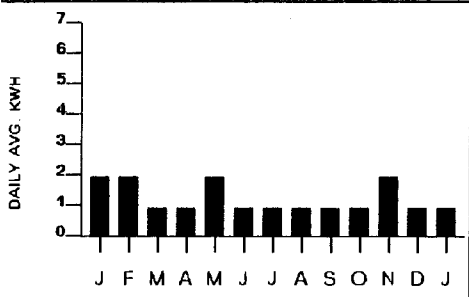
BILLING PERIOD .11-24-15 TO 12-28-15 34 DAYS

CUSTOMER CHARGE		11.59
ENERGY CHARGE	46 KWH @ 6.95200¢	3.20
FUEL CHARGE	46 KWH @ 3.64700¢	1.68

*TOTAL ELECTRIC COST	16.47
GROSS RECEIPTS TAX	.42
STATE AND OTHER TAXES ON ELECTRIC	1.35

TOTAL CURRENT BILL 18.24

TOTAL DUE THIS STATEMENT **\$18.24**



This bill for electric service covers an extended period of time. Duke Energy will be closed on December 24 and 25, 2015 and January 1, 2016. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

Entered: 8/8
 COA Code: 715
 Approved: [Signature]
 Paid: EFT 011916
 Date: 1/19/16

ENERGY USE

DAILY AVG. USE -	1 KWH/DAY
USE ONE YEAR AGO -	2 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.48

F_BL_DEF_20151228_215905_3.CSV-1938-000001738

MM 0004224 BILL # 3 OF 3 GRP 1436

Duke Energy

ACCOUNT NUMBER - 77898 58114

001938 000001738

|||||
 LAKESIDE WATER WORKS
 4939 CROSS BAYOU BLVD
 NEW PRT RCHY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
68609 80405

DECEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
WEST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
DEC 22 2015 17.50

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
DEC 30 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	006057444
PRESENT (ACTUAL)	033349
PREVIOUS (ACTUAL)	033312
DIFFERENCE	000037
TOTAL KWH	37


YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$17.50 ON 12/22/15
PAYMENTS RECEIVED AS OF NOV 18 2015 17.50 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..10-28-15 TO 11-28-15 31 DAYS	
CUSTOMER CHARGE	11.59
ENERGY CHARGE 37 KWH @ 6.79700¢	2.51
FUEL CHARGE 37 KWH @ 4.60500¢	1.70

*TOTAL ELECTRIC COST	15.80
GROSS RECEIPTS TAX	.41
STATE AND OTHER TAXES ON ELECTRIC	1.29
TOTAL CURRENT BILL	17.50

TOTAL DUE THIS STATEMENT

\$17.50

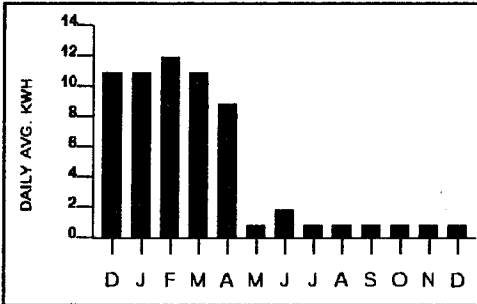
Entered: 

COA Code: 715

Approved: @ 12-2-15

Paid: EFT 122215

Date: 12/22/15



Duke Energy will be closed on December 24 and 25, 2015 and January 1, 2016. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

ENERGY USE

DAILY AVG. USE - 1 KWH/DAY

USE ONE YEAR AGO - 11 KWH/DAY

*DAILY AVG. ELECTRIC COST - \$.51

BF_BL_DEF_20151130_022134066_4.CSV-2646-000001830

MM 0004698 BILL # 3 OF 3 GRP 1630

Duke Energy

ACCOUNT NUMBER - 68609 80405

002646 000001830



LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
25611 32127

DECEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
12001 GOLDEN TREE DR,
SOUTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
DEC 22 2015 20.29

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
DEC 30 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	006217138
PRESENT (ACTUAL)	004266
PREVIOUS (ACTUAL)	004207
DIFFERENCE	000059
TOTAL KWH	59

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$20.29 ON 12/22/15
PAYMENTS RECEIVED AS OF NOV 18 2015 21.66 THANK YOU

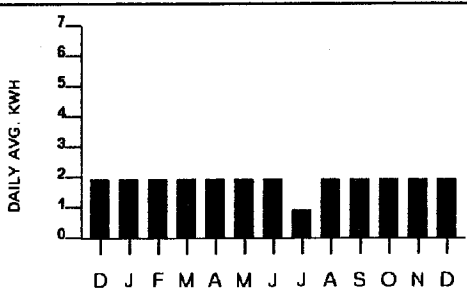
GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..10-28-15 TO 11-28-15 31 DAYS	
CUSTOMER CHARGE	11.59
ENERGY CHARGE 59 KWH @ 6.79700¢	4.01
FUEL CHARGE 59 KWH @ 4.60500¢	2.72

*TOTAL ELECTRIC COST	18.32
GROSS RECEIPTS TAX	.47
STATE AND OTHER TAXES ON ELECTRIC	1.50

TOTAL CURRENT BILL 20.29

TOTAL DUE THIS STATEMENT

Entered: [Signature] \$20.29
 COA Code: 715
 Approved: @ @ 12-22-15
 Paid: EFT 12/22/15
 Date: 12/22/15




ENERGY USE
 DAILY AVG. USE - 2 KWH/DAY
 USE ONE YEAR AGO - 2 KWH/DAY
 *DAILY AVG. ELECTRIC COST - \$.59

Duke Energy will be closed on December 24 and 25, 2015 and January 1, 2016. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

Duke Energy

ACCOUNT NUMBER - 25611 32127

002645 000001830


 LAKESIDE WATER WORKS
 ATTN: JOE GABAY
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

24158 77335

DECEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
EAST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
DEC 22 2015 42.63

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
DEC 30 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	006212484
PRESENT (ACTUAL)	047680
PREVIOUS (ACTUAL)	047444
DIFFERENCE	000236
TOTAL KWH	236

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$42.63 ON 12/22/15
PAYMENTS RECEIVED AS OF NOV 18 2015 35.04 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..10-28-15 TO 11-28-15	31 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	236 KWH @ 6.79700¢ 16.04
FUEL CHARGE	236 KWH @ 4.60500¢ 10.87

*TOTAL ELECTRIC COST	38.50
GROSS RECEIPTS TAX	.99
STATE AND OTHER TAXES ON ELECTRIC	3.14
TOTAL CURRENT BILL	42.63

TOTAL DUE THIS STATEMENT

\$42.63

Entered:

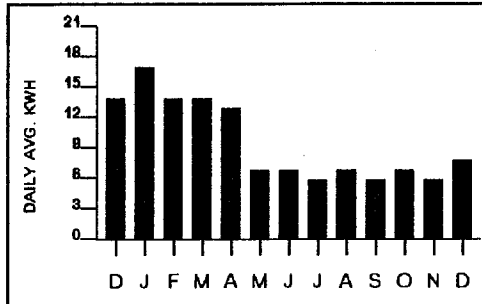
COA Code: 715

Approved: @ 12-22-15

Paid: EFT 122215

Date: 12/22/15

Duke Energy will be closed on December 24 and 25, 2015 and January 1, 2016. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.



ENERGY USE

DAILY AVG. USE -	8 KWH/DAY
USE ONE YEAR AGO -	14 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$1.24

BF_BI_DEF_20151130_022134066_4.CSV-2644-000001830

MM 0004896

BILL # 1 OF 3 GRP 1630

Duke Energy

ACCOUNT NUMBER - 24158 77335

002644 000001830



LAKESIDE WATER WORKS
ATTN: JOE GABAY

4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
77898 58114

DECEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 HARBOR SHORES RD,
NORTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
DEC 16 2015 18.26

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
DEC 30 2015 NONE

PIN: 021246507

METER READINGS

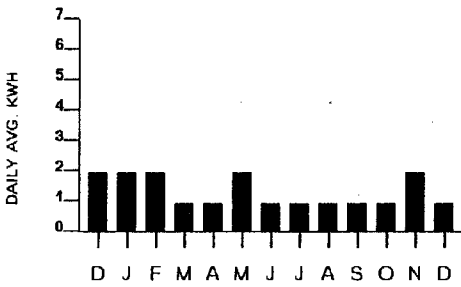
METER NO. 002648887
PRESENT (ACTUAL) 028925
PREVIOUS (ACTUAL) 028882
DIFFERENCE 000043
TOTAL KWH 43

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$18.26 ON 12/16/15
PAYMENTS RECEIVED AS OF NOV 16 2015 13.78 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD.	10-26-15 TO 11-24-15	29 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	43 KWH @ 6.79700¢	2.92
FUEL CHARGE	43 KWH @ 4.60500¢	1.98
*TOTAL ELECTRIC COST		16.49
GROSS RECEIPTS TAX		.42
STATE AND OTHER TAXES ON ELECTRIC		1.35
TOTAL CURRENT BILL		18.26

TOTAL DUE THIS STATEMENT \$18.26

Entered: [Signature]
COA Code: 715
Approved: @ @ 12-4-15
Paid: EFT 121615
Date: 12/16/15



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending September 30, 2015). Duke Energy will be closed on November 26 and 27, 2015. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

ENERGY USE

DAILY AVG. USE - 1 KWH/DAY
USE ONE YEAR AGO - 2 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.57

IF_BL_DEF_20151124_213945052_2.CSV-2145-000001303

MM 0003598 BILL # 3 OF 3 GRP 1152

Duke Energy

ACCOUNT NUMBER - 77898 58114

002145 000001303

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
47725 88597

DECEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 FOREST LAKE RD,
WASTE WATER PLT

DUE DATE TOTAL AMOUNT DUE
DEC 16 2015 193.56

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
DEC 30 2015 NONE

PIN: 021246507

METER READINGS

METER NO. 008656483

PRESENT (ACTUAL) 009789
PREVIOUS (ACTUAL) 008122
DIFFERENCE 001667

PRESENT ONPEAK 003667
PREVIOUS ONPEAK 003197
DIFFERENCE ONPEAK 000470

TOTAL KWH 1667
ON PEAK KWH 470

PRESENT KW (ACTUAL) 0004.69
PRESENT PEAK KW 0004.32

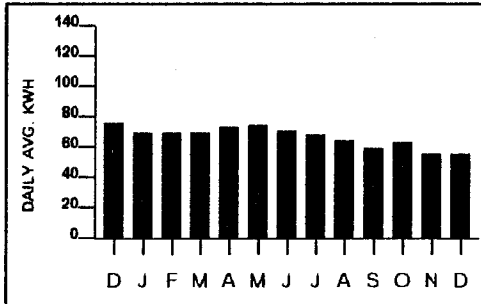
BASE KW 5
ON-PEAK KW 4
LOAD FACTOR 47.9%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$193.56 ON 12/16/15
PAYMENTS RECEIVED AS OF NOV 16 2015 185.84 THANK YOU

GSD-1 070 GENERAL SERVICE - DEMAND SEC
BILLING PERIOD..10-26-15 TO 11-24-15 29 DAYS

CUSTOMER CHARGE		11.59
ENERGY CHARGE	1667 KWH @ 2.38500¢	39.76
FUEL CHARGE	1667 KWH @ 4.64700¢	77.47
DEMAND CHARGE	5 KW @ \$9.20000	46.00
*TOTAL ELECTRIC COST		174.82
GROSS RECEIPTS TAX		4.48
STATE AND OTHER TAXES ON ELECTRIC		14.26
TOTAL CURRENT BILL		193.56

TOTAL DUE THIS STATEMENT Entered: [Signature] \$193.56
COA Code: 0715
Approved: [Signature] 12-30-15
Paid: EFT 12/16/15
Date: 12/16/15



ENERGY USE

DAILY AVG. USE - 57 KWH/DAY
USE ONE YEAR AGO - 77 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$6.03

Duke Energy Florida utilized fuel in the following proportions to generate our power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending September 30, 2015). Duke Energy will be closed on November 26 and 27, 2015. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

BF_BL_DEF_20151124_213945052_2.CSV-2144-000001303

MM 0003597 BILL # 2 OF 3 GRP 1152

Duke Energy

ACCOUNT NUMBER - 47725 88597

002144 000001303

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

77898 58114

NOVEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 HARBOR SHORES RD,
NORTH LIFT STATION

DUE DATE
NOV 17 2015

TOTAL AMOUNT DUE
13.78

NEXT READ
DATE ON OR
ABOUT
NOV 30 2015

DEPOSIT AMOUNT
ON ACCOUNT
NONE

PIN: 021246507

METER READINGS

METER NO.	002648887
*PRESENT (ACTUAL)	028882
*PREVIOUS (ACTUAL)	028840
DIFFERENCE	000042
TOTAL KWH	42
*PRESENT KW (ACTUAL)	0000.54
BASE KW	1
LOAD FACTOR	6.3%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$13.78 ON 11/17/15

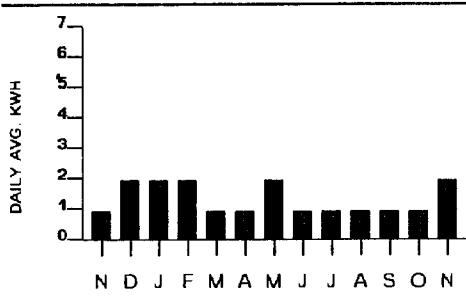
GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..09-28-15 TO 10-26-15 28 DAYS

CUSTOMER CHARGE		11.59
ENERGY CHARGE	42 KWH @ 6.79700¢	2.85
FUEL CHARGE	42 KWH @ 4.60500¢	1.93

*TOTAL ELECTRIC COST	16.37
GROSS RECEIPTS TAX	.42
STATE AND OTHER TAXES ON ELECTRIC	1.34

TOTAL CURRENT BILL	18.13
CREDIT BALANCE	4.35CR

TOTAL DUE THIS STATEMENT **\$13.78**



ENERGY USE

DAILY AVG. USE -	2 KWH/DAY
USE ONE YEAR AGO -	1 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.58

Entered: [Signature]
 COA Code: 715
 Approved: [Signature]
 Paid: EFT 11/17/15
 Date: 11/17/15

Duke Energy

ACCOUNT NUMBER - 77898 58114

000848 000001021



LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
24158 77335

NOVEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
EAST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
NOV 19 2015 35.04

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
NOV 30 2015 NONE

PHIN: 021246507

METER READINGS

METER NO. 006212484
PRESENT (ACTUAL) 047444
PREVIOUS (ACTUAL) 047268
DIFFERENCE 000176
TOTAL KWH 176

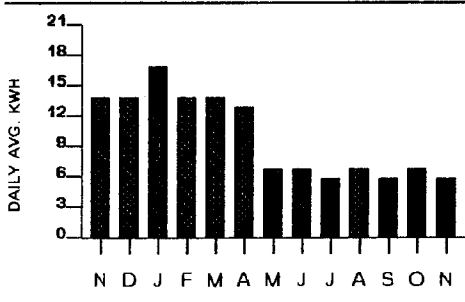
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$35.04 ON 11/19/15
PAYMENTS RECEIVED AS OF OCT 19 2015 39.97 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..09-28-15 TO 10-28-15 30 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 176 KWH @ 6.79700¢ 11.96
FUEL CHARGE 176 KWH @ 4.60500¢ 8.10

*TOTAL ELECTRIC COST 31.65
GROSS RECEIPTS TAX .81
STATE AND OTHER TAXES ON ELECTRIC 2.58
TOTAL CURRENT BILL 35.04

TOTAL DUE THIS STATEMENT Entered: \$35.04

COA Code: 715
Approved: @ 11-3-15
Paid: EFT 111915
Date: 11/19/15



ENERGY USE
DAILY AVG. USE - 6 KWH/DAY
USE ONE YEAR AGO - 14 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$1.06

Duke Energy Florida utilized fuel in the following proportions to
generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%,
Nuclear 0% (For Prior 12 months ending September 30, 2015).
Duke Energy will be closed on November 26 and 27, 2015. You may visit
duke-energy.com for self-service options. To report an outage, please
call our outage line at 800.228.8485.

Duke Energy

ACCOUNT NUMBER - 24158 77335

001663 000000881

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

25611 32127

NOVEMBER 2015

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS ATTN: JOE GABAY 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652

SERVICE ADDRESS 12001 GOLDEN TREE DR, SOUTH LIFT STATION

DUE DATE NOV 19 2015 TOTAL AMOUNT DUE 21.66

NEXT READ DATE ON OR ABOUT NOV 30 2015 DEPOSIT AMOUNT ON ACCOUNT NONE

PIN: 021246507

METER READINGS

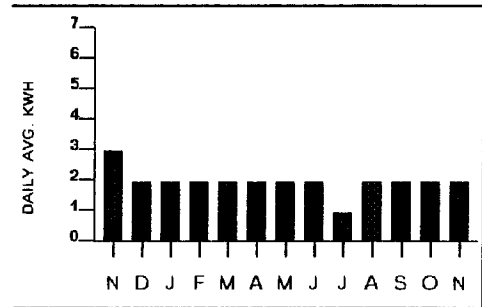
METER NO. 006217138 PRESENT (ACTUAL) 004207 PREVIOUS (ACTUAL) 004137 DIFFERENCE 000070 TOTAL KWH 70

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$21.66 ON 11/19/15 PAYMENTS RECEIVED AS OF OCT 19 2015 21.93 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD..09-28-15 TO 10-28-15 30 DAYS CUSTOMER CHARGE 11.59 ENERGY CHARGE 70 KWH @ 6.79700¢ 4.76 FUEL CHARGE 70 KWH @ 4.60500¢ 3.22 *TOTAL ELECTRIC COST 19.57 GROSS RECEIPTS TAX .50 STATE AND OTHER TAXES ON ELECTRIC 1.59 TOTAL CURRENT BILL 21.66

TOTAL DUE THIS STATEMENT

Entered: [Signature] \$21.66 COA Code: 715 Approved: @ 11-5-15 Paid: EFT 111915 Date: 11/19/15



ENERGY USE DAILY AVG. USE - 2 KWH/DAY USE ONE YEAR AGO - 3 KWH/DAY *DAILY AVG. ELECTRIC COST - \$.65

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Duke Energy

ACCOUNT NUMBER - 25611 32127

001664 000000881



LAKESIDE WATER WORKS ATTN: JOE GABAY 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

68609 80405

NOVEMBER 2015

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
WEST LIFT STATION

DUE DATE NOV 19 2015 TOTAL AMOUNT DUE 17.50

NEXT READ DATE ON OR ABOUT NOV 30 2015 DEPOSIT AMOUNT ON ACCOUNT NONE

PHIN: 021246507

METER READINGS

METER NO. 006057444
PRESENT (ACTUAL) 033312
PREVIOUS (ACTUAL) 033275
DIFFERENCE 000037
TOTAL KWH 37

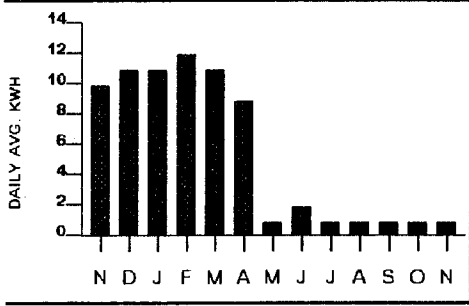
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$17.50 ON 11/19/15
PAYMENTS RECEIVED AS OF OCT 19 2015 17.38 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD 09-28-15 TO 10-28-15 30 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 37 KWH @ 6.79700¢ 2.51
FUEL CHARGE 37 KWH @ 4.60500¢ 1.70

*TOTAL ELECTRIC COST 15.80
GROSS RECEIPTS TAX .41
STATE AND OTHER TAXES ON ELECTRIC 1.29
TOTAL CURRENT BILL 17.50

TOTAL DUE THIS STATEMENT

Entered: [Signature] \$17.50
COA Code: 715
Approved: [Signature] 11-3-15
Paid: EFT 11/19/15
Date: 11/19/15



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending September 30, 2015). Duke Energy will be closed on November 26 and 27, 2015. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

ENERGY USE

DAILY AVG. USE - 1 KWH/DAY
USE ONE YEAR AGO - 10 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.53

Duke Energy

ACCOUNT NUMBER - 68609 80405

001665 000000881



LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
47725 88597

NOVEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 FOREST LAKE RD,
WASTE WATER PLT

DUE DATE TOTAL AMOUNT DUE
NOV 17 2015 185.84

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
NOV 30 2015 NONE

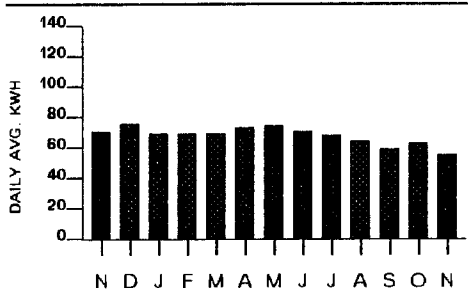
PHIN: 021246507

METER READINGS

METER NO.	008656483
PRESENT (ACTUAL)	008122
PREVIOUS (ACTUAL)	006554
DIFFERENCE	001568
PRESENT ONPEAK	003197
PREVIOUS ONPEAK	002576
DIFFERENCE ONPEAK	000621
TOTAL KWH	1568
ON PEAK KWH	621
PRESENT KW (ACTUAL)	0005.43
PREVIOUS PEAK KW	0004.74
ON PEAK KW	5
N-PEAK KW	5
LOAD FACTOR	46.7%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$185.84 ON 11/17/15
PAYMENTS RECEIVED AS OF OCT 19 2015 233.63 THANK YOU

GSD-1 070 GENERAL SERVICE - DEMAND SEC	
BILLING PERIOD..09-28-15 TO 10-26-15 28 DAYS	
CUSTOMER CHARGE	11.59
ENERGY CHARGE	1568 KWH @ 2.38500¢ 37.40
FUEL CHARGE	1568 KWH @ 4.64700¢ 72.86
DEMAND CHARGE	5 KW @ \$9.20000 46.00
<hr/>	
*TOTAL ELECTRIC COST	167.85
GROSS RECEIPTS TAX	4.30
STATE AND OTHER TAXES ON ELECTRIC	13.69
<hr/>	
TOTAL CURRENT BILL	185.84
<hr/>	
TOTAL DUE THIS STATEMENT	\$185.84



ENERGY USE

DAILY AVG. USE -	56 KWH/DAY
USE ONE YEAR AGO -	72 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$5.99

Entered: [Signature]
 COA Code: 715
 Approved: [Signature] @ 11-3-15
 Paid: EFT 11/17/15
 Date: 11/17/15


_BL_DEF_20151026_2101401ca_2.CSV-847-000001021

MM 0002217 BILL # 2 OF 3 GRP 749

Duke Energy

ACCOUNT NUMBER - 47725 88597

000847 000001021


 LAKESIDE WATER WORKS
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
47725 88597

OCTOBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 FOREST LAKE RD,
WASTE WATER PLT

DUE DATE TOTAL AMOUNT DUE
OCT 20 2015 233.63

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
OCT 28 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	008656483
PRESENT (ACTUAL)	006554
PREVIOUS (ACTUAL)	004503
DIFFERENCE	002051
PRESENT ONPEAK	002576
PREVIOUS ONPEAK	001820
DIFFERENCE ONPEAK	000756
TOTAL KWH	2051
ON PEAK KWH	756
PRESENT KW (ACTUAL)	0005.89
PRESENT PEAK KW	0005.89
BASE KW	6
ON-PEAK KW	6
LOAD FACTOR	44.5%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$233.63 ON 10/20/15
PAYMENTS RECEIVED AS OF SEP 17 2015 203.92 THANK YOU

GSD-1 070 GENERAL SERVICE - DEMAND SEC

BILLING PERIOD .08-27-15 TO 09-28-15 32 DAYS

CUSTOMER CHARGE		11.59
ENERGY CHARGE	2051 KWH @ 2.38500¢	48.92
FUEL CHARGE	2051 KWH @ 4.64700¢	95.31
DEMAND CHARGE	6 KW @ \$9.20000	55.20

*TOTAL ELECTRIC COST	211.02
GROSS RECEIPTS TAX	5.41
STATE AND OTHER TAXES ON ELECTRIC	17.20

TOTAL CURRENT BILL

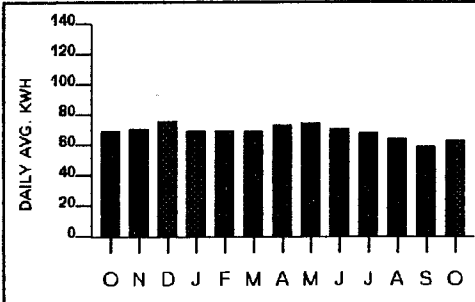
TOTAL DUE THIS STATEMENT

Entered:
COA Code: 715 **\$233.63**

Approved: @ @ 10-20-15

Paid: EFT 10/20/15

Date: 10/20/15



ENERGY USE

DAILY AVG. USE -	64 KWH/DAY
USE ONE YEAR AGO -	71 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$6.59

Duke Energy Florida, Inc. has converted to Duke Energy Florida, LLC
d/b/a Duke Energy. The conversion will not impact Duke Energy Florida
customers, rates or operations.

Duke Energy offers a free on-site energy efficiency assessment to help
your business save money and energy. This no cost Business Energy
Check includes information on how to easily obtain rebate incentives
for the installation of preapproved recommended measures. For more
information, visit us at duke-energy.com/FLbusiness, or call
877.372.8477.

Stay in the know. Get power outage notifications by text or voice
message. Enroll now at duke-energy.com/OutageAlerts. For residential
and small business customers only.

Duke Energy

ACCOUNT NUMBER - 47725 88597

001742 000000953



LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
25611 32127

OCTOBER 2015

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477
WEB SITE: www.duke-energy.com
TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652
SERVICE ADDRESS
12001 GOLDEN TREE DR,
SOUTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
OCT 20 2015 21.93
NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT NONE
OCT 28 2015

PIN: 021246507

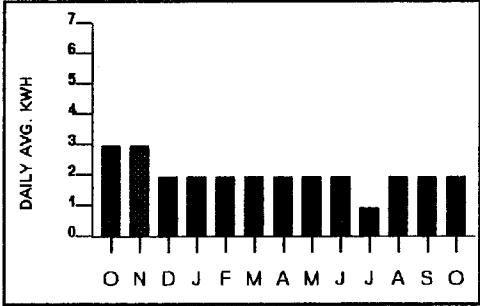
METER READINGS

METER NO. 006217138
PRESENT (ACTUAL) 004137
PREVIOUS (ACTUAL) 004065
DIFFERENCE 000072
TOTAL KWH 72

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$21.93 ON 10/20/15
PAYMENTS RECEIVED AS OF SEP 17 2015 19.28 THANK YOU

Table with 3 columns: Description, Amount, Total. Includes rows for GS-1 060 GENERAL SERVICE, ENERGY CHARGE, FUEL CHARGE, and TOTAL ELECTRIC COST.

TOTAL DUE THIS STATEMENT Entered: \$21.93
COA Code: 715
Approved: @ 10/20/15
Paid: EFT 10/20/15
Date: 10/20/15



ENERGY USE
DAILY AVG. USE - 2 KWH/DAY
USE ONE YEAR AGO - 3 KWH/DAY
DAILY AVG. ELECTRIC COST - \$.62

Duke Energy Florida, Inc. has converted to Duke Energy Florida, LLC d/b/a Duke Energy. The conversion will not impact Duke Energy Florida customers, rates or operations.
Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.
Stay in the know. Get power outage notifications by text or voice message. Enroll now at duke-energy.com/OutageAlerts. For residential and small business customers only.

Duke Energy

ACCOUNT NUMBER - 25611 32127

001744 000000952

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

68609 80405

OCTOBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
WEST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
OCT 20 2015 17.38

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
OCT 28 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	006057444
PRESENT (ACTUAL)	033275
PREVIOUS (ACTUAL)	033239
DIFFERENCE	000036
TOTAL KWH	36

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$17.38 ON 10/20/15
PAYMENTS RECEIVED AS OF SEP 17 2015 16.88 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD	.08-27-15 TO 09-28-15	32 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	36 KWH @ 6.79700¢	2.45
FUEL CHARGE	36 KWH @ 4.60500¢	1.66

*TOTAL ELECTRIC COST	15.70
GROSS RECEIPTS TAX	.40
STATE AND OTHER TAXES ON ELECTRIC	1.28

TOTAL CURRENT BILL 17.38

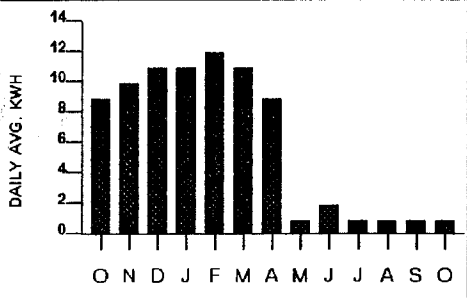
TOTAL DUE THIS STATEMENT Entered: [Signature] \$17.38

COA Code: 0715

Approved: 0 @ 10-2-15

Paid: EFT 10/20/15

Date: 10/20/15



ENERGY USE

DAILY AVG. USE -	1 KWH/DAY
USE ONE YEAR AGO -	9 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.49

Duke Energy Florida, Inc. has converted to Duke Energy Florida, LLC d/b/a Duke Energy. The conversion will not impact Duke Energy Florida customers, rates or operations.

Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

Stay in the know. Get power outage notifications by text or voice message. Enroll now at duke-energy.com/OutageAlerts. For residential and small business customers only.

Duke Energy

ACCOUNT NUMBER - 68609 80405

001745 000000952



LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

77898 58114

OCTOBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 HARBOR SHORES RD,
NORTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
OCT 26 2015 .00

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
OCT 28 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	002648887
PRESENT (ACTUAL)	028840
PREVIOUS (ACTUAL)	028756
DIFFERENCE	000084
TOTAL KWH	84

PAYMENTS RECEIVED AS OF SEP 18 2015 40.61 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC

BILLING PERIOD..07-28-15 TO 08-28-15	31 DAYS	
CUSTOMER CHARGE		11.59
ENERGY CHARGE	42 KWH @ 6.79700¢	2.85
FUEL CHARGE	42 KWH @ 4.60500¢	1.93
BILLING PERIOD..08-28-15 TO 09-28-15	31 DAYS	
CUSTOMER CHARGE		11.59
ENERGY CHARGE	42 KWH @ 6.79700¢	2.85
FUEL CHARGE	42 KWH @ 4.60500¢	1.93

*TOTAL ELECTRIC COST	32.74
GROSS RECEIPTS TAX	.84
STATE AND OTHER TAXES ON ELECTRIC	2.68

TOTAL CURRENT BILL	36.26
CREDIT BALANCE	40.61CR

TOTAL DUE THIS STATEMENT	NONE
CREDIT BALANCE TO BE APPLIED TO FUTURE BILLINGS	\$4.35

This bill for electric service covers an extended period of time. Duke Energy Florida, Inc. has converted to Duke Energy Florida, LLC d/b/a Duke Energy. The conversion will not impact Duke Energy Florida customers, rates or operations. Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebates incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

Stay in the know. Get power outage notifications by text or voice message. Enroll now at duke-energy.com/OutageAlerts. For residential and small business customers only.

ENERGY USE

DAILY AVG. USE -	1 KWH/DAY
USE ONE YEAR AGO -	1 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.53

BF_BL_DEF_20151002_22172314d_2.CSV-20763-000002496

ZP03 0006682

Duke Energy

ACCOUNT NUMBER - 77898 58114

020763 000002496



LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434

Entered:
COA Code: 715
Approved:
Paid:
Date: credit balance.



STATEMENT OF ELECTRIC SERVICE

SEPTEMBER 2015

ACCOUNT NUMBER
24158 77335

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
EAST LIFT STATION

DUE DATE SEP 18 2015	TOTAL AMOUNT DUE 36.95
NEXT READ DATE ON OR ABOUT SEP 29 2015	DEPOSIT AMOUNT ON ACCOUNT NONE

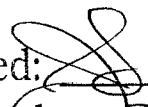
PIN: 021246507

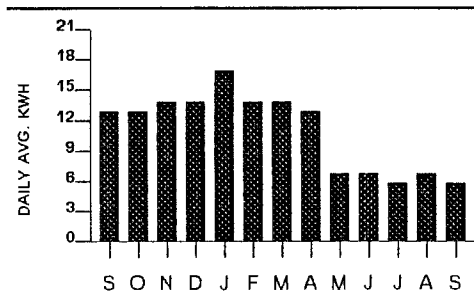
METER READINGS

METER NO.	006212484
PRESENT (ACTUAL)	047053
PREVIOUS (ACTUAL)	046862
DIFFERENCE	000191
TOTAL KWH	191

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$36.95 ON 09/18/15
PAYMENTS RECEIVED AS OF AUG 18 2015 39.60 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD	07-28-15 TO 08-27-15	30 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	191 KWH @ 6.79700¢	12.98
FUEL CHARGE	191 KWH @ 4.60500¢	8.80
*TOTAL ELECTRIC COST		33.37
GROSS RECEIPTS TAX		.86
STATE AND OTHER TAXES ON ELECTRIC		2.72
TOTAL CURRENT BILL		36.95
TOTAL DUE THIS STATEMENT		\$36.95

Entered: 
COA Code: 715
Approved: @ @ 9-4-15
Paid: EFT 091815
Date: 9/18/15



ENERGY USE

DAILY AVG. USE - 6 KWH/DAY
USE ONE YEAR AGO - 13 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$1.11

To help us repair malfunctioning streetlights, quickly: 1. Call us at 1.800.228.8485 or visit duke-energy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.

MM 0002782 BILL # 1 OF 3 GRP 914

Duke Energy

ACCOUNT NUMBER - 24158 77335

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER 77898 58114

SEPTEMBER 2015

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477
WEB SITE: www.duke-energy.com
TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652
SERVICE ADDRESS
000 HARBOR SHORES RD,
NORTH LIFT STATION

DUE DATE SEP 21 2015 TOTAL AMOUNT DUE 40.61
NEXT READ DATE ON OR ABOUT SEP 29 2015 DEPOSIT AMOUNT ON ACCOUNT NONE

PIN: 021246507

METER READINGS

METER NO. 002648887
PRESENT (ACTUAL) 028976
PREVIOUS (ACTUAL) 028756
DIFFERENCE 000220
TOTAL KWH 220

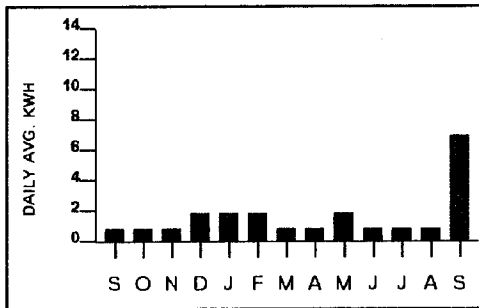
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$40.61 ON 09/21/15
PAYMENTS RECEIVED AS OF AUG 18 2015 18.26 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..07-28-15 TO 08-27-15 30 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 220 KWH @ 6.79700¢ 14.95
FUEL CHARGE 220 KWH @ 4.60500¢ 10.13

*TOTAL ELECTRIC COST 36.67
GROSS RECEIPTS TAX .94
STATE AND OTHER TAXES ON ELECTRIC 3.00

TOTAL CURRENT BILL 40.61

TOTAL DUE THIS STATEMENT \$40.61



ENERGY USE
DAILY AVG. USE - 7 KWH/DAY
USE ONE YEAR AGO - 1 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$1.22

To help us repair malfunctioning streetlights, quickly: 1. Call us at 1.800.228.8485 or visit duke-energy.com/lightrepair 2. Provide us with the light's location and your contact information 3. Specific addresses, landmarks and directions work best.

COA Code: 715
Approved: @ @ a-4-15
Paid: EFT 092115
Date: 9/21/15

Duke Energy

ACCOUNT NUMBER - 77898 58114

043990 000005509



LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

ACCOUNT NUMBER

25611 32127

SEPTEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
12001 GOLDEN TREE DR,
SOUTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
SEP 18 2015 19.28

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
SEP 29 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	006217138
PRESENT (ACTUAL)	004065
PREVIOUS (ACTUAL)	004014
DIFFERENCE	000051
TOTAL KWH	51

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$19.28 ON 09/18/15
PAYMENTS RECEIVED AS OF AUG 18 2015 19.15 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..07-28-15 TO 08-27-15 30 DAYS		
CUSTOMER CHARGE		11.59
ENERGY CHARGE	51 KWH @ 6.79700¢	3.47
FUEL CHARGE	51 KWH @ 4.60500¢	2.35

*TOTAL ELECTRIC COST	17.41
GROSS RECEIPTS TAX	.45
STATE AND OTHER TAXES ON ELECTRIC	1.42

TOTAL CURRENT BILL

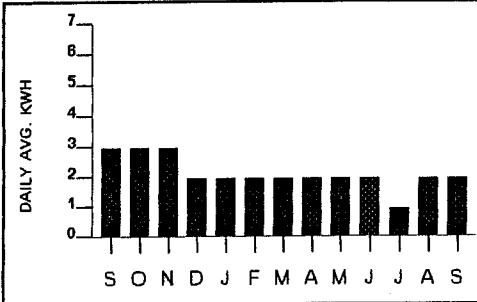
TOTAL DUE THIS STATEMENT

Entered:  19.28
COA Code: 715 \$19.28

Approved: @ @ 9-4-15

Paid: EFT 091815

Date: 911815



To help us repair malfunctioning streetlights, quickly: 1. Call us at 1.800.228.8485 or visit duke-energy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.

ENERGY USE

DAILY AVG. USE -	2 KWH/DAY
USE ONE YEAR AGO -	3 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.58

MM 0002783 BILL # 2 OF 3 GRP 914

Duke Energy

ACCOUNT NUMBER - 25611 32127

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

SEPTEMBER 2015

ACCOUNT NUMBER

68609 80405

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
WEST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
SEP 18 2015 16.88

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT SEP 29 2015 NONE

PIN: 021246507

METER READINGS

METER NO. 006057444
PRESENT (ACTUAL) 033239
PREVIOUS (ACTUAL) 033207
DIFFERENCE 000032
TOTAL KWH 32

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$16.88 ON 09/18/15
PAYMENTS RECEIVED AS OF AUG 18 2015 16.88 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..07-28-15 TO 08-27-15 30 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 32 KWH @ 6.79700¢ 2.18
FUEL CHARGE 32 KWH @ 4.60500¢ 1.47

*TOTAL ELECTRIC COST 15.24
GROSS RECEIPTS TAX .39
STATE AND OTHER TAXES ON ELECTRIC 1.25
TOTAL CURRENT BILL 16.88

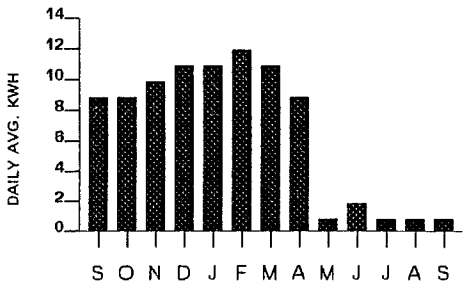
TOTAL DUE THIS STATEMENT

Entered: [Signature]
COA Code: 715 \$16.88

Approved: [Signature]

Paid: EFT 091815

Date: 9/18/15



To help us repair malfunctioning streetlights, quickly: 1. Call us at 1.800.228.8485 or visit duke-energy.com/lightrepair 2. Provide us with the light 's location and your contact information. 3. Specific addresses, landmarks and directions work best.

ENERGY USE

DAILY AVG. USE - 1 KWH/DAY
USE ONE YEAR AGO - 9 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.51

MM 0002784 BILL # 3 OF 3 GRP 914

Duke Energy

ACCOUNT NUMBER - 68609 80405

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

SEPTEMBER 2015

ACCOUNT NUMBER

47725 88597

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 FOREST LAKE RD,
WASTE WATER PLT

DUE DATE TOTAL AMOUNT DUE
SEP 18 2015 203.92

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
SEP 29 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	008656483
PRESENT (ACTUAL)	004503
PREVIOUS (ACTUAL)	002703
DIFFERENCE	001800
PRESENT ONPEAK	001820
PREVIOUS ONPEAK	001053
DIFFERENCE ONPEAK	000767
TOTAL KWH	1800
ON PEAK KWH	767
PRESENT KW (ACTUAL)	0005.03
PRESENT PEAK KW	0005.03
BASE KW	5
ON-PEAK KW	5
LOAD FACTOR	50.0%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$203.92 ON 09/18/15
PAYMENTS RECEIVED AS OF AUG 18 2015 239.86 THANK YOU

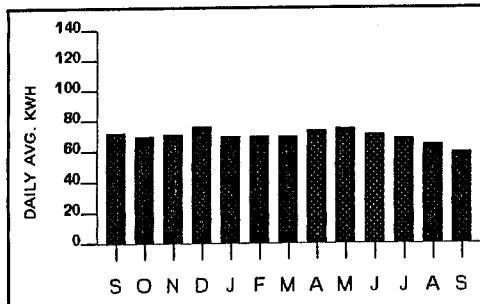
GSD-1 070 GENERAL SERVICE - DEMAND SEC	
BILLING PERIOD..07-28-15 TO 08-27-15	30 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	1800 KWH @ 2.38500¢ 42.93
FUEL CHARGE	1800 KWH @ 4.64700¢ 83.65
DEMAND CHARGE	5 KW @ \$9.20000 46.00

*TOTAL ELECTRIC COST	184.17
GROSS RECEIPTS TAX	4.72
STATE AND OTHER TAXES ON ELECTRIC	15.03

TOTAL CURRENT BILL

TOTAL DUE THIS STATEMENT

Entered: [Signature] 203.92
 COA Code: 915
 Approved: @ @ 9-4-15
 Paid: EFT 091815
 Date: 9/18/15



To help us repair malfunctioning streetlights, quickly: 1. Call us at 1.800.228.8485 or visit duke-energy.com/lightrepair 2. Provide us with the light 's location and your contact information. 3. Specific addresses, landmarks and directions work best.

ENERGY USE

DAILY AVG. USE -	60 KWH/DAY
USE ONE YEAR AGO -	73 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$6.14

MM 0001208 BILL # 2 OF 2 GRP 913

Duke Energy

ACCOUNT NUMBER - 47725 88597

LAKESIDE WATER WORKS
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

ACCOUNT NUMBER

47725 88597

AUGUST 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 FOREST LAKE RD,
WASTE WATER PLT

DUE DATE TOTAL AMOUNT DUE
AUG 19 2015 239.86

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
AUG 28 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	008656483
PRESENT (ACTUAL)	002703
PREVIOUS (ACTUAL)	000572
DIFFERENCE	002131
PRESENT ONPEAK	001053
PREVIOUS ONPEAK	000244
DIFFERENCE ONPEAK	000809
TOTAL KWH	2131
ON PEAK KWH	809
PRESENT KW (ACTUAL)	0006.05
PRESENT PEAK KW	0006.05
BASE KW	6
ON-PEAK KW	6
LOAD FACTOR	44.8%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$239.86 ON 08/19/15
PAYMENTS RECEIVED AS OF JUL 16 2015 230.75 THANK YOU

GSD-1 070 GENERAL SERVICE - DEMAND SEC	
BILLING PERIOD..06-25-15 TO 07-28-15	33 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	2131 KWH @ 2.38500¢ 50.82
FUEL CHARGE	2131 KWH @ 4.64700¢ 99.03
DEMAND CHARGE	6 KW @ \$9.20000 55.20

*TOTAL ELECTRIC COST	216.64
GROSS RECEIPTS TAX	5.55
STATE AND OTHER TAXES ON ELECTRIC	17.67

TOTAL CURRENT BILL

239.86

TOTAL DUE THIS STATEMENT Entered: \$239.86

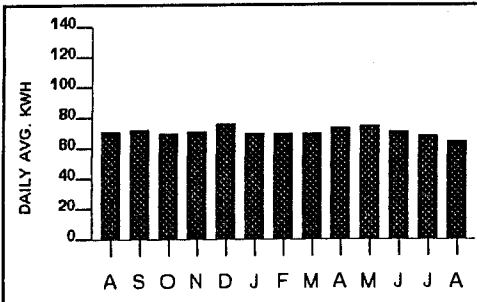
COA Code: 715

Approved: @ 8-4-15

Paid: EFT 081915

Date: 8/19/15

Duke Energy Florida utilized fuel in the following proportions to generate our power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending June 30, 2015).



ENERGY USE

DAILY AVG. USE -	65 KWH/DAY
USE ONE YEAR AGO -	72 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$6.56

MM 0002805 BILL # 2 OF 3 GRP 938

Duke Energy

ACCOUNT NUMBER - 47725 88597

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

ACCOUNT NUMBER**24158 77335**

AUGUST 2015

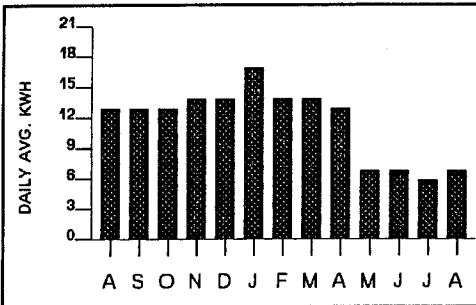
**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477****WEB SITE: www.duke-energy.com****TO REPORT A POWER OUTAGE:
1-800-228-8485****LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652****SERVICE ADDRESS
00 SHANGRI LA BLVD,
EAST LIFT STATION****DUE DATE TOTAL AMOUNT DUE
AUG 19 2015 39.60****NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
AUG 28 2015 NONE****PIN: 021246507****METER READINGS**

METER NO.	006212484
PRESENT (ACTUAL)	046862
PREVIOUS (ACTUAL)	046650
DIFFERENCE	000212
TOTAL KWH	212

**YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$39.60 ON 08/19/15
PAYMENTS RECEIVED AS OF JUL 17 2015 34.92 THANK YOU**

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD	06-26-15 TO 07-28-15	32 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	212 KWH @ 6.79700¢	14.41
FUEL CHARGE	212 KWH @ 4.60500¢	9.76

*TOTAL ELECTRIC COST	35.76
GROSS RECEIPTS TAX	.92
STATE AND OTHER TAXES ON ELECTRIC	2.92

TOTAL CURRENT BILL 39.60**TOTAL DUE THIS STATEMENT Entered: \$39.60****COA Code: 715****Approved: 8-4-15****Paid: EFT 08/19/15****Date: 8/19/15**

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending June 30, 2015).

ENERGY USE

DAILY AVG. USE -	7 KWH/DAY
USE ONE YEAR AGO -	13 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$1.12

MM 0002807 BILL # 1 OF 3 GRP 939

Duke Energy

ACCOUNT NUMBER - 24158 77335**LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434**



STATEMENT OF ELECTRIC SERVICE

ACCOUNT NUMBER
25611 32127

AUGUST 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
12001 GOLDEN TREE DR,
SOUTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
AUG 19 2015 19.15

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
AUG 28 2015 NONE

PIN: 021246507

METER READINGS

METER NO. 006217138
PRESENT (ACTUAL) 004014
PREVIOUS (ACTUAL) 003964
DIFFERENCE 000050
TOTAL KWH 50

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$19.15 ON 08/19/15
PAYMENTS RECEIVED AS OF JUL 17 2015 16.76 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD .06-26-15 TO 07-28-15 32 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 50 KWH @ 6.79700¢ 3.40
FUEL CHARGE 50 KWH @ 4.60500¢ 2.30

*TOTAL ELECTRIC COST 17.29
GROSS RECEIPTS TAX .44
STATE AND OTHER TAXES ON ELECTRIC 1.42

TOTAL CURRENT BILL 19.15

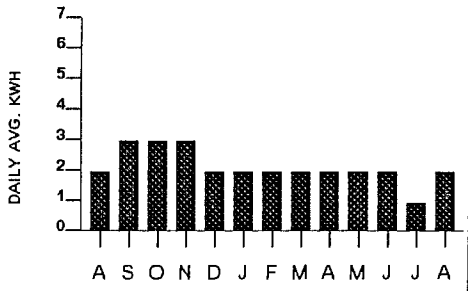
TOTAL DUE THIS STATEMENT Entered: [Signature] \$19.15

COA Code: 715

Approved: @ @ 8-4-15

Paid: EFT 08/19/15

Date: 8/19/15



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending June 30, 2015).

ENERGY USE

DAILY AVG. USE - 2 KWH/DAY
USE ONE YEAR AGO - 2 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.54

MM 0002808 BILL # 2 OF 3 GRP 939

Duke Energy

ACCOUNT NUMBER - 25611 32127

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

ACCOUNT NUMBER

77898 58114

AUGUST 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 HARBOR SHORES RD,
NORTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
AUG 19 2015 18.26

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
AUG 28 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	002648887
PRESENT (ACTUAL)	028756
PREVIOUS (ACTUAL)	028713
DIFFERENCE	000043
TOTAL KWH	43

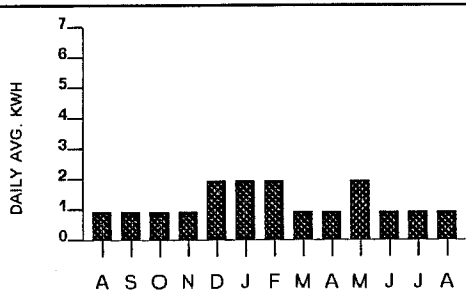
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$18.26 ON 08/19/15
PAYMENTS RECEIVED AS OF JUL 16 2015 17.76 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD	06-25-15 TO 07-28-15 33 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	43 KWH @ 6.79700¢ 2.92
FUEL CHARGE	43 KWH @ 4.60500¢ 1.98

*TOTAL ELECTRIC COST	16.49
GROSS RECEIPTS TAX	.42
STATE AND OTHER TAXES ON ELECTRIC	1.35
TOTAL CURRENT BILL	18.26

TOTAL DUE THIS STATEMENT Entered: [Signature] \$18.26

COA Code: 715
 Approved: [Signature] 8-4-15
 Paid: EFT 081915
 Date: 8/19/15



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending June 30, 2015).

ENERGY USE

DAILY AVG. USE -	1 KWH/DAY
USE ONE YEAR AGO -	1 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.50

MM 0002806 BILL # 3 OF 3 GRP 938

Duke Energy

ACCOUNT NUMBER - 77898 58114

LAKESIDE WATER WORKS
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

AUGUST 2015

ACCOUNT NUMBER

68609 80405

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
WEST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
AUG 19 2015 16.88

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
AUG 28 2015 NONE

PIN: 021246507

METER READINGS

METER NO. 006057444
PRESENT (ACTUAL) 033207
PREVIOUS (ACTUAL) 033175
DIFFERENCE 000032
TOTAL KWH 32

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$16.88 ON 08/19/15
PAYMENTS RECEIVED AS OF JUL 17 2015 17.00 THANK YOU

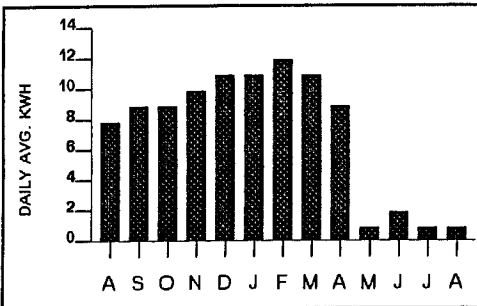
GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD .06-26-15 TO 07-28-15 32 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 32 KWH @ 6.79700¢ 2.18
FUEL CHARGE 32 KWH @ 4.60500¢ 1.47

*TOTAL ELECTRIC COST 15.24
GROSS RECEIPTS TAX .39
STATE AND OTHER TAXES ON ELECTRIC 1.25

TOTAL CURRENT BILL 16.88

TOTAL DUE THIS STATEMENT Entered: \$16.88

COA Code: 715
Approved: @ 8-4-15
Paid: EFT 08/19/15
Date: 8/19/15



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending June 30, 2015).

ENERGY USE
DAILY AVG. USE - 1 KWH/DAY
USE ONE YEAR AGO - 8 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.48

MM 0002809 BILL # 3 OF 3 GRP 939

Duke Energy

ACCOUNT NUMBER - 68609 80405

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

ACCOUNT NUMBER
77898 58114

JULY 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
000 HARBOR SHORES RD,
NORTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
JUL 17 2015 17.76

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUL 30 2015 NONE

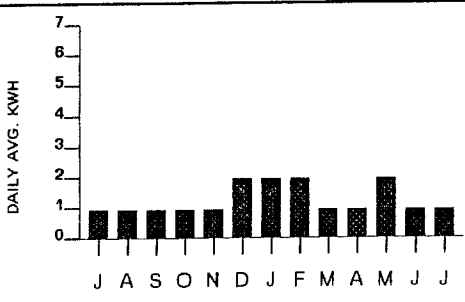
PIN: 021246507

METER READINGS

METER NO.	002648887
*PRESENT (ACTUAL)	028713
*PREVIOUS (ACTUAL)	028674
DIFFERENCE	000039
TOTAL KWH	39

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$17.76 ON 07/17/15
PAYMENTS RECEIVED AS OF JUN 17 2015 17.50 THANK YOU

GS-1	060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD.	05-27-15 TO 06-25-15	29 DAYS
CUSTOMER CHARGE		11.59
ENERGY CHARGE	39 KWH @ 6.79700¢	2.65
FUEL CHARGE	39 KWH @ 4.60500¢	1.80
*TOTAL ELECTRIC COST		16.04
GROSS RECEIPTS TAX		.41
STATE AND OTHER TAXES ON ELECTRIC		1.31
TOTAL CURRENT BILL		17.76
TOTAL DUE THIS STATEMENT		\$17.76



ENERGY USE	
DAILY AVG. USE -	1 KWH/DAY
USE ONE YEAR AGO -	1 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.55

Entered: [Signature]
 COA Code: 715
 Approved: [Signature]
 Paid: EFT 07/17/15
 Date: 7/17/15

MM 0000653 BILL # 3 OF 3 GRP 213

Duke Energy

ACCOUNT NUMBER - 77898 58114

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

ACCOUNT NUMBER

47725 88597

JULY 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 FOREST LAKE RD,
WASTE WATER PLT

DUE DATE TOTAL AMOUNT DUE
JUL 17 2015 230.75

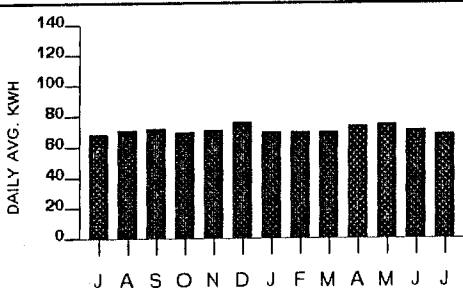
NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUL 30 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	002671526
*PRESENT (ACTUAL)	046128
*PREVIOUS (ACTUAL)	044686
DIFFERENCE	001442
TOTAL KWH	1442
*PRESENT KW (ACTUAL)	0006.42
BASE KW	6
LOAD FACTOR	34.5%

METER NO.	008656483
*PRESENT (ACTUAL)	000572
*PREVIOUS (ACTUAL)	000000
DIFFERENCE	000572
*PRESENT ONPEAK	000244
*PREVIOUS ONPEAK	000000



ENERGY USE

DAILY AVG. USE -	69 KWH/DAY
USE ONE YEAR AGO -	69 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$7.19

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$230.75 ON 07/17/15
PAYMENTS RECEIVED AS OF JUN 17 2015 232.24 THANK YOU

GSD-1 070 GENERAL SERVICE - DEMAND SEC

BILLING PERIOD..05-27-15 TO 06-25-15	29 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	2014 KWH @ 2.38500¢ 48.03
FUEL CHARGE	2014 KWH @ 4.64700¢ 93.59
DEMAND CHARGE	6 KW @ \$9.20000 55.20

*TOTAL ELECTRIC COST	208.41
GROSS RECEIPTS TAX	5.34
STATE AND OTHER TAXES ON ELECTRIC	17.00

TOTAL CURRENT BILL 230.75

TOTAL DUE THIS STATEMENT \$230.75

Entered: [Signature]
 COA Code: 715
 Approved: [Signature] 7-6-15
 Paid: EFT 07/17/15
 Date: 7/17/15

Duke Energy

ACCOUNT NUMBER - 47725 88597

LAKESIDE WATER WORKS
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

JULY 2015

ACCOUNT NUMBER
47725 88597

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:**
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 FOREST LAKE RD,
WASTE WATER PLT

DUE DATE JUL 17 2015	TOTAL AMOUNT DUE 230.75
NEXT READ DATE ON OR ABOUT JUL 30 2015	DEPOSIT AMOUNT ON ACCOUNT NONE

METER READINGS

DIFFERENCE ONPEAK	000244
TOTAL KWH	572
ON PEAK KWH	244
PRESENT KW (ACTUAL)	0004.96
PRESENT PEAK KW	0004.96
BASE KW	5
ON-PEAK KW	5
LOAD FACTOR	16.4%



STATEMENT OF ELECTRIC SERVICE

ACCOUNT NUMBER

25611 32127

JULY 2015

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
12001 GOLDEN TREE DR,
SOUTH LIFT STATION

DUE DATE TOTAL AMOUNT DUE
JUL 20 2015 16.76

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT NONE
JUL 30 2015

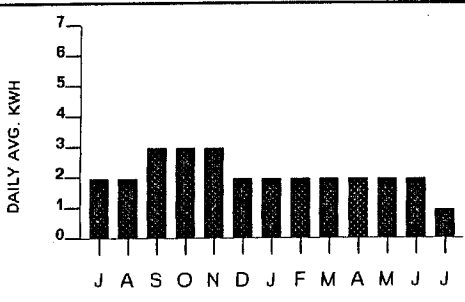
PIN: 021246507

METER READINGS

METER NO. 006217138
PRESENT (ACTUAL) 003964
PREVIOUS (ACTUAL) 003933
DIFFERENCE 000031
TOTAL KWH 31

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$16.76 ON 07/20/15
PAYMENTS RECEIVED AS OF JUN 18 2015 19.39 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD .05-28-15 TO 06-26-15 29 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 31 KWH @ 6.79700¢ 2.11
FUEL CHARGE 31 KWH @ 4.60500¢ 1.43
*TOTAL ELECTRIC COST 15.13
GROSS RECEIPTS TAX .39
STATE AND OTHER TAXES ON ELECTRIC 1.24
TOTAL CURRENT BILL 16.76
TOTAL DUE THIS STATEMENT \$16.76



ENERGY USE
DAILY AVG. USE - 1 KWH/DAY
USE ONE YEAR AGO - 2 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.52

Entered: [Signature]
COA Code: [Signature]
Approved:
Paid:
Date:

MM 0002901 BILL # 2 OF 3 GRP 965

Duke Energy

ACCOUNT NUMBER - 25611 32127

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434

Entered:
COA Code: 715
Approved: @ @ 7-6-15
Paid: EFT 072015
Date: 7/20/15



STATEMENT OF ELECTRIC SERVICE

ACCOUNT NUMBER

68609 80405

JULY 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
WEST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
JUL 20 2015 17.00

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUL 30 2015 NONE

PIN: 021246507

METER READINGS

METER NO.	006057444
PRESENT (ACTUAL)	033175
PREVIOUS (ACTUAL)	033142
DIFFERENCE	000033
TOTAL KWH	33

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$17.00 ON 07/20/15
PAYMENTS RECEIVED AS OF JUN 18 2015 19.15 THANK YOU

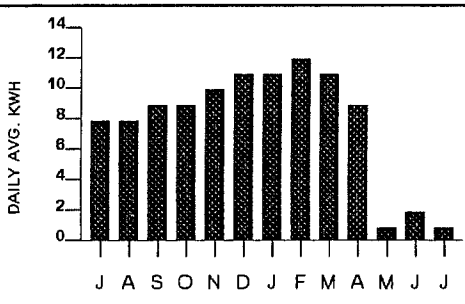
GS-1 060 GENERAL SERVICE - NON DEMAND SEC

BILLING PERIOD..05-28-15 TO 06-26-15	29 DAYS
CUSTOMER CHARGE	11.59
ENERGY CHARGE	33 KWH @ 6.79700¢ 2.24
FUEL CHARGE	33 KWH @ 4.60500¢ 1.52

*TOTAL ELECTRIC COST	15.35
GROSS RECEIPTS TAX	.39
STATE AND OTHER TAXES ON ELECTRIC	1.26

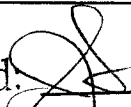

TOTAL CURRENT BILL 17.00

TOTAL DUE THIS STATEMENT \$17.00



ENERGY USE

DAILY AVG. USE -	1 KWH/DAY
USE ONE YEAR AGO -	8 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$.53

Entered: 
COA Code: 715
Approved:  @ 7-6-15
Paid: EFT 072015
Date: 7/20/15

MM 0002902 BILL # 3 OF 3 GRP 965

Duke Energy

ACCOUNT NUMBER - 68609 80405

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

ACCOUNT NUMBER
24158 77335

JULY 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
00 SHANGRI LA BLVD,
EAST LIFT STATION

DUE DATE TOTAL AMOUNT DUE
JUL 20 2015 34.92

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUL 30 2015 NONE

PIN: 021246507

METER READINGS

METER NO. 006212484
PRESENT (ACTUAL) 046650
PREVIOUS (ACTUAL) 046475
DIFFERENCE 000175
TOTAL KWH 175

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$34.92 ON 07/20/15
PAYMENTS RECEIVED AS OF JUN 18 2015 38.84 THANK YOU

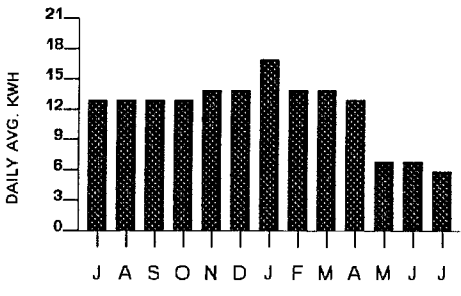
GS-1 060 GENERAL SERVICE - NON DEMAND SEC

BILLING PERIOD .05-28-15 TO 06-26-15 29 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 175 KWH @ 6.79700¢ 11.89
FUEL CHARGE 175 KWH @ 4.60500¢ 8.06

*TOTAL ELECTRIC COST 31.54
GROSS RECEIPTS TAX .81
STATE AND OTHER TAXES ON ELECTRIC 2.57

TOTAL CURRENT BILL 34.92

TOTAL DUE THIS STATEMENT **\$34.92**



ENERGY USE

DAILY AVG. USE - 6 KWH/DAY
USE ONE YEAR AGO - 13 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$1.09

COA Code: 715
Approved: @ 07-16-15
Paid: EFT 07/20/15
7/20/15

MM 0002900 BILL # 1 OF 3 GRP 965

Duke Energy

ACCOUNT NUMBER - 24158 77335

LAKESIDE WATER WORKS
ATTN: JOE GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434

Lakeside Waterworks, Inc.
Docket No. 160195-WS
Chemical Expense

Water	Account	618
<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
48356	7/7/2015	\$ 90.66
50645	8/25/2015	\$ 53.70
356436	10/5/2015	\$ 152.90
359181	10/29/2015	\$ 61.60
3803012	11/20/2015	\$ 142.90
3820771	12/31/2015	\$ 138.60
3822548	1/17/2016	\$ 61.60
3836969	2/8/2016	\$ 77.00
3848572	3/4/2016	\$ 107.80
3863438	4/5/2016	\$ 138.60
3873322	4/26/2016	\$ 69.30
3884638	5/17/2016	\$ 154.00
3896015	6/7/2016	\$ 123.20
Total		<u>\$ 1,371.86</u>

Wastewater	Account	718
<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
48356	7/7/2015	\$ 33.68
50645	8/25/2015	\$ 98.36
359181	10/29/2015	\$ 77.00
3812222	12/14/2015	\$ 115.50
3907905	6/28/2016	\$ 91.00
Total		<u>\$ 415.54</u>

Lakeside Waterworks

Water Chemicals

Davis Supply, Inc.

PO Box 60095, Fort Myers, FL 33906

Office hours 8am-4pm

Ph: (239) 931-6700 - Fax: (239) 931-6703

Invoice

Date	Invoice #
7/7/2015	48356

Bill To
Lakeside Waterworks Attn: Joe Gabay c/o US Water Services 4939 Cross Bayou Blvd New Port Richey, FL 34652

Ship To
Shangri-La By the Lake 100 Shangri-La Blvd Leesburg, FL 34788 Lake

Terms	Due Date	S PO No.	SO No.	PO No.	Account #	
Net 30	8/6/2015		50239		212008	
Qty	U/M	Item	HM, Description	Unit Price	Site	Amount
71	gal	6800	RQ, UN1791, Hypochlorite Solution, 8, PGIII, 1 IBC, (13% by Volume, 1 GL = 9.8 LB)	1.54	4-OC	109.34
1	Ea	90100	Delivery Fee WTP 54 GL WWTP 17 GL	15.00		15.00
<p>Entered: <u>[Signature]</u> COA Code: <u>618-\$90.66, 718-\$33.64</u> Approved: <u>[Signature]</u> @ 7-14-15 Paid: _____ Date: _____</p>						

Subtotal	Sales Tax	Invoice Total	Payments	Balance Due
\$124.34	\$0.00	\$124.34	\$0.00	\$124.34

Davis Supply, Inc.

PO Box 60095, Fort Myers, FL 33906

Office hours 8am-4pm

Ph: (239) 931-6700 - Fax: (239) 931-6703

Invoice

Date	Invoice #
8/25/2015	50645

Bill To
Lakeside Waterworks Attn: Joe Gabay c/o US Water Services 4939 Cross Bayou Blvd New Port Richey, FL 34652

Ship To
Shangri-La By the Lake 100 Shangri-La Blvd Leesburg, FL 34788 Lake

Terms		Due Date	S PO No.	SO No.	PO No.	Account #
Net 30		9/24/2015		52498		212008
Qty	U/M	Item	HM, Description	Unit Price	Site	Amount
89	gal	6800	RQ, UN1791, Hypochlorite Solution, 8, PGIII, 1 IBC, (13% by Volume, 1 GL = 9.8 LB)	1.54	4- ...	137.06
1	Ea	90100	Delivery Fee	15.00		15.00
			WTP 30 GL			
			WWTP 59 GL			
<p>Entered: _____ #</p> <p>COA Code: <u>618</u> - \$53.70 <u>718</u> - \$83.6</p> <p>Approved: <u>(Signature)</u> <u>9-2-15</u></p> <p>Paid: _____</p> <p>Date: _____</p>						

Subtotal	Sales Tax	Invoice Total	Payments	Balance Due
\$152.06	\$0.00	\$152.06	\$0.00	\$152.06



A HAWKINS COMPANY

Hawkins, Inc. d/b/a Dumont Co
2263 Clark Street
Apopka, FL 32703

(800) 330-1369 - 24 HOUR CUSTOMER SERVICE
FAX: (800) 524-9315

Sold To:
Shangri-La By the Lake
Lakeside Waterworks
4939 Cross Bayou Blvd
New Port Richey, FL 34652

Invoice
356436

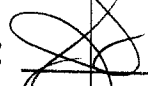
Invoice Date:
Oct 5, 2015

Page: 1

Ship to:
212008
Shangri-La By the Lake
100 Shangri-La Blvd
Leesburg, FL 34788
Central

Customer ID		Customer PO		Payment Terms	
212008				Net 30 Days	
Sales Rep ID		Shipping Method		Ship Date	Due Date
		Our Truck		10/5/15	11/4/15
Quantity	Item	Description	Unit Price	Extension	
85.00	IND813939	Sodium Hypochlorite BULK GL	1.540	130.90	
1.00	FRT38198	Fuel Surcharge	12.000	12.00	

Correct.

Entered: 

COA Code: 618

Approved: @ @ 10-15-15

Paid: _____

Date: _____

NOTICE

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Subtotal	142.90
Sales Tax	10.00
Freight	
TOTAL	152.90

EMERGENCY RESPONSE: (800) 330-1369

DUMONT

A HAWKINS COMPANY

Hawkins, Inc. d/b/a Dumont Co
2263 Clark Street
Apopka, FL 32703

(800) 330-1369 - 24 HOUR CUSTOMER SERVICE
FAX: (800) 524-9315
Sold To:

Shangri-La By the Lake
Lakeside Waterworks
4939 Cross Bayou Blvd
New Port Richey, FL 34652

Invoice
359181

Invoice Date:
Oct 29, 2015

Page: 1

Ship to:
212008
Shangri-La By the Lake
100 Shangri-La Blvd
Leesburg, FL 34788
Central

Customer ID		Customer PO		Payment Terms	
212008				Net 30 Days	
Sales Rep ID		Shipping Method		Ship Date	Due Date
		Our Truck		10/29/15	11/28/15
Quantity	Item	Description	Unit Price	Extension	
90.00	IND813939	Sodium Hypochlorite BULK GL WTP - 40 WWTP - 50	1.540	138.60	
<p>Entered: _____</p> <p>COA Code: <u>618</u> \$61.60 ; <u>718</u> \$77.00</p> <p>Approved: _____ 11-10-15</p> <p>Paid: _____</p> <p>Date: _____</p>					

NOTICE

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Subtotal	138.60
Sales Tax	
Freight	
TOTAL	138.60

EMERGENCY RESPONSE: (800) 330-1369



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$142.90	
Invoice Number/Type	3803012	RI
Invoice Date	11/20/15	
Sales Order Number/Type	2005071	SO
Branch Plant	78	
Shipment Number	1799361	

Sold To: 292245
US Water Services - Attn: Joe Gabay
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 293659
US Water Services - Attn: Joe Gabay
Lakeside Waterworks
Shangri-La By the Lake
100 Shangri-La Blvd
Leesburg FL 34788

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
12/20/15	Net 30	PPD Origin	Hawkins			B78			
Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Sodium Hypochlorite 12.5%	N	85.0000	GA	\$1.5400	GA	857.7 LB	\$130.90
		1 GA BLK (Mini-Bulk)		85.0000	GA			928.5 GW	
1.010	Fuel Surcharge	Freight	N	1.0000	EA	\$12.0000			\$12.00

Entered: [Signature]
COA Code: 618
Approved: @ 12-4-15
Paid: _____
Date: _____

Page 1 of 1

Tax Rate
0 %

Sales Tax
\$0.00

Invoice Total

\$142.90

No Discounts on Freight or Containers
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. **NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.**

Please Remit To:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

This contractor and subcontractor shall abide by the requirements of 41 CFR §560-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$138.60	
Invoice Number/Type	3820771	RI
Invoice Date	12/31/15	
Sales Order Number/Type	2023594	SO
Branch Plant	78	
Shipment Number	1829541	

Sold To: 292245
US Water Services - Attn: Joe Gabay
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 293659
US Water Services - Attn: Joe Gabay
Lakeside Waterworks
Shangri-La By the Lake
100 Shangri-La Blvd
Leesburg FL 34788

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
1/30/16	Net 30	PPD Origin	Hawkins			B78

Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Sodium Hypochlorite 12.5%	N	90.0000	GA	\$1.5400	GA	908.1 LB	\$138.60
		1 GA BLK (Mini-Bulk)		90.0000	GA			983.1 GW	

Entered: [Signature]
COA Code: 618
Approved: @ @ 1-19-16
Paid: _____
Date: _____

Page 1 of 1	Tax Rate 0 %	Sales Tax \$0.00	Invoice Total	\$138.60
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No Discounts on Freight or Containers
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Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$61.60
Invoice Number/Type	3822548 RI
Invoice Date	1/7/16
Sales Order Number/Type	2025495 SO
Branch Plant	78
Shipment Number	1833354

Sold To: 292245
US Water Services - Attn: Joe Gabay
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 293659
US Water Services - Attn: Joe Gabay
Lakeside Waterworks
Shangri-La By the Lake
100 Shangri-La Blvd
Leesburg FL 34788

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
2/6/16	Net 30	PPD Origin	Hawkins			B78

Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
2.000	43967	Sodium Hypochlorite 12.5%	N	40.0000	GA	\$1.5400	GA	403.6 LB	\$61.60
		1 GA BLK (Mini-Bulk)		40.0000	GA			436.9 GW	

Entered: [Signature]

COA Code: 616

Approved: [Signature] 01-22-16

Paid: _____

Date: _____

Page 1 of 1

Tax Rate
0 %

Sales Tax
\$0.00

Invoice Total

\$61.60

No Discounts on Freight or Containers

IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please
Remit To:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

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Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$77.00
Invoice Number/Type	3836969 RI
Invoice Date	2/8/16
Sales Order Number/Type	2039806 SO
Branch Plant	78
Shipment Number	1856211

Sold To: 292245
US Water Services - Attn: Joe Gabay
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 293659
US Water Services - Attn: Joe Gabay
Lakeside Waterworks
Shangri-La By the Lake
100 Shangri-La Blvd
Leesburg FL 34788

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
3/9/16	Net 30	PPD Origin	Hawkins			B78

Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Sodium Hypochlorite 12.5%	N	50.0000	GA	\$1.5400	GA	504.5 LB	\$77.00
		1 GA BLK (Mini-Bulk)		50.0000	GA			546.2 GW	

Entered: [Signature]
COA Code: 618
Approved: C
Paid: _____
Date: _____

Page 1 of 1	Tax Rate 0 %	Sales Tax \$0.00	Invoice Total	\$77.00
-------------	-----------------	---------------------	---------------	----------------

No Discounts on Freight or Containers
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Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263



Hawkins, Inc.
 2381 Rosegate
 Roseville, MN 55113
 Phone: (612) 331-6910

INVOICE

Total Invoice **\$107.80**
 Invoice Number/Type 3848572 RI
 Invoice Date 3/4/16
 Sales Order Number/Type 2051590 SO
 Branch Plant 78
 Shipment Number 1875774

Sold To: 292245
 US Water Services - Attn: Joe Gabay
 4939 Cross Bayou Blvd
 New Port Richey FL 34652

Ship To: 293659
 US Water Services - Attn: Joe Gabay
 Lakeside Waterworks
 Shangri-La By the Lake
 100 Shangri-La Blvd
 Leesburg FL 34788

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
4/3/16	Net 30	PPD Origin	Hawkins			B78

Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Sodium Hypochlorite 12.5%	N	70.0000	GA	\$1.5400	GA	706.3 LB	\$107.80
		1 GA BLK (Mini-Bulk)		70.0000	GA			764.6 GW	

Entered: [Signature]
 COA Code: 618
 Approved: [Signature] 3-21-16
 Paid: _____
 Date: _____

Tax Rate 0 %
 Sales Tax \$0.00

Invoice Total **\$107.80**

No Discounts on Freight or Containers
 IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. **NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.**

Please Remit To:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

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Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$138.60
Invoice Number/Type	3863438 RI
Invoice Date	4/5/16
Sales Order Number/Type	2067564 SO
Branch Plant	76
Shipment Number	1899671

Sold To: 292700
Accounts Payable
US Water Services Corporation
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 293659
US Water Services - Attn: Joe Gabay
Lakeside Waterworks
Shangri-La By the Lake
100 Shangri-La Blvd
Leesburg FL 34788

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
5/5/16	Net 30	PPD Origin	Hawkins			B76

Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Sodium Hypochlorite 12.5%	N	90.0000	GA	\$1.5400	GA	908.1 LB	\$138.60
		1 GA BLK (Mini-Bulk)		90.0000	GA			983.1 GW	

Entered: _____
 COA Code: _____
 Approved: _____
 Paid: _____
 Date: _____

OF @
 COA # 618
 4-12-16

Page 1 of 1

Tax Rate	Sales Tax
0 %	\$0.00

Invoice Total **\$138.60**

No Discounts on Freight or Containers
 IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same, originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. Seller NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

This contractor and subcontractor shall abide by the requirements of 41 CFR §660-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$69.30	
Invoice Number/Type	3873322	RI
Invoice Date	4/26/16	
Sales Order Number/Type	2072841	SO
Branch Plant	76	
Shipment Number	1906786	

Sold To: 292700
Accounts Payable
US Water Services Corporation
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 293659
US Water Services - Attn: Joe Gabay
Lakeside Waterworks
Shangri-La By the Lake
100 Shangri-La Blvd
Leesburg FL 34788

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
5/26/16	Net 30	PPD Origin	Hawkins			B76

Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Sodium Hypochlorite 12.5%	N	45.0000	GA	\$1.5400	GA	454.1 LB	\$69.30
		1 GA BLK (Mini-Bulk)		45.0000	GA			491.5 GW	

Entered: [Signature]

COA Code: 0618

Approved: [Signature]

Paid: _____

Date: _____

Page 1 of 1

Tax Rate
0 %

Sales Tax
\$0.00

Invoice Total

\$69.30

No Discounts on Freight or Containers

IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please
Remit To:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

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Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$154.00
Invoice Number/Type	3884638 RI
Invoice Date	5/17/16
Sales Order Number/Type	2091229 SO
Branch Plant	76
Shipment Number	1929938

Sold To: 292700
Accounts Payable
US Water Services Corporation
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 293659
US Water Services - Attn: Joe Gabay
Lakeside Waterworks
Shangri-La By the Lake
100 Shangri-La Blvd
Leesburg FL 34788

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
6/16/16	Net 30	PPD Origin	Hawkins			B76

Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Sodium Hypochlorite 12.5%	N	100.0000	GA	\$1.5400	GA	1,009.0 LB	\$154.00
		1 GA BLK (Mini-Bulk)		100.0000	GA	1.30		1,092.3 GW	130.00

Entered: _____
 COA Code: _____
 Approved: _____
 Paid: _____
 Date: _____

Ok
COA 6/8
5-31-16

130.00

Tax Rate	Sales Tax
0 %	\$0.00

Invoice Total **\$154.00**

No Discounts on Freight or Containers
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

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Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice **\$123.20**
Invoice Number/Type **3896015 RI**
Invoice Date **6/7/16**
Sales Order Number/Type **2105321 SO**
Branch Plant **76**
Shipment Number **1946825**

Sold To: 292700
Accounts Payable
US Water Services Corporation
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 293659
US Water Services - Attn: Joe Gabay
Lakeside Waterworks
Shangri-La By the Lake
100 Shangri-La Blvd
Leesburg FL 34788

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
7/7/16	Net 30	PPD Origin	Hawkins			B76

Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Sodium Hypochlorite 12.5%	N	80.0000	GA	\$1.5400	GA	807.2 LB	\$123.20
		1 GA BLK (Mini-Bulk)		80.0000	GA	1.30		873.9 GW	104-

Entered: _____
COA Code: 618
Approved: _____
Paid: _____
Date: _____

104.00

Page 1 of 1 Tax Rate 0 % Sales Tax \$0.00

Invoice Total **\$123.20**

No Discounts on Freight or Containers
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

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Lakeside Waterworks
Wastewater Chemicals

Davis Supply, Inc.

PO Box 60095, Fort Myers, FL 33906

Office hours 8am-4pm

Ph: (239) 931-6700 - Fax: (239) 931-6703

Invoice

Date	Invoice #
7/7/2015	48356

Bill To
Lakeside Waterworks Attn: Joe Gabay c/o US Water Services 4939 Cross Bayou Blvd New Port Richey, FL 34652

Ship To
Shangri-La By the Lake 100 Shangri-La Blvd Leesburg, FL 34788 Lake

Terms	Due Date	S PO No.	SO No.	PO No.	Account #	
Net 30	8/6/2015		50239		212008	
Qty	U/M	Item	HM, Description	Unit Price	Site	Amount
71	gal	6800	RQ, UN1791, Hypochlorite Solution, 8, PGIII, 1 IBC, (13% by Volume, 1 GL = 9.8 LB)	1.54	4-OC	109.34
1	Ea	90100	Delivery Fee	15.00		15.00
			WTP 54 GL			
			WWTP 17 GL			
<p>Entered: <u>[Signature]</u></p> <p>COA Code: <u>618-\$90.66, 718-\$33.64</u></p> <p>Approved: <u>[Signature]</u> @ 7-14-15</p> <p>Paid: _____</p> <p>Date: _____</p>						

Subtotal	Sales Tax	Invoice Total	Payments	Balance Due
\$124.34	\$0.00	\$124.34	\$0.00	\$124.34

Davis Supply, Inc.

PO Box 60095, Fort Myers, FL 33906

Office hours 8am-4pm

Ph: (239) 931-6700 - Fax: (239) 931-6703

Invoice

Date	Invoice #
8/25/2015	50645

Bill To
Lakeside Waterworks Attn: Joe Gabay c/o US Water Services 4939 Cross Bayou Blvd New Port Richey, FL 34652

Ship To
Shangri-La By the Lake 100 Shangri-La Blvd Leesburg, FL 34788 Lake

Terms	Due Date	S PO No.	SO No.	PO No.	Account #	
Net 30	9/24/2015		52498		212008	
Qty	U/M	Item	HM, Description	Unit Price	Site	Amount
89	gal	6800	RQ, UN1791, Hypochlorite Solution, 8, PGIII, 1 IBC, (13% by Volume, 1 GL = 9.8 LB)	1.54	4- ...	137.06
1	Ea	90100	Delivery Fee	15.00		15.00
			WTP 30 GL			
			WWTP 59 GL			
<p>Entered: _____</p> <p>COA Code: <u>618</u> - \$53.70 <u>718</u> - \$88.36</p> <p>Approved: <u>(Signature)</u> <u>(Signature)</u> 9-2-15</p> <p>Paid: _____</p> <p>Date: _____</p>						

Subtotal	Sales Tax	Invoice Total	Payments	Balance Due
\$152.06	\$0.00	\$152.06	\$0.00	\$152.06

DUMONT

A HAWKINS COMPANY

Hawkins, Inc. d/b/a Dumont Co
2263 Clark Street
Apopka, FL 32703

(800) 330-1369 - 24 HOUR CUSTOMER SERVICE

FAX: (800) 524-9315

Sold To:

Shangri-La By the Lake
Lakeside Waterworks
4939 Cross Bayou Blvd
New Port Richey, FL 34652

Invoice

359181

Invoice Date:

Oct 29, 2015

Page:

1

Ship to:

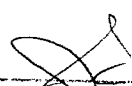


212008

Shangri-La By the Lake

100 Shangri-La Blvd

Leesburg, FL 34788

Central

Customer ID		Customer PO		Payment Terms	
212008				Net 30 Days	
Sales Rep ID		Shipping Method		Ship Date	Due Date
		Our Truck		10/29/15	11/28/15
Quantity	Item	Description		Unit Price	Extension
90.00	IND813939	Sodium Hypochlorite BULK GL		1.540	138.60
		WTP - 40			
		WWTP - 50			
		Entered: 			
		COA Code: 618 \$61.60 ; 718 \$77.00			
		Approved:  			
		Paid: _____			
		Date: _____			

NOTICE

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Subtotal	138.60
Sales Tax	
Freight	
TOTAL	138.60

EMERGENCY RESPONSE: (800) 330-1369



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice **\$115.50**
Invoice Number/Type 3812222 RI
Invoice Date 12/14/15
Sales Order Number/Type 2015370 SO
Branch Plant 78
Shipment Number 1816269

Sold To: 292245
US Water Services - Attn: Joe Gabay
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 293659
US Water Services - Attn: Joe Gabay
Lakeside Waterworks
Shangri-La By the Lake
100 Shangri-La Blvd
Leesburg FL 34788

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
1/13/16	Net 30	PPD Origin	Hawkins			B78

Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Sodium Hypochlorite 12.5%	N	75.0000	GA	\$1.5400	GA	756.8 LB	\$115.50
		1 GA BLK (Mini-Bulk)		75.0000	GA			819.2 GW	

Entered: [Signature]
COA Code: 715 (718)
Approved: @ @ 12-28-15
Paid: ck# 1271
Date: 1/22/16

Tax Rate 0 %
Sales Tax \$0.00

Invoice Total **\$115.50**

No Discounts on Freight or Containers

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Please Remit To:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

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Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$91.00	
Invoice Number/Type	3907905	RI
Invoice Date	6/28/16	
Sales Order Number/Type	2118026	SO
Branch Plant	76	
Shipment Number	1961571	

Sold To: 292700
Accounts Payable
US Water Services Corporation
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 293659
US Water Services - Attn: Joe Gabay
Lakeside Waterworks
Shangri-La By the Lake
100 Shangri-La Blvd
Leesburg FL 34788

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
7/28/16	Net 30	PPD Origin	Hawkins			B76			
Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Sodium Hypochlorite 12.5%	N	70.0000	GA	\$1.3000	GA	706.3 LB	\$91.00
		1 GA BLK (Mini-Bulk)		70.0000	GA			764.6 GW	

Entered: _____

COA Code: _____

Approved: _____

Paid: _____

Date: _____

Page 1 of 1

Tax Rate
0 %

Sales Tax
\$0.00

Invoice Total

\$91.00

No Discounts on Freight or Containers

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Please
Remit To:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

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Lakeside Waterworks

Sludge Removal



A-Able Septic Sewer Service, Inc.
2190 N. Crede Avenue
Crystal River, FL 34428
(352)7951554

Invoice 33003

DATE	PLEASE PAY
02/05/2016	\$975.00

BILL TO
Shangri-La WWTP
Lakeside Waterworks, Inc
Shangri-La WWTP
c/o US Water Services Corp
4939 Cross Bayou Blvd
New Port Richey, FL 34652

Please detach top portion and return with your payment.

SERVICE	GALLONS	RATE	AMOUNT
Sludge Hauled 7,500 Gallons of Unstabilized Sludge From Shangri-La By Lake WWTF to A-ABLE Septic Biosolids Treatment Facility (BTF) on 2/4/2016. Taken from Bottom of CCC and Digester.	7,500	0.13	975.00

Ordered by Joe @ US Water.

IF YOU WOULD LIKE TO RECEIVE YOUR INVOICES BY EMAIL PLEASE
SEND YOUR INFORMATION TO THE FOLLOWING EMAIL:

pam@ableseptic.com

Thank you for your business!

Phone: 352-795-1554

Fax: 352-795-5423

TOTAL DUE **\$975.00**

THANK YOU.

OK

Entered: [Signature]
 COA Code: 711
 Approved: @ 3-21-16
 Paid: _____
 Date: _____

A-Able Septic-Sewer Service, Inc.


2190 N. Crede Avenue
Crystal River, FL 34428

Invoice

Date	Invoice #
9/8/2015	32198

Bill To
Lakeside Waterworks, Inc Shangri-La WWTP c/o US Water Services Corp 4939 Cross Bayou Blvd New Port Richey, FL 34652

P.O. No.	Terms	Project
	Upon Receipt	

Quantity	Description	Rate	Amount
10,000	<p>Hauled 10,000 Gallons of Unstabilized Sludge From Shangri-La WWTF to A-ABLE Septic Biosolids Treatment Facility (BTF) on 9/4/2015. Taken from Digester.</p> <p>Ordered by <u>Todd Powell @ US Water.</u></p> <p>Entered: </p> <p>COA Code: <u>711</u></p> <p>Approved: <u>* @ PA-10-15</u></p> <p>Paid: _____</p> <p>Date: _____</p> <p><i>Last Hauled 4/2015</i> <i>* Approval not given before haul</i></p>	0.13	1,300.00

<p>Thank You For Your Business ! Phone 352-795-1554 Fax 352-795-5423</p>	<p>Total \$1,300.00</p>
--	--------------------------------

Lakeside Waterworks
Water Contract Services
U.S. Water Services

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	830067
Date	6/1/2016
Due Date	7/1/2016
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-01 Base Contract Water Sys O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
6/1/2016	Water System - Utility Operating Services Monthly Contract Operations - Water Reset Contract Value 04/01/13 Annual Contract Value - \$38,770.06 Monthly Value - \$3,282.52	1	Month	3,282.52	3,282.52

Entered: [Signature]
 COA Code: 636
 Approved: [Signature]
 Paid: _____
 Date: _____

Please remit payment to the above address. We appreciate your business!		Total	\$3,282.52
		Payments/Credits	\$0.00
		Balance Due	\$3,282.52

Phone #	Email Contact
7278488292285	mvinyard@uswatercorp.net

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	828583
Date	5/1/2016
Due Date	5/31/2016
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-01 Base Contract Water Sys O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
5/1/2016	Water System - Utility Operating Services Monthly Contract Operations - Water Reset Contract Value 04/01/13 Annual Contract Value - \$38,770.06 Monthly Value - \$3,282.52	1	Month	3,282.52	3,282.52

Entered: _____
COA Code: 636
Approved: e CS-5-16
Paid: _____
Date: _____

Please remit payment to the above address. We appreciate your business!	Total	\$3,282.52
---	--------------	------------

Phone #	Email Contact
7278488292285	mvinyard@uswatercorp.net

Payments/Credits	\$0.00
Balance Due	\$3,282.52

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	825688
Date	4/1/2016
Due Date	4/30/2016
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-01 Base Contract Water Sys O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
4/1/2016	Water System - Utility Operating Services Monthly Contract Operations - Water Reset Contract Value 04/01/13 Annual Contract Value - \$38,770.06 Monthly Value - \$3,282.52	1	Month	3,282.52	3,282.52

Entered: [Signature]
COA Code: 636
Approved: [Signature] 4-7-16
Paid: _____
Date: _____

Please remit payment to the above address. We appreciate your business!	Total	\$3,282.52
	Payments/Credits	\$0.00
	Balance Due	\$3,282.52

Phone #	Email Contact
7278488292285	mvinyard@uswatercorp.net

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	825203
Date	3/1/2016
Due Date	3/31/2016
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-01 Base Contract Water Sys O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
3/1/2016	Water System - Utility Operating Services Monthly Contract Operations - Water Reset Contract Value 04/01/13 Annual Contract Value - \$38,770.06 Monthly Value - \$3,282.52	1	Month	3,282.52	3,282.52

Entered: [Signature]
COA Code 636
Approved: [Signature] 3-3-16
Paid: _____
Date: _____

Please remit payment to the above address. We appreciate your business!		Total	\$3,282.52
		Payments/Credits	\$0.00
		Balance Due	\$3,282.52

Phone #	Email Contact
7278488292285	mvinyard@uswatercorp.net

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	823769
Date	2/1/2016
Due Date	3/2/2016
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-01 Base Contract Water Sys O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
2/1/2016	Water System - Utility Operating Services Monthly Contract Operations - Water Reset Contract Value 04/01/13 Annual Contract Value - \$38,770.06 Monthly Value - \$3,282.52	1	Month	3,282.52	3,282.52

Entered: [Signature]
COA Code: 636
Approved: [Signature]
Paid: _____
Date: _____

Please remit payment to the above address. We appreciate your business!

Total \$3,282.52

Phone #	Fax #
727-848-8292	727-848-7701

Payments/Credits \$0.00

Balance Due \$3,282.52

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	822425
Date	1/1/2016
Due Date	1/31/2016
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-01 Base Contract Water Sys O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
1/1/2016	Water System - Utility Operating Services Monthly Contract Operations - Water Reset Contract Value 04/01/13 Annual Contract Value - \$38,770.06 Monthly Value - \$3,282.52	1	Month	3,282.52	3,282.52

Entered: [Signature]
COA Code: 636
Approved: [Signature] 1-11-16
Paid: _____
Date: _____

Please remit payment to the above address. We appreciate your business!

Phone #	Fax #
727-848-8292	727-848-7701

Total	\$3,282.52
Payments/Credits	\$0.00
Balance Due	\$3,282.52

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	820897
Date	12/1/2015
Due Date	12/31/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-01 Base Contract Water Sys O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
12/1/2015	Water System - Utility Operating Services Monthly Contract Operations - Water Reset Contract Value 04/01/13 Annual Contract Value - \$38,770.06 Monthly Value - \$3,282.52	1	Month	3,282.52	3,282.52

Entered: _____
COA Code: 0636
Approved: _____ @ 12-14-15
Paid: _____
Date: _____

Please remit payment to the above address. We appreciate your business!		Total	\$3,282.52
Phone #	Fax #	Payments/Credits	\$0.00
727-848-8292	727-848-7701	Balance Due	\$3,282.52

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	819856
Date	11/1/2015
Due Date	12/1/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-01 Base Contract Water Sys O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
11/1/2015	Water System - Utility Operating Services Monthly Contract Operations - Water Reset Contract Value 04/01/13 Annual Contract Value - \$38,770.06 ✓ Monthly Value - \$3,282.52	1	Month	3,282.52	3,282.52

Entered: [Signature]
COA Code: 636
Approved: [Signature] 11-6-15
Paid: _____
Date: _____

Please remit payment to the above address. We appreciate your business!		Total	\$3,282.52
Phone #	Fax #	Payments/Credits	\$0.00
727-848-8292	727-848-7701	Balance Due	\$3,282.52

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	817866
Date	10/1/2015
Due Date	10/31/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-01 Base Contract Water Sys O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
10/1/2015	Water System - Utility Operating Services Monthly Contract Operations - Water Reset Contract Value 04/01/13 Annual Contract Value - \$38,770.06 ✓ Monthly Value - \$3,282.52	1	Month	3,282.52	3,282.52
Entered: _____ COA Code: <u>036</u> Approved: <u>0 @ 10/1-15</u> Paid: _____ Date: _____					

Please remit payment to the above address. We appreciate your business!		Total	\$3,282.52
Phone #	Fax #	Payments/Credits	\$0.00
727-848-8292	727-848-7701	Balance Due	\$3,282.52

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	816239
Date	9/1/2015
Due Date	10/1/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-01 Base Contract Water Sys O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
9/1/2015	Water System - Utility Operating Services Monthly Contract Operations - Water Reset Contract Value 04/01/13 Annual Contract Value - \$38,770.06 Monthly Value - \$3,282.52	1	Month	3,282.52	3,282.52

Entered: [Signature]
COA Code: 636
Approved: [Signature] @ 9-2-15
Paid: _____
Date: _____

Please remit payment to the above address. We appreciate your business!

Total \$3,282.52

Phone #	Fax #
727-848-8292	727-848-7701

Payments/Credits \$0.00

Balance Due \$3,282.52

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	814822
Date	8/1/2015
Due Date	8/31/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-01 Base Contract Water Sys O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
8/1/2015	Water System - Utility Operating Services Monthly Contract Operations - Water Reset Contract Value 04/01/13 Annual Contract Value - \$38,770.06 Monthly Value - \$3,282.52	1	Month	3,282.52	3,282.52

Entered: [Signature]
COA Code: 636
Approved: [Signature] 8-17-15
Paid: _____
Date: _____

Please remit payment to the above address. We appreciate your business!

Total \$3,282.52

Payments/Credits \$0.00

Balance Due \$3,282.52

Phone #	Fax #
727-848-8292	727-848-7701

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	813221
Date	7/1/2015
Due Date	7/31/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-01 Base Contract Water Sys O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
7/1/2015	Water System - Utility Operating Services Monthly Contract Operations - Water Reset Contract Value 04/01/13 Annual Contract Value - \$38,770.06 Monthly Value - \$3,282.52 Entered: _____ COA Code: <u>634</u> Approved: _____ @ 7-6-15 Paid: _____ Date: _____	1	Month	3,282.52	3,282.52

Please remit payment to the above address. We appreciate your business!

Phone #	Fax #
727-848-8292	727-848-7701

Total	\$3,282.52
Payments/Credits	\$0.00
Balance Due	\$3,282.52

Lakeside Waterworks
Wastewater Contract Services
U.S. Water Services



4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	830068
Date	6/1/2016
Due Date	7/1/2016
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-02 Base Contract WW O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
6/1/2016	Wastewater System - Utility Operating Services: Monthly Contract Operations Wastewater Reset Annual Contract Value - \$36,266.41 Monthly Value - \$3,070.55	1	Mo	3,070.55	3,070.55

Entered: [Signature]
 COA Code: 736
 Approved: [Signature] 6/6/16
 Paid: ck # 1300
 Date: 7/20/16

Please remit payment to the above address. We appreciate your business!	Total	\$3,070.55
	Payments/Credits	\$0.00
	Balance Due	\$3,070.55

Phone #	Email Contact
7278488292285	mvinyard@uswatercorp.net

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	828584
Date	5/1/2016
Due Date	5/31/2016
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-02 Base Contract WW O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
5/1/2016	Wastewater System - Utility Operating Services: Monthly Contract Operations Wastewater Reset Annual Contract Value - \$36,266.41 Monthly Value - \$3,070.55	1	Mo	3,070.55	3,070.55

Entered: _____
 COA Code: 736
 Approved: _____
 Paid: _____
 Date: _____

Please remit payment to the above address. We appreciate your business!	Total	\$3,070.55
	Payments/Credits	\$0.00
	Balance Due	\$3,070.55

Phone #	Email Contact
7278488292285	mvinyard@uswatercorp.net

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	825689
Date	4/1/2016
Due Date	4/30/2016
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-02 Base Contract WW O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
4/1/2016	Wastewater System - Utility Operating Services: Monthly Contract Operations Wastewater Reset Annual Contract Value - \$36,266.41 Monthly Value - \$3,070.55	1	Mo	3,070.55	3,070.55

Entered: [Signature]
 COA Code: 734
 Approved: [Signature] @ 4-1-16
 Paid: CR# 1286
 Date: 4/19/16

Please remit payment to the above address. We appreciate your business!	Total	\$3,070.55
---	--------------	------------

Phone #	Email Contact
7278488292285	mvinyard@uswatercorp.net

Payments/Credits	\$0.00
Balance Due	\$3,070.55

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice



Invoice #	825204
Date	3/1/2016
Due Date	3/31/2016
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-02 Base Contract WW O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
3/1/2016	Wastewater System - Utility Operating Services: Monthly Contract Operations Wastewater Reset Annual Contract Value - \$36,266.41 Monthly Value - \$3,070.55	1	Mo	3,070.55	3,070.55

Entered: 
 COA Code: 736
 Approved:  3-3-16
 Paid: ck # 1281
 Date: 3/23/16

Please remit payment to the above address. We appreciate your business!

Total \$3,070.55

Payments/Credits \$0.00

Balance Due \$3,070.55

Phone #	Email Contact
7278488292285	mvinyard@uswatercorp.net

U.S. Water[®]

Servicos Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

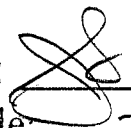
Invoice #	823770
Date	2/1/2016
Due Date	3/2/2016
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-02 Base Contract WW O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
2/1/2016	Wastewater System - Utility Operating Services: Monthly Contract Operations Wastewater Reset Annual Contract Value - \$36,266.41 Monthly Value - \$3,070.55	1	Mo	3,070.55	3,070.55

Entered: 
 COA Code: 736
 Approved: e e 2-5-16
 Paid: ck # 1275
 Date: 2/19/16

Please remit payment to the above address. We appreciate your business!		Total	\$3,070.55
Phone #	Fax #	Payments/Credits	\$0.00
727-848-8292	727-848-7701	Balance Due	\$3,070.55

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	822426
Date	1/1/2016
Due Date	1/31/2016
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-02 Base Contract WW O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
1/1/2016	Wastewater System - Utility Operating Services: Monthly Contract Operations Wastewater Reset Annual Contract Value - \$36,266.41 Monthly Value - \$3,070.55	1	Mo	3,070.55	3,070.55

Entered: [Signature]
 COA Code: 736
 Approved: @ 1-11-16
 Paid: ck# 1275
 Date: 2/19/16

Please remit payment to the above address. We appreciate your business!

Phone #	Fax #
727-848-8292	727-848-7701

Total	\$3,070.55
Payments/Credits	\$0.00
Balance Due	\$3,070.55

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

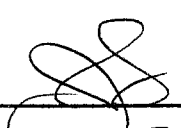
Invoice #	820898
Date	12/1/2015
Due Date	12/31/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-02 Base Contract WW O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
12/1/2015	Wastewater System - Utility Operating Services: Monthly Contract Operations Wastewater Reset Annual Contract Value - \$36,266.41 Monthly Value - \$3,070.55	1	Mo	3,070.55	3,070.55

Entered: 
 COA Code: 736
 Approved: @ 12-14-15
 Paid: CF # 1272
 Date: 1/22/16

Please remit payment to the above address. We appreciate your business!

Phone #	Fax #
727-848-8292	727-848-7701

Total	\$3,070.55
Payments/Credits	\$0.00
Balance Due	\$3,070.55

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	820561
Date	11/20/2015
Due Date	12/20/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-51 Pull and Clean Pumps

Date	Description	Qty or Hrs	Unit	Rate	Amount
9/4/2015	Pulled pumps #1 and #2 and deragged at Shangri La lift station, then reinstalled.				
	Maintenance Technician	4	Hours	57.91	231.64
	Tradesman	4	Hours	52.01	208.04

OK
COA # ~~380~~ 736
@ 11-23-15
736
636

Entered: _____
 COA Code: 636 736
 Approved: _____
 Paid: _____
 Date: _____

Please remit payment to the above address. We appreciate your business!

Phone #	Fax #
727-848-8292	727-848-7701

Total	\$439.68
Payments/Credits	\$0.00
Balance Due	\$439.68

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	819857
Date	11/1/2015
Due Date	12/1/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-02 Base Contract WW O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
11/1/2015	Wastewater System - Utility Operating Services: Monthly Contract Operations Wastewater Reset Annual Contract Value - \$36,266.41 Monthly Value - \$3,070.55	1	Mo	3,070.55	3,070.55

Entered: [Signature]
 COA Code: 736
 Approved: [Signature] @ 11-10-15
 Paid: ck# 1259
 Date: 11/2015

Please remit payment to the above address. We appreciate your business!

Phone #	Fax #
727-848-8292	727-848-7701

Total	\$3,070.55
Payments/Credits	\$0.00
Balance Due	\$3,070.55

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

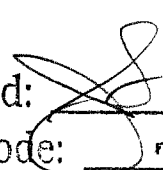
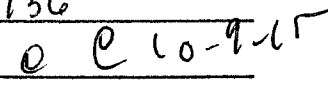
Invoice

Invoice #	817867
Date	10/1/2015
Due Date	10/31/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-02 Base Contract WW O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
10/1/2015	Wastewater System - Utility Operating Services: Monthly Contract Operations Wastewater Reset Annual Contract Value - \$36,266.41 ✓ Monthly Value - \$3,070.55 Entered: <u></u> COA Code: <u>736</u> Approved: <u></u> Paid: <u>ck# 1256</u> Date: <u>10/26/15</u>	1	Mo	3,070.55	3,070.55

Please remit payment to the above address. We appreciate your business!

Total	\$3,070.55
Payments/Credits	\$0.00
Balance Due	\$3,070.55

Phone #	Fax #
727-848-8292	727-848-7701

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

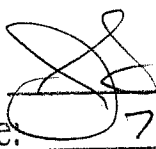

Invoice #	816240
Date	9/1/2015
Due Date	10/1/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-02 Base Contract WW O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
9/1/2015	Wastewater System - Utility Operating Services: Monthly Contract Operations Wastewater Reset Annual Contract Value - \$36,266.41 Monthly Value - \$3,070.55	1	Mo	3,070.55	3,070.55

Entered: 
 COA Code: 736
 Approved:  @ 9-2-15
 Paid: ck# 1256
 Date: 10/26/15

Please remit payment to the above address. We appreciate your business!

Total	\$3,070.55
Payments/Credits	\$0.00
Balance Due	\$3,070.55

Phone #	Fax #
727-848-8292	727-848-7701

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	814823
Date	8/1/2015
Due Date	8/31/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-02 Base Contract WW O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
8/1/2015	Wastewater System - Utility Operating Services: Monthly Contract Operations Wastewater Reset Annual Contract Value - \$36,266.41 Monthly Value - \$3,070.55	1	Mo	3,070.55	3,070.55

Entered: [Signature]
 COA Code: 736
 Approved: [Signature] 8-1-15
 Paid: ck # 1246
 Date: 8/20/15

Please remit payment to the above address. We appreciate your business!

Phone #	Fax #
727-848-8292	727-848-7701

Total	\$3,070.55
Payments/Credits	\$0.00
Balance Due	\$3,070.55

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	813222
Date	7/1/2015
Due Date	7/31/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-02 Base Contract WW O&M/B&C

Date	Description	Qty or Hrs	Unit	Rate	Amount
7/1/2015	Wastewater System - Utility Operating Services: Monthly Contract Operations Wastewater Reset Annual Contract Value - \$36,266.41 Monthly Value - \$3,070.55	1	Mo	3,070.55	3,070.55

Entered: [Signature]
 COA Code: 736
 Approved: [Signature] 7-6-15
 Paid: ck # 1243
 Date: 7/23/15

Please remit payment to the above address. We appreciate your business!

Phone #	Fax #
727-848-8292	727-848-7701

Total	\$3,070.55
Payments/Credits	\$0.00
Balance Due	\$3,070.55

Lakeside Waterworks
U.S. Water Services
Contract



Water and Wastewater Utility Operations, Maintenance, Engineering, Management

**AGREEMENT FOR WASTEWATER SYSTEM
OPERATIONS, MAINTENANCE
AND CUSTOMER SERVICE**

THIS AGREEMENT is entered into this **17th day of November, 2012**, by and between:

Lakeside Waterworks, Inc. with its principal mailing address at 5320 Captains Court, New Port Richey, Florida 34652 (hereinafter **HWWI**)

AND

U.S. Water Services Corporation, with its principal mailing address at 4939 Cross Bayou Boulevard, New Port Richey, Florida 34652 (hereinafter "**USWSC**").

WHEREAS, OWNER owns and provides for the operation and administration of wastewater treatment, collection and lift station facilities, and customer service billing and collection; and

WHEREAS, OWNER desires to employ the services of USWSC in the operation, maintenance and billing/collection (OM&BC) of the Utility System, and USWSC desires to perform such services for the compensation provided for herein.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth, OWNER and USWSC agree as follows:

1. General Provisions

1.1

Definitions of words and phrases used in this Agreement and the attachments are contained in Appendix A.

1.2

All land, buildings, facilities, easements, licenses, rights-of-way, equipment and vehicles presently or hereinafter acquired or owned by OWNER shall remain the exclusive property of OWNER unless specifically provided for otherwise in this Agreement.

1.3

This Agreement shall be governed by and interpreted in accordance with the laws of the State of Florida.

1.4

This Agreement shall be binding upon the successors and assigns of each of the parties, but neither party shall assign this Agreement without the prior written consent of the other party, unless such assignment is to an affiliate or successor. Consent shall not be unreasonably withheld.

1.5

All notices shall be in writing and transmitted to the party's address stated above. All notices shall be deemed effectively given as follows:

- 1.5.1 If delivered personally or by courier mail service (e.g., Federal Express or United Parcel Service), upon delivery;
- 1.5.2 If mailed by certified or registered U.S. mail, return receipt requested, upon deposit in the United States mail, postage prepaid.
- 1.5.3 If in any other manner, upon actual receipt.

1.6

This Agreement, including appendices, is the entire Agreement between the parties. This Agreement may be modified only by subsequent written agreement signed by both parties. Wherever used, the terms "USWSC" and "OWNER" shall include the respective officers, agents, directors, elected or appointed officials and employees and, where appropriate, subcontractors or anyone acting on their behalf.

1.7

If any term, provision, covenant or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired or invalidated.

1.8

It is understood that the relationship of USWSC to OWNER is that of a contracted service corporation. The services provided under this Agreement are of a professional nature and shall be performed in accordance with good and accepted industry practices for professional contract operators similarly situated in the same geographic region and at the same time.

1.9

The OWNER and USWSC are the only parties to this Agreement. No third party rights or benefits are intended to or shall arise by reason of this Agreement.

1.10

If any litigation is necessary to enforce the terms of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees, which are directly attributed to such litigation in addition to any other relief to which it may be entitled.

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2. USWSC Scope of Services – General

Upon signing of this agreement, USWSC will staff the Utility System with employees who have met appropriate licensing and certification requirements of the State of Florida, and employ the appropriate skilled staff to maintain the service specified herein. A further break down of the Scope of Services is displayed in Appendix D.

2.1

USWSC shall provide ongoing training and education for appropriate personnel in all necessary areas of modern water/wastewater process control, operations, maintenance, safety and supervisory skills.

2.2

USWSC shall develop and/or supply and utilize computerized programs for maintenance, and process monitoring.

2.3

Within forty-five (45) days after USWSC begins service under this Agreement, USWSC will provide a statement of condition of the utility system which will include any physical inventory of OWNER'S vehicles, equipment and spare parts in use or associated with the system, and a general statement as to the condition of each vehicle or piece of equipment.

2.4

USWSC will provide OWNER with a physical inventory of chemicals and other consumables on hand when USWSC begins services under this Agreement. USWSC will provide OWNER with the same quantity of chemicals or equivalent upon termination of this Agreement.

2.5

USWSC shall be responsible for maintaining all manufacturers' warranties on new equipment purchased by OWNER and assist OWNER in enforcing existing equipment warranties and guarantees.

2.6

USWSC shall provide the OWNER with documentation that preventive maintenance is being performed on Owner's owned equipment in accordance with manufacturer's recommendations at intervals and in sufficient detail as may be feasibly determined by the OWNER. Such a

maintenance program shall include documentation of corrective and preventive maintenance.

2.7

USWSC shall operate, maintain and/or monitor the Utility System as FDEP permitting dictates and maintain a 24-hour per day, seven-day per week scheduled on call emergency staff and live answering service.

2.8

Visits may be made at a reasonable time by Owner's employees with if previously authorized by owner or designated by Owner's representative. Keys for the system shall be provided to OWNER by USWSC for such visits. All visitors to the System shall comply with USWSC' operating and safety procedures.

2.9

USWSC will implement and maintain an employee safety program in compliance with applicable rules and regulations and make recommendations to OWNER regarding the need, if any, for OWNER to rehabilitate, expand or modify the System to comply with governmental safety regulations applicable to USWSC operations hereunder and with federal regulations promulgated pursuant to the Americans with Disabilities Act (ADA).

2.10

USWSC may modify the process and/or facilities with permission of Owner, to achieve the maximum efficiency of operation and optimum water quality. Any modifications will be billed separate from this agreement at a price approved by the owner, except in the case of an emergency. During an emergency situation, USWSC may take the steps required to maintain the safety of the utility customers and meet any mandated regulatory requirements.

2.11

In any emergency affecting the safety of persons or property, USWSC may act without written amendment or change order, at USWSC' discretion, to prevent threatened damage, injury or loss. USWSC shall be compensated by OWNER for any such emergency work notwithstanding

the lack of a written amendment. Such compensation shall include USWSC Costs for the emergency.

2.12

As required by law, permit or court order, USWSC will prepare plant performance reports and submit them to OWNER for signature and transmittal to appropriate authorities. Signature authority may be established by the Owner to allow USWSC to file required reports with signature of USWSC personnel with report copy sent to owner.

2.13

USWSC will provide the labor to perform laboratory testing and sampling presently required by plant performance portions of regulatory permits, the Clean Water Act, the Safe Drinking Water Act and/or any federal, state or local rules and regulations, statutes or ordinances, permit or license requirements, or judicial and regulatory orders and decrees.

2.14

USWSC will submit to OWNER monthly all reports of System activities in accordance with the Owner's policies and procedures.

2.15

USWSC may provide additional services beyond the scope of this Agreement at Owner's request subject to mutually agreeable terms and conditions.

2.16

USWSC will provide labor and associated costs related to service meter replacements, Owner will purchase and provide the service meters.

3. USWSC Scope of Services – Wastewater Treatment Facilities

3.1

This section shall apply to USWSC OM&BC services for the Owner's Wastewater Treatment Facilities either owned, leased or by easement rights.

3.2

Within the existing design capacity and capabilities of the Wastewater Treatment Facilities, USWSC will manage, operate and maintain the Facilities within the confines of all regulation.

3.3

USWSC will pay all costs associated with monthly sampling and testing of the system as dictated in the regulatory permits, with the exception of annual or semi annual special event sampling and testing and any special sampling.

3.4

Owner to provide chemicals required to meet operating parameters standard for the industry.

4 USWSC Scope of Services –Wastewater Collection and Lift Station Systems

4.1

This Section shall apply to USWSC' service for Owner's wastewater collection and lift station system.

4.2

USWSC shall provide for the routine operation, maintenance, and repair of the collection and wastewater systems as established upon startup of this agreement. Services not included as routine are items identified as capital repairs, line extensions or system expansions. Excluded services will be billed in addition to base OM&BC contract fee as listed herein.

4.3

USWSC shall provide for all daily operation and maintenance functions such perform routine checks of both lift stations, chlorine levels, and ensures official logs are kept.

4.4

USWSC will pay cost incurred related to routine staffing, and labor related to sampling, testing, in normal water distribution operation and maintenance, and repair, except as specifically provided herein. Specific special sampling event (i.e. annuals or break/main clearance) analysis cost will be billed direct to Owner.

5. USWSC Scope of Services – Administrative and Customer Services

5.1

USWSC shall provide the following specific customer accounting and administrative functions for the Facilities (i) monthly flow meter reading (ii) consumer folder on each account, (iii) billing register containing information on each account billed, (iv) preparation and mailing of a monthly water bill to each customer, (v) preparation of monthly sales report, (vi) preparation and mailing of late notices for delinquent accounts, (vii) collection of meter deposits and payments, (viii) preparation of a Daily Monitoring Report – assist with preparation of annual FPSC report.

5.2

USWSC shall use reasonable efforts to collect all available Owner revenue from sales, connection fees, security deposits, collection fees, late payment charges, taxes collected (if applicable) and all other monies due from consumers of services provided by the facilities.

5.3

USWSC will submit to the owner monthly a report of System activities. USWSC shall review the administrative reports generated in accordance with section 5.1 above, and from time to time, make recommendations to the Owner regarding rates, deposit amounts, and other matters as to keep the Owner's Facilities financially sound.

5.4

USWSC maintains a business office established for utility customer contact and walk-up payment availability which is located in New Port Richey, Florida. This office shall be open from 9:00 am to 4:00 pm Monday through Friday. Online, web base bill payment is also maintained for customer ease in access to additional payment options. USWSC also maintains 24 hour emergency answering service and dispatch, as well as local utility manager and staff assigned to the system.

6. Owner Representations and Duties

6.1

OWNER shall keep in force all System warranties, guarantees, easements and licenses that have been granted to OWNER and are not transferred to USWSC under this Agreement.

6.2

OWNER shall pay all *ad valorem*, property, franchise, occupational and disposal taxes, or other taxes associated with the System other than taxes imposed upon USWSC net income and/or payroll taxes for USWSC employees. In the event USWSC is required to pay any sales tax or use taxes on the value of the services provided by USWSC hereunder or the services provided by any subcontractor of USWSC, such payments shall be reimbursed by the OWNER unless OWNER furnishes a valid and properly executed exemption certificate relieving the OWNER and USWSC of the obligation for such taxes.

6.3

OWNER shall provide USWSC, within a reasonable time after request and on an "as available" basis, with the temporary use of any piece of Owner's heavy equipment that is available so that USWSC may discharge its obligations under this Agreement in the most cost-effective manner.

6.4

OWNER shall provide all registrations and licenses for any of Owner's vehicles used in connection with the System (if applicable).

6.5

OWNER represents and warrants that during facilities and other System equipment have been operated only in the normal course of business, that the system is in need of a meter change out program and investigation into unaccounted for water pumped. Owner cannot fully attest to the condition of the facilities composing the System and/or any equipment used by the System, and therefore has not disclosed to USWSC.

7. Compensation

7.1

USWSC compensation under this Agreement and dictated scope of work shall consist of a Monthly Fee. For the first year of this Agreement the **USWSC Monthly Fee for Services as described herein will total \$3,078.33** based upon the current Sewer Service Calculation of **179 ERC's**. Hourly fee schedules are maintained by USWSC covering any work provided outside the scope of this agreement.

7.2

The Monthly Fee shall be increased each April of each year per consumer price index as published by the Department of Labor. Should the capacity of the System change, or other services are added, the fee will change upon review with the Owner. This particular change will not remove the annual CPI increase.

8. Payment of Compensation

8.1

The Monthly Fee shall be due and payable on the first business day of the month for each month that services are provided.

8.2

All other compensation to USWSC is due upon receipt of USWSC invoice and payable within thirty (30) days.

8.3

OWNER shall pay interest at an annual rate equal to the prime rate established by TD Bank plus two percent (1.0%) on payments not paid and received within thirty (30) calendar days of the due date, such interest being calculated from the due date of the payment. In the event that the interest charges under this Section 7.4 might exceed any limitation provided by law, such charges shall be reduced to the highest rate or amount allowed within such limitation.

9. Scope Changes

9.1

A Change in Scope of Services shall occur when and as USWSC costs of providing services under this Agreement change as a result of:

9.2

Any change in System operations, personnel qualifications or staffing or other cost which is mandated or otherwise required, by a change in law, rule or regulation or an action or forbearance of any governmental body having jurisdiction to order, dictate or require such change;

9.3

Owner's request and USWSC consent to provide additional services beyond the scope of this Agreement.

9.4

For Changes in Scope described in Sections 10.1.1 through and including 10.1.2, the Annual Fee shall be increased (or decreased) by an amount equal to USWSC additional or reduced Cost associated with the change in Scope plus ten percent (10%).

10. Indemnity, Liability and Insurance

10.1

USWSC hereby agrees to indemnify and hold OWNER harmless from any liability or damages for bodily injury, including death, which may arise from USWSC' negligence or willful misconduct under this Agreement, provided USWSC shall be liable only for that percentage of total damages that corresponds to its percentage of total negligence or fault.

10.2

OWNER agrees to indemnify and hold USWSC harmless from any liability or damage or bodily injury, including death, which may arise from all causes of any kind other than USWSC' negligence or willful misconduct including, but not limited to, breach of an OWNER warranty.

10.3

USWSC shall be liable for those fines or civil penalties imposed by a regulatory or enforcement agency for violations occurring on or after the Commencement Date of the effluent quality requirements dictated by regulatory compliance that are a result of USWSC' negligence. OWNER will assist USWSC in contesting any such fines in administrative proceedings and/or in court prior to any payment by USWSC. USWSC shall pay the cost of any such contest.

10.4

OWNER shall be liable and indemnify and hold USWSC harmless for those fines or civil penalties imposed by any regulatory or enforcement

agencies on OWNER and/or USWSC 1) that are not a result of USWSC negligence 2) that are otherwise directly related to the ownership of the System and 3) are the result of failure of Owner to make any Capital Expenditures previously identified as necessary for the System to attain applicable performance standards and 4) Owner shall indemnify and hold USWSC harmless from the payment of any such fines and/or penalties.

10.5

Owner Shall defend, indemnify and hold USWSC harmless from any and all liability, cost, expenses, penalties, including attorneys fees and the cost of investigation, remediation, negotiation and resolution, arising from any condition existing prior to the start date that constitutes a release of hazardous substances, as that term is defined in any state, federal or local law, or constitutes a violation of any state, federal or local environmental law.

10.6

Indemnity obligations provided for in this Agreement shall survive the termination of the Agreement.

10.7

USWSC shall maintain general liability insurance coverage of \$1,000,000.00, provide all workers compensation coverage for USWSC staff and all vehicle insurance coverage for USWSC vehicles.

11. Term, Termination and Default

11.1

The initial term of this Agreement shall be Three (3) years; commencing March 1st, 2012, (the "Commencement Date"). Thereafter, this Agreement shall be automatically renewed on each anniversary date, for successive Three (3) Year terms unless canceled in writing by either party no less than ninety (90) days prior to expiration of the then current term.

11.2

Either party may terminate this Agreement upon 90 day written notice.

11.3

N/A

This item not applicable to this contract.

11.4

Upon notice of termination by OWNER, USWSC shall assist OWNER in assuming operation of the System. If additional Cost is incurred by USWSC at request of OWNER, OWNER shall pay USWSC such Cost within 15 days of invoice receipt.

11.5

Upon termination of this agreement and all renewals and extensions of it, at a minimum USWSC will return the System to OWNER in the same or better condition as it was upon the effective date of this Agreement, ordinary wear and tear excepted. Equipment and other personal property purchased by USWSC for use in the operation or maintenance of the System shall remain the property of USWSC upon termination of this Agreement unless the property was directly paid for by OWNER or OWNER specifically reimbursed USWSC for the cost incurred to purchase the property or this Agreement provides to the contrary.

12. Disputes and Force Majeure

12.1

In the event activities by employee groups or unions unrelated to USWSC cause a disruption in USWSC ability to perform at the System, USWSC may request and Owner shall assist USWSC efforts or USWSC at its own option, may seek appropriate injunctive court orders. During any such disruption, USWSC shall operate the facilities on a best-efforts basis until any such disruption ceases.

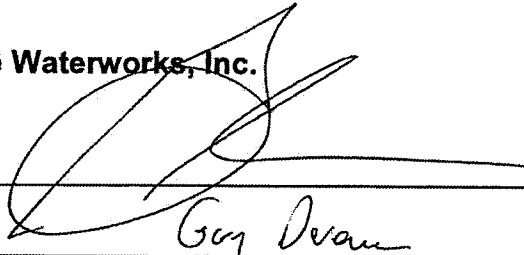
12.2

Neither party shall be liable for its failure to perform its obligations under this Agreement if such failure is due to any Unforeseen Circumstances beyond its reasonable control or force majeure. However, this section may not be used by either party to avoid, delay or otherwise affect any payments due to the other party.

[END OF TEXT THIS PAGE]

Each of the parties indicates their approval of this Agreement by their signatures below, and each party warrants that all corporate or governmental action necessary to bind the parties to the terms of this Agreement has been and will be taken.

Lakeside Waterworks, Inc.

By:  _____

Name: Guy Ivan

Title: President

U.S. Water Services Corporation

By:  _____

Name: Ralph Amiett

Title: VP

End Agreement

Appendices A,B,C&D Following

Appendix A

DEFINITIONS

1. **"Monthly Fee"** means a predetermined, fixed sum for USWSC base operating, billing/collection, and customer services.
2. **"Capital Expenditures"** means any expenditures for (1) the purchase of new equipment or facility items that cost more than Two Hundred Fifty (\$250.00).
3. **"Cost"** means all Direct Cost and indirect cost determined on an accrual basis in accordance with generally accepted accounting principles.
4. **"Direct Cost"** means the actual cost incurred for the direct benefit of the System including, but not limited to, expenditures for System management and labor, employee benefits, chemicals, lab supplies, repairs, repair parts, maintenance parts, safety supplies, gasoline, oil, equipment rental, legal and professional services, quality assurance, travel, office supplies, other supplies, uniforms, telephone, postage, utilities, tools, memberships and training supplies.
5. **"Maintenance"** means those routine and/or repetitive activities required or recommended by the equipment or facility manufacturer or by USWSC to maximize the service life of the equipment, sewer, vehicles and facilities.
6. **"System"** means all equipment, vehicles, grounds, rights-of-way, wells and facilities, where appropriate, the operations and maintenance of such.
7. **"Repairs"** means those non-routine/non-repetitive activities required for operational continuity, safety and performance generally due to failure or to avert a failure of the equipment, or facilities, or some component thereof.
8. **"Unforeseen Circumstances"** shall mean any event or condition which has an effect on the rights or obligations of the parties under this Agreement, or upon the System, which is beyond the reasonable control of the party relying thereon and constitutes a justification for a delay in, or non-performance of, action required by this Agreement, including, but not limited to (i) an act of God, landslide, lightning, earthquake, tornado, fire, explosion, flood, failure to possess sufficient property rights, acts of the public enemy, war, blockade, sabotage, insurrection, riot or civil disturbance, (ii) preliminary or final order of any local, province, administrative agency or governmental body of competent jurisdiction, (iii) any change in law, regulation, rule, requirement, interpretation or statute

adopted, promulgated, issued or otherwise specifically modified or changed by any local, province or governmental body, (iv) loss of or inability to obtain service from a utility necessary to furnish power for the operation and maintenance of the System, or (v) the failure of OWNER to make any Capital Expenditure previously identified as necessary for the System to attain applicable performance standards, (vi) the failure of the Owner to provide influent within the characteristics as identified herein as necessary for the System to attain applicable performance standards.

9. **"ERC's"** shall mean Equivalent Residential Connection as defined by the FPSC.

10. **"FPSC"** shall mean the Florida Public Service Commission.

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Appendix B

SYSTEM CHARACTERISTICS **WASTEWATER**

B.2.1. The System has the following design characteristics:

Wastewater: 186 accounts / 186 ERC's

- ❖ FPSC Regulated
- ❖ Additional 24 units will have to be tied into this plant – capacity can handle.
- ❖ Overall, the collection system is in satisfactory condition
- ❖ WWTP rated for 50,000 GPD
- ❖ WWTP sits on 6+ acres
- ❖ WW System Contains 15 manholes
- ❖ WW System Contains 4 lift stations
- ❖ Effluent disposal – pond and spray field
- ❖ Interconnects ____ Yes XX No

B.2.2 The Annual Fee for services under this contract is based on baseline of 86 ERC's.

B.2.3 USWSC will provide operating services to the System so that the wastewater treatment operations within established standards of the FDEP standards.

B.2.4 Maintain the Rapid Infiltration Basins (RIBs)

Appendix C

INSURANCE COVERAGE

USWSC SHALL MAINTAIN:

1. Statutory Workers' Compensation for all of USWSC' employees at the System as required by the State of Florida.
2. Comprehensive general liability insurance, insuring USWSC negligence, in an amount not less than One Million Dollars (\$1,000,000) combined single limits for bodily injury and/or property damage and in addition maintain Professional Liability Insurance in an amount not less that One Million Dollars (\$1,000,000)

OWNER SHALL MAINTAIN:

1. Statutory Workers' Compensation for all of Owner's employees associated with the System as required by the State of Florida.
2. Property damage insurance, or shall self insure, for all property including vehicles owned by OWNER and operated by USWSC under this Agreement if applicable. Any property, including vehicles not properly or fully insured, shall be the financial responsibility of the OWNER.
3. Automobile liability insurance, or self insure, for collision, comprehensive, and bodily injury if system vehicles are provided.

USWSC will provide at least thirty (30) days notice of the cancellation of any policy it is required to maintain under this Agreement. USWSC may self-insure reasonable deductible amounts under the policies it is required to maintain to the extent permitted by law but only if such action does not invalidate the property insurance of OWNER. USWSC and the OWNER, on behalf of themselves and their insurers, waive their rights of subrogation with respect to losses occurring to property of the parties.

Appendix D

USWSC Detailed Scope of Services

- Operate wastewater treatment and lift station facilities
- Bi-monthly Billing, and meter reading
- Field customer service
- Customer Service
- Receive and take action on Emergency and after hours call
- Collection activities as well as handle deposits
- Provide refunds
- Generation of reports for the Owner, FDEP, SJWMGD, and other entities
- Provide routine maintenance – filters, oil changes, etc.
- Sampling – sample collection, analysis, reporting
- CCR preparation if applicable
- Coordinate deliveries – Chlorine for example
- Provide signage with emergency telephone number
- Respond to breaks and outages
- Provide and maintain a CMMS for the Owner
- Conduct the PM program
- Provide maintenance
- Conduct locates on behalf of the owner and respond to Sunshine On Call
- Complete permit renewals
- Maintain and update system mapping
- Handle customer complaints and customer inquiries

Lakeside Waterworks
Water Primary/Secondary Testing

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly)

REVIEWED

System Name: Shangri La by the Lake PWS I.D. #: 335-4028

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

Address: 100 Shangri La Blvd City: Leesburg ZIP Code: _____

Phone # 866-753-8292 Fax #: 727-849-4219 E-Mail Address: mrotteveel@uswatercorp.net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1 Sample Date: 4.22.15 Sample Time: 1220 AM PM (Circle One)

Sample Location (be specific): P05 Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.60 mg/L Field pH: 8.20

Sample Type (Check Only One)

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

- 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: _____

Primary Inorganics, Secondary Contaminants, VOC's _____

*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, Bruce Smith, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: JAMES BRUCE SMITH Date: 4.22.15

Certified Operator #: 013525 Phone #: 866-753-8292 Sampler's Fax #: 727-849-4219

Sampler's E-mail: US Water Services - mrotteveel@uswatercorp.net

Reporting Form 62-550.730
Effective January 1995, Revised December 2012

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative 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 #: E53076 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE *

Address: 528 S. North Bl, Ste 1016 Altamonte Springs, FL Payments: P.O. Box Phone #: (407)937-1594

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: E82001, E82574, E84589, E87688

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 04/22/2015

PWS ID (From Page 1): 3354028 Sample Number (From Page 1): A1502695001 Lab Assigned Report # or Job A1502695

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 checked="" type="checkbox"/> All Except Asbestos | <input type="checkbox"/> All 30 | <input checked="" type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes | <input type="checkbox"/> Single Sample | <input checked="" type="checkbox"/> All 14 |
| <input type="checkbox"/> Partial | <input 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 type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos Only | | | | | |

LAB CERTIFICATION

I, Brandon O'Hara, Client Services 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

Signature: Brandon O'Hara Date: 5/6/15

* 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 A "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: Yes No (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**

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: A1502695001

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.051	U	EPA 300.0	0.051	04/23/2015	19:47	E53076
1041	Nitrite	1	mg/L	0.053	U	EPA 300.0	0.053	04/23/2015	19:47	E53076
1005	Arsenic	0.010	mg/L	0.00039	U	EPA 200.8	0.00039	04/28/2015	16:20	E82574
1010	Barium	2	mg/L	0.011		EPA 200.7	0.00028	05/04/2015	13:48	E82574
1015	Cadmium	0.005	mg/L	0.00014	U	EPA 200.8	0.00014	04/28/2015	16:20	E82574
1020	Chromium	0.1	mg/L	0.00053	U	EPA 200.8	0.00053	04/28/2015	16:20	E82574
1024	Cyanide	0.2	mg/L	0.020	U	SM 4500-CN-E	0.020	05/02/2015	14:40	E87688
1025	Fluoride	4.0	mg/L	0.16	I	EPA 300.0	0.075	04/23/2015	19:47	E53076
1030	Lead	0.015	mg/L	0.0012	U	EPA 200.8	0.0012	04/28/2015	16:20	E82574
1035	Mercury	0.002	mg/L	0.000010	U	EPA 245.1	0.000010	05/04/2015	11:59	E82574
1036	Nickel	0.1	mg/L	0.00054	U	EPA 200.8	0.00054	04/28/2015	16:20	E82574
1045	Selenium	0.05	mg/L	0.0029	U	EPA 200.8	0.0029	04/28/2015	16:20	E82574
1052	Sodium	160	mg/L	7.7		EPA 200.7	0.026	05/04/2015	13:48	E82574
1074	Antimony	0.006	mg/L	0.00023	U	EPA 200.8	0.00023	04/28/2015	16:20	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	05/04/2015	13:48	E82574
1085	Thallium	0.002	mg/L	0.00028	U	EPA 200.8	0.00028	04/28/2015	16:20	E82574

Reporting Format 62-550.730
Effective January 1995. Revised February 2010

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative 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: A1502695001

PWS ID (From Page 1): _____

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	0.061	U	EPA 200.7	0.061	05/04/2015	13:48	E82574
1017	Chloride	250	mg/L	11		EPA 300.0	0.78	04/23/2015	19:47	E53076
1022	Copper	1	mg/L	0.00054	U	EPA 200.8	0.00054	04/28/2015	16:20	E82574
1025	Fluoride	2.0	mg/L	0.16	I	EPA 300.0	0.075	04/23/2015	19:47	E53076
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	05/04/2015	13:48	E82574
1032	Manganese	0.05	mg/L	0.0013	I	EPA 200.8	0.00028	04/28/2015	16:20	E82574
1050	Silver	0.1	mg/L	0.00013	U	EPA 200.8	0.00013	04/28/2015	16:20	E82574
1055	Sulfate	250	mg/L	16		EPA 300.0	0.52	04/23/2015	19:47	E53076
1095	Zinc	5	mg/L	0.016		EPA 200.7	0.0020	05/04/2015	13:48	E82574
1905	Color	15	PCU	5.0	U	SM 2120 B	5.0	04/23/2015	16:40	E53076
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/23/2015	08:46	E53076
1925	pH	6.5 - 8.5	SU	8.0	Q	SM 4500H+B		04/22/2015	17:15	E53076
1930	Total Dissolved Solids	500	mg/L	190		SM 2540 C	10	04/23/2015	08:14	E53076
2905	Foaming Agents	0.5	mg/L	0.038	U	SM 5540 C	0.038	04/24/2015	10:45	E82001

Reporting Format 62-550.730
Effective January 1995, Revised February 2010

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative 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: A1502695001

PWS ID (From Page 1): _____

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	0.21	U	EPA 524.2	0.21	0.5	04/29/2015	13:49	E84589
2380	cis-1,2-Dichloroethylene	70	ug/L	0.45	U	EPA 524.2	0.45	0.5	04/29/2015	13:49	E84589
2955	Xylenes (total)	10,000	ug/L	0.48	U	EPA 524.2	0.48	0.5	04/29/2015	13:49	E84589
2964	Dichloromethane	5	ug/L	0.20	U	EPA 524.2	0.20	0.5	04/29/2015	13:49	E84589
2968	o-Dichlorobenzene	600	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/29/2015	13:49	E84589
2969	para-Dichlorobenzene	75	ug/L	0.19	U	EPA 524.2	0.19	0.5	04/29/2015	13:49	E84589
2976	Vinyl Chloride	1	ug/L	0.32	U	EPA 524.2	0.32	0.5	04/29/2015	13:49	E84589
2977	1,1-Dichloroethylene	7	ug/L	0.24	U	EPA 524.2	0.24	0.5	04/29/2015	13:49	E84589
2979	trans-1,2-Dichloroethylene	100	ug/L	0.34	U	EPA 524.2	0.34	0.5	04/29/2015	13:49	E84589
2980	1,2-Dichloroethane	3	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/29/2015	13:49	E84589
2981	1,1,1-Trichloroethane	200	ug/L	0.32	U	EPA 524.2	0.32	0.5	04/29/2015	13:49	E84589
2982	Carbon tetrachloride	3	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/29/2015	13:49	E84589
2983	1,2-Dichloropropane	5	ug/L	0.46	U	EPA 524.2	0.46	0.5	04/29/2015	13:49	E84589
2984	Trichloroethylene	3	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/29/2015	13:49	E84589
2985	1,1,2-Trichloroethane	5	ug/L	0.39	U	EPA 524.2	0.39	0.5	04/29/2015	13:49	E84589
2987	Tetrachloroethylene	3	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/29/2015	13:49	E84589
2989	Chlorobenzene	100	ug/L	0.35	U	EPA 524.2	0.35	0.5	04/29/2015	13:49	E84589
2990	Benzene	1	ug/L	0.15	U	EPA 524.2	0.15	0.5	04/29/2015	13:49	E84589
2991	Toluene	1,000	ug/L	0.20	U	EPA 524.2	0.20	0.5	04/29/2015	13:49	E84589
2992	Ethylbenzene	700	ug/L	0.20	U	EPA 524.2	0.20	0.5	04/29/2015	13:49	E84589
2996	Styrene	100	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/29/2015	13:49	E84589

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

Reporting Format 62-550.730
Effective January 1995, Revised February 2010

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative 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.



Summit Environmental Technologies, Inc.
3310 Win St.
Cuyahoga Falls, Ohio 44223
TEL: (330) 253-8211 FAX: (330) 253-4489
Website: <http://www.settek.com>

May 04, 2015

Brandon O Hara
Advanced Environmental Laboratories, Inc
528 S North Lake Blvd Suite 1016
Altamonte Springs, FL 32701
TEL: 407-937-1594
FAX:
RE: A1502695

Dear Brandon O Hara:

Order No.: 15042571

Summit Environmental Technologies, Inc. received 1 sample(s) on 4/24/2015 for the analyses presented in the following report.

There were no problems with the analytical events associated with this report unless noted in the Case Narrative.

Quality control data is within laboratory defined or method specified acceptance limits except where noted.

If you have any questions regarding these tests results, please feel free to call the laboratory.

Sincerely,

Dr. Mo Osman
Project Manager
3310 Win St.
Cuyahoga Falls, Ohio 44223

A2LA 0724.01, Alabama 41600, Arizona AZ0788, Arkansas 88-0735, California 07256CA, Colorado, Connecticut PH-0105, Delaware, Florida NELAC E87688, Georgia E87688 and 943, Idaho OH00923, Illinois 200061 and Reg.5, Indiana C-OH-13, Kansas E-10347, Kentucky (Underground Storage Tank) 3, Kentucky 90146, Louisiana 04061 and LA12004, Maine 2012015, Maryland 339, Massachusetts M-OPH923, Minnesota 409711, Montana CERT0099, New Hampshire 2996, New Jersey OH006, New York 11777, North Carolina 39705 and 631, Ohio Drinking Water 4170, Ohio VAP CL0052, Oklahoma 9940, Oregon OH200001, Pennsylvania 68-01335, Rhode Island LA000317, South Carolina 92016001, Tennessee TN04018, Texas T104704466-11-5, Region 8 8TMS-L, USDA/APHIS P330-11-00244, Utah OH009232011-1, Vermont VT-87688, Virginia 00440 and 1581, Washington C891, West Virginia 248 and 9957C and E87688, Wisconsin 399013010



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Analytical Laboratories

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Cuyahoga Falls, Ohio 44223
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Website: <http://www.settek.com>

Case Narrative

WO#: 15042571
Date: 5/4/2015

CLIENT: Advanced Environmental Laboratories, Inc
Project: A1502695

This report in its entirety consists of the documents listed below. All documents contain the Summit Environmental Technologies, Inc., Work Order Number assigned to this report.

Paginated Report including Cover Letter, Case Narrative, Analytical Results, Applicable Quality Control Summary Reports, and copies of the Chain of Custody Documents are supplied with this sample set.

Concentrations reported with a J-Flag in the Qualifier Field are values below the Limit of Quantitation (LOQ) but greater than the established Method Detection Limit (MDL).

Method numbers, unless specified as SM (Standard Methods) or ASTM, are EPA methods.

Estimated uncertainty values are available upon request.

Analysis performed by DBM, VRM, or SG were performed at Summit Labs 2704 Eatonton Highway Haddock, GA 31033

All results for Solid Samples are reported on an "as received" or "wet weight" basis unless indicated as "dry weight" using the "-dry" designation on the reporting units.

Summit Environmental Technologies, Inc., holds the accreditations/certifications listed at the bottom of the cover letter that may or may not pertain to this report.

The information contained in this analytical report is the sole property of Summit Environmental Technologies, Inc. and that of the customer. It cannot be reproduced in any form without the consent of Summit Environmental Technologies, Inc. or the customer for which this report was issued. The results contained in this report are only representative of the samples received. Conditions can vary at different times and at different sampling conditions. Summit Environmental Technologies, Inc. is not responsible for use or interpretation of the data included herein.

This report is believed to meet all of the requirements of NELAC or the accrediting / certifying agency. Any comments or problems with the analytical events associated with this report are noted below.

Original

Page 2 of 9



Qualifiers and Acronyms

WO#: 15042571
Date: 5/4/2015

These commonly used Qualifiers and Acronyms may or may not be present in this report.

Qualifiers

U	The compound was analyzed for but was not detected.
J	The reported value is greater than the Method Detection Limit but less than the Reporting Limit.
H	The hold time for sample preparation and/or analysis was exceeded.
D	The result is reported from a dilution.
E	The result exceeded the linear range of the calibration or is estimated due to interference.
MC	The result is below the Minimum Compound Limit.
*	The result exceeds the Regulatory Limit or Maximum Contamination Limit.
m	Manual integration was used to determine the area response.
N	The result is presumptive based on a Mass Spectral library search assuming a 1:1 response.
P	The second column confirmation exceeded 25% difference.
C	The result has been confirmed by GC/MS.
X	The result was not confirmed when GC/MS Analysis was performed.
B/MB+	The analyte was detected in the associated blank.
G	The ICB or CCB contained reportable amounts of analyte.
QC-/+	The CCV recovery failed low (-) or high (+).
R/QDR	The RPD was outside of accepted recovery limits.
QL-/+	The LCS or LCSD recovery failed low (-) or high (+).
QLR	The LCS/LCSD RPD was outside of accepted recovery limits.
QM-/+	The MS or MSD recovery failed low (-) or high (+).
QMR	The MS/MSD RPD was outside of accepted recovery limits.
QV-/+	The ICV recovery failed low (-) or high (+).
S	The spike result was outside of accepted recovery limits.

Acronyms

ND	Not Detected	RL	Reporting Limit
QC	Quality Control	MDL	Method Detection Limit
MB	Method Blank	LOD	Level of Detection
LCS	Laboratory Control Sample	LOQ	Level of Quantitation
LCSD	Laboratory Control Sample Duplicate	PQL	Practical Quantitation Limit
QCS	Quality Control Sample	CRQL	Contract Required Quantitation Limit
DUP	Duplicate	PL	Permit Limit
MS	Matrix Spike	RegLvl	Regulatory Limit
MSD	Matrix Spike Duplicate	MCL	Maximum Contamination Limit
RPD	Relative Percent Different	MinCL	Minimum Compound Limit
ICV	Initial Calibration Verification	RA	Reanalysis
ICB	Initial Calibration Blank	RE	Reextraction
CCV	Continuing Calibration Verification	TIC	Tentatively Identified Compound
CCB	Continuing Calibration Blank	RT	Retention Time
RLC	Reporting Limit Check	CF	Calibration Factor
DF	Dilution Factor	RF	Response Factor

This list of Qualifiers and Acronyms reflects the most commonly utilized Qualifiers and Acronyms for reporting. Please refer to the Analytical Notes in the Case Narrative for any Qualifiers or Acronyms that do not appear in this list or for additional information regarding the use of these Qualifiers on reported data.



SUMMIT
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Website: <http://www.settek.com>

Workorder Sample Summary

WO#: 15042571
04-May-15

CLIENT: Advanced Environmental Laboratories, Inc
Project: A1502695

Lab SampleID	Client Sample ID	Tag No	Date Collected	Date Received	Matrix
15042571-001	A1502695001		4/22/2015 12:20:00 PM	4/24/2015 10:05:00 AM	Drinking Water



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DATES REPORT

WO#: 15042571
04-May-15

Client: Advanced Environmental Laboratories, Inc
Project: A1502695

Sample ID	Client Sample ID	Collection Date	Matrix	Test Name	Leachate Date	Prep Date	Analysis Date
15042571-001A	A1502695001	4/22/2015 12:20:00 PM	Drinking Water	DW Total Cyanide (4500-CN-E)			5/2/2015 2:40:00 PM



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 Website: <http://www.settek.com>

WO#: 15042571

Date Reported: 5/4/2015

Company: Advanced Environmental Laboratories, In

Address: 528 S North Lake Blvd Suite 1016
 Altamonte Springs FL 32701

Received: 4/24/2015

Project#: A1502695

Client ID#	Lab ID#	Collected Analyte	Result	Units	Matrix	Method	DF	RL	Run	Analyst
A1502695001	001	4/22/2015 Cyanide, Total	ND	mg/L	Drinking Water	SM 4500-CN-E	1	0.0200	5/2/2015	TIR



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**Accreditation Program
 Analytes Report**

WO#: 15042571
 04-May-15

Client: Advanced Environmental Laboratories, I
Project: A1502695

Program Name	Sample ID	ClientSampleID	Matrix	Test Name	Analyte	Status
Florida DOH	15042571-001A	A1502695001	Drinking Water	DW Total Cyanide (4500-CN-E)	Cyanide, Total	A

FL-NELAI A Accredited

ACCREDITED

Original #15042571# v1

Page 7 of 9



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QC SUMMARY REPORT

WO#: 15042571
04-May-15

Client: Advanced Environmental Laboratories, Inc
Project: A1502695

BatchID: R36529

Sample ID	MB-R36529	SampType:	MBLK	TestCode:	Cyanide,Tota	Units:	mg/L	Prep Date:		RunNo:	36529			
Client ID:	PBW	Batch ID:	R36529	TestNo:	A4500-CN-E			Analysis Date:	5/2/2015	SeqNo:	523353			
Analyte		Result		PQL	SPK value	SPK Ref Val		%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Cyanide, Total		ND		0.0200										

Sample ID	LCS-R36529	SampType:	LCS	TestCode:	Cyanide,Tota	Units:	mg/L	Prep Date:		RunNo:	36529			
Client ID:	LCSW	Batch ID:	R36529	TestNo:	A4500-CN-E			Analysis Date:	5/2/2015	SeqNo:	523354			
Analyte		Result		PQL	SPK value	SPK Ref Val		%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Cyanide, Total		0.0510		0.0200	0.05000	0		102	85	115				

Sample ID	15042535-001AMS	SampType:	MS	TestCode:	Cyanide,Tota	Units:	mg/L	Prep Date:		RunNo:	36529			
Client ID:	BatchQC	Batch ID:	R36529	TestNo:	A4500-CN-E			Analysis Date:	5/2/2015	SeqNo:	523356			
Analyte		Result		PQL	SPK value	SPK Ref Val		%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Cyanide, Total		0.0460		0.0200	0.05000	0		92.0	75	125				

Sample ID	15042535-001AMSD	SampType:	MSD	TestCode:	Cyanide,Tota	Units:	mg/L	Prep Date:		RunNo:	36529			
Client ID:	BatchQC	Batch ID:	R36529	TestNo:	A4500-CN-E			Analysis Date:	5/2/2015	SeqNo:	523357			
Analyte		Result		PQL	SPK value	SPK Ref Val		%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Cyanide, Total		0.0490		0.0200	0.05000	0		98.0	75	125	0.04600	6.32	30	

Qualifiers: * Value exceeds Maximum Contaminant Level. B Analyte detected in the associated Method Blank E Value above quantitation range
H Holding times for preparation or analysis exceeded J Analyte detected below quantitation limits M Manual integration used to determine
MC Value is below Minimum Compound Limit. ND Not Detected at the Reporting Limit O RSD is greater than RSDlimit
P Second column confirmation exceeds PL Permit Limit R RPD outside accepted recovery limits



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QC SUMMARY REPORT

WO#: 15042571
04-May-15

Client: Advanced Environmental Laboratories, Inc
Project: A1502695

BatchID: R36529

Sample ID	15042535-001AMSD	SampType:	MSD	TestCode:	Cyanide,Tota	Units:	mg/L	Prep Date:		RunNo:	36529
Client ID:	BatchQC	Batch ID:	R36529	TestNo:	A4500-CN-E			Analysis Date:	5/2/2015	SeqNo:	523357
Analyte		Result		PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD RPDLimit Qual

- Qualifiers:
- * Value exceeds Maximum Contaminant Level.
 - H Holding times for preparation or analysis exceeded
 - MC Value is below Minimum Compound Limit.
 - P Second column confirmation exceeds
 - B Analyte detected in the associated Method Blank
 - J Analyte detected below quantitation limits
 - ND Not Detected at the Reporting Limit
 - PL Permit Limit
 - E Value above quantitation range
 - M Manual integration used to determine
 - O RSD is greater than RSDlimit
 - R RPD outside accepted recovery limits

Chain of Custody

Document 17518 - HBN 12753

Workorder

Shangri La by the Lake

Results Requested By 5/16/15
5442019

Report To:		Subcontract To:		Project/Analysis:											
Brandon Ohara Advanced Environmental Laboratories, Inc 528 S. North Bl, Ste 1016 Altamonte Springs, FL 32701 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580 Phone (407)937-1594		SUMMIT-Cuyahoga Falls-OH Summit Environmental Technologies, Inc. 3310 Win Street Cuyahoga Falls, OH 44223 Phone Fax		15042571-001 ROR											
Item	Station ID	Collect Date/Time	Lab ID	Matrix	NaOH	Preserved Containers					SY-450-CNE		LAB USE ONLY		
1	POE	4/22/2015 12:20	A1502695001	Drinking Water	1							X			
2															
3															
4															
5															
Report		Electronic Data Deliverables			Comments										
<input type="checkbox"/> Standard (Results only) <input type="checkbox"/> Standard with Batch QC <input type="checkbox"/> CLP <input type="checkbox"/> Other _____		<input type="checkbox"/> SEDD Stage 2A <input type="checkbox"/> SEDD Stage 2B <input type="checkbox"/> SEDD Stage 3 <input type="checkbox"/> Other _____													
Preservative					Transfers	Released By	Date/Time	Received By	Date/Time						
NaOH + NaOH					1	Brandon Ohara	4/22/15	Blair Strick	4/22/15						
					2										
					3										
					4										
					5										

**Summit Environmental Technologies, Inc.
Cooler Receipt Form**

Client: AEL Initials of person inspecting cooler and samples: SC
 Date Received: 4-24-15 Time Received: 1005 Order Number: 15042571
 Number of Coolers/Boxes: 1 Date cooler(s) opened and samples inspected: 4-24
 Shipper: FEDEX UPS DHL Airborne US Postal Walk-in Pickup Other _____
 Packaging: Peanuts Bubble Wrap Paper Foam None Other _____
 Tape on cooler/box: _____
 Custody Seals intact: _____
 C-O-C in plastic: _____
 Ice: Blue ice _____
 Sample Temperature: IR Gun # 16020459 CF 7.0 °C 2.2 °C
 Radiological Testing Instrument serial # 35127
 (see page 2 for scan results)
 **Use 1 sheet per sample for Radiological Testing. If sample is HOT, the Radiological Safety Officer must be notified immediately.

C-O-C filled out properly	<input checked="" type="radio"/>		
Samples in separate bags	<input checked="" type="radio"/>	N	N/A
Sample containers intact*	<input checked="" type="radio"/>	N	N/A
*If no, list broken sample(s)	<input checked="" type="radio"/>	N	N/A

Sample label(s) complete (ID, date, etc.)	<input checked="" type="radio"/>		
Label(s) agree with C-O-C	<input checked="" type="radio"/>	N	N/A
Correct containers used	<input checked="" type="radio"/>	N	N/A
Sufficient sample received	<input checked="" type="radio"/>	N	N/A
Bubbles absent from 40 mL vials**	<input checked="" type="radio"/>	N	N/A
** Samples with bubbles <6mm are acceptable. Indicate bubble size if >6mm	<input type="radio"/>	N	N/A

Was client contacted about samples: Y N
 Will client send new samples: Y N
 Client contact: _____
 Date/Time: _____
 Logged in by: _____
 Comments: _____

Rick Scott
Governor



FLORIDA
HEALTH

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Laboratory Scope of Accreditation

Page 1 of 2

Attachment to Certificate #: E53076-20, expiration date June 30, 2015. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E53076

EPA Lab Code: FL01220

(407) 937-1594

E53076

Advanced Environmental Laboratories, Inc. - Orlando
528 South Northlake Blvd., Suite 1016
Altamonte Springs, FL 32701

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	3/24/2009
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	3/16/2005
Color	SM 2120 B	Primary Inorganic Contaminants	NELAP	4/1/2009
Escherichia coli	SM 9221 F	Microbiology	NELAP	11/28/2011
Escherichia coli	SM 9223 B	Microbiology	NELAP	1/21/2005
Fluoride	EPA 300.0	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/1/2009
Nitrate as N	EPA 300.0	Primary Inorganic Contaminants	NELAP	4/1/2009
Nitrite as N	EPA 300.0	Primary Inorganic Contaminants	NELAP	4/1/2009
Odor	EPA 140.1	Secondary Inorganic Contaminants	NELAP	3/16/2005
Odor	SM 2150 B	Primary Inorganic Contaminants	NELAP	4/1/2009
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	4/1/2009
pH	EPA 150.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
pH	SM 4500-H+-B	Primary Inorganic Contaminants	NELAP	4/1/2009
Sulfate	EPA 300.0	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/1/2009
Total coliforms	SM 9222 B	Microbiology	NELAP	1/21/2005
Total coliforms	SM 9223 B	Microbiology	NELAP	1/21/2005
Total dissolved solids	SM 2540 C	Secondary Inorganic Contaminants	NELAP	11/28/2011
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	4/1/2009
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	8/14/2014

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 12/2/2014

Expiration Date: 6/30/2015

Rick Scott
Governor



FLORIDA
HEALTH

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Laboratory Scope of Accreditation

Page 1 of 5

Attachment to Certificate #: E82001-42, expiration date June 30, 2014. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E82001

EPA Lab Code: FL01280

(352) 377-2349

E82001

Advanced Environmental Laboratories, Inc. - Gainesville
4965 SW 41st Blvd.
Gainesville, FL 32608

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	4/1/2009
Color	SM 2120 B	Secondary Inorganic Contaminants	NELAP	4/1/2009
Escherichia coli	COLITAG	Microbiology	NELAP	2/1/2007
Escherichia coli	SM 9221 F	Microbiology	NELAP	10/15/2012
Fluoride	EPA 300.0	Primary Inorganic Contaminants	NELAP	8/25/2011
Nitrate as N	EPA 300.0	Primary Inorganic Contaminants	NELAP	2/1/2007
Nitrite as N	EPA 300.0	Primary Inorganic Contaminants	NELAP	8/29/2012
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	4/1/2009
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	2/1/2007
pH	EPA 150.1	Primary Inorganic Contaminants	NELAP	2/1/2007
pH	SM 4500-H+-B	Secondary Inorganic Contaminants	NELAP	4/1/2009
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/1/2009
Residue-filterable (TDS)	SM 2540 C	Secondary Inorganic Contaminants	NELAP	4/1/2009
Sulfate	EPA 300.0	Primary Inorganic Contaminants	NELAP	2/1/2007
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	4/1/2009
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NELAP	4/1/2009
Total coliforms	COLITAG	Microbiology	NELAP	2/1/2007
Total coliforms	SM 9222 B	Microbiology	NELAP	2/1/2007
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	8/29/2012

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/24/2013

Expiration Date: 6/30/2014

Rick Scott
Governor



FLORIDA
HEALTH

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Laboratory Scope of Accreditation

Page 1 of 35

Attachment to Certificate #: E82574-47, expiration date June 30, 2015. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,1,1,2-Tetrachloroethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
1,1,1-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1,2,2-Tetrachloroethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
1,1,2-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1-Dichloroethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
1,1-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1-Dichloropropene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
1,2,3-Trichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
1,2,3-Trichloropropane	EPA 504.1	Group II Unregulated Contaminants	NELAP	5/10/2011
1,2,3-Trichloropropane	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
1,2,4-Trichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
1,2,4-Trimethylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
1,2-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2-Dichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2-Dichloropropane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,3,5-Trimethylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
1,3-Dichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
1,3-Dichloropropane	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,4-Dioxane (1,4-Diethyleneoxide)	EPA 522	Synthetic Organic Contaminants	NELAP	8/3/2012
2,2-Dichloropropane	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
2,4-D	EPA 515.3	Synthetic Organic Contaminants	NELAP	3/29/2006
2-Chlorotoluene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
4-Chlorotoluene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
4-Isopropyltoluene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Acetone	EPA 524.2	Group II Unregulated Contaminants	NELAP	8/3/2012
Alachlor	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Aldicarb (Temik)	EPA 531.1	Group I Unregulated Contaminants	NELAP	5/10/2011
Aldicarb sulfone	EPA 531.1	Group I Unregulated Contaminants	NELAP	7/26/2012
Aldicarb sulfoxide	EPA 531.1	Group I Unregulated Contaminants	NELAP	5/10/2011
Aldrin	EPA 508	Group I Unregulated Contaminants	NELAP	5/10/2011
Alkalinity as CaCO ₃	EPA 310.1	Primary Inorganic Contaminants	NELAP	12/8/2006
Alkalinity as CaCO ₃	SM 2320 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2014

Expiration Date: 6/30/2015

Rick Scott
Governor



John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Laboratory Scope of Accreditation

Page 2 of 35

Attachment to Certificate #: E82574-47, expiration date June 30, 2015. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E82574 EPA Lab Code: FL00949 (904) 363-9350

E82574
Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Antimony	EPA 200.8	Primary Inorganic Contaminants	NELAP	12/8/2006
Arsenic	EPA 200.8	Primary Inorganic Contaminants	NELAP	12/8/2006
Atrazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Barium	EPA 200.8	Primary Inorganic Contaminants	NELAP	12/8/2006
Benzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Benzo(a)pyrene	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Beryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Beryllium	EPA 200.8	Primary Inorganic Contaminants	NELAP	12/8/2006
bis(2-Ethylhexyl) phthalate (DEHP)	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Boron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	12/8/2006
Bromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Bromobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Bromochloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Bromochloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Cadmium	EPA 200.8	Primary Inorganic Contaminants	NELAP	12/8/2006
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Carbofuran (Furadan)	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chlordane (tech.)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	5/10/2011
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chloroethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Chromium	EPA 200.8	Primary Inorganic Contaminants	NELAP	12/8/2006
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
cis-1,3-Dichloropropene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	2/13/2003
Color	SM 2120 B	Secondary Inorganic Contaminants	NELAP	4/27/2007
Conductivity	EPA 120.1	Primary Inorganic Contaminants	NELAP	4/30/2008
Conductivity	SM 2510 B	Primary Inorganic Contaminants	NELAP	4/30/2008

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2014

Expiration Date: 6/30/2015

Rick Scott
Governor.



John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Laboratory Scope of Accreditation

Attachment to Certificate #: E82574-50, expiration date June 30, 2015. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Copper	EPA 200.7	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Copper	EPA 200.8	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	3/25/2015
Dalapon	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Di(2-ethylhexyl)adipate	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Dibromochloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Dibromomethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	10/26/2009
Dichlorodifluoromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	3/24/2005
Dichloromethane (DCM, Methylene chloride)	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Dieldrin	EPA 508	Other Regulated Contaminants	NELAP	1/21/2005
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.3	Group I Unregulated Contaminants	NELAP	5/10/2011
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	4/19/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	1/21/2005
Escherichia coli	SM 9221 F	Synthetic Organic Contaminants	NELAP	3/24/2005
Escherichia coli	SM 9223 B	Microbiology	NELAP	8/3/2012
Ethylbenzene	EPA 524.2	Microbiology	NELAP	9/5/2002
Fluoride	EPA 300.0	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Primary Inorganic Contaminants	NELAP	9/21/2011
Glyphosate	EPA 547	Synthetic Organic Contaminants	NELAP	3/24/2005
Hardness	SM 2340 B	Synthetic Organic Contaminants	NELAP	4/30/2008
Heptachlor	EPA 508	Secondary Inorganic Contaminants	NELAP	12/8/2006
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorobenzene	EPA 508	Microbiology	NELAP	1/21/2005
Hexachlorobutadiene	EPA 524.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Group II Unregulated Contaminants	NELAP	10/26/2009
Iron	EPA 200.7	Synthetic Organic Contaminants	NELAP	3/24/2005
Isopropylbenzene	EPA 524.2	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.8	Group II Unregulated Contaminants	NELAP	10/26/2009
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	12/8/2006
Manganese	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
		Secondary Inorganic Contaminants	NELAP	4/4/2002

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 3/26/2015

Expiration Date: 6/30/2015

Rick Scott
Governor



John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Laboratory Scope of Accreditation

Page 4 of 35

Attachment to Certificate #: E82574-47, expiration date June 30, 2015. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Manganese	EPA 200.8	Secondary Inorganic Contaminants	NELAP	12/8/2006
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Methyl bromide (Bromomethane)	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Methyl chloride (Chloromethane)	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Methyl tert-butyl ether (MTBE)	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Molybdenum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	12/8/2006
Molybdenum	EPA 200.8	Secondary Inorganic Contaminants	NELAP	4/27/2007
Naphthalene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
n-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nickel	EPA 200.8	Primary Inorganic Contaminants	NELAP	12/8/2006
Nitrate	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/10/2011
Nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/10/2011
n-Propylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/10/2011
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
pH	SM 4500-H+-B	Secondary Inorganic Contaminants	NELAP	2/28/2008
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Residue-filterable (TDS)	SM 2540 C	Secondary Inorganic Contaminants	NELAP	10/26/2009
Salinity	SM 2520 B	Secondary Inorganic Contaminants	NELAP	8/3/2012
sec-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Selenium	EPA 200.8	Primary Inorganic Contaminants	NELAP	12/8/2006
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silver	EPA 200.8	Secondary Inorganic Contaminants	NELAP	12/8/2006
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2014

Expiration Date: 6/30/2015

Rick Scott
Governor



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HEALTH

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Laboratory Scope of Accreditation

Page 5 of 35

Attachment to Certificate #: E82574-47, expiration date June 30, 2015. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/10/2011
tert-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.8	Primary Inorganic Contaminants	NELAP	12/8/2006
Thorium	EPA 200.8	Secondary Inorganic Contaminants	NELAP	12/8/2006
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms	SM 9223 B	Microbiology	NELAP	9/5/2002
Total dissolved solids	SM 2540 C	Secondary Inorganic Contaminants	NELAP	2/28/2008
Total haloacetic acids (HAA5)	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/10/2011
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
trans-1,3-Dichloropropene	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichlorofluoromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/26/2009
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Uranium	EPA 200.8	Radiochemistry	NELAP	7/1/2007
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Zinc	EPA 200.8	Secondary Inorganic Contaminants	NELAP	12/8/2006

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2014

Expiration Date: 6/30/2015

Rick Scott
Governor



John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Laboratory Scope of Accreditation

Page 1 of 23

Attachment to Certificate #: E84589-28, expiration date June 30, 2015. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84589

EPA Lab Code: FL01092

(813) 630-9616

E84589

Advanced Environmental Laboratories, Inc. - Tampa
9610 Princess Palm Avenue
Tampa, FL 33619

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,1,1-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
1,1,2-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
1,1-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
1,2,4-Trichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	5/25/2012
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Group II Unregulated Contaminants	NELAP	5/25/2012
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Group II Unregulated Contaminants	NELAP	5/25/2012
1,2-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
1,2-Dichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
1,2-Dichloropropane	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	10/11/2002
Amenable cyanide	SM 4500-CN- G	Primary Inorganic Contaminants	NELAP	10/11/2002
Ammonia as N	EPA 350.1	Secondary Inorganic Contaminants	NELAP	10/5/2009
Benzene	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
Bromate	EPA 300.0	Primary Inorganic Contaminants	NELAP	2/10/2005
Bromate	EPA 300.1	Primary Inorganic Contaminants	NELAP	2/10/2005
Bromide	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Bromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	10/5/2009
Bromochloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	10/5/2009
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/5/2009
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/5/2009
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	10/11/2002
Chloride	SM 4500-Cl ⁻ E	Secondary Inorganic Contaminants	NELAP	10/11/2002
Chlorite	EPA 300.0	Primary Inorganic Contaminants	NELAP	8/20/2003
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	10/5/2009
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/5/2009
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
Color	SM 2120 B	Secondary Inorganic Contaminants	NELAP	10/5/2009
Conductivity	SM 2510 B	Primary Inorganic Contaminants	NELAP	10/11/2002
Copper	SM 3113 B	Primary Inorganic Contaminants	NELAP	10/5/2009
Cyanide	SM 4500-CN E	Primary Inorganic Contaminants	NELAP	10/11/2002
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	10/5/2009
Dibromochloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	10/5/2009
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	10/5/2009

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2014

Expiration Date: 6/30/2015

Rick Scott
Governor



John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Laboratory Scope of Accreditation

Page 2 of 23

Attachment to Certificate #: E84589-28, expiration date June 30, 2015. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84589

EPA Lab Code: FL01092

(813) 630-9616

E84589

Advanced Environmental Laboratories, Inc. - Tampa
9610 Princess Palm Avenue
Tampa, FL 33619

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Dichloromethane (DCM, Methylene chloride)	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
Dissolved organic carbon (DOC)	SM 5310 B	Primary Inorganic Contaminants	NELAP	1/28/2013
Escherichia coli	SM 9221 F	Microbiology	NELAP	5/25/2012
Escherichia coli	SM 9223 B	Microbiology	NELAP	2/14/2003
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
Fluoride	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Fluoride	SM 4500 F-C	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	10/11/2002
Hardness	SM 2340 C	Secondary Inorganic Contaminants	NELAP	10/5/2009
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	10/11/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	10/5/2009
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	10/5/2009
Nitrate	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	10/11/2002
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	10/11/2002
pH	EPA 150.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
pH	SM 4500-H+-B	Secondary Inorganic Contaminants	NELAP	10/5/2009
Phosphorus, total	EPA 365.4	Secondary Inorganic Contaminants	NELAP	10/5/2009
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
Sulfate	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Sulfide	SM 4500-S D/UV-VIS	Secondary Inorganic Contaminants	NELAP	10/5/2009
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
Total coliforms	SM 9222 B	Microbiology	NELAP	2/14/2003
Total coliforms	SM 9223 B	Microbiology	NELAP	2/14/2003
Total dissolved solids	SM 2540 C	Secondary Inorganic Contaminants	NELAP	10/5/2009
Total haloacetic acids (HAA5)	EPA 552.2	Synthetic Organic Contaminants	NELAP	10/5/2009
Total nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Total organic carbon	SM 5310 B	Primary Inorganic Contaminants	NELAP	10/11/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	10/5/2009
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2014

Expiration Date: 6/30/2015

Rick Scott
Governor



John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Laboratory Scope of Accreditation

Page 3 of 23

Attachment to Certificate #: E84589-28, expiration date June 30, 2015. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84589

EPA Lab Code: FL01092

(813) 630-9616

E84589

Advanced Environmental Laboratories, Inc. - Tampa
9610 Princess Palm Avenue
Tampa, FL 33619

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	10/5/2009
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
UV 254	SM 5910 B	Primary Inorganic Contaminants	NELAP	10/5/2009
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	5/25/2012

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2014

Expiration Date: 6/30/2015

**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: Shangri La by The Lake PWS I.D. #: 3354028
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 100 Shangri La Blvd
 City: Lecsbury Fla ZIP Code: 34788
 Phone # 727-848-8292 Fax #: 727-848-7701 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A160521001 Sample Date: 7-25-16 Sample Time: 11:30 AM PM (Circle One)
 Sample Location (be specific): POE Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mol/L 1.9 Field pH: 7.87

Sample Type (Check Only One)

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

- 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
- 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:

No2 No3

*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, Joseph Byk Cook operator, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: [Signature] Date: 7-25-16
 Certified Operator # 0-5934 Phone #: 727-848-8292 Sampler's Fax #: 727-848-7701

Sampler's E-mail: _____

**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 #: E53076 Certification Expiration Date: 06/30/2017

ATTACH CURRENT DOH ANALYTE

Address: 380 Northlake Blvd., Suite 1048 Altamonte Payments: P.O. Box Phone #: (407)937-1594

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2016

PWS ID (From Page 1): 3354028 Sample Number (From Page 1): A1605211001 Lab Assigned Report # or Job A1605211

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 checked="" type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Partial |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos Only | | | | | |

LAB CERTIFICATION

I, Brandon O'Hara, Client Services 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

Signature: Brandon O'Hara Date: 8/8/16

* 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 A "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: Yes No (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**

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: A1605211001

PWS ID (From Page 1): 3354028

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.051	U	EPA 300.0	0.051	07/26/2016	20:30	E53076
1041	Nitrite	1	mg/L	0.053	U	EPA 300.0	0.053	07/26/2016	20:30	E53076

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, 2, 1, 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.



Laboratory Scope of Accreditation

Attachment to Certificate #: E53076-23, expiration date June 30, 2017. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E53076

EPA Lab Code: FL01220

(407) 937-1594

E53076

Advanced Environmental Laboratories, Inc. - Orlando
380 Northlake Blvd., Suite 1048
Altamonte Springs, FL 32701

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	3/24/2009
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	3/16/2005
Color	SM 2120 B	Primary Inorganic Contaminants	NELAP	4/1/2009
Escherichia coli	SM 9221 F	Microbiology	NELAP	11/28/2011
Escherichia coli	SM 9223 B	Microbiology	NELAP	1/21/2005
Fluoride	EPA 300.0	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/1/2009
Nitrate as N	EPA 300.0	Primary Inorganic Contaminants	NELAP	4/1/2009
Nitrite as N	EPA 300.0	Primary Inorganic Contaminants	NELAP	4/1/2009
Odor	EPA 140.1	Secondary Inorganic Contaminants	NELAP	3/16/2005
Odor	SM 2150 B	Primary Inorganic Contaminants	NELAP	4/1/2009
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	4/1/2009
pH	EPA 150.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
pH	SM 4500-H--B	Primary Inorganic Contaminants	NELAP	4/1/2009
Sulfate	EPA 300.0	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/1/2009
Total coliforms	SM 9222 B	Microbiology	NELAP	1/21/2005
Total coliforms	SM 9223 B	Microbiology	NELAP	1/21/2005
Total dissolved solids	SM 2540 C	Secondary Inorganic Contaminants	NELAP	11/28/2011
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	4/1/2009
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	8/14/2014

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2016

Expiration Date: 6/30/2017

Lakeside Waterworks
Water/Wastewater Monthly Operation Reports

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2015

A. Public Water System (PWS) Information

PWS Name: Shangri La		PWS Identification Number: 3354028	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 167		Total Population Served at End of Month: 328	
PWS Owner: Lakeside Waterworks, Inc			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Zip Code: 34652	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Lakeside Waterworks, Inc WTP		Plant Telephone Number: 866.753.8292		
Plant Address: 100 Shangri La Blvd		City: Leesburg	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Todd Powell	C	21032	6 days per week

II. Certification by Lead/Chief Operator

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

8/6/15
 Ron Derossett
 Printed or Typed Name

 A - 3531
 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354028 Plant Name: Lakeside Waterworks, Inc WTP

III. Daily Data for the Month/Year of: July, 2015

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

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

Day of the Month	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 Demostate 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 ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	33,300		2.3								1.9	
2	X	24.0	21,100		2.3								1.8	
3	X	24.0	39,100		2.1								1.7	
4	X	24.0	26,050		0.7								0.7	
5		24.0	26,050											
6	X	24.0	32,600		0.7								0.3	
7	X	24.0	50,800		1.9								1.6	
8	X	24.0	25,200		2.8								1.9	
9	X	24.0	29,600		2.8								1.9	
10	X	24.0	30,200		2.8								1.9	
11	X	24.0	30,350		2.7								1.8	
12		24.0	30,350											
13	X	24.0	23,400		2.6								1.7	
14	X	24.0	35,700		1.9								1.5	
15	X	24.0	29,400		1.9								1.6	
16	X	24.0	17,000		1.7								1.3	
17	X	24.0	26,900		2.3								1.7	
18	X	24.0	21,350		1.8								1.5	
19		24.0	21,350											
20	X	24.0	28,100		1.2								0.6	
21	X	24.0	23,000		2.6								1.7	
22	X	24.0	14,100		2.8								1.9	
23	X	24.0	19,400		2.6								1.7	
24	X	24.0	22,500		2.1								1.6	
25	X	24.0	20,850		1.4								1.0	
26		24.0	20,850											
27	X	24.0	23,800		1.6								0.9	
28	X	24.0	10,700		2.8								1.8	
29	X	24.0	20,700		2.6								1.7	
30	X	24.0	16,700		2.6								1.8	
31	X	24.0	16,700		2.3								1.7	
Total			787,200											
Average			25,394											
Maximum			50,800											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2015

A. Public Water System (PWS) Information

PWS Name: Shangri La		PWS Identification Number: 3354028	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 167		Total Population Served at End of Month: 328	
PWS Owner: Lakeside Waterworks, Inc			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Zip Code: 34652	
Contact Person's E-Mail Address: <u>mrotteveel@uswatercorp.net</u>		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Lakeside Waterworks, Inc WTP		Plant Telephone Number: 866.753.8292		
Plant Address: 100 Shangri La Blvd		City: Leesburg	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Todd Powell	C	21032	6 days per week

II. Certification by Lead/Chief Operator

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

9/4/15
A - 3531

Signature and Date Printed or Typed Name License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identificaiton Number: 3354028 Plant Name: Lakeside Waterworks, Inc WTP

III. Daily Data for the Month/Year of: August, 2015

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

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

Day of the Month	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 Demostate 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 ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	17,200		2.3								1.7	
2		24.0	17,200											
3	X	24.0	10,300		1.6								1.1	
4	X	24.0	14,900		1.9								1.3	
5	X	24.0	23,800		1.2								0.3	
6	X	24.0	17,700		2.6								1.8	
7	X	24.0	11,500		2.5								1.7	
8	X	24.0	20,150		2.5								1.6	
9		24.0	20,150											
10	X	24.0	22,000		2.2								1.6	
11	X	24.0	28,800		2.1								1.5	
12	X	24.0	20,500		2.2								1.6	
13	X	24.0	14,200		2.2								1.6	
14	X	24.0	29,900		2.8								1.9	
15	X	24.0	20,100		2.1								1.5	
16		24.0	20,100											
17	X	24.0	10,100		2.1								1.4	
18	X	24.0	22,300		1.9								1.0	
19	X	24.0	20,200		2.5								1.4	
20	X	24.0	20,200		1.8								1.2	
21	X	24.0	22,200		2.2								1.6	
22	X	24.0	21,750		1.9								1.2	
23		24.0	21,750											
24	X	24.0	20,100		1.3								0.7	
25	X	24.0	24,300		0.8								1.4	
26	X	24.0	25,100		2.0								1.3	
27	X	24.0	16,100		2.2								1.5	
28	X	24.0	18,300		1.8								1.3	
29	X	24.0	17,500		2.1								1.5	
30		24.0	17,500											
31	X	24.0	20,600		2.2								1.6	
Total			606,500											
Average			19,565											
Maximum			29,900											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2015

A. Public Water System (PWS) Information

PWS Name: Shangri La		PWS Identification Number: 3354028	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 167		Total Population Served at End of Month: 328	
PWS Owner: Lakeside Waterworks, Inc			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Zip Code: 34652	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Lakeside Waterworks, Inc WTP		Plant Telephone Number: 866.753.8292		
Plant Address: 100 Shangri La Blvd		City: Leesburg	State: Florida	
Type of Water Treatment by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Todd Powell	C	21032	6 days per week

II. Certification by Lead/Chief Operator

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

 Signature and Date

Ron Derossett

 Printed or Typed Name

A - 3531

 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354028 Plant Name: Lakeside Waterworks, Inc WTP

III. Daily Data for the Month/Year of: September, 2015

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

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

Day of the Month	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 Demostate 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 ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	20,200		2.2									1.6	
2	X	24.0	19,600		2.2									1.6	
3	X	24.0	16,500		2.1									1.5	
4	X	24.0	16,000		2.0									1.4	
5	X	24.0	17,550		2.1									1.3	
6		24.0	17,550												
7	X	24.0	11,150		2.0									1.4	
8	X	24.0	11,150		2.0									1.4	
9	X	24.0	20,200		2.0									1.3	
10	X	24.0	23,000		2.1									1.5	
11	X	24.0	18,300		2.1									1.5	
12	X	24.0	20,800		2.9									1.7	
13		24.0	20,000												
14	X	24.0	20,000		1.9									1.6	
15	X	24.0	15,800		1.9									1.6	
16	X	24.0	20,700		1.8									1.3	
17	X	24.0	19,300		1.6									1.0	
18	X	24.0	9,600		1.7									1.2	
19	X	24.0	27,400		1.8									1.2	
20		24.0	20,850												
21	X	24.0	20,850		1.8									1.3	
22	X	24.0	18,300		1.7									1.2	
23	X	24.0	23,000		1.7									1.2	
24	X	24.0	18,000		1.7									1.2	
25	X	24.0	17,600		1.8									1.3	
26	X	24.0	20,650		1.7									1.2	
27		24.0	20,650												
28	X	24.0	41,300		1.7									1.2	
29	X	24.0	10,000		1.7									1.2	
30	X	24.0	19,300		1.8									1.4	
31		24.0													
Total			575,300												
Average			19,177												
Maximum			41,300												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2015

A. Public Water System (PWS) Information

PWS Name: Shangri La		PWS Identification Number: 3354028	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 167		Total Population Served at End of Month: 328	
PWS Owner: Lakeside Waterworks, Inc			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Contact Person's Fax Number: 727.849.4219	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net			

B. Water Treatment Plant Information

Plant Name: Lakeside Waterworks, Inc WTP		Plant Telephone Number: 866.753.8292		
Plant Address: 100 Shangri La Blvd		City: Leesburg	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Todd Powell	C	21032	6 days per week

II. Certification by Lead/Chief Operator

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

11/4/15

 Signature and Date

Ron Derossett

 Printed or Typed Name

A - 3531

 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354028 Plant Name: Lakeside Waterworks, Inc WTP

III. Daily Data for the Month/Year of: October, 2015

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

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

Day of the Month	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 Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	12,500		1.8										1.3	
2	X	24.0	18,700		1.7										1.3	
3	X	24.0	12,133		1.7										1.4	
4		24.0	12,133													
5	X	24.0	12,133		0.9										0.4	
6	X	24.0	15,100		1.8										1.2	
7	X	24.0	20,600		1.8										1.2	
8	X	24.0	22,300		1.8										1.3	
9	X	24.0	20,000		1.8										1.4	
10	X	24.0	17,300		1.8										1.4	
11		24.0	28,150													
12	X	24.0	28,150		1.7										1.3	
13	X	24.0	17,400		2.5										2.1	
14	X	24.0	23,900		2.5										2.1	
15	X	24.0	18,500		2.3										1.9	
16	X	24.0	17,400		2.2										1.8	
17	X	24.0	21,400		2.1										1.8	
18		24.0	31,300													
19	X	24.0	31,300		2.0										1.7	
20	X	24.0	22,400		2.0										1.6	
21	X	24.0	21,700		2.0										1.6	
22	X	24.0	23,500		2.1										1.5	
23	X	24.0	19,700		2.1										1.5	
24	X	24.0	23,900		2.0										1.4	
25		24.0	36,300													
26	X	24.0	36,300		1.8										1.3	
27	X	24.0	9,200		1.7										1.3	
28	X	24.0	23,100		1.8										1.3	
29	X	24.0	21,400		1.7										1.3	
30	X	24.0	20,700		1.7										1.3	
31	X	24.0	23,400		1.8										1.3	
Total			661,999													
Average			21,355													
Maximum			36,300													

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:	November, 2015
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A. Public Water System (PWS) Information

PWS Name: Shangri La		PWS Identification Number: 3354028	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 167		Total Population Served at End of Month: 328	
PWS Owner: Lakeside Waterworks, Inc			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Zip Code: 34652	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Lakeside Waterworks, Inc WTP		Plant Telephone Number: 866.753.8292		
Plant Address: 100 Shangri La Blvd		City: Leesburg	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34788		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Joe Byk	C	5934	6 days per week

II. Certification by Lead/Chief Operator

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

	Ron Derossett Printed or Typed Name	A - 3531 License Number
Signature and Date		

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identificaiton Number: 3354028 Plant Name: Lakeside Waterworks, Inc WTP

III. Daily Data for the Month/Year of: November, 2015

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

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

Day of the Month	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 Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	29,750												
2	X	24.0	23,600		1.7									1.3	
3	X	24.0	40,700		1.7									1.3	
4	X	24.0	37,100		1.8									1.4	
5	X	24.0	38,200		2.1									1.6	
6	X	24.0	31,300		2.0									1.6	
7	X	24.0	32,400		2.0									1.5	
8		24.0	32,400												
9	X	24.0	64,800		2.0									1.5	
10	X	24.0	29,500		2.0									1.5	
11	X	24.0	32,500		1.9									1.5	
12	X	24.0	78,000		1.6									1.2	
13	X	24.0	20,000		2.1									2.0	
14	X	24.0	20,200		2.1									1.9	
15		24.0	23,900												
16	X	24.0	23,900		2.1									1.8	
17	X	24.0	31,300		2.0									1.7	
18	X	24.0	15,600		1.9									1.5	
19	X	24.0	28,300		2.1									1.8	
20	X	24.0	26,600		2.1									1.8	
21	X	24.0	19,100		2.0									1.7	
22		24.0	45,100												
23	X	24.0	29,300		0.7									0.3	
24	X	24.0	23,700		1.8									1.4	
25	X	24.0	25,100		3.5									3.0	
26	X	24.0	10,600		2.7									2.3	
27	X	24.0	21,800		2.5									2.1	
28	X	24.0	53,550		2.4									2.1	
29		24.0	53,550												
30	X	24.0	22,700		3.5									2.9	
31		24.0													
Total			964,550												
Avgerage			32,152												
Maximum			78,000												

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2015

A. Public Water System (PWS) Information

PWS Name: Shangri La		PWS Identification Number: 3354028	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 167		Total Population Served at End of Month: 328	
PWS Owner: Lakeside Waterworks, Inc			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Contact Person's Fax Number: 727.849.4219	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net			

B. Water Treatment Plant Information

Plant Name: Lakeside Waterworks, Inc WTP		Plant Telephone Number: 866.753.8292	
Plant Address: 100 Shangri La Blvd		City: Leesburg	State: Florida
Type of Water Treatment by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Joe Byk	C	5934	6 days per week

II. Certification by Lead/Chief Operator

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

1/7/16

Ron Derossett
Printed or Typed Name

A - 3531
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identificaiton Number: 3354028 Plant Name: Lakeside Waterworks, Inc WTP

III. Daily Data for the Month/Year of: December, 2015

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

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

Day of the Month	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 Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	26,400		2.8										2.1
2	X	24.0	29,200		2.8										2.1
3	X	24.0	7,500		2.8										2.1
4	X	24.0	22,200		2.7										2.1
5	X	24.0	23,300		2.7										2.1
6		24.0	23,300												
7	X	24.0	15,400		1.8										1.5
8	X	24.0	25,000		2.0										1.6
9	X	24.0	22,800		2.0										1.6
10	X	24.0	12,300		2.0										1.5
11	X	24.0	24,900		3.5										3.0
12	X	24.0	26,250		1.4										1.0
13		24.0	26,250												
14	X	24.0	20,300		2.3										1.8
15	X	24.0	21,500		2.0										0.8
16	X	24.0	22,600		2.0										1.8
17	X	24.0	24,800		2.0										1.8
18	X	24.0	23,400		2.1										1.8
19	X	24.0	23,400		2.1										1.7
20		24.0	23,400												
21	X	24.0	25,300		2.0										1.6
22	X	24.0	18,200		2.0										1.6
23	X	24.0	20,200		2.1										1.6
24	X	24.0	21,600		2.0										1.5
25	X	24.0	19,800		2.0										1.6
26	X	24.0	21,400		2.0										1.6
27		24.0	21,400												
28	X	24.0	19,700		3.0										2.2
29	X	24.0	23,400		2.8										2.1
30	X	24.0	25,400		2.8										2.1
31	X	24.0	26,200		1.2										0.6
Total			686,800												
Average			22,155												
Maximum			29,200												

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

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

PWS ID:	3354945	Plant Name:	Lakeside Waterworks, Inc WTP
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2014

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =		Acrylamide Level, % ¹ =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ¹ =	
--------------------	--	---	--

C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):			
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =			
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =			

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2016

A. Public Water System (PWS) Information

PWS Name: Shangri La		PWS Identification Number: 3354028	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 167		Total Population Served at End of Month: 328	
PWS Owner: Lakeside Waterworks, Inc			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Zip Code: 34652	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Lakeside Waterworks, Inc WTP		Plant Telephone Number: 866.753.8292	
Plant Address: 100 Shangri La Blvd		City: Leesburg	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34788	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Joe Byk	C	5934	6 days per week

II. Certification by Lead/Chief Operator

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

2/3/16
Signature and Date

Ron Derossett
Printed or Typed Name

A - 3531
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identificaiton Number: 3354028 Plant Name: Lakeside Waterworks, Inc WTP

III. Daily Data for the Month/Year of: January, 2016

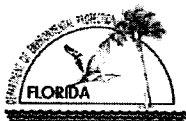
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

Day of the Month	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 Demostate 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 ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	24,700		2.6											
2	X	24.0	19,250		2.6									2.0	Well #1 down	
3		24.0	19,250											1.9		
4	X	24.0	31,100		2.3									1.7		
5	X	24.0	21,500		1.3									0.7		
6	X	24.0	23,200		1.3									0.7		
7	X	24.0	24,100		1.6									0.7		
8	X	24.0	18,600		2.0									1.5		
9	X	24.0	12,500		2.2									1.6		
10		24.0	12,500													
11	X	24.0	12,500		2.2									1.5		
12	X	24.0	19,600		2.1									1.5		
13	X	24.0	27,000		2.0									1.4		
14	X	24.0	23,600		2.0									1.5		
15	X	24.0	13,900		1.9									1.5		
16	X	24.0	18,600		1.9									1.5		
17		24.0	19,600													
18	X	24.0	19,600		1.9									1.5		
19	X	24.0	22,300		1.9									1.6		
20	X	24.0	14,900		2.0									1.6		
21	X	24.0	17,400		2.0									1.5		
22	X	24.0	18,300		2.0									1.4		
23	X	24.0	16,200		2.0									1.5		
24		24.0	18,950													
25	X	24.0	18,950		2.0									1.5		
26	X	24.0	20,200		2.1									1.5		
27	X	24.0	10,100		1.6									1.3		
28	X	24.0	27,600		1.6									1.3		
29	X	24.0	18,300		1.6									1.2		
30	X	24.0	15,200		1.6									1.1		
31		24.0	19,317													
Total			598,817													
Average			19,317													
Maximum			31,100													

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2016

A. Public Water System (PWS) Information

PWS Name: Shangri La		PWS Identification Number: 3354028	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		Consecutive	
Number of Service Connections at End of Month: 167		Total Population Served at End of Month: 328	
PWS Owner: Lakeside Waterworks, Inc			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Zip Code: 34652	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Lakeside Waterworks, Inc WTP		Plant Telephone Number: 866.753.8292		
Plant Address: 100 Shangri La Blvd		City: Leesburg	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34788		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Joe Byk	C	5934	6 days per week

II. Certification by Lead/Chief Operator

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

3/7/16
Signature and Date

Ron Derossett
Printed or Typed Name

A - 3531
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354028 Plant Name: Lakeside Waterworks, Inc WTP

III. Daily Data for the Month/Year of: February, 2016

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

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

Day of the Month	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 Demostate 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 ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	18,300		1.6											
2	X	24.0	30,600		1.5											Well #1 down
3	X	24.0	19,100		1.5											
4	X	24.0	65,500		1.5											
5	X	24.0	27,800		0.7											
6	X	24.0	11,600		0.9											
7		24.0	11,600													
8	X	24.0	11,600		1.9											
9	X	24.0	18,200		1.9											
10	X	24.0	15,700		2.0											
11	X	24.0	27,700		2.0											
12	X	24.0	19,400		2.1											
13	X	24.0	24,300		2.1											
14		24.0	20,700													
15	X	24.0	20,700		2.1											
16	X	24.0	17,400		2.1											
17	X	24.0	19,200		2.1											
18	X	24.0	21,200		2.1											
19	X	24.0	48,800		2.1											
20	X	24.0	25,500		2.1											
21		24.0	24,400													
22	X	24.0	24,400		2.1											
23	X	24.0	19,700		2.0											
24	X	24.0	21,300		2.0											
25	X	24.0	19,200		2.1											
26	X	24.0	14,200		2.4											
27	X	24.0	16,300		2.1											
28		24.0	27,950													
29	X	24.0	27,950		2.2											
30		24.0														
31		24.0														
Total			670,300													
Average			23,114													
Maximum			65,500													

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2016

A. Public Water System (PWS) Information

PWS Name: Shangri La		PWS Identification Number: 3354028	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 167		Total Population Served at End of Month: 328	
PWS Owner: Lakeside Waterworks, Inc			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Zip Code: 34652	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Lakeside Waterworks, Inc WTP		Plant Telephone Number: 866.753.8292		
Plant Address: 100 Shangri La Blvd		City: Leesburg	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34788		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Joe Byk	C	5934	6 days per week

II. Certification by Lead/Chief Operator

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

3/7/16
 Signature and Date

Ron Derossett
 Printed or Typed Name

A - 3531
 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identificaiton Number: 3354028 Plant Name: Lakeside Waterworks, Inc WTP

III. Daily Data for the Month/Year of: March, 2016

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	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 Demostate 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 ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	25,100		2.1									1.5	Well #1 down
2	X	24.0	21,100		2.0									1.5	
3	X	24.0	22,400		2.0									1.5	
4	X	24.0	21,500		2.0									1.5	
5	X	24.0	19,433		2.0									1.5	
6		24.0	19,433											1.5	
7	X	24.0	19,433		2.6									1.8	
8	X	24.0	34,600		2.3									1.2	
9	X	24.0	18,200		2.3									1.3	
10	X	24.0	40,400		2.1									1.5	
11	X	24.0	20,400		1.8									1.2	
12	X	24.0	26,150		1.9									1.3	
13		24.0	26,150												
14	X	24.0	24,600		1.9									1.3	
15	X	24.0	22,700		1.7									1.3	
16	X	24.0	26,700		2.2									1.5	
17	X	24.0	24,900		1.9									1.3	
18	X	24.0	42,700		1.9									1.3	
19	X	24.0	28,050		2.0									1.5	
20		24.0	28,050												
21	X	24.0	29,300		2.2									1.4	
22	X	24.0	22,000		1.9									1.3	
23	X	24.0	33,400		2.1									1.4	
24	X	24.0	22,000		2.1									1.5	
25	X	24.0	23,600		2.1									1.5	
26	X	24.0	21,400		2.0									1.4	
27	X	24.0	21,400		2.1									1.6	
28	X	24.0	19,600		1.9									1.6	
29	X	24.0	22,000		2.1									1.5	
30	X	24.0	24,900		2.0									1.5	
31	X	24.0	28,300		2.0									1.5	
Total			779,899												
Average			25,158												
Maximum			42,700												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2016

A. Public Water System (PWS) Information

PWS Name: Shangri La		PWS Identification Number: 3354028	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		Consecutive	
Number of Service Connections at End of Month: 167		Total Population Served at End of Month: 328	
PWS Owner: Lakeside Waterworks, Inc			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Zip Code: 34652	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Lakeside Waterworks, Inc WTP		Plant Telephone Number: 866.753.8292	
Plant Address: 100 Shangri La Blvd		City: Leesburg	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34788	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Ron Derossett	A	3531
Other Operators:	Joe Byk	C	5934

II. Certification by Lead/Chief Operator

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

5/9/16
 Signature and Date

Ron Derossett
 Printed or Typed Name

A - 3531
 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354028 Plant Name: Lakeside Waterworks, Inc WTP

III. Daily Data for the Month/Year of: April, 2016

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

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

Day of the Month	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 Demostate 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 ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	31,800		2.1										1.5	
2	X	24.0	30,200		2.0										1.5	
3		24.0	30,200													
4	X	24.0	35,800		1.8										1.3	
5	X	24.0	29,700		2.1										1.5	
6	X	24.0	29,000		3.4										1.8	
7	X	24.0	25,400		3.4										1.8	
8	X	24.0	37,600		0.6										0.2	
9	X	24.0	24,400		1.0										0.6	
10		24.0	24,400													
11	X	24.0	24,400		0.8										0.3	
12	X	24.0	22,400		3.6										2.7	
13	X	24.0	42,300		1.6										1.1	
14	X	24.0	31,600		2.1										1.4	
15	X	24.0	26,100		1.6										1.0	
16	X	24.0	33,200		1.6										1.1	
17		24.0	43,500													
18	X	24.0	43,500		1.6										1.1	
19	X	24.0	53,600		1.6										1.0	
20	X	24.0	42,700		1.7										1.2	
21	X	24.0	40,500		2.5										2.0	
22	X	24.0	41,600		1.0										0.5	
23	X	24.0	38,000		1.5										0.9	
24		24.0	32,000													
25	X	24.0	32,000		1.6										1.1	
26	X	24.0	41,300		1.8										1.2	
27	X	24.0	32,500		1.8										1.3	
28	X	24.0	41,400		1.3										0.6	
29	X	24.0	38,500		1.8										1.2	
30	X	24.0	61,700		1.8										1.2	
31		24.0														
Total			1,061,300													
Average			35,377													
Maximum			61,700													

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2016

A. Public Water System (PWS) Information

PWS Name: Shangri La		PWS Identification Number: 3354028	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 167		Total Population Served at End of Month: 328	
PWS Owner: Lakeside Waterworks, Inc			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Zip Code: 34652	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Lakeside Waterworks, Inc WTP		Plant Telephone Number: 866.753.8292		
Plant Address: 100 Shangri La Blvd		City: Leesburg	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34788		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Joe Byk	C	5934	6 days per week

II. Certification by Lead/Chief Operator

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

7/6/16
 Signature and Date

Ron Derossett
 Printed or Typed Name

A - 3531
 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354028 Plant Name: Lakeside Waterworks, Inc WTP

III. Daily Data for the Month/Year of: June, 2016

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	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 Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	38,900		1.8									1.3	
2	X	24.0	29,400		1.8									1.3	
3	X	24.0	34,200		1.9									1.3	
4	X	24.0	16,500		1.8									1.3	
5		24.0	16,500												
6	X	24.0	16,500		1.9									1.4	
7	X	24.0	16,900		2.2									1.6	
8	X	24.0	18,200		2.1									1.5	
9	X	24.0	27,500		1.9									1.4	
10	X	24.0	24,600		1.9									1.3	
11	X	24.0	49,400		1.9									1.3	
12	X	24.0	27,800		2.0									1.5	
13	X	24.0	26,100		2.0									1.5	
14		24.0	24,300												
15	X	24.0	25,300		1.9									1.5	
16	X	24.0	23,000		1.9									1.5	
17	X	24.0	15,700		1.8									1.4	
18	X	24.0	26,500		1.8									1.4	
19		24.0	20,800												
20	X	24.0	20,800		1.8									1.5	
21	X	24.0	23,700		1.8									1.4	
22	X	24.0	46,200		1.8									1.3	
23	X	24.0	99,800		1.8									1.4	
24	X	24.0	23,900		1.8									1.3	
25	X	24.0	26,100		1.8									1.4	
26		24.0	23,150												
27	X	24.0	23,150		1.9									1.5	
28	X	24.0	21,800		1.9									1.5	
29	X	24.0	23,500		1.9									1.4	
30	X	24.0	26,200		1.9									1.4	
31		24.0													
Total			836,400												
Average			27,880												
Maximum			99,800												

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identificaiton Number: 3354028 Plant Name: Lakeside Waterworks, Inc WTP

III. Daily Data for the Month/Year of: May, 2016

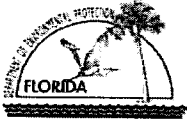
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

Day of the Month	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 Demostate 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 ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24.0	71,300												
2	X	24.0	48,300		1.8									1.4	
3	X	24.0	27,600		1.8									1.3	
4	X	24.0	25,500		1.8									1.4	
5	X	24.0	28,400		1.9									1.4	
6	X	24.0	60,400		1.8									1.3	
7	X	24.0	34,750		1.8									1.3	
8		24.0	34,750												BWN
9	X	24.0	33,400		2.0									1.4	
10	X	24.0	36,100		2.3									1.6	
11	X	24.0	39,400		2.3									1.6	Rescinded
12	X	24.0	19,400		2.3									1.7	
13	X	24.0	40,200		2.3									1.8	
14	X	24.0	38,800		2.3									1.7	
15		24.0	38,800												
16	X	24.0	28,300		2.3									1.8	
17	X	24.0	31,400		2.3									1.7	
18	X	24.0	28,100		2.3									1.8	
19	X	24.0	32,100		2.3									1.7	
20	X	24.0	100,000		2.3									1.7	
21	X	24.0	22,500		2.2									1.7	
22		24.0	22,500												
23	X	24.0	30,100		2.2									1.7	
24	X	24.0	31,400		2.2									1.8	
25	X	24.0	37,500		2.2									1.5	
26	X	24.0	42,100		2.3									1.7	
27	X	24.0	41,400		1.6									1.1	
28	X	24.0	28,450		1.6									1.1	
29		24.0	28,450												
30	X	24.0	33,300		1.7									1.2	
31	X	24.0	23,700		1.7									1.2	
Total			1,138,400												
Average			36,723												
Maximum			100,000												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2016

A. Public Water System (PWS) Information

PWS Name: Shangri La		PWS Identification Number: 3354028	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 167		Total Population Served at End of Month: 328	
PWS Owner: Lakeside Waterworks, Inc			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 866-753-8292		Zip Code: 34652	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Lakeside Waterworks, Inc WTP		Plant Telephone Number: 866.753.8292	
Plant Address: 100 Shangri La Blvd		City: Leesburg	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34788	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Utility Manager Days 1st Shift
Other Operators:	Joe Byk	C	5934	6 days per week

II. Certification by Lead/Chief Operator

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

Signature and Date

 6/8/16
 Printed or Typed Name

 A - 3531
 License Number

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Shangri-La By The Lake Inc ADDRESS: 100 Shangri La Blvd Leesburg, FL 34788 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Sprayfield (w/ RIB Backup), including Influent MONITORING PERIOD: From: 07/01/2015 To: 07/31/2015
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		0.05 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		0.013 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		0.05 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		Report (Mo Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		Report (Mo Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer

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-1	Sample Measurement					4.9			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				<2.0	1.0	1.0		0		
	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					2.5			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					1.4			0		
	Permit Requirement					200.0 (Maximum)		mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					12.0			0		
	Permit Requirement					200.0 (Annl Avg)		#/100ML		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					0.5	<1.0		0		
	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4		7.6		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				0.7				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.008	0.007						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement						14		0		
	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 08/24/2015	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Shangri-La By The Lake Inc ADDRESS: 100 Shangri La Blvd Leesburg, FL 34788 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-1 DESCRIPTION: Biosolids Quantity (Transferred & Landfilled) MONITORING PERIOD: From: 07/01/2015 To: 07/31/2015
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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				0		
PARM Code B0007 + Mon. Site: RMP-1	Report (Mo Total)	ton (d)				1 Monthly	Calculated
Biosolids Quantity (Landfilled)	0.0				0		
PARM Code B0008 + Mon. Site: RMP-1	Report (Mo Total)	ton (d)				1 Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 08/24/2015
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DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010521-005-DW3P
From: 07/01/2015 To: 07/31/2015

Facility: Shangri - La By The Lake

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (Total flow thru plant) MGD	Flow (Flow to R-001 sprayfield) MGD	Flow (Flow to R-001 Backup RIB) MGD	
Code	80082	50060	74055	00530	00400	50050	50050	50050	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-1	FLW-1	
1		2.40			7.60	0.0070	0.0070	0.0000	
2		2.40			7.60	0.0050	0.0050	0.0000	
3		2.30			7.60	0.0080	0.0080	0.0000	
4		2.40			7.50	0.0060	0.0060	0.0000	
5						0.0060	0.0060	0.0000	
6		2.40			7.50	0.0060	0.0060	0.0000	
7		2.40			7.50	0.0090	0.0090	0.0000	
8		2.30			7.60	0.0070	0.0070	0.0000	
9		2.40			7.50	0.0060	0.0060	0.0000	
10		2.40			7.50	0.0060	0.0060	0.0000	
11		2.30			7.50	0.0070	0.0070	0.0000	
12						0.0070	0.0070	0.0000	
13		1.00			7.40	0.0050	0.0050	0.0000	
14	<2.0	1.20	<1.0	1.4	7.40	0.0080	0.0080	0.0000	
15		1.30			7.40	0.0060	0.0060	0.0000	
16		1.20			7.40	0.0040	0.0040	0.0000	
17		1.30			7.40	0.0160	0.0160	0.0000	
18		1.30			7.40	0.0084	0.0084	0.0000	
19		1.20			7.40	0.0130	0.0130	0.0000	
20		1.20			7.40	0.0100	0.0100	0.0000	
21		1.40			7.50	0.0080	0.0080	0.0000	
22		1.20			7.50	0.0050	0.0050	0.0000	
23		1.30			7.50	0.0060	0.0060	0.0000	
24		1.40			7.50	0.0120	0.0120	0.0000	
25		1.50			7.50	0.0110	0.0110	0.0000	
26						0.0110	0.0110	0.0000	
27		1.20			7.50	0.0110	0.0110	0.0000	
28		1.40			7.50	0.0170	0.0170	0.0000	
29		1.60			7.50	0.0070	0.0070	0.0000	
30		0.70			7.60	0.0130	0.0130	0.0000	
31		0.70			7.60	0.0090	0.0090	0.0000	
Total						0.2604	0.2604	0.0000	
Mo. Avg.						0.0084	0.0084	0.0000	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 13246 Name: Bruce Smith

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: Shangri-La By The Lake Inc ADDRESS: 100 Shangri La Blvd Leesburg, FL 34788 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Sprayfield (w/ RIB Backup), including Influent MONITORING PERIOD: From: 08/01/2015 To: 08/31/2015
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		0.05 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		0.013 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		0.05 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		Report (Mo Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		Report (Mo Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.2			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	1.0	1.0		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.4			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.0			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Maximum)		mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					12.0			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100ML		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					0.5	<1.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH	Sample Measurement				7.1		7.6		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				0.7				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.008	0.007						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement						15		0		
	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krahrmer	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 09/22/2015

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Shangri-La By The Lake Inc ADDRESS: 100 Shangri La Blvd Leesburg, FL 34788 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-1 DESCRIPTION: Biosolids Quantity (Transferred & Landfilled) MONITORING PERIOD: From: 08/01/2015 To: 08/31/2015
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
			0.0								
Biosolids Quantity (Transferred)	Sample Measurement		0.0						0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement		Report (Mo Total)	ton (d)						1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement		0.0						0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement		Report (Mo Total)	ton (d)						1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 09/22/2015	

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010521-005-DW3P
From: 08/01/2015 To: 08/31/2015

Facility: Shangri - La By The Lake

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (Total flow thru plant) MGD	Flow (Flow to R-001 sprayfield) MGD	Flow (Flow to R-001 Backup RIB) MGD	
Code	80082	50060	74055	00530	00400	50050	50050	50050	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-1	FLW-1	
1						0.0090	0.0090	0.0000	
2						0.0080	0.0080	0.0000	
3		2.40			7.60	0.0070	0.0070	0.0000	
4		0.70			7.30	0.0060	0.0060	0.0000	
5		1.40			7.30	0.0080	0.0080	0.0000	
6		1.50			7.30	0.0070	0.0070	0.0000	
7		0.70			7.30	0.0040	0.0040	0.0000	
8		0.70			7.30	0.0070	0.0070	0.0000	
9						0.0070	0.0070	0.0000	
10		0.70			7.30	0.0070	0.0070	0.0000	
11		2.30			7.30	0.0060	0.0060	0.0000	
12		2.30			7.30	0.0050	0.0050	0.0000	
13	<2.0	1.30	<1.0	1.0	7.30	0.0060	0.0060	0.0000	
14		2.20			7.30	0.0090	0.0090	0.0000	
15		2.40			7.30	0.0090	0.0090	0.0000	
16						0.0090	0.0090	0.0000	
17		2.30			7.30	0.0040	0.0040	0.0000	
18		0.70			7.10	0.0090	0.0090	0.0000	
19		2.50			7.30	0.0060	0.0060	0.0000	
20		2.40			7.30	0.0070	0.0070	0.0000	
21		2.20			7.30	0.0070	0.0070	0.0000	
22		2.00			7.30	0.0070	0.0070	0.0000	
23						0.0070	0.0070	0.0000	
24		0.70			7.30	0.0070	0.0070	0.0000	
25		0.90			7.40	0.0060	0.0060	0.0000	
26		2.20			7.40	0.0060	0.0060	0.0000	
27		1.70			7.40	0.0050	0.0050	0.0000	
28		1.90			7.40	0.0080	0.0080	0.0000	
29		1.70			7.40	0.0110	0.0110	0.0000	
30						0.0110	0.0110	0.0000	
31		1.50			7.10	0.0160	0.0160	0.0000	
Total						0.2310	0.2310	0.0000	
Mo. Avg.						0.0075	0.0075	0.0000	

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 20416 Name: Todd Powell

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: Shangri-La By The Lake Inc ADDRESS: 100 Shangri-La Blvd Leesburg, FL 34788 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Sprayfield (w/ RIB Backup), including Influent MONITORING PERIOD: From: 09/01/2015 To: 09/30/2015
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Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement	0.008				0		
	Permit Requirement	0.05 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	0.008				0		
	Permit Requirement	0.013 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement	0.008				0		
	Permit Requirement	0.05 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement	0.007				0		
	Permit Requirement	Report (Mo Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement	0.007				0		
	Permit Requirement	Report (Mo Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Shangri-La By The Lake Inc ADDRESS: 100 Shangri-La Blvd Leesburg, FL 34788 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Sprayfield (w/ RIB Backup), including Influent MONITORING PERIOD: From: 09/01/2015 To: 09/30/2015
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Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement	0.008				0		
	Permit Requirement	0.05 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	0.008				0		
	Permit Requirement	0.013 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement	0.008				0		
	Permit Requirement	0.05 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement	0.007				0		
	Permit Requirement	Report (Mo Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement	0.007				0		
	Permit Requirement	Report (Mo Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer

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-1	Sample Measurement				3.5				0		
	Permit Requirement				20.0 (Annl Avg)			mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				<2.0	1.0	1.0		0		
	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement				2.3				0		
	Permit Requirement				20.0 (Annl Avg)			mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement				2.3				0		
	Permit Requirement				200.0 (Maximum)			mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement				24.0				0		
	Permit Requirement				200.0 (Annl Avg)			#/100ML		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement				141.42	20000			1		
	Permit Requirement				Report (Mo Geomn)	800.0 (Maximum)		#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2		7.4		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab

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-1	Sample Measurement					3.5			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				<2.0	1.0	1.0		0		
	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					2.3			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					2.3			0		
	Permit Requirement					200.0 (Maximum)		mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					24.0			0		
	Permit Requirement					200.0 (Annl Avg)		#/100ML		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					141.42	20000		1		
	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2		7.4		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.2				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.007	0.008						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement					16			0		
	Permit Requirement					Report (Mo Avg)	percent			1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krahrmer	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 10/21/2015	

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
74055 A	EFA-1	A notice of abnormal event was filed in regard to the fecal exceedence.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Shangri-La By The Lake Inc ADDRESS: 100 Shangri La Blvd Leesburg, FL 34788 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-1 DESCRIPTION: Biosolids Quantity (Transferred & Landfilled) MONITORING PERIOD: From: 09/01/2015 To: 09/30/2015
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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	0.63			0		
	Permit Requirement	Report (Mo Total)	ton (d)			1 Monthly	Calculated
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-1	Sample Measurement	0.0			0		
	Permit Requirement	Report (Mo Total)	ton (d)			1 Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 10/21/2015
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DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010521-005-DW3P
From: 09/01/2015 To: 09/30/2015

Facility: Shangri - La By The Lake

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (Total flow thru plant) MGD	Flow (Flow to R-001 sprayfield) MGD	Flow (Flow to R-001 Backup RIB) MGD	
Code	80082	50060	74055	00530	00400	50050	50050	50050	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-1	FLW-1	
1		1.30			7.20	0.0090	0.0090	0.0000	
2		1.30			7.30	0.0070	0.0070	0.0000	
3		1.30			7.30	0.0080	0.0080	0.0000	
4		1.30			7.30	0.0070	0.0070	0.0000	
5		1.20			7.40	0.0080	0.0080	0.0000	
6						0.0070	0.0070	0.0000	
7		1.30			7.40	0.0070	0.0070	0.0000	
8		1.20			7.30	0.0070	0.0070	0.0000	
9		1.30			7.30	0.0070	0.0070	0.0000	
10	<2.0	1.40	20000	2.3	7.30	0.0070	0.0070	0.0000	
11		1.40			7.30	0.0060	0.0060	0.0000	
12		1.50			7.40	0.0100	0.0100	0.0000	
13						0.0100	0.0100	0.0000	
14		1.80	<2.0		7.40	0.0080	0.0080	0.0000	
15		1.70			7.30	0.0090	0.0090	0.0000	
16		1.60			7.30	0.0080	0.0080	0.0000	
17		1.50			7.30	0.0090	0.0090	0.0000	
18		1.60			7.30	0.0070	0.0070	0.0000	
19		1.60			7.40	0.0080	0.0080	0.0000	
20						0.0070	0.0070	0.0000	
21		1.50			7.40	0.0090	0.0090	0.0000	
22		1.60			7.40	0.0030	0.0030	0.0000	
23		1.70			7.40	0.0070	0.0070	0.0000	
24		1.60			7.30	0.0050	0.0050	0.0000	
25		1.40			7.30	0.0070	0.0070	0.0000	
26		1.30			7.30	0.0090	0.0090	0.0000	
27						0.0080	0.0080	0.0000	
28		1.30			7.30	0.0060	0.0060	0.0000	
29		1.20			7.30	0.0070	0.0070	0.0000	
30		1.30			7.30	0.0060	0.0060	0.0000	
31									
Total						0.2230	0.2230	0.0000	
Mo. Avg.						0.0074	0.0074	0.0000	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7345 Name: Joseph Byk

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: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Sprayfield (w/ RIB Backup), including Influent MONITORING PERIOD: From: 10/01/2015 To: 10/31/2015
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		0.008			0	
	Permit Requirement		0.05 (Annl Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement		0.008			0	
	Permit Requirement		0.013 (Annl Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement		0.008			0	
	Permit Requirement		0.05 (Annl Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement		0.007			0	
	Permit Requirement		Report (Mo Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement		0.007			0	
	Permit Requirement		Report (Mo Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.4			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	<2.0		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.9			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					8.2			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Maximum)		mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					32.0			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100ML		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					98.0	98.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH	Sample Measurement				7.3		7.5		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				0.6				0		
	Permit Requirement				0.5 (Minimum)		mg/L			5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.007	0.007						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement					15			0		
	Permit Requirement					Report (Mo Avg)	percent			1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krahrmer	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 11/23/2015	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-1 DESCRIPTION: Biosolids Quantity (Transferred & Landfilled) MONITORING PERIOD: From: 10/01/2015 To: 10/31/2015
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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				0		
PARM Code B0007 + Mon. Site: RMP-1	Report (Mo Total)	ton (d)				1 Monthly	Calculated
Biosolids Quantity (Landfilled)	0.0				0		
PARM Code B0008 + Mon. Site: RMP-1	Report (Mo Total)	ton (d)				1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krahnmer	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 11/23/2015	

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010521-005-DW3P
From: 10/01/2015 To: 10/31/2015

Facility: Shangri - La By The Lake

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (Total flow thru plant) MGD	Flow (Flow to R-001 sprayfield) MGD	Flow (Flow to R-001 Backup RIB) MGD	
Code	80082	50060	74055	00530	00400	50050	50050	50050	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-1	FLW-1	
1		1.30			7.40	0.0040	0.0040	0.0000	
2		0.60			7.40	0.0050	0.0050	0.0000	
3		1.20			7.30	0.0070	0.0070	0.0000	
4						0.0070	0.0070	0.0000	
5		0.80			7.30	0.0080	0.0080	0.0000	
6		1.30			7.30	0.0070	0.0070	0.0000	
7		1.40			7.30	0.0060	0.0060	0.0000	
8		1.30			7.30	0.0070	0.0070	0.0000	
9		1.30			7.30	0.0050	0.0050	0.0000	
10		1.20			7.30	0.0060	0.0060	0.0000	
11						0.0050	0.0050	0.0000	
12		1.30			7.30	0.0060	0.0060	0.0000	
13		2.00			7.40	0.0060	0.0060	0.0000	
14	<2.0	2.10	98	8.2	7.40	0.0050	0.0050	0.0000	
15		2.00			7.40	0.0070	0.0070	0.0000	
16		2.00			7.40	0.0100	0.0100	0.0000	
17		2.00			7.40	0.0070	0.0070	0.0000	
18						0.0070	0.0070	0.0000	
19		2.00			7.40	0.0060	0.0060	0.0000	
20		1.90			7.40	0.0090	0.0090	0.0000	
21		1.40			7.50	0.0060	0.0060	0.0000	
22		1.40			7.50	0.0070	0.0070	0.0000	
23		1.30			7.40	0.0060	0.0060	0.0000	
24		1.30			7.40	0.0100	0.0100	0.0000	
25						0.0090	0.0090	0.0000	
26		1.30			7.40	0.0070	0.0070	0.0000	
27		1.30			7.40	0.0060	0.0060	0.0000	
28		1.30			7.40	0.0120	0.0120	0.0000	
29		1.30			7.30	0.0070	0.0070	0.0000	
30		1.30			7.30	0.0060	0.0060	0.0000	
31		1.30			7.30	0.0120	0.0120	0.0000	
Total						0.2180	0.2180	0.0000	
Mo. Avg.						0.0070	0.0070	0.0000	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7345 Name: Joseph Byk

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: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Sprayfield (w/ RIB Backup), including Influent MONITORING PERIOD: From: 11/01/2015 To: 11/30/2015
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Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement	0.008				0		
	Permit Requirement	0.05 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	0.008				0		
	Permit Requirement	0.013 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement	0.008				0		
	Permit Requirement	0.05 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement	0.011				0		
	Permit Requirement	Report (Mo Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement	0.011				0		
	Permit Requirement	Report (Mo Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer

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-1	Sample Measurement				2.7				0		
	Permit Requirement				20.0 (Annl Avg)		mg/L		1 Monthly	Grab	
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				<2.0	<2.0	<2.0		0		
	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L	1 Monthly	Grab	
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement				3.0				0		
	Permit Requirement				20.0 (Annl Avg)		mg/L		1 Monthly	Grab	
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement				2.8				0		
	Permit Requirement				200.0 (Maximum)		mg/L		1 Monthly	Grab	
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement				37.0				0		
	Permit Requirement				200.0 (Annl Avg)		#/100ML		1 Monthly	Grab	
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement				66.0	66.0			0		
	Permit Requirement				Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab	
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.0		7.4		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.	5 Days/Week	Grab	

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.3				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.0011	0.008						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtrr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement					17			0		
	Permit Requirement					Report (Mo Avg)	percent			1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krahrmer	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 12/22/2015

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-1 DESCRIPTION: Biosolids Quantity (Transferred & Landfilled) MONITORING PERIOD: From: 11/01/2015 To: 11/30/2015
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Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0.0				0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)				1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	0.0				0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)				1 Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 12/22/2015
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DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010521-005-DW3P
 Monitoring Period From: 11/01/2015 To: 11/30/2015

Facility: Shangri - La By The Lake

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (Total flow thru plant) MGD	Flow (Flow to R-001 sprayfield) MGD	Flow (Flow to R-001 Backup RIB) MGD	
Code	80082	50060	74055	00530	00400	50050	50050	50050	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-1	FLW-1	
1						0.0110	0.0110	0.0000	
2		1.30			7.40	0.0070	0.0070	0.0000	
3		1.30			7.40	0.0090	0.0090	0.0000	
4		1.40			7.40	0.0080	0.0080	0.0000	
5		1.30			7.40	0.0100	0.0100	0.0000	
6		1.40			7.40	0.0090	0.0090	0.0000	
7		1.50			7.40	0.0110	0.0110	0.0000	
8						0.0110	0.0110	0.0000	
9		1.50			7.40	0.0050	0.0050	0.0000	
10		1.40			7.30	0.0070	0.0070	0.0000	
11		1.40			7.30	0.0070	0.0070	0.0000	
12	<2.0	1.50	66	2.8	7.30	0.0080	0.0080	0.0000	
13		1.40			7.30	0.0070	0.0070	0.0000	
14		1.50			7.40	0.0080	0.0080	0.0000	
15						0.0070	0.0070	0.0000	
16		1.40			7.40	0.0070	0.0070	0.0000	
17		1.40			7.40	0.0060	0.0060	0.0000	
18		1.50			7.40	0.0080	0.0080	0.0000	
19		1.40			7.00	0.0140	0.0140	0.0000	
20		1.50			7.00	0.0150	0.0150	0.0000	
21		1.40			7.10	0.0150	0.0150	0.0000	
22						0.0140	0.0140	0.0000	
23		1.40			7.10	0.0150	0.0150	0.0000	
24		1.40			7.10	0.0120	0.0120	0.0000	
25		1.30			7.20	0.0090	0.0090	0.0000	
26		1.30			7.20	0.0200	0.0200	0.0000	
27		1.30			7.30	0.0160	0.0160	0.0000	
28		1.30			7.30	0.0180	0.0180	0.0000	
29						0.0180	0.0180	0.0000	
30		1.40			7.30	0.0108	0.0108	0.0000	
31								0.0000	
Total						0.3228	0.3228	0.0000	
Mo. Avg.						0.0108	0.0108	0.0000	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7345 Name: Joseph Byk

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: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Sprayfield (w/ RIB Backup), including Influent MONITORING PERIOD: From: 12/01/2015 To: 12/31/2015
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		0.009			0	
	Permit Requirement		0.05 (Annl Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement		0.009			0	
	Permit Requirement		0.013 (Annl Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement		0.008			0	
	Permit Requirement		0.05 (Annl Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement		0.02			0	
	Permit Requirement		Report (Mo Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement		0.02			0	
	Permit Requirement		Report (Mo Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer

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-1	Sample Measurement					1.9			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				<2.0	<2.0	<2.0		0		
	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					3.3			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					4.8			0		
	Permit Requirement					200.0 (Maximum)		mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					37.0			0		
	Permit Requirement					200.0 (Annl Avg)		#/100ML		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					<1.0	<1.0		0		
	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.3		7.5		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.a.		5 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.2				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.02	0.012						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement						25		0		
	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 01/19/2016	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-1 DESCRIPTION: Biosolids Quantity (Transferred & Landfilled) MONITORING PERIOD: From: 12/01/2015 To: 12/31/2015
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
			0.0						0		
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement		0.0						0		
	Permit Requirement		Report (Mo Total)	ton (d)						1 Monthly	Calculated
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-1	Sample Measurement		0.0						0		
	Permit Requirement		Report (Mo Total)	ton (d)						1 Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 01/19/2016
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DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010521-005-DW3P

Facility: Shangri - La By The Lake

Monitoring Period From: 12/01/2015 To: 12/31/2015

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (Total flow thru plant) MGD	Flow (Flow to R-001 sprayfield) MGD	Flow (Flow to R-001 Backup RIB) MGD	
Code	80082	50060	74055	00530	00400	50050	50050	50050	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-1	FLW-1	
1		1.40			7.30	0.0190	0.0190	0.0000	
2		1.40			7.30	0.0170	0.0170	0.0000	
3		1.30			7.30	0.0190	0.0190	0.0000	
4		1.40			7.40	0.0160	0.0160	0.0000	
5		1.40			7.40	0.0240	0.0240	0.0000	
6						0.0230	0.0230	0.0000	
7		1.20			7.30	0.0160	0.0160	0.0000	
8		1.30			7.30	0.0170	0.0170	0.0000	
9	<2.0	1.30	<1.0	4.8	7.30	0.0240	0.0240	0.0000	
10		1.20			7.30	0.0140	0.0140	0.0000	
11		1.30			7.30	0.0190	0.0190	0.0000	
12		1.40			7.30	0.0210	0.0210	0.0000	
13						0.0210	0.0210	0.0000	
14		1.40			7.30	0.0170	0.0170	0.0000	
15		1.40			7.50	0.0200	0.0200	0.0000	
16		1.40			7.40	0.0160	0.0160	0.0000	
17		1.40			7.40	0.0250	0.0250	0.0000	
18		1.30			7.40	0.0200	0.0200	0.0000	
19		1.30			7.50	0.0200	0.0200	0.0000	
20						0.0200	0.0200	0.0000	
21		1.40			7.40	0.0240	0.0240	0.0000	
22		1.40			7.40	0.0180	0.0180	0.0000	
23		1.40			7.40	0.0150	0.0150	0.0000	
24		1.40			7.40	0.0160	0.0160	0.0000	
25		1.40			7.40	0.0180	0.0180	0.0000	
26		1.30			7.30	0.0240	0.0240	0.0000	
27						0.0230	0.0230	0.0000	
28		1.30			7.50	0.0180	0.0180	0.0000	
29		1.30			7.50	0.0200	0.0200	0.0000	
30		1.20			7.50	0.0250	0.0250	0.0000	
31		1.30			7.50	0.0190	0.0190	0.0000	
Total						0.6080	0.6080	0.0000	
Mo. Avg.						0.0196	0.0196	0.0000	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7345 Name: Joseph Byk

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: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Sprayfield (w/ RIB Backup), including Influent MONITORING PERIOD: From: 01/01/2016 To: 01/31/2016
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		0.009			0	
	Permit Requirement		0.05 (Annl Avg)	MGD			5 Days/Week Recording Flow Meter with Totalizer
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement		0.009			0	
	Permit Requirement		0.013 (Annl Avg)	MGD			5 Days/Week Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement		0.009			0	
	Permit Requirement		0.05 (Annl Avg)	MGD			5 Days/Week Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement		0.011			0	
	Permit Requirement		Report (Mo Avg)	MGD			5 Days/Week Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement		0.011			0	
	Permit Requirement		Report (Mo Avg)	MGD			5 Days/Week Recording Flow Meter with Totalizer

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-1	Sample Measurement					1.7			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				<2.0	<2.0	<2.0		0		
	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					5.6			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					29			0		
	Permit Requirement					200.0 (Maximum)		mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					44.0			0		
	Permit Requirement					200.0 (Annl Avg)		#/100ML		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					81.0	81.0		0		
	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4		7.5		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.3				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.011	0.014						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement						28		0		
	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 02/19/2016

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-1 DESCRIPTION: Biosolids Quantity (Transferred & Landfilled) MONITORING PERIOD: From: 01/01/2016 To: 01/31/2016
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		0.0						0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement		Report (Mo Total)	ton (d)						1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement		0.0						0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement		Report (Mo Total)	ton (d)						1 Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 02/19/2016
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DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010521-005-DW3P

Facility: Shangri - La By The Lake

Monitoring Period From: 01/01/2016 To: 01/31/2016

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (Total flow thru plant) MGD	Flow (Flow to R-001 sprayfield) MGD	Flow (Flow to R-001 Backup RIB) MGD	
Code	80082	50060	74055	00530	00400	50050	50050	50050	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-1	FLW-1	
1		1.30			7.50	0.0190	0.0190	0.0000	
2		1.40			7.50	0.0200	0.0200	0.0000	
3						0.0200	0.0200	0.0000	
4		1.40			7.40	0.0200	0.0200	0.0000	
5		1.40			7.40	0.0210	0.0210	0.0000	
6		1.30			7.40	0.0190	0.0190	0.0000	
7		1.30			7.50	0.0190	0.0190	0.0000	
8		4.50			7.50	0.0160	0.0160	0.0000	
9						0.0090	0.0090	0.0000	
10						0.0090	0.0090	0.0000	
11		1.60			7.50	0.0080	0.0080	0.0000	
12		1.50			7.40	0.0090	0.0090	0.0000	
13		1.40			7.40	0.0060	0.0060	0.0000	
14		1.60			7.50	0.0080	0.0080	0.0000	
15		1.60			7.50	0.0080	0.0080	0.0000	
16		1.40			7.50	0.0090	0.0090	0.0000	
17						0.0080	0.0080	0.0000	
18		1.40			7.50	0.0020	0.0020	0.0000	
19	<2.0	1.40	81	29	7.50	0.0080	0.0080	0.0000	
20		1.40			7.50	0.0060	0.0060	0.0000	
21		1.30			7.40	0.0070	0.0070	0.0000	
22		1.30			7.50	0.0090	0.0090	0.0000	
23		1.30			7.50	0.0090	0.0090	0.0000	
24						0.0080	0.0080	0.0000	
25		1.30			7.40	0.0070	0.0070	0.0000	
26		1.40			7.40	0.0013	0.0013	0.0000	
27		1.40			7.40	0.0100	0.0100	0.0000	
28		1.30			7.40	0.0130	0.0130	0.0000	
29		1.40			7.50	0.0090	0.0090	0.0000	
30		1.40			7.50	0.0110	0.0110	0.0000	
31						0.0100	0.0100	0.0000	
Total						0.3383	0.3383	0.0000	
Mo. Avg.						0.0109	0.0109	0.0000	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7345 Name: Joseph Byk

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: Lakeside Waterworks, Inc.
 ADDRESS: 4939 Cross Bayou Blvd
 New Port Richey, FL 34652

PA FILE NUMBER: FLA010521006DWF
 PERMIT NUMBER: FLA010521
 LIMIT: FINAL REPORT: Monthly
 FACILITY TYPE: DW GROUP: Domestic
 MONITORING GROUP: R-001
 DESCRIPTION: Sprayfield (w/ RIB Backup), including Influent

FACILITY: Lakeside Waterworks
 LOCATION: 100 Shangri-La Boulevard
 Leesburg, FL 34788

COUNTY: LAKE

MONITORING PERIOD: From: 02/01/2016 To: 02/29/2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		0.009						0		
	Permit Requirement		0.05 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 I Mon. Site: FLW-1	Sample Measurement		0.009						0		
	Permit Requirement		0.013 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement		0.009						0		
	Permit Requirement		0.05 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		Report (Mo Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		Report (Mo Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer

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-1	Sample Measurement					1.0			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				<2.0	<2.0	<2.0		0		
	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					5.6			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					2.8			0		
	Permit Requirement					200.0 (Maximum)		mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					56			0		
	Permit Requirement					200.0 (Annl Avg)		#/100ML		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					141.42	20000		0		
	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4		7.6		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.0				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.008	0.013						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement						26		0		
	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krahrmer	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 03/18/2016	

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-1	Sample Measurement					1.7			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				<2.0	<2.0	<2.0		0		
	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					5.6			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					29			0		
	Permit Requirement					200.0 (Maximum)		mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					44.0			0		
	Permit Requirement					200.0 (Annl Avg)		#/100ML		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					81.0	81.0		0		
	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4		7.5		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.3				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.011	0.014						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement						28		0		
	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 02/19/2016

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-1 DESCRIPTION: Biosolids Quantity (Transferred & Landfilled) MONITORING PERIOD: From: 01/01/2016 To: 01/31/2016
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0.0				0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)				1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	0.0				0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)				1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 02/19/2016

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Lakeside Waterworks, Inc.
 ADDRESS: 4939 Cross Bayou Blvd
 New Port Richey, FL 34652

PA FILE NUMBER: FLA010521006DWF
 PERMIT NUMBER: FLA010521
 LIMIT: FINAL REPORT: Monthly
 FACILITY TYPE: DW GROUP: Domestic
 MONITORING GROUP: R-001
 DESCRIPTION: Sprayfield (w/ RIB Backup), including Influent

FACILITY: Lakeside Waterworks
 LOCATION: 100 Shangri-La Boulevard
 Leesburg, FL 34788

COUNTY: LAKE

MONITORING PERIOD: From: 02/01/2016 To: 02/29/2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		0.009						0		
	Permit Requirement		0.05 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 I Mon. Site: FLW-1	Sample Measurement		0.009						0		
	Permit Requirement		0.013 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement		0.009						0		
	Permit Requirement		0.05 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		Report (Mo Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement		0.008						0		
	Permit Requirement		Report (Mo Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer

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-1	Sample Measurement					1.0			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				<2.0	<2.0	<2.0		0		
	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					5.6			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					2.8			0		
	Permit Requirement					200.0 (Maximum)		mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					56			0		
	Permit Requirement					200.0 (Annl Avg)		#/100ML		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					141.42	20000		0		
	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4		7.6		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.0				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.008	0.013						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement						26		0		
	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krahrmer	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 03/18/2016	

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
74055 A	EFA-1	After 4000 gal of sludge was pumped from the ccc and another 1000 from the digester on 2/13, the fecal issues were resolved. Subsequent samples taken were within permitted limits.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-1 DESCRIPTION: Biosolids Quantity (Transferred & Landfilled)
MONITORING PERIOD: From: 02/01/2016 To: 02/29/2016	

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	0.97			0			
	Permit Requirement	Report (Mo Total)	ton (d)			1 Monthly	Calculated	
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-1	Sample Measurement	0.0			0			
	Permit Requirement	Report (Mo Total)	ton (d)			1 Monthly	Calculated	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 03/18/2016

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010521-005-DW3P
 Monitoring Period From: 02/01/2016 To: 02/29/2016

Facility: Shangri - La By The Lake

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (Total flow thru plant) MGD	Flow (Flow to R-001 sprayfield) MGD	Flow (Flow to R-001 Backup RIB) MGD	
Code	80082	50060	74055	00530	00400	50050	50050	50050	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-1	FLW-1	
1		1.40			7.40	0.0090	0.0090	0.0000	
2		1.30			7.40	0.0100	0.0100	0.0000	
3		1.30			7.40	0.0080	0.0080	0.0000	
4		1.60			7.40	0.0080	0.0080	0.0000	
5		1.50			7.40	0.0120	0.0120	0.0000	
6		1.40			7.40	0.0100	0.0100	0.0000	
7						0.0090	0.0090	0.0000	
8		1.40			7.40	0.0080	0.0080	0.0000	
9	<2.0	1.40	20000	2.8	7.50	0.0090	0.0090	0.0000	
10		1.20			7.50	0.0060	0.0060	0.0000	
11		1.00	20000		7.60	0.0100	0.0100	0.0000	
12		1.60			7.60	0.0070	0.0070	0.0000	
13		1.50			7.60	0.0080	0.0080	0.0000	
14						0.0080	0.0080	0.0000	
15		1.50			7.60	0.0090	0.0090	0.0000	
16		1.40			7.50	0.0090	0.0090	0.0000	
17		1.40	<4.0		7.50	0.0080	0.0080	0.0000	
18		1.30			7.50	0.0090	0.0090	0.0000	
19		1.60			7.50	0.0080	0.0080	0.0000	
20		1.50			7.50	0.0090	0.0090	0.0000	
21						0.0080	0.0080	0.0000	
22		1.50			7.40	0.0090	0.0090	0.0000	
23		1.40			7.40	0.0080	0.0080	0.0000	
24		1.50			7.50	0.0060	0.0060	0.0000	
25		1.60			7.50	0.0070	0.0070	0.0000	
26		1.50			7.50	0.0080	0.0080	0.0000	
27		1.50			7.50	0.0080	0.0080	0.0000	
28						0.0070	0.0070	0.0000	
29		1.50	<1.0		7.60	0.0100	0.0100	0.0000	
30									
31									
Total			40002.5			0.2450	0.2450	0.0000	
Mo. Avg.			141.42 GEO			0.0084	0.0084	0.0000	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7345 Name: Joseph Byk

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: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Sprayfield (w/ RIB Backup), including Influent MONITORING PERIOD: From: 03/01/2016 To: 03/31/2016
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Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement	0.01				0		
	Permit Requirement	0.05 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	0.01				0		
	Permit Requirement	0.013 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement	0.01				0		
	Permit Requirement	0.05 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement	0.013				0		
	Permit Requirement	Report (Mo Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement	0.013				0		
	Permit Requirement	Report (Mo Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.0			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	<2.0		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					5.4			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					4.3			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Maximum)		mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					58.0			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100ML		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					127.0	127.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH	Sample Measurement				7.4		7.8		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.0				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.013	0.011						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement						22		0		
	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 04/21/2016

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-1 DESCRIPTION: Biosolids Quantity (Transferred & Landfilled) MONITORING PERIOD: From: 03/01/2016 To: 03/31/2016
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Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0.31				0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)				1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	0.0				0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)				1 Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 04/21/2016
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DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010521-005-DW3P
 Monitoring Period From: 03/01/2016 To: 03/31/2016

Facility: Shangri - La By The Lake

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (Total flow thru plant) MGD	Flow (Flow to R-001 sprayfield) MGD	Flow (Flow to R-001 Backup RIB) MGD	
Code	80082	50060	74055	00530	00400	50050	50050	50050	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-1	FLW-1	
1		1.50			7.60	0.0080	0.0080	0.0000	
2		1.50			7.60	0.0070	0.0070	0.0000	
3		1.40			7.60	0.0090	0.0090	0.0000	
4		1.50			7.60	0.0070	0.0070	0.0000	
5		1.50			7.60	0.0090	0.0090	0.0000	
6						0.0090	0.0090	0.0000	
7		1.50			7.50	0.0070	0.0070	0.0000	
8		1.50			7.50	0.0070	0.0070	0.0000	
9	<2.0	1.40	127	4.3	7.50	0.0100	0.0100	0.0000	
10		1.50			7.60	0.0050	0.0050	0.0000	
11		1.00			7.60	0.0090	0.0090	0.0000	
12		1.40			7.60	0.0190	0.0190	0.0000	
13						0.0190	0.0190	0.0000	
14		3.90			7.80	0.0130	0.0130	0.0000	
15		2.90			7.60	0.0340	0.0340	0.0000	
16		4.40			7.60	0.0110	0.0110	0.0000	
17		5.70			7.60	0.0100	0.0100	0.0000	
18		2.60			7.70	0.0160	0.0160	0.0000	
19		2.80			7.60	0.0090	0.0090	0.0000	
20						0.0090	0.0090	0.0000	
21		1.90			7.80	0.0110	0.0110	0.0000	
22		1.90			7.60	0.0090	0.0090	0.0000	
23		2.00			7.60	0.0090	0.0090	0.0000	
24		3.00			7.50	0.0117	0.0117	0.0000	
25		2.60			7.50	0.0290	0.0290	0.0000	
26		2.50			7.50	0.0350	0.0350	0.0000	
27						0.0350	0.0350	0.0000	
28		1.00			7.40	0.0100	0.0100	0.0000	
29		2.60			7.60	0.0110	0.0110	0.0000	
30		2.50			7.50	0.0120	0.0120	0.0000	
31		1.80			7.40	0.0130	0.0130	0.0000	
Total						0.4127	0.4127	0.0000	
Mo. Avg.						0.0133	0.0133	0.0000	

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 20770 Name: Troy Caparro

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: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Sprayfield (w/ RIB Backup), including Influent MONITORING PERIOD: From: 04/01/2016 To: 04/30/2016
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Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement	0.01				0		
	Permit Requirement	0.05 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	0.01				0		
	Permit Requirement	0.013 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement	0.01				0		
	Permit Requirement	0.05 (Annl Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement	0.01				0		
	Permit Requirement	Report (Mo Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement	0.01				0		
	Permit Requirement	Report (Mo Avg)	MGD				5 Days/Week	Recording Flow Meter with Totalizer

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.2			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.9	3.9	3.9		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					5.5			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.7			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Maximum)		mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					67			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100ML		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					141.42	20000		1		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH	Sample Measurement				7.4		7.6		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				0.7				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.01	0.01						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement					21			0		
	Permit Requirement					Report (Mo Avg)	percent			1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krahrmer	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 05/19/2016	

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
74055 A	EFA-1	A notice of abnormal event was filed in regard to the fecal failure.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-1 DESCRIPTION: Biosolids Quantity (Transferred & Landfilled)
MONITORING PERIOD: From: 04/01/2016 To: 04/30/2016	

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	0.0				0		
PARM Code B0007 + Mon. Site: RMP-1	Report (Mo Total)	ton (d)				1 Monthly	Calculated
Biosolids Quantity (Landfilled)	0.0				0		
PARM Code B0008 + Mon. Site: RMP-1	Report (Mo Total)	ton (d)				1 Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 05/19/2016
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DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010521-005-DW3P
From: 0/01/2016 To: 04/30/2016

Facility: **Shangri - La By The Lake**

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (Total flow thru plant) MGD	Flow (Flow to R-001 sprayfield) MGD	Flow (Flow to R-001 Backup RIB) MGD	
Code	80082	50060	74055	00530	00400	50050	50050	50050	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-1	FLW-1	
1		2.60			7.40	0.0120	0.0120	0.0000	
2		2.20			7.50	0.0130	0.0130	0.0000	
3						0.0130	0.0130	0.0000	
4		1.70			7.60	0.0140	0.0140	0.0000	
5		1.20			7.60	0.0240	0.0240	0.0000	
6		1.60			7.60	0.0140	0.0140	0.0000	
7		1.20			7.50	0.0120	0.0120	0.0000	
8		1.60			7.50	0.0110	0.0110	0.0000	
9		1.60			7.50	0.0070	0.0070	0.0000	
10						0.0070	0.0070	0.0000	
11		1.60			7.50	0.0120	0.0120	0.0000	
12		1.50			7.50	0.0100	0.0100	0.0000	
13		1.70			7.60	0.0100	0.0100	0.0000	
14	3.9	0.90	20000	3.7	7.60	0.0080	0.0080	0.0000	
15		1.60			7.50	0.0070	0.0070	0.0000	
16		1.70			7.50	0.0080	0.0080	0.0000	
17						0.0070	0.0070	0.0000	
18		2.50			7.50	0.0080	0.0080	0.0000	
19		2.40			7.50	0.0080	0.0080	0.0000	
20		2.40			7.50	0.0070	0.0070	0.0000	
21		2.30			7.50	0.0080	0.0080	0.0000	
22		2.20			7.50	0.0080	0.0080	0.0000	
23		2.20			7.50	0.0070	0.0070	0.0000	
24						0.0070	0.0070	0.0000	
25		2.20			7.50	0.0100	0.0100	0.0000	
26		2.50			7.50	0.0070	0.0070	0.0000	
27		2.60			7.50	0.0080	0.0080	0.0000	
28		2.60			7.40	0.0080	0.0080	0.0000	
29		0.70	<2.0		7.40	0.0080	0.0080	0.0000	
30		1.10			7.40	0.0080	0.0080	0.0000	
31									
Total			20001			0.2910	0.2910	0.0000	
Mo. Avg.			141.42GEO			0.0097	0.0097	0.0000	

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 17345 Name: Joe Byk

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: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Sprayfield (w/ RIB Backup), including Influent MONITORING PERIOD: From: 05/01/2016 To: 05/31/2016
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		0.01			0	
	Permit Requirement		0.05 (Annl Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement		0.01			0	
	Permit Requirement		0.013 (Annl Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement		0.01			0	
	Permit Requirement		0.05 (Annl Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement		0.007			0	
	Permit Requirement		Report (Mo Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement		0.007			0	
	Permit Requirement		Report (Mo Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer

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-1	Sample Measurement					1.2			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				<2.0	<2.0	<2.0		0		
	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					5.5			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					3.4			0		
	Permit Requirement					200.0 (Maximum)		mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					78.0			0		
	Permit Requirement					200.0 (Annl Avg)		#/100ML		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					141.42	20000		1		
	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4		7.5		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				0.9				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.007	0.01						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement						20		0		
	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 06/18/2016	

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
74055 A	EFA-1	A notice of abnormal event was filed in regard to the fecal exceedence.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521006DWF PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-1 DESCRIPTION: Biosolids Quantity (Transferred & Landfilled) MONITORING PERIOD: From: 05/01/2016 To: 05/31/2016
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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			0		
	Permit Requirement	Report (Mo Total)	ton (d)			1 Monthly	Calculated
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-1	Sample Measurement	0.0			0		
	Permit Requirement	Report (Mo Total)	ton (d)			1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 06/18/2016

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010521-005-DW3P
From: 05/01/2016 To: 05/31/2016

Facility: **Shangri - La By The Lake**

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (Total flow thru plant) MGD	Flow (Flow to R-001 sprayfield) MGD	Flow (Flow to R-001 Backup RIB) MGD	
Code	80082	50060	74055	00530	00400	50050	50050	50050	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-1	FLW-1	
1						0.0070	0.0070	0.0000	
2		0.90			7.50	0.0100	0.0100	0.0000	
3		2.60			7.50	0.0020	0.0020	0.0000	
4		2.90			7.50	0.0080	0.0080	0.0000	
5		2.40			7.50	0.0020	0.0020	0.0000	
6		2.50			7.50	0.0080	0.0080	0.0000	
7		2.40			7.50	0.0070	0.0070	0.0000	
8						0.0070	0.0070	0.0000	
9		2.50			7.50	0.0070	0.0070	0.0000	
10		2.40			7.50	0.0080	0.0080	0.0000	
11		2.50			7.50	0.0060	0.0060	0.0000	
12		2.20			7.50	0.0070	0.0070	0.0000	
13		2.80			7.50	0.0090	0.0090	0.0000	
14		2.60			7.50	0.0070	0.0070	0.0000	
15						0.0070	0.0070	0.0000	
16	<2.0	2.50	20000	3.4	7.50	0.0070	0.0070	0.0000	
17		1.80			7.50	0.0100	0.0100	0.0000	
18		2.70	<2.0		7.50	0.0080	0.0080	0.0000	
19		2.70			7.50	0.0080	0.0080	0.0000	
20		2.60			7.50	0.0070	0.0070	0.0000	
21		2.50			7.50	0.0070	0.0070	0.0000	
22						0.0060	0.0060	0.0000	
23		2.50			7.50	0.0070	0.0070	0.0000	
24		2.80			7.40	0.0080	0.0080	0.0000	
25		2.30			7.40	0.0100	0.0100	0.0000	
26		2.80			7.50	0.0090	0.0090	0.0000	
27		3.00			7.50	0.0100	0.0100	0.0000	
28		2.90			7.50	0.0070	0.0070	0.0000	
29						0.0070	0.0070	0.0000	
30		1.20			7.50	0.0070	0.0070	0.0000	
31		1.00			7.50	0.0070	0.0070	0.0000	
Total			20001			0.2270	0.2270	0.0000	
Mo. Avg.			141.42GEO			0.0073	0.0073	0.0000	

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 17345 Name: Joe Byk

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: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks WWTF LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521007DW3P PERMIT NUMBER: FLA010521 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Sprayfield MONITORING PERIOD: From: 06/01/2016 To: 06/30/2016
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		0.01			0	
	Permit Requirement		0.05 (Annl Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement		0.01			0	
	Permit Requirement		0.013 (Annl Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement		0.01			0	
	Permit Requirement		0.05 (Annl Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 R Mon. Site: FLW-1	Sample Measurement		0.007			0	
	Permit Requirement		Report (Mo Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 S Mon. Site: FLW-1	Sample Measurement		0.007			0	
	Permit Requirement		Report (Mo Avg)	MGD		5 Days/Week	Recording Flow Meter with Totalizer

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-1	Sample Measurement					1.2			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				<2.0	<2.0	<2.0		0		
	Permit Requirement				60.0 (Maximum)	Report (Wkly Avg)	Report (Mo Avg)	mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					5.5			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					1.8			0		
	Permit Requirement					200.0 (Maximum)		mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					80.0			0		
	Permit Requirement					200.0 (Annl Avg)		#/100ML		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					23.0	23.0		0		
	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.5		7.58		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.0				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Flow PARM Code 50050 T Mon. Site: FLW-1	Sample Measurement	0.007	0.008						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-1	Sample Measurement						16		0		
	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 07/20/2016	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Lakeside Waterworks, Inc. ADDRESS: 4939 Cross Bayou Blvd New Port Richey, FL 34652 FACILITY: Lakeside Waterworks WWTF LOCATION: 100 Shangri-La Boulevard Leesburg, FL 34788 COUNTY: LAKE	PA FILE NUMBER: FLA010521007DW3P PERMIT NUMBER: FLA010521 LIMIT: FINAL FACILITY TYPE: DW MONITORING GROUP: RMP-1 DESCRIPTION: Biosolids leaving the facility. Amount shall be calculated based on estimated volume or weight and percent solids and reported in dry tons. REPORT: Monthly GROUP: Domestic MONITORING PERIOD: From: 06/01/2016 To: 06/30/2016
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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			0		
	Permit Requirement	Report (Mo Total)	ton (d)			1 Monthly	Calculated
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-1	Sample Measurement	0.0			0		
	Permit Requirement	Report (Mo Total)	ton (d)			1 Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer	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 07/20/2016
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DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010521-005-DW3P
From: 06/01/2016 To: 06/30/2016

Facility: **Shangri - La By The Lake**

Code	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (Total flow thru plant) MGD	Flow (Flow to R-001 sprayfield) MGD	Flow (Flow to R-001 Backup RIB) MGD	
80082	50060	74055	00530	00400	50050	50050	50050		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-1	FLW-1	
1		1.60			7.50	0.0090	0.0090	0.0000	
2		1.20			7.50	0.0060	0.0060	0.0000	
3		2.40			7.50	0.0090	0.0090	0.0000	
4		2.50			7.50	0.0080	0.0080	0.0000	
5						0.0070	0.0070	0.0000	
6		2.30			7.50	0.0080	0.0080	0.0000	
7		1.70			7.50	0.0080	0.0080	0.0000	
8		1.80			7.50	0.0070	0.0070	0.0000	
9		1.80			7.50	0.0070	0.0070	0.0000	
10		1.20			7.50	0.0080	0.0080	0.0000	
11		1.10			7.50	0.0090	0.0090	0.0000	
12		1.20			7.50	0.0110	0.0110	0.0000	
13		1.40			7.50	0.0080	0.0080	0.0000	
14						0.0080	0.0080	0.0000	
15		1.40			7.50	0.0080	0.0080	0.0000	
16		1.40			7.50	0.0020	0.0020	0.0000	
17		1.40			7.50	0.0080	0.0080	0.0000	
18		1.40			7.50	0.0070	0.0070	0.0000	
19						0.0060	0.0060	0.0000	
20	<2.0	1.90	23.0	1.8	7.50	0.0050	0.0050	0.0000	
21		2.10			7.50	0.0020	0.0020	0.0000	
22		3.50			7.50	0.0120	0.0120	0.0000	
23		2.10			7.50	0.0070	0.0070	0.0000	
24		2.00			7.58	0.0060	0.0060	0.0000	
25		1.20			7.50	0.0070	0.0070	0.0000	
26						0.0070	0.0070	0.0000	
27		1.00			7.50	0.0060	0.0060	0.0000	
28		2.20			7.50	0.0080	0.0080	0.0000	
29		2.30			7.50	0.0060	0.0060	0.0000	
30		2.20			7.50	0.0130	0.0130	0.0000	
31									
Total						0.2230	0.2230	0.0000	
Mo. Avg						0.0074	0.0074	0.0000	

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 17345 Name: Joe Byk

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

Lakeside Waterworks
Water/Wastewater Permits



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Jonathan P. Steverson
Secretary

April 15, 2016
Sent by Email

Ron Derossett, Facility Manager
Lakeside Waterworks, Inc
4939 Cross Bayou Boulevard
New Port Richey, FL 34652
rderossett@uswatercorp.net

DEP File No. 0080550-006-WC
County: Lake
Lakeside Waterworks, Inc
PWS ID 3354028
Total clearance for: Lakeside Waterworks
Replacement Well WR-1-Equip and Connect

Dear Mr. Derossett:

This letter acknowledges receipt of your engineer's March 21, 2016 certification that the subject water treatment plant modification is completed in accordance with the FDEP Permit Number 0080550-006-WC dated February 4, 2016, and the related plans and materials. The engineer submitted information to demonstrate that satisfactory pressure and bacteriological tests were conducted for the system in accordance with the AWWA Standards. The utility and/or the owner/operator of the system is entirely responsible for the water's microbiological quality at the point and time it reaches the consumer's meter, and must ensure the water quality is representative of these certified bacteriological test results. The project is located at 100 Shangri-La Boulevard in Leesburg, Florida.

This clearance is to equip and connect replacement Well WR1 to the Shangri-La by the Lake Utilities, Inc. Water Treatment Plant (WTP). This new well replace existing Well No. 1.

The rated design capacity of the water treatment plant will not change. The plant is Category V Class D WTP with a rated design capacity of 180,000 GPD. Accordingly, staffing is by Class D or higher operator: 3 visits per week on nonconsecutive days for a total of 0.3 hour/week. [F.A.C. Rule 62-699.310].

- An 8-inch Well No. WR1 completed on September 24, 2015 under Permit Number 142708 from SJRWMD by the rotary method to a depth of 397 feet, with 12-inch black steel surface casing to from 0 feet to 222 feet, 8-inch primary black steel casing from 0 feet to 247 feet and open hole from 247 feet to 397 feet. Static water level was reported at 11 pumping water level was reported at 31 feet after one hour at 450 gallons per minute (GPM)

As per the well completion report the well location coordinates are: Latitude 28°51'43.71" N., Longitude 81°45'09.15" W.

Components Included in this Clearance:

- An existing 10 horsepower (HP) submersible pump with a rated design capacity of 280 GPM at 130 feet Total Dynamic Head (TDH)
- The above-ground installation piping and piping to the first isolation valve.
- Associated six-inch raw water main from Well WR1 with valves, fittings, controls and appurtenances to the existing 6-inch raw water main connected to the water treatment plant.
- A six-foot security fence.

This constitutes the total clearance for Permit No. 0080550-006-WC. No additional clearances or construction activities are allowed under this permit. This letter of clearance does not preclude your need to obtain approvals as required by other entities.

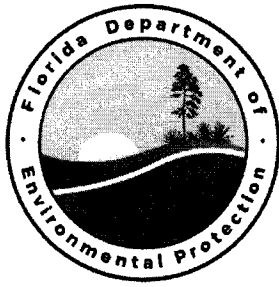
FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION



Caroline Shine, Environmental Administrator
Drinking Water/Environmental Resource Permitting
Permitting and Waste Cleanup Program
FDEP, Central District
(407) 897-2927

CDS/jym

cc: Mohammed Y Kader., P. E., U.S. Water Services Corporation [mkader@uswatercorp.net]
Wanda Parker-Garvin, FDEP [Wanda.Parker@dep.state.fl.us]
Jill Farris, FDEP, [jill.farris@dep.state.fl.us]
Shabbir Rizvi, FDEP [shabbir.rizvi@dep.state.fl.us]
Javed Mayet, FDEP [javed.mayet@dep.state.fl.us]
Mala Choksi, FDEP [Mala.Choksi@dep.state.fl.us]



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Jonathan P. Steverson
Secretary

February 8, 2016

ELECTRONIC CORRESPONDENCE

In the matter of an Application for Permit by:

Ron Derossett
Facility Manager
Lakeside Waterworks, Inc.
4939 Cross Bayou Blvd.
New Port Richey, FL 34652
rderossett@uswatercorp.net

DEP File No. 0080550-006-WC
County: Lake

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number 0080550-006-WC for Lakeside Waterworks, to equip and connect replacement well WR1 to Shangri-La by the Lake Utilities, Inc. Water Treatment Plant, issued pursuant to Section 403.861(9), Florida Statutes.

This permit is final and effective on the date filed with the clerk of the Department unless a petition is filed in accordance with the paragraphs below or unless a request for extension of time in which to file a petition is filed within the required timeframe and conforms to Rule 62-110.106(4), F.A.C. Upon timely filing of a petition or a request for an extension, this permit will not be effective until further Order of the Department.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received) with the Agency Clerk for the Department of Environmental Protection, Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, within 14 days of receipt of this Notice. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, F.A.C.

A petition must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;

Permittee:
Lakeside Waterworks, Inc
Ron Derossett, Facility Manager
Page 2

DEP File No.:
0080550-006-WC

- (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;
- (c) A statement of how and when the petitioner received notice of the agency decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts which petitioner contends warrant reversal or modification of the Department's action;
- (f) A statement of the specific rules or statutes the petitioner contends requires reversal or modification of the Department's action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by petitioner, stating precisely the action that the petitioner wants the Department to take.

A petition that does not dispute the materials facts on which the Department's action is based shall state that no such facts are in dispute and otherwise contain the same information as set forth above, as required by Rule 28-106.301, F.A.C.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any such final decision of the Department on the petition have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to section 120.68 of the Florida Statutes, by filing a Notice of Appeal pursuant to Rule 9.110 of the Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Caroline Shine, Environmental Administrator
Drinking Water/UIC/Groundwater Permitting
FDEP Central District
(407) 897-2927

Enclosures: Permit No. 0080550-006-WC

Permittee:
Lakeside Waterworks, Inc
Ron Derossett, Facility Manager
Page 3

DEP File No.:
0080550-006-WC

FILING AND ACKNOWLEDGEMENT

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

Mandakini Patel
Clerk

February 8, 2016
Date

CERTIFICATION OF SERVICE

The undersigned hereby acknowledges that this **Notice of Permit Issuance** and all copies were electronically transmitted before the close of business on February 8, 2016 to those persons listed.

Mandakini Patel
Clerk

February 8, 2016
Date

Copies Furnished to:

Mohammed Y. Kader, P.E., U.S. Water Services Corporation [mkader@uswatercorp.net]
Gary Dremer, Lakeside Waterworks, Inc. [gderemer@uswatercorp.net]
FDEP: Wanda Parker-Garvin, Jill Farris, Shabbir Rizvi, Daissan A. Villareal



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

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Jonathan P. Steverson
Secretary

February 8, 2016

ELECTRONIC CORRESPONDENCE

PERMITTEE

Lakeside Waterworks, Inc.
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

PWS ID NUMBER: 3354028

PERMIT NUMBER: 0080550-006-WC

DATE OF ISSUANCE: February 4, 2016

EXPIRATION DATE: February 3, 2021

COUNTY: Lake

PROJECT: Lakeside Waterworks Replacement
Well WR1- Equip and Connect

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and Florida Administrative Code (F.A.C.) Chapters 62-4, 62-550, 62-555 and 62-560. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawings, plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TO CONSTRUCT: Equip and connect Replacement Well WR1 to the Shangri-La by the Lake Utilities, Inc. Water Treatment Plant (WTP) The new well will replace existing Well No. 1.

PROPOSED CONSTRUCTION INCLUDES THE FOLLOWING COMPONENTS:

- An 8-inch Well No. WR1 completed on September 24, 2015 under Permit Number 142708 from SJRWMD by the rotary method to a depth of 397 feet, with 12-inch black steel surface casing to from 0 feet to 222 feet, 8-inch primary black steel casing from 0 feet to 247 feet and open hole from 247 feet to 397 feet. Static water level was reported at 11 pumping water level was reported at 31 feet after One hour at 450 gallons per minute (GPM)

As per the well completion report the well location coordinates are: Latitude 28°51'43.71" N., Longitude 81°45'09.15" W. The well was sampled on December 29, 2015 and chemically tested for primary and secondary drinking water parameters. Results were below the maximum contaminant levels for all parameters tested. The chemical testing results are missing the Total Sulfide, Alkalinity and Dissolved Oxygen results. The missing results of the three water quality testing parameters- Total Sulfide, Alkalinity and Dissolved Oxygen, are required to be submitted at the time of clearance. If

the results of the water quality testing show that additional treatment is required to address exceedances in the water quality parameters, the engineer will be responsible for the design and construction of such additional treatment, if necessary and no clearance shall be issued until the additional treatment (if required) has been constructed in the plant.

The well will be equipped with an existing 10 horsepower (HP) submersible pump with a rated design capacity of 280 GPM at 130 feet Total Dynamic Head (TDH).

- The above-ground installation piping and piping to the first isolation valve.
- Associated six inch raw water main from Well WR1 with valves, fittings, controls and appurtenances to the existing 6-inch raw water main connected to the water treatment plant.
- The well site will be protected by a lockable six feet high security fence.

The rated design capacity of the water treatment plant will not change. The plant is Category V Class D WTP with a rated design capacity of 180,000 GPD. Accordingly, staffing is by Class D or higher operator: 3 visits per week on nonconsecutive days for a total of 0.3 hour/week.

IN ACCORDANCE WITH: Construction plans, engineering report and specifications received on January 12, 2016 and response to the request for additional information received on January 28, 2016.

LOCATION: 100 Shangri-La Boulevard in Leesburg, FL.

This permit does not pertain to any wastewater, storm water or dredge and fill aspects of the project. Work must be conducted in accordance with the General and Specific Conditions, attached hereto.

The permittee shall be aware of and operate under the Permit Conditions below. These applicable conditions are binding upon the permittee and enforceable pursuant to Chapter 403, Florida Statutes. [F.A.C. Rule 62-555.533(1)].

A. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in Subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in this permit.
4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.
6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times (reasonable time may depend on the nature of the concern being investigated), access to the premises where the permitted activity is located or conducted to:
 - a. Have access to and copy any records that must be kept under conditions of the permit;
 - b. Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
 - c. Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
 - a. A description of and cause of noncompliance; and
 - b. The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.
9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Sections 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard.
11. This permit is transferable only upon Department approval in accordance with Rule 62-4.120 and 62-730.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
 - a. Determination of Best Available Control Technology (BACT)
 - b. Determination of Prevention of Significant Deterioration (PSD)
 - c. Certification of compliance with State Water Quality Standards (Section 401, PL 92-500)
 - d. Compliance with New Source Performance Standards

14. The permittee shall comply with the following:
- a. Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
 - b. The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
 - c. Records of monitoring information shall include:
 - i. the date, exact place, and time of sampling or measurements;
 - ii. the person responsible for performing the sampling or measurements;
 - iii. the dates analyses were performed;
 - iv. the person responsible for performing the analyses;
 - v. the analytical techniques or methods used;
 - vi. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

SPECIFIC CONDITIONS

B. Construction Activities

1. Permit Modification

All construction must be in accordance with this permit. Before commencing work on project changes for which a construction permit modification is required per 62-555.536(1), the permittee shall submit to the Department a written request for a permit modification. Each such request shall be accompanied by one copy of a revised construction permit application, the proper processing fee and one copy of either a revised preliminary design report or revised drawings, specifications and design data. [F.A.C. Rule 62-555.536].

2. Professional Engineer Supervision

Permitted construction or alteration of public water supply systems must be supervised during construction by a professional engineer registered in the State of Florida if the project was designed under the responsible charge of a professional engineer licensed in the State of Florida. The permittee must retain the service of a professional engineer registered in the State of Florida to observe that construction of the project is in accordance with the engineering plans and specifications as submitted in support of the application for this permit. [F.A.C. Rule 62-555.520(3)].

3. Artifacts

If prehistoric or historic artifacts, such as pottery or ceramics, stone tools or metal implements, dugout canoe remains, or any other physical remains that could be associated with Native American cultures, or early colonial or American settlement are encountered at any time within the project site area, the permitted project should cease all activities involving subsurface disturbance in the immediate vicinity of such discoveries. The permittee, or other designee, should contact the Florida Department of State, Division of Historical Resources, Compliance and Review Section at 850.245.6333 or 800.847.7278, as well as the appropriate permitting agency office. Project activities should not resume without verbal and/or written authorization from the Division of Historical Resources and the permitting agency. In the event that unmarked human remains are encountered during permitted activities, all work shall stop immediately and the proper authorities notified in accordance with Section 872.05, *Florida Statutes*.

4. Delays and Extension of Permit

If delays will cause project completion to extend beyond the expiration date of this permit, the permittee shall submit to the Department a request to extend the expiration date of this permit including the appropriate processing fee. This request shall specify the reasons for the delay and shall be submitted to the Department for approval prior to the expiration date of this permit. Note that no specific construction permit shall be extended so as to remain in effect longer than five years. [F.A.C. Rule 62-555.536(4)].

5. Permit Transfer

In accordance with General Condition #11 of this permit, this permit is transferable only upon Department approval. Persons proposing to transfer this permit must apply jointly for a transfer of the permit within 30 days after the sale or legal transfer of ownership of the permitted project that has not been cleared for service by the Department using form, 62-555.900(8), Application for Transfer of a PWS Construction Permit along with the appropriate fee. [F.A.C. Rule 62-555.536(5)]

6. Obligation to Obtain Other Permits

This permit satisfies Drinking Water permitting requirements only and does not authorize construction or operation of this facility prior to obtaining all other necessary permits from other program areas within the Department, or required permits from other state, federal, or local agencies.

7. Limits on Authorizing Connections

This permit is for CONSTRUCTION ONLY of the components found on page 1 of this permit. This permit shall not infer that the clearance necessary for connection will be granted. Partial clearance may be granted, if required.

8. Gasoline Contamination

If gasoline contamination is found at the construction site, work shall be stopped and the proper authorities notified. With the approval of the Department, ductile iron pipe and fittings, and solvent resistant gaskets materials shall be used in the contaminated area. The ductile pipe shall be used in the contaminated area. The ductile iron pipe shall extend 100 feet beyond any solvent noted. Any contaminated soil that is excavated shall be placed on an impermeable mat, covered with waterproof covering, and held for disposal. If the site cannot be properly cleaned, then consultation with the Department is necessary prior to continuing with the project construction.

9. Wetlands Jurisdiction

This permit does not constitute approval of construction on jurisdictional wetland areas; therefore such approval must be obtained separately from the Water Management District or from DEP Environmental Resource Permitting (ERP) Section, as applicable, Permittee shall provide a copy of the permit approval to the Department when water main installation involves activities on wetlands.

10. Security

Permittee shall ensure that the well and drinking water treatment facilities will be protected to prevent tampering, vandalism, and sabotage as required by Rule 62-555.315(1) & 62-555.320(5), F.A.C.

C. Construction Standards

1. National Sanitation Foundation (NSF)

All products, including paints, which shall come into contact with potable water, either directly or indirectly, shall conform to National Sanitation Foundation (NSF) International, Water Chemicals Codex, Food Chemicals Codex, American Water Works Association (AWWA) Standards and the Food and Drug Administration, as provided in Rule 62-555.320(3), F.A.C.

2. American Water Works Association (AWWA)

Water supply facilities, including mains, pipe, fittings, valves, fire hydrants and other materials shall be installed in accordance with the latest applicable AWWA Standards and Department rules and regulations. The system shall be pressure and leak tested in accordance with AWWA Standard C600 C603, or C605, as applicable, and disinfected in accordance with AWWA Standard C651-653, as well as in accordance with Rule 62-555.340, F.A.C.

3. Lead Free

The installation or repairs of any public water system, or any plumbing in residential or nonresidential facilities providing water for human consumption, which is connected to a public water system shall be lead free in accordance with Rule 62-555.322, F.A.C.

4. Asbestos

If any existing asbestos cement (AC) pipes are replaced under this permit, the permittee shall do so in accordance with the applicable rules of Federal Asbestos Regulation and Florida DEP requirements. For specific requirements applicable to AC pipes, **the permittee should contact the Central District Office prior to commencing any such activities at (407) 897-4100.** Please be aware that a notification is required to be submitted to the Department at least 10 days prior to the start of a regulated project.

5. Hazard and Reuse Setbacks

Setback distances between potable water wells and sanitary hazards shall be in accordance with 62-555.312, F.A.C. Reclaimed water land application areas, if applicable, must not be located within the setback distance from potable water supply wells established in Chapter 62-610, F.A.C.

6. Line Separation

Permittee shall maintain vertical clearance and horizontal separation between water mains and sanitary sewers, storm sewers, etc. unless approved otherwise by the Department, as provided in Rule 62-555.314, F.A.C., and Section 8.6 of *Recommended Standards for Water Works*, a manual adopted by reference in Rule 62-555.330(3), F.A.C.

7. Color Coding of Pipes

The new or altered aboveground piping at the drinking water treatment plant shall be color coded and labeled as recommended in Section 2.14 of "Recommended Standards for Water Works, 1997 Edition". [F.A.C. Rule 62-555.320(10)]

8. Cross Connections

Permittee shall ensure that there shall be no cross-connection with any non-potable water source in accordance with Rule 62-555.360, F.A.C.

D. Operational Requirements

1. Staffing

The plant is a Category V Class D WTP with a rated design capacity of 180,000 GPD. Accordingly, staffing is by Class D or higher operator: 3 visits per week on nonconsecutive days for a total of 0.3 hour/week. The lead chief operator must be Class D or higher. [F.A.C. Rule 62-699.310]

2. Operation and Maintenance to comply with Water Quality Standards

The supplier of water shall operate and maintain the public water system so as to comply with applicable standards in F.A.C. Rule 62-550 and 62-555.350.

3. Operation and Maintenance Manual

The permittee shall provide an operation and maintenance manual for the new or altered treatment facilities to fulfill the requirements under subsection 62-555.350(13), F.A.C. The manual shall contain operation and control procedures, and preventative maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of the subsection.

4. Monthly Operating Reports (MORs)

The permittee shall submit monthly operation reports (MORs) DEP Form 62-555.900(3) for the groundwater treatment, to the Department, no later than the tenth of each succeeding month. Systems with multiple treatment plants must also submit DEP Form 62-555.900(11) entitled "Monthly Operation Report for Summation of Finished-Water Production by CWSs That Have Multiple Treatment Plants."

5. Record Drawings

The permittee shall have complete record drawings produced for the project in accordance with Rule 62-555.530(4), F.A.C.

6. State Watch Office

The permittee or suppliers of water shall telephone the State Watch Office (SWO), at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system in accordance with the F.A.C. Rule 62-555.350(10).

7. Capacity Development

For a new system, as a condition of clearance, the permittee must provide for the specific Public Water System a list of positions with employee names, titles and responsibilities. For the required licensed operator(s) provide a copy of the license specific to the water system for each operator. If a position is vacant, indicate the projected hiring date. Indicate the positions/employees who are responsible for acting on behalf of the water system in case of emergency, those authorized to spend money, or to make other decisions. Provide telephone numbers and email contact addresses for these responsible positions/employees. Show only positions/employee information pertaining to the water system. [F.A.C. Rule 62-555.525]

E. Monitoring Provisions

1. Compliance Monitoring by System Type

Permittee shall follow the guidelines of Chapters 62-550, 62-555, and 62-560, F.A.C., regarding public drinking water system standards, monitoring, reporting, permitting, construction, and operation.

This facility is a Community Water System as defined in F.A.C. Rule 62-550.200(12) and shall comply with the applicable chemical, radiological, lead and copper, and bacteriological monitoring requirements of F.A.C. Rule 62-550. Such requirements shall be initiated within the quarter that the water treatment facility is placed into service (i.e. January—March or April—June, the preceding are examples of quarters) and the results submitted to the Department.

2. Chlorine Residual

The Water Treatment Plant shall maintain throughout the distribution system, a minimum continuous and effective free chlorine residual of 0.2 mg/L (or its equivalent) or a minimum combined chlorine residual of 0.6 mg/L (or its equivalent), whichever is appropriate for the water treatment plant providing water to the project. A minimum system pressure of 20 psi must be maintained throughout the system. Also, safety equipment shall be provided and located outside of chlorine room.

F. Clearance Requirements

1. Clearance Letter

The permittee must instruct the engineer of record to request system clearance from the Department within sixty (60) days of completion of construction, testing and disinfecting the system. Bacteriological test results shall be considered unacceptable if the test were completed more than 60 days before the Department received the results. [F.A.C. Rule 62-555.340(2)(c)]

Permitted construction or alteration of a public water system may not be placed into service until a letter of clearance has been issued by this Department. [F.A.C. Rule 62-555.345]

2. Requirements to Obtain Clearance

After submitting the permit clearance package, the permittee will contact Javed Mayet at 407.897.4128 or Javed.Mayet@dep.state.fl.us to establish a date/time for an inspection of the components contained in this permit.

- a. The engineer's *Certification of Construction Completion and Request for Clearance to Place Permitted PWS Components Into Operation* {DEP Form 62-555.900(9)};

- b. Certified record drawings, if there are any changes noted for the permitted project.
- c. Copy of a satisfactory pressure test of the process piping performed in accordance with AWWA Standards. [F.A.C. Rule 62-555.320(21)(a)(1)]
- d. Analytical results from two consecutive days of satisfactory bacteriological samples from locations found in paragraph 3 below.
- e. A satisfactory 10-sample bacteriological well survey following the installation of the submersible pump.
- f. Results of the three water quality testing parameters- Total Sulfide, Alkalinity and Dissolved Oxygen, are required to be submitted at the time of clearance. If the results of the water quality testing show that additional treatment is required to address exceedances in the water quality parameters, the engineer will be responsible for the design and construction of such additional treatment, if necessary and no clearance shall be issued until the additional treatment (if required) has been constructed in the plant.

3. Cleaning, Disinfecting, and Bacteriological Samples

The new facilities shall be cleaned, disinfected, and bacteriologically cleared in accordance with Chapter 62-555, F.A.C. The bacteriological clearance data shall be submitted to the Department with the engineer's certification of construction completion. [Section 62-555.340 and 62-555.315(6)(b), F.A.C.]

Bacteriological Sampling Locations: Copies of results from satisfactory bacteriological samples shall be submitted with the clearance package. Samples shall be taken from locations listed below, in accordance with Rules 62-555.315 (6), 62-555.340 and 62-555.330, F.A.C. and American Water Works Association (AWWA) Standard C 651-92. **This location includes the 6 inch raw water main from Well WR1 before it connects to the existing 6-inch raw water main.**

Each location shall be sampled on two separate days (at least 6 hours apart) with sample point locations and chlorine residual readings **clearly indicated** on the report and/or drawings.

Bacteriological sample results will be considered unacceptable if the tests were completed more than 60 days before the Department receives the results.

In order to facilitate the issuance of a letter of clearance, the Department requests that all of the above information be submitted as one package.

DEP forms can be found at the Department website .

Permittee:
Lakeside Waterworks, Inc
Ron Derossett, Facility Manager
Page 12

DEP File No.:
0080550-006-WC

The entire clearance document package can be submitted in Portable Document Format (pdf) to DEP_CD@dep.state.fl.us, with a copy to daissan.a.villareal@dep.state.fl.us for faster processing. Any submitted drawings (must be sized 11" x 17"), the engineer of record's signed seal and dates on the required document, plus a separate engineer's seal sheet must be legible for acceptance.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Caroline Shine, Environmental Administrator
Drinking Water/UIC/Groundwater Permitting
FDEP Central District
(407) 897-2927



St. Johns River Water Management District

Ann B. Shortelle, Ph.D., Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500
On the Internet at floridaswater.com.

Construction Permit

July 30, 2015

Lakeside Waterworks
4939 Cross Bayou Blvd
New Port Richey, FL 34652

SUBJECT: Water Well Construction Permit 142708-1 located in Lake County

Dear Sirs/Madam:

Please find enclosed the permit for the above referenced project. Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction for this work.

In the event you sell your property, the permit will be transferred to the new owner if we are notified by you within thirty (30) days of the recording of the sale. Please assist us in this matter so as to maintain a valid permit for the new property owner.

The permit enclosed is a legal document. Please read the permit carefully since you are responsible for compliance with any conditions which is a part of this permit. Compliance is a legal requirement and your assistance in this matter will be greatly appreciated.

If you have any questions concerning your permit, please do not hesitate to contact this office at (386) 329-4401.

Thank you for your interest in our water resources.

Sincerely,

M. Daniels

Margaret Daniels, Bureau Chief
Bureau of Regulatory Support

Cc: District Permit File
Contractor
Bill Adams

GOVERNING BOARD

John A. Miklos, CHAIRMAN
ORLANDO

Douglas C. Roumieu

Fred N. Roberts Jr., VICE CHAIRMAN
OCALA

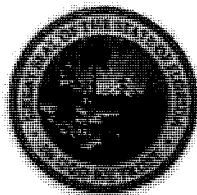
Douglas Burnett

Chuck Drake, SECRETARY
ORLANDO

Ron Hauwa

Carla Yetter, TREASURER
FERNANDINA BEACH

Carole W. Babbine



STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

- Southwest
- Northwest
- St. Johns River
- South Florida
- Suwannee River
- DEP
- Delegated Authority (If Applicable)

PLEASE, FILL OUT ALL APPLICABLE FIELDS
 (*Denotes Required Fields Where Applicable)
 The water well contractor is responsible for completing this form and forwarding the permit application to the appropriate delegated authority where applicable.

Permit No: 142708-1
 Florida Unique ID _____
 Permit Stipulations Required (See Attached) _____
 62-524 Quad No. _____ Delineation No. _____
 CUP/WUP Application No. 2S-069-6781-8
ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. Lakeside Waterworks 4939 Cross Bayou Blvd New Port Richey FL 34652 729-848-8292
 *Owner, Legal Name if Corporation *Address *City *State *Zip *Telephone Number

2. 100 Shangri-La Blvd, Leesburg, FL 34748
 *Well Location - Address, Road Name or Number, City

3. 061926000300003300
 *Parcel ID No. (PIN) or Alternate Key (Circle One) Lot _____ Block _____ Unit _____

4. 6 19S 26E Lake _____
 *Section or Land Grant *Township *Range *County Subdivision _____ Check if 62-524: ___ Yes X No

5. Raymond J Townsend 1150 3527265454 _____
 *Water Well Contractor *License Number *Telephone Number E-mail Address _____

6. PO Box 369 Hernando FL 34441-0369
 *Water Well Contractor's Address City State ZIP

7. *Type of Work: X Construction ___ Repair ___ Modification ___ Abandonment Replace existing 8 inch well
 *Reason for Repair, Modification, or Abandonment _____

8. *Number of Proposed Wells 1

9. *Specify Intended Use(s) of Well(s):
 ___ Domestic ___ Landscape Irrigation ___ Agricultural Irrigation ___ Site Investigation
 ___ Bottled Water Supply ___ Recreation Area Irrigation ___ Livestock ___ Monitoring
 ___ Public Water Supply (Limited Use/DOH) ___ Nursery Irrigation ___ Test
X Public Water Supply (Community or Non-Community/DEP) ___ Commercial/Industrial ___ Earth-Coupled Geothermal
 ___ Class I Injection ___ Golf Course Irrigation ___ HVAC Supply
 ___ ___ HVAC Return

Class V Injection: ___ Recharge ___ Commercial/Industrial Disposal ___ Aquifer Storage and Recovery ___ Drainage
 Remediation: ___ Recovery ___ Air Sparge ___ Other (Describe) _____
 Other (Describe) _____ (Note: Not all types of wells are permitted by a given permitting authority)

10. *Distance from Septic System if ≤ 200 ft. _____ 11. Facility Description Water Plant 12. Estimated Start Date 07/21/2015

13. *Estimated Well Depth 330 ft. *Estimated Casing Depth 191 ft. *Primary Casing Diameter 8 in. Open Hole: From 191 To 330 ft.

14. Estimated Screen Interval: From _____ To _____ ft.

15. *Primary Casing Material: X Black Steel ___ Galvanized ___ PVC ___ Stainless Steel
 ___ Not Cased ___ Other: _____

16. Secondary Casing: ___ Telescope Casing ___ Liner X Surface Casing Diameter 12 in.
 Secondary Casing Material: X Black Steel ___ Galvanized ___ PVC ___ Stainless Steel ___ Other _____

17. *Method of Construction, Repair, or Abandonment: ___ Auger ___ Cable Tool ___ Jetted ___ Rotary ___ Sonic
X Combination (Two or More Methods) ___ Hand Driven (Well Point, Sand Point) ___ Hydraulic Point (Direct Push)
 ___ Horizontal Drilling ___ Plugged by Approved Method ___ Other (Describe) _____

18. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:
 From 0 To 180 Seal Material (X Bentonite ___ Neat Cement ___ Other _____)
 From 0 To 191 Seal Material (___ Bentonite ___ Neat Cement X Other Cement _____)
 From _____ To _____ Seal Material (___ Bentonite ___ Neat Cement ___ Other _____)
 From _____ To _____ Seal Material (___ Bentonite ___ Neat Cement ___ Other _____)

19. Indicate total number of existing wells on site 2 List number of existing unused wells on site 1

20. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? X Yes ___ No If Yes, complete the following: CUP/WUP No. 2S-069-6781-8 District Well ID No. 453969

21. Latitude 285143.690891 Longitude 814509.414005

22. Data Obtained From: ___ GPS ___ Map ___ Survey Datum: ___ NAD 27 X NAD 83 ___ WGS 84

I hereby certify that I will comply with the applicable rules of Title 40, Florida Administration Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that information provided in this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.

I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well; or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.

Raymond J Townsend 1150 Lakeside Waterworks 07/14/2015
 *Signature of Contractor *License No. *Signature of Owner or Agent *Date

BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By [Signature] Issue Date 07/30/2015 Expiration Date 07/30/2016 Hydrologist Approval _____
 Fee Received \$ 250 Receipt No. 61732 Check No. OnLine-251477783-325156 Initials _____

THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, MODIFICATION, OR ABANDONMENT ACTIVITIES.

*Permit No.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899
PHONE: (352) 796-7211 or (800) 423-1476
WWW.SWFWMD.STATE.FL.US

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
4049 REID STREET, PALATKA, FL 32178-1429
PHONE: (386) 329-4500
WWW.SJRWMD.COM

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712
(U.S. Highway 90, 10 miles west of Tallahassee)
PHONE: (850) 539-5999
WWW.NWFWMD.STATE.FL.US

SOUTH FLORIDA WATER MANAGEMENT DISTRICT
P.O. BOX 24680
3301 GUN CLUB ROAD
WEST PLAM BEACH, FL 33416-4680
PHONE: (561) 686-8800
WWW.SFWMD.GOV

SUWANNEE RIVER WATER MANAGEMENT DISTRICT
9225 CR 49
LIVE OAK, FL 32060
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)
WWW.MYSUWANNEERIVER.COM

Comments:

Reviewers Comment (W. Curtis): Proposed total depth of 12-inch diameter casing is 180 feet BLS.

*General Site Map of Proposed Well Location

N.



Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 142708-1
Lakeside Waterworks, Well 2R, CUP 6781-8
DATE ISSUED July 30, 2015

1. The well contractor shall clearly label all compliance submittals required as a condition of this permit with the well permit number, District well ID number, and CUP number (if applicable).
2. The well contractor shall meet the well set back/spacing requirements set forth in Chapter 62-532, F.A.C., Table 1. Variances from these setbacks are not authorized unless approved in advance by the District.
3. The well contractor shall post a copy of this permit on-site during all phases of well construction, repair, or abandonment.
4. The well contractor shall implement all control measures necessary to prevent off-site movement of drilling fluids that violate water quality standards set forth in Chapter 62-302, F.A.C.
5. The well contractor shall affix a District-approved permanent identification tag to this well pursuant to Subsection 40C-3.461(3), F.A.C.
6. The well contractor shall submit to the District a Well Completion Report in a District-approved format within 30 days of the completion of the construction, repair, or abandonment authorized by this permit.
7. The well owner shall provide District staff access to the well site during all phases of well construction, repair, or abandonment.
8. Issuance of this permit does not relieve the well owner of obtaining any necessary federal, state, local or special District permits or authorizations.
9. The well contractor shall schedule a final inspection of this well within 60 days after completion unless the well contractor notifies the District in writing that a specific time extension is required.
10. The well contractor shall collect drill-cutting samples (labeled with depth interval) at 10-foot intervals and at formation changes, and store the samples on site for District inspection and retrieval. Changes to the sampling interval are not authorized unless approved in advance by the District.
11. The well contractor shall use a District-approved dry bentonite at the full amount required to seal this well when driving casing. Casing shall be driven using a coupling in unconsolidated materials or drive shoe in consolidated materials.

12. The well owner shall provide to the District all geophysical logs run during or post construction of this well in .PDF and .LAS electronic format within seven days of the completion of the logs. Video logs shall be submitted in a format compatible with Windows Media Player. The well owner shall contact District staff to obtain a Station Attribute Data Form to submit with each log. At a minimum, the owner shall provide the following information for each log:

- Latitude/ Longitude
- GPS Determination Method
- Control Datum
- Station ID
- Station Name
- CUP Permit Number
- WWC Permit Number
- Well Use
- Well Status
- Logging Company
- Logging Date
- Well Conditions During Log
- Flow Rate if Pumped or Flowing

13. The well contractor shall locate the proposed well on ground least subject to inundation with the well terminus and components elevated no less than 12 inches (and as required by local building codes) above the 100-year flood elevation pursuant to Subsection 62-555.320(4), F.A.C.
14. The well contractor shall obtain District approval of grouting and casing installation prior to the installation of the concrete slab.
15. The well contractor shall install a screened well vent pursuant to Subsection 62-555.320(8)(c), F.A.C.
16. The well contractor shall install an 0.5-inch diameter inspection port on the upper well terminus pursuant to Section 62-555.330, F.A.C.
17. The well contractor shall install an unthreaded raw water sampling tap on this well. The tap shall be turned downward, not directed or discharge water towards any electrical boxes or connections, and no less than 12 inches above the finished slab. If a hose bib and vacuum breaker (VB) are required at the upper well terminus, the well contractor shall install the hose bib down flow from the non-threaded sampling point.
18. The well owner shall install an unthreaded raw water sampling tap on this well. The tap shall be turned downward, not directed or discharge water towards any electrical boxes or connections, and no less than 12 inches above the finished slab. If a hose bib and vacuum breaker (VB) are required at the upper well terminus, the well contractor shall install the hose bib down flow from the non-threaded sampling point.

19. The well contractor shall disinfect and then purge/develop the well of disinfectant residuals pursuant to Subsection 40C-3.512(1), F.A.C., and disinfect all well components prior to installation. The well contractor shall complete all development and disinfection activities prior to scheduling a final well inspection by District staff.
20. The well owner shall disinfect and then purge/develop the well of disinfectant residuals pursuant to Subsection 40C-3.512(1), F.A.C., and disinfect all well components prior to installation. The well owner shall complete all development and disinfection activities prior to scheduling a final well inspection by District staff.
21. The well contractor shall install a concrete slab measuring 6 feet by 6 feet by a nominal 4 inches thick, centered on the well casing.
22. The well owner shall install a concrete slab measuring 6 feet by 6 feet by a nominal 4 inches thick, centered on the well casing.
23. The well owner shall maintain the raw water sampling tap for this well as an unthreaded tap at all times.
24. The well owner shall maintain continuing protection of the well pursuant to Subsection 62-555.312(4), F.A.C.
25. The well contractor shall notify the District no less than 24 hours prior to initiating construction, repair, abandonment, or grouting operations. The District representative for this permit is:

Bill Adams, P.G.
(407) 659-4851- office
(407) 235-0064- cell
badams@sjrwmd.com
26. The well contractor shall follow the well construction plan incorporated in this permit. Changes to the well construction plan are not authorized unless approved in advance by the District.



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Jonathan P. Steverson
Secretary

NOTICE OF PERMIT ISSUANCE

Gary Deremer, President
Lakeside Waterworks, Inc.
4939 Cross Bayou Blvd
New Port Richey, FL 34652
gderemer@uswatercorp.net

Lake County - DW
Lakeside Waterworks WWTF

Enclosed is Permit Number FLA010521 to construct and operate a domestic wastewater facility issued under Section(s) 403.087 and 403.0885 of the Florida Statutes.

Monitoring requirements under this permit are effective on August 1, 2016. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under sections 120.569 and 120.57 of the Florida Statutes before the deadline for filing a petition. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Petitions by the applicant or any of the parties listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first.

Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106.301.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

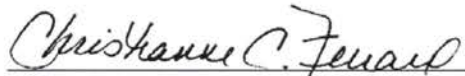
Mediation under section 120.573 of the Florida Statutes is not available for this proceeding.

This action is final on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this order will not be effective until further order of the Department.

Any party to the order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Christianne C. Ferraro, P.E.
Administrator
Permitting and Waste Cleanup Program - Wastewater
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

CCF/crl/

Filed, on this date, pursuant to Section 120.52, F.S., with the designated Department Clerk, receipt of which is hereby acknowledged.



June 27, 2016
Date

Clerk

Enclosures: Permit, DMR and SOB

Copies furnished to:

David Smicherko, DEP (David.smicherko@dep.state.fl.us)
Shabbir Rizvi, DEP (shabbir.rizvi@dep.state.fl.us)
Wanda Parker Garvin, DEP, (Wanda.Parker@dep.state.fl.us)
Mohammed Kader, PE, US Water Services Corp, (mkader@uswatercorp.net)
Keith Keegan, PE, US Water Services Corp. (Kkeegan@uswatercorp.net)
Charles LeGros, DEP (Charles.legros@dep.state.fl.us)

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before close of business on June 27, 2016 to the listed persons, by Robin D. Armstrong.



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Jonathan P. Steverson
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:
Lakeside Waterworks, Inc.

RESPONSIBLE OFFICIAL:
Gary Deremer, President
4939 Cross Bayou Blvd
New Port Richey, Florida 34652-3434
(727) 848-8292

PERMIT NUMBER: FLA010521
FILE NUMBER: FLA010521-007-DW3P
EFFECTIVE DATE: June 27 2016
EXPIRATION DATE: June 26, 2021

FACILITY:

Lakeside Waterworks WWTF
100 Shangri-La Blvd
Leesburg, FL 34788
Lake County
Latitude: 28°51' 38.49" N Longitude: 81°45' 29.03" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). This permit does not constitute authorization to discharge wastewater other than as expressly stated in this permit. The above named permittee is hereby authorized to construct and operate the facilities in accordance with the documents attached hereto and specifically described as follows:

WASTEWATER TREATMENT:

The existing wastewater treatment plant, with a 0.050 MGD annual average daily flow (AADF) design capacity, is being modified to reduce the permitted capacity to 0.015 MGD three month average daily flow (TMADF) and to change the mode of operation from step feed aeration to extended aeration. The existing 0.050 million gallon per day (mgd) step aeration activated sludge domestic wastewater treatment plant consisting of aeration, secondary clarification, chlorination, and aerobic digestion of biosolids shall be operated in accordance with this permit while the modifications are completed. **This permit authorizes construction of a new splitter box, three new 5,000 gallon aeration chambers and one new 5,000 gallon digester, with piping modifications to provide a 0.015 MGD AADF permitted capacity extended aeration wastewater treatment plant consisting of aeration, secondary clarification, chlorination, and aerobic digestion of biosolids.**

REUSE OR DISPOSAL:

Land Application R-001: An existing 0.050 MGD annual average daily flow design capacity slow-rate restricted public access system, with a new permitted capacity of 0.015 MGD AADF. R-001 is a reuse system which consists of a sprayfield with a total wetted area of 3.2 acres located approximately at latitude 28°51' 33" N, longitude 81°45' 18" W. **Flow to the sprayfield will be limited to 0.015 MGD AADF, the new permitted capacity of the wastewater treatment plant.**

Land Application R-002: An existing 0.013 MGD annual average daily flow permitted capacity rapid infiltration basin system. R-002 is a reuse system which consists of a rapid infiltration basin (RIB) as a back-up to R-001 during wet weather with a total wetted area of 0.080 acres located approximately at latitude 28°51' 33" N, longitude 81°45' 18" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements, and other conditions set forth in this cover sheet and Part I through Part IX on pages 1 through 18 of this permit.

PERMITTEE: Lakeside Waterworks, Inc.
 FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
 EXPIRATION DATE: June 26, 2021

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.B.7.:

Parameter	Units	Max./Min	Reclaimed Water Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Flow (Flow to R-001 sprayfield)	MGD	Max Max	0.015 Report	Annual Average Monthly Average	5 Days/Week	Elapsed time meters	FLW-1	See I.A.3
BOD, Carbonaceous 5 day, 20C	mg/L	Max Max Max Max	20.0 30.0 45.0 60.0	Annual Average Monthly Average Weekly Average Single Sample	Monthly	Grab	EFA-1	
Solids, Total Suspended	mg/L	Max Max Max Max	20.0 30.0 45.0 60.0	Annual Average Monthly Average Weekly Average Single Sample	Monthly	Grab	EFA-1	
Coliform, Fecal	#/100mL	Max Max Max	200 200 800	Monthly Geometric Mean Annual Average Single Sample	Monthly	Grab	EFA-1	See I.A.4
pH	s.u.	Min Max	6.0 8.5	Single Sample Single Sample	5 Days/Week	Grab	EFA-1	
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	5 Days/Week	Grab	EFA-1	See I.A.5
Nitrogen, Total	mg/L	Max	Report	Single Sample	Quarterly	Grab	EFA-1	See I.A.6
Phosphorus, Total (as P)	mg/L	Max	Report	Single Sample	Quarterly	Grab	EFA-1	See I.A.6

PERMITTEE: Lakeside Waterworks, Inc.
FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
EXPIRATION DATE: June 26, 2021

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I.A.1. and as described below:

Monitoring Site Number	Description of Monitoring Site
FLW-1	Elapsed time meter on effluent pumps to sprayfield
EFA-1	Chlorine contact chamber effluent

3. A recording flow meter with totalizer shall be utilized to measure flow and calibrated at least once every 12 months. *[62-600.200(25)]*
4. The effluent limitation for the monthly geometric mean for fecal coliform is only applicable if 10 or more values are reported. If fewer than 10 values are reported, the monthly geometric mean shall be calculated and reported on the Discharge Monitoring Report to be used to calculate the annual average. *[62-600.440(4)(c)]*
5. Total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.410, 600.440(4)(b) and (5)(b)]*
6. In accordance with Rule 62-600.650(3), F.A.C., facilities that land apply reclaimed water in an area with nutrient impaired waters will be required to report Total Nitrogen and Total Phosphorus in the reclaimed water. *[62-600.650(3)]*

PERMITTEE: Lakeside Waterworks, Inc.
 FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
 EXPIRATION DATE: June 26, 2021

7. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-002. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.B.7.:

Parameter	Units	Max/Min	Reclaimed Water Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Monitoring	Sample Type	Monitoring Site Number	
Flow (RIB)	MGD	Max Max	0.013 Report	Annual Average Monthly Average	5 Days/Week	Calculated	FLW-2	See I.A.9
BOD, Carbonaceous 5 day, 20C	mg/L	Max Max Max Max	20.0 30.0 45.0 60.0	Annual Average Monthly Average Weekly Average Single Sample	Monthly	Grab	EFA-1	
Solids, Total Suspended	mg/L	Max Max Max Max	20.0 30.0 45.0 60.0	Annual Average Monthly Average Weekly Average Single Sample	Monthly	Grab	EFA-1	
Coliform, Fecal	#/100mL	Max Max Max	200 200 800	Monthly Geometric Mean Annual Average Single Sample	Monthly	Grab	EFA-1	See I.A.10
pH	s.u.	Min Max	6.0 8.5	Single Sample Single Sample	5 Days/Week	Grab	EFA-1	
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	5 Days/Week	Grab	EFA-1	See I.A.11
Nitrogen, Nitrate, Total (as N)	mg/L	Max	12.0	Single Sample	Monthly	Grab	EFA-1	See I.A.12

PERMITTEE: Lakeside Waterworks, Inc.
FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
EXPIRATION DATE: June 26, 2021

8. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I.A.7. and as described below:

Monitoring Site Number	Description of Monitoring Site
FLW-2	Calculated based on FLW-3 minus FLW-1
EFA-1	Chlorine contact chamber effluent

9. The meter shall be utilized to measure flow and calibrated at least once every 12 months. *[62-600.200(25)]*
10. The effluent limitation for the monthly geometric mean for fecal coliform is only applicable if 10 or more values are reported. If fewer than 10 values are reported, the monthly geometric mean shall be calculated and reported on the Discharge Monitoring Report to be used to calculate the annual average. *[62-600.440(4)(c)]*
11. Total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.510, 62-600.440(4)(b) and (5)(b)]*
12. Nitrate nitrogen (NO₃) concentration in the water discharged to the land application system shall not exceed 12.0 mg/L, or as required to comply with Rule 62-610.510, F.A.C. If the facility exceeds this limit, the Department may require future groundwater monitoring or modification to the treatment facility to remove nitrogen. *[62-610.510]*

PERMITTEE: Lakeside Waterworks, Inc.
 FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
 EXPIRATION DATE: June 26, 2021

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7.:

Parameter	Units	Max/Min	Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Flow (Total flow thru plant)	MGD	Max Max	0.015 Report	3-Month Rolling Average Monthly Average	5 Days/Week	Recording Flow Meter with Totalizer	FLW-3	See I.B.4
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly Average	Monthly	Calculated	FLW-1	
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	Annually	Grab	INF-1	See I.B.3
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	Annually	Grab	INF-1	See I.B.3

PERMITTEE: Lakeside Waterworks, Inc.
FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
EXPIRATION DATE: June 26, 2021

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I.B.1. and as described below:

Monitoring Site Number	Description of Monitoring Site
FLW-3	Total plant effluent flow using the ultrasonic meter and the V-notch weir in the chlorine contact chamber
INF-1	Raw influent to aeration tank

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-600.660(4)(a)]
4. A recording flow meter with totalizer shall be utilized to measure flow and calibrated at least once every 12 months. [62-600.200(25)]
5. The sample collection, analytical test methods and method detection limits (MDLs) applicable to this permit shall be conducted using a sufficiently sensitive method to ensure compliance with applicable water quality standards and effluent limitations and shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-600, F.A.C., and 40 CFR 136, as appropriate. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "FAC 62-4 MDL/PQL Table (April 26, 2006)" is available at <http://www.dep.state.fl.us/labs/library/index.htm>. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
- The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
 - The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide an MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
 - If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

When the analytical results are below method detection or practical quantitation limits, the permittee shall report the actual laboratory MDL and/or PQL values for the analyses that were performed following the instructions on the applicable discharge monitoring report.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is approved in accordance with 40 CFR 136 or deemed acceptable by the Department. [62-4.246, 62-160]

6. The permittee shall provide safe access points for obtaining representative samples which are required by this permit. [62-600.650(2)]
7. **Monitoring requirements under this permit are effective August 1, 2016.** Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e. monthly, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Unless specified otherwise in this permit, monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below. DMRs shall be submitted for each required monitoring period including periods of no discharge.

PERMITTEE: Lakeside Waterworks, Inc.
FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
EXPIRATION DATE: June 26, 2021

REPORT Type on DMR	Monitoring Period	Mail or Electronically Submit by
Monthly	first day of month - last day of month	28 th day of following month
Quarterly	January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 - June 30 July 1 - December 31	July 28 January 28
Annual	January 1 - December 31	January 28

The permittee may submit either paper or electronic DMR forms. If submitting paper DMR forms, the permittee shall make copies of the attached DMR forms, without altering the original format or content unless approved by the Department, and shall mail the completed DMR forms to the Department's Central District Office at the address specified in Permit Condition I.B.8. by the twenty-eighth (28th) of the month following the month of operation.

If submitting electronic DMR forms (preferred), the permittee shall use the electronic DMR system(s) approved in writing by the Department and shall electronically submit the completed DMR forms to the Department by the twenty-eighth (28th) of the month following the month of operation. Data submitted in electronic format is equivalent to data submitted on signed and certified paper DMR forms. The EzDMR system shall be used in accordance with Condition VI. 1. of this permit, unless alternative arrangements are approved by the Central District's Wastewater Permitting Section. Register for the new system by visiting the DEP Business Portal at <http://www.fldepportal.com/go/>. For more information, contact at EzDMRAdmin@dep.state.fl.us.

[62-620.610(18)][62-600.680(1)]

8. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Central District Office at the address specified below:

Electronic submittal is preferred, by sending to DEP_CD@dep.state.fl.us.

If submitted electronically: Documents requiring signing and sealing must signed, sealed, and electronically certified, as required by FBPE for electronic submittals. The procedures are located on the DEP website at:

<http://www.dep.state.fl.us/water/wastewater/forms/ElectronicSubmissionInstructionsDOM.pdf>
<http://www.dep.state.fl.us/water/wastewater/docs/InstructionsIndependentDocumentsEngineerLetter.pdf>

Florida Department of Environmental Protection
Central District Office
3319 Maguire Blvd
Suite 232
Orlando, Florida 32803-3767
Phone Number - (407)897-4100
[62-620.305]

9. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

II. BIOSOLIDS MANAGEMENT REQUIREMENTS

A. Basic Requirements

1. Biosolids generated by this facility may be transferred to A-Able Biosolids Treatment Facility or disposed of in a Class I solid waste landfill. Transferring biosolids to an alternative biosolids treatment facility does not require a permit modification. However, use of an alternative biosolids treatment facility requires submittal of a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the biosolids. [62-620.320(6), 62-640.880(1)]

PERMITTEE: Lakeside Waterworks, Inc.
 FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
 EXPIRATION DATE: June 26, 2021

2. The permittee shall monitor and keep records of the quantities of biosolids generated, received from source facilities, treated, distributed and marketed, land applied, used as a biofuel or for bioenergy, transferred to another facility, or landfilled. These records shall be kept for a minimum of five years. [62-640.650(4)(a)]
3. Biosolids quantities shall be monitored by the permittee as specified below. Results shall be reported on the permittee's Discharge Monitoring Report for Monitoring Group RMP-Q in accordance with Condition I.B.7.

Parameter	Units	Max/ Min	Biosolids Limitations		Monitoring Requirements		
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number
Biosolids Quantity (Transferred)	dry tons	Max	Report	Monthly Total	Monthly	Calculated	RMP-1
Biosolids Quantity (Landfilled)	dry tons	Max	Report	Monthly Total	Monthly	Calculated	RMP-1

[62-640.650(5)(a)1]

4. Biosolids quantities shall be calculated as listed in Permit Condition II.3 and as described below:

Monitoring Site Number	Description of Monitoring Site Calculations
RMP-1	Biosolids leaving the facility. Amount shall be calculated based on estimated volume or weight and percent solids and reported in dry tons.

5. The treatment, management, transportation, use, land application, or disposal of biosolids shall not cause a violation of the odor prohibition in subsection 62-296.320(2), F.A.C. [62-640.400(6)]
6. Storage of biosolids or other solids at this facility shall be in accordance with the Facility Biosolids Storage Plan. [62-640.300(4)]
7. Biosolids shall not be spilled from or tracked off the treatment facility site by the hauling vehicle. [62-640.400(9)]

B. Disposal

8. Disposal of biosolids, septage, and "other solids" in a solid waste disposal facility, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(b) & (c)]

C. Transfer

9. The permittee shall not be held responsible for treatment and management violations that occur after its biosolids have been accepted by a permitted biosolids treatment facility with which the source facility has an agreement in accordance with subsection 62-640.880(1)(c), F.A.C., for further treatment, management, or disposal. [62-640.880(1)(b)]
10. The permittee shall keep hauling records to track the transport of biosolids between the facilities. The hauling records shall contain the following information:

Source Facility	Biosolids Treatment Facility or Treatment Facility
1. Date and time shipped	1. Date and time received
2. Amount of biosolids shipped	2. Amount of biosolids received
3. Degree of treatment (if applicable)	3. Name and ID number of source facility
4. Name and ID Number of treatment facility	4. Signature of hauler
5. Signature of responsible party at source facility	5. Signature of responsible party at treatment facility
6. Signature of hauler and name of hauling firm	

PERMITTEE: Lakeside Waterworks, Inc.
FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
EXPIRATION DATE: June 26, 2021

A copy of the source facility hauling records for each shipment shall be provided upon delivery of the biosolids to the biosolids treatment facility or treatment facility. The treatment facility permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of biosolids leaving the source facility and arriving at the biosolids treatment facility or treatment facility.
[62-640.880(4)]

D. Receipt

11. If the permittee intends to accept biosolids from other facilities, a permit revision is required pursuant to paragraph 62-640.880(2)(d), F.A.C. *[62-640.880(2)(d)]*

III. GROUND WATER REQUIREMENTS

1. Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

A. Part II Slow-Rate/Restricted Access System(s)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. *[62-610.418(1)]*
2. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.414(8)]*
3. The maximum annual average loading rate to the sprayfield shall be reduced and limited to 1.21 inches per week, based on new capacity of the treatment facility (note, the sprayfield loading rate was previously approved at 4.05 inches per week). The hydraulic loading rate shall not produce surface runoff or ponding of the applied reclaimed water. *[62-610.423(3) and (4)]*
4. The crops or vegetation shall be periodically harvested and removed from the project area. *[62-610.310(3)(d) and 62-610.419(1)(b)]*
5. Dairy cattle whose milk is intended for human consumption shall not be allowed on the project area for a period of 15 days after the last application of reclaimed water. No restrictions are imposed on the grazing of other cattle. *[62-610.425]*
6. Irrigation of edible food crops is prohibited. *[62-610.426]*
7. Overflows from emergency discharge facilities on storage ponds shall be reported as abnormal events in accordance with Permit Condition IX.20. *[62-610.800(9)]*

B. Part IV Rapid Infiltration Basins (RIBs)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. *[62-610.518]*
2. The maximum annual average loading rate to the RIB shall be limited to 6 inches per day (as applied to the entire bottom area). *[62-610.523(3)]*
3. The rapid infiltration basin is a back-up for R-001 to be used during wet weather conditions, and rested during other times. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. *[62-610.523(4)]*
4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. *[62-610.523(6) and (7)]*

PERMITTEE: Lakeside Waterworks, Inc.
FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
EXPIRATION DATE: June 26, 2021

5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as abnormal events in accordance with Permit Condition IX.20. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

A. Staffing Requirements

1. **Interim** - During the period beginning on the effective date until submittal of Department DEP Form 62-620.910(12), Notification of Completion of Construction for Domestic Wastewater Facilities, the wastewater facilities shall be operated under the supervision of operators certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category II, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 1/2 hour/day for 5 days/week and one visit each weekend. The lead/chief operator must be a Class C operator, or higher.

Final - Beginning with the submittal of Department DEP Form 62-620.910(12), Notification of Completion of Construction for Domestic Wastewater Facilities and through the expiration date of the permit, the wastewater facilities shall be operated under the supervision of operators certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class D facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class D or higher operator for 3 visits/week on nonconsecutive days for a total of 1 1/2 hours/week. The lead/chief operator must be a Class D operator, or higher.

2. An operator meeting the lead/chief operator class for the treatment plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. Daily checks of the plant shall be performed by the permittee or his representative or agent 5 days per week. [62-699.311(1) and (2)]

B. Capacity Analysis Report and Operation and Maintenance Performance Report Requirements

1. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
2. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]

C. Recordkeeping Requirements

1. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility.
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, including, if applicable, a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;

PERMITTEE: Lakeside Waterworks, Inc.
FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
EXPIRATION DATE: June 26, 2021

- e. A copy of the current permit;
- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g. A copy of any required record drawings;
- h. Copies of the licenses of the current certified operators;
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and license number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities, including any preventive maintenance or repairs made or requested; results of tests performed and samples taken, unless documented on a laboratory sheet; and notation of any notification or reporting completed in accordance with Rule 62-602.650(3), F.A.C. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed; and
- j. Records of biosolids quantities, treatment, monitoring, and hauling for at least five years.

[62-620.350, 62-602.650, 62-640.650(4)]

VI. SCHEDULES

1. The following improvement actions shall be completed according to the following schedule:

Improvement Action	Completion Date
1. Begin construction of plant modifications	07/01/2016
2. Complete construction of plant modifications	02/01/2017
3. Register for and begin using the Departments EzDMR system, per condition I.B.7 of this permit	01/01/2017

[62-620.320(6)]

2. **Prior to placing the modifications to existing facilities into operation** or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), Notification of Completion of Construction for Wastewater Facilities or Activities. [62-620.410(7) and 62-620.630(2)]
3. **Within six months after a facility is placed in operation**, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-620, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. [62-620.410(6) and 62-620.630(7)]
4. The permittee is not authorized to discharge to waters of the state after the expiration date of this permit, unless:
 - a. The permittee has applied for renewal of this permit at least 180 days before the expiration date of this permit using the appropriate forms listed in Rule 62-620.910, F.A.C., and in the manner established in the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C.; or
 - b. The permittee has made complete the application for renewal of this permit before the permit expiration date.
[62-620.335(1) - (4)]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

1. This facility is not required to have a pretreatment program at this time. [62-625.500]

PERMITTEE: Lakeside Waterworks, Inc.
FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
EXPIRATION DATE: June 26, 2021

VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall comply with all conditions and requirements for reuse contained in their consumptive use permit issued by the Water Management District, if such requirements are consistent with Department rules. *[62-610.800(10)]*
2. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*
3. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*
4. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
5. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
 - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems. *[62-604.130(5)]*
6. The treatment facility, storage ponds for Part II systems, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.418(1) and 62-600.400(2)(b)]*
7. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*
8. Where required by Chapter 471 or Chapter 492, F.S., applicable portions of reports that must be submitted under this permit shall be signed and sealed by a professional engineer or a professional geologist, as appropriate. *[62-620.310(4)]*
9. The permittee shall provide verbal notice to the Department's Central District Office as soon as practical after discovery of a sinkhole or other karst feature within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's Central District Office in a written report within 7 days of the sinkhole discovery. *[62-620.320(6)]*
10. The permittee shall provide notice to the Department of the following:

PERMITTEE: Lakeside Waterworks, Inc.
FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
EXPIRATION DATE: June 26, 2021

- a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C., if it were directly discharging those pollutants; and
- b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations, and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications, or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*
3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:

PERMITTEE: Lakeside Waterworks, Inc.
FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
EXPIRATION DATE: June 26, 2021

- a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules. *[62-620.610(9)]*
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, F.S., or Rule 62-620.302, F.A.C. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*
 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*
 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility or activity and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, F.A.C., and the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2), F.A.C., for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and

PERMITTEE: Lakeside Waterworks, Inc.
FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
EXPIRATION DATE: June 26, 2021

- c. Steps being taken to prevent future occurrence of the noncompliance.
[62-620.610(17)]
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246 and Chapters 62-160, 62-601, and 62-610, F.A.C., and 40 CFR 136, as appropriate.
- a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220, and 62-160.330, F.A.C.
[62-620.610(18)]
19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*
20. The permittee shall report to the Department's Central District Office any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
- a. The following shall be included as information which must be reported within 24 hours under this condition:
 - (1) Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - (2) Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - (3) Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - (4) Any unauthorized discharge to surface or ground waters.
 - b. Oral reports as required by this subsection shall be provided as follows:
 - (1) For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph (a)4. that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WATCH OFFICE TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Watch Office:
 - (a) Name, address, and telephone number of person reporting;
 - (b) Name, address, and telephone number of permittee or responsible person for the discharge;

PERMITTEE: Lakeside Waterworks, Inc.
FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
EXPIRATION DATE: June 26, 2021

- (c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - (d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - (e) Estimated amount of the discharge;
 - (f) Location or address of the discharge;
 - (g) Source and cause of the discharge;
 - (h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - (i) Description of area affected by the discharge, including name of water body affected, if any; and
 - (j) Other persons or agencies contacted.
- (2) Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department's Central District Office within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department's Central District Office shall waive the written report.
[62-620.610(20)]
21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX.17., IX.18., or IX.19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX.20. of this permit. *[62-620.610(21)]*
22. Bypass Provisions.
- a. "Bypass" means the intentional diversion of waste streams from any portion of a treatment works.
 - b. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - (1) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - (2) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - (3) The permittee submitted notices as required under Permit Condition IX.22.c. of this permit.
 - c. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX.20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
 - d. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX.22.b.(1) through (3) of this permit.
 - e. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX.22.b. through d. of this permit.
[62-620.610(22)]
23. Upset Provisions.
- a. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based effluent limitations because of factors beyond the reasonable control of the permittee.
 - (1) An upset does not include noncompliance caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, careless or improper operation.

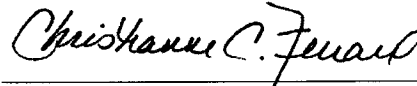
PERMITTEE: Lakeside Waterworks, Inc.
FACILITY: Lakeside Waterworks WWTF

PERMIT NUMBER: FLA010521
EXPIRATION DATE: June 26, 2021

- (2) An upset constitutes an affirmative defense to an action brought for noncompliance with technology based permit effluent limitations if the requirements of upset provisions of Rule 62-620.610, F.A.C., are met.
- b. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
 - (2) The permitted facility was at the time being properly operated;
 - (3) The permittee submitted notice of the upset as required in Permit Condition IX.20. of this permit; and
 - (4) The permittee complied with any remedial measures required under Permit Condition IX.5. of this permit.
- c. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- d. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.
[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION



Christianne C. Ferraro, P.E.
Administrator
Permitting and Waste Cleanup Program – Wastewater

PERMIT ISSUANCE DATE:

JUNE 27, 2016

Attachment(s):
Discharge Monitoring Report

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Lakeside Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Blvd
 New Port Richey, Florida 34652-3434

PERMIT NUMBER: FLA010521-007-DW3P
 LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESCRIPTION: Sprayfield, with Influent

Effective Date of DMR: August 1, 2016
 REPORT FREQUENCY: Monthly
 PROGRAM: Domestic

FACILITY: Lakeside Waterworks WWTF
 LOCATION: 100 Shangri-La Blvd
 Leesburg, FL 34788-

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

COUNTY: Lake
 OFFICE: Central District

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Flow to R-001 sprayfield)	Sample Measurement									
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.015 (An.Avg.)	MGD						5 Days/Week	Elapsed time meters
Flow (Flow to R-001 sprayfield)	Sample Measurement									
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD						5 Days/Week	Elapsed time meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	45.0 (Max.Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	45.0 (Max.Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab

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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lakeside Waterworks

MONITORING GROUP R-001
 NUMBER:
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FLA010521-007-DW3P

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
pH	Sample Measurement									
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement									
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Flow (Total flow thru plant)	Sample Measurement									
PARM Code 50050 P Mon. Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)	0.015 (3Mo.Avg.)	MGD					5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement									
PARM Code 00180 1 Mon. Site No. FLW-3	Permit Requirement					Report (Mo.Avg.)	percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Lakeside Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Blvd
 New Port Richey, Florida 34652-3434

PERMIT NUMBER: FLA010521-007-DW3P

FACILITY: Lakeside Waterworks WWTF
 LOCATION: 100 Shangri-La Blvd
 Leesburg, FL 34788-

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESCRIPTION: Sprayfield

REPORT FREQUENCY: Quarterly
 PROGRAM: Domestic

COUNTY: Lake
 OFFICE: Central District

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-1	Sample Measurement									
	Permit Requirement				Report (Max.)	mg/L			Quarterly	Grab
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-1	Sample Measurement									
	Permit Requirement				Report (Max.)	mg/L			Quarterly	Grab

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 gather and evaluate 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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Lakeside Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Blvd
 New Port Richey, Florida 34652-3434

PERMIT NUMBER: FLA010521-007-DW3P

FACILITY: Lakeside Waterworks WWTF
 LOCATION: 100 Shangri-La Blvd
 Leesburg, FL 34788-

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESCRIPTION: Sprayfield, with Influent

REPORT FREQUENCY: Annually
 PROGRAM: Domestic

COUNTY: Lake
 OFFICE: Central District

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement									
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Max.)		mg/L		Annually	Grab
Solids, Total Suspended (Influent)	Sample Measurement									
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Max.)		mg/L		Annually	Grab

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 gather and evaluate 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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Lakeside Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Blvd
 New Port Richey, Florida 34652-3434

PERMIT NUMBER: FLA010521-007-DW3P

FACILITY: Lakeside Waterworks WWTF
 LOCATION: 100 Shangri-La Boulevard
 Leesburg, FL 34788-

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESCRIPTION: rapid infiltration basin
 RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Monthly
 PROGRAM: Domestic

COUNTY: Lake
 OFFICE: Central District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (RIB)	Sample Measurement										
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.013 (An.Avg.)	MGD						5 Days/Week	Calculated
Flow	Sample Measurement										
PARM Code 50050 I Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Max.Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Max.Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab

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 gather and evaluate 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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lakeside Waterworks

MONITORING GROUP R-002
 NUMBER:
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FLA010521-007-DW3P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement							
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An.Avg.)	#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL	Monthly	Grab
pH	Sample Measurement							
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.	5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement							
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)	mg/L	Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Lakeside Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Blvd
 New Port Richey, Florida 34652-3434

PERMIT NUMBER: FLA010521-007-DW3P

FACILITY: Lakeside Waterworks WWTF
 LOCATION: 100 Shangri-La Blvd
 Leesburg, FL 34788-

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: RMP-Q
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly
 PROGRAM: Domestic

COUNTY: Lake
 OFFICE: Central District

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement							
PARM Code B0007 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total)	dry tons				Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement							
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total)	dry tons				Monthly	Calculated

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 gather and evaluate 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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010521-007-DW3P
 Monitoring Period From: _____ To: _____

Facility: Lakeside Waterworks WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (Total to R-001 spayfield) MGD	Flow (Total to R-002 RIB) MGD	Flow (Total flow thru plant) MGD		
Code	80082	50060	74055	00530	00400	50050	50050	50050		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3		
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29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. Facilities who submit their DMR(s) electronically through eDMR do not need to submit a hardcopy DMR. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used, unless indicated otherwise in the permit or on the DMR:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

Resubmitted DMR: Check this box if this DMR is being re-submitted because there was information missing from or information that needed correction on a previously submitted DMR. The information that is being revised should be clearly noted on the re-submitted DMR (e.g. highlight, circle, etc.)

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units. Data qualifier codes are not to be reported on Part A.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

To calculate the monthly average, add each reported value to get a total. For flow, divide this total by the number of days in the month. For all other parameters, divide the total by the number of observations.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Data qualifier codes are not to be reported on Part D.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

**STATEMENT OF BASIS
FOR
STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT**

PERMIT NUMBER: FLA010521-007
FACILITY NAME: Lakeside Waterworks WWTF
FACILITY LOCATION: 100 Shangri-La Blvd, Leesburg, FL 34788
Lake County
NAME OF PERMITTEE: Lakeside Waterworks, Inc.
PERMIT WRITER: Charles LeGros

1. SUMMARY OF APPLICATION

a. Chronology of Application

Application Number: FLA010521-007-DW3P
Application Submittal Date: March 03, 2016

b. Type of Facility

Domestic Wastewater Treatment Plant
Ownership Type: Private
SIC Code: 4952

c. Facility Capacity

Existing Permitted Capacity:	0.050 mgd Annual Average Daily Flow
Proposed Decrease in Permitted Capacity:	0.035 mgd Annual Average Daily Flow
Proposed Total Permitted Capacity:	0.015 mgd Three Month Average Daily Flow

d. Description of Wastewater Treatment

An existing 0.050 million gallon per day (mgd) annual average daily flow (AADF) permitted capacity step aeration activated sludge domestic wastewater treatment facility consisting of aeration, secondary clarification, chlorination, and aerobic digestion of biosolids. **The permit is being revised to reduce the permitted capacity to 0.015 MGD TMAADF.** Modifications will be made at the plant including installation of a new splitter box, three new 5,000 gallon aeration chambers and one new 5,000 gallon digester. The modified facility will be operated as an extended aeration wastewater treatment plant.

e. Description of Effluent Disposal and Land Application Sites

Land Application R-001: An existing 0.050 MGD annual average daily flow design capacity slow-rate restricted public access system, with a permitted capacity of 0.015 MGD AADF. R-001 is a reuse system which consists of a sprayfield with a total wetted area of 3.2 acres located approximately at latitude 28°51' 33" N, longitude 81°45' 18" W. **Flow to the sprayfield will be limited to 0.015 MGD AADF, the new permitted capacity of the wastewater treatment plant.**

Land Application R-002: An existing 0.013 MGD annual average daily flow permitted capacity rapid infiltration basin system. R-002 is a reuse system which consists of a rapid infiltration basin for wet weather conditions with a total wetted area of 0.080 acres located approximately at latitude 28°51' 33" N, longitude 81°45' 18" W.

2. SUMMARY OF SURFACE WATER DISCHARGE

This facility does not discharge to surface waters.

3. BASIS FOR PERMIT LIMITATIONS AND MONITORING REQUIREMENTS

This facility is authorized to direct reclaimed water to Reuse System R-001, a slow-rate/restricted public access system, based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow (Flow to R-001 sprayfield)	MGD	Max	0.015	Annual Average	62-600.700(2)(b) & 62-610.810(5) FAC
		Max	Report	Monthly Average	62-600.700(2)(b) & 62-610.810(5) FAC
		Max	Report	Monthly Average	62-600.700(2)(b) & 62-610.810(5) FAC
BOD, Carbonaceous 5 day, 20C	mg/L	Max	20.0	Annual Average	62-610.410 & 62-600.420(3)(a)1. FAC
		Max	30.0	Monthly Average	62-610.410 & 62-600.420(3)(a)2. FAC
		Max	45.0	Weekly Average	62-610.410 & 62-600.420(3)(a)3. FAC
		Max	60.0	Single Sample	62-610.410 & 62-600.420(3)(a)4. FAC
Solids, Total Suspended	mg/L	Max	20.0	Annual Average	62-610.410 & 62-600.420(3)(b)1. FAC
		Max	30.0	Monthly Average	62-610.410 & 62-600.420(3)(b)2. FAC
		Max	45.0	Weekly Average	62-610.410 & 62-600.420(3)(b)3. FAC
		Max	60.0	Single Sample	62-610.410 & 62-600.420(3)(b)4. FAC
Coliform, Fecal	#/100mL	Max	200	Monthly Geometric Mean	62-610.410 & 62-600.440(5)(a)2. FAC
		Max	200	Annual Average	62-610.410 & 62-600.440(5)(a)1. FAC
		Max	800	Single Sample	62-610.410 & 62-600.440(5)(a)4. FAC
pH	s.u.	Min	6.0	Single Sample	62-600.445 FAC
		Max	8.5	Single Sample	62-600.445 FAC
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	62-610.410 & 62-600.440(5)(c) FAC
Nitrogen, Total	mg/L	Max	Report	Single Sample	62-600.650(3) FAC
Phosphorus, Total (as P)	mg/L	Max	Report	Single Sample	62-600.650(3) FAC

This facility is authorized to direct reclaimed water to Reuse System R-002, a rapid infiltration basin system, based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow (RIBs)	MGD	Max	0.013	Annual Average	62-600.400(3)(b) & 62-610.810(5) FAC
		Max	Report	Monthly Average	62-600.400(3)(b) & 62-610.810(5) FAC
BOD, Carbonaceous 5 day, 20C	mg/L	Max	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
		Max	30.0	Monthly Average	62-600.740(1)(b)1.b. FAC
		Max	45.0	Weekly Average	62-600.740(1)(b)1.c. FAC
		Max	60.0	Single Sample	62-600.740(1)(b)1.d. FAC

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Solids, Total Suspended	mg/L	Max	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
		Max	30.0	Monthly Average	62-600.740(1)(b)1.b. FAC
		Max	45.0	Weekly Average	62-600.740(1)(b)1.c. FAC
		Max	60.0	Single Sample	62-600.740(1)(b)1.d. FAC
Coliform, Fecal	#/100mL	Max	200	Monthly Geometric Mean	62-600.440(4)(c)2. FAC
		Max	200	Annual Average	62-610.510 & 62-600.440(4)(c)1. FAC
		Max	800	Single Sample	62-600.440(4)(c)4. FAC
pH	s.u.	Min	6.0	Single Sample	62-600.445 FAC
		Max	8.5	Single Sample	62-600.445 FAC
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	62-610.510 & 62-600.440(4)(b) FAC
Nitrogen, Nitrate, Total (as N)	mg/L	Max	12.0	Single Sample	62-610.510(1) FAC

Other Limitations and Monitoring Requirements:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow (Total flow thru plant)	MGD				
		Max	0.015	3-Month Rolling Average	62-600.700(2)(b) FAC
		Max	Report	Monthly Average	62-600.700(2)(b) FAC
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly Average	62-600.405(4) FAC
*BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	62-600.660(1) FAC
*Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	62-600.660(1) FAC
Monitoring Frequencies and Sample Types	-	-	-	All Parameters	62-600 FAC & 62-699 FAC and/or BPJ of permit writer
Sampling Locations	-	-	-	All Parameters	62-600, 62-610.412, 62-610.463(1), 62-610.568, 62-610.613 FAC and/or BPJ of permit writer

*Influent sampling continued as annually in accordance with Rule 62-600.650(3), FAC and in conjunction with the last permit.

4. DISCUSSION OF CHANGES TO PERMIT LIMITATIONS

The current wastewater permit for this facility FLA010521-007-DW3P expires on June 21, 2021. This is a permit renewal that also includes construction of new aeration basins. They will be smaller and therefore limit the capacity from 0.050 MGD to 0.015 MGD. It will be operated in extended aeration mode which will significantly reduce staffing requirements. The flow limit for the facility was revised to three month rolling average instead of annual average due to the season nature of the occupancy as well as the rate structure approved by the Public Service Commission.

The Sprayfield and RIBs were broken out in this permit into separate R-001 and R-002 similar to the 1996 permit.

5. BIOSOLIDS MANAGEMENT REQUIREMENTS

Biosolids generated by this facility may be transferred to A-Able Biosolids Treatment Facility or disposed of in a Class I solid waste landfill.

See the table below for the rationale for the biosolids quantities monitoring requirements.

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Biosolids Quantity (Transferred)	dry tons	Max	Report	Monthly Total	62-640.650(5)(a)1. FAC
Biosolids Quantity (Landfilled)	dry tons	Max	Report	Monthly Total	62-640.650(5)(a)1. FAC
Monitoring Frequency	All Parameters				62-640.650(5)(a) FAC

6. GROUND WATER MONITORING REQUIREMENTS

This section is not applicable to this facility.

7. PERMIT SCHEDULES

The following improvement actions shall be completed according to the following schedule:

Improvement Action	Completion Date
1. Begin construction of plant modifications	07/01/2016
2. Complete construction of plant modifications	02/01/2017
3. Register for and begin using the Departments EzDMR system, per condition I.B.7 of this permit	01/01/2017

[62-620.320(6)]

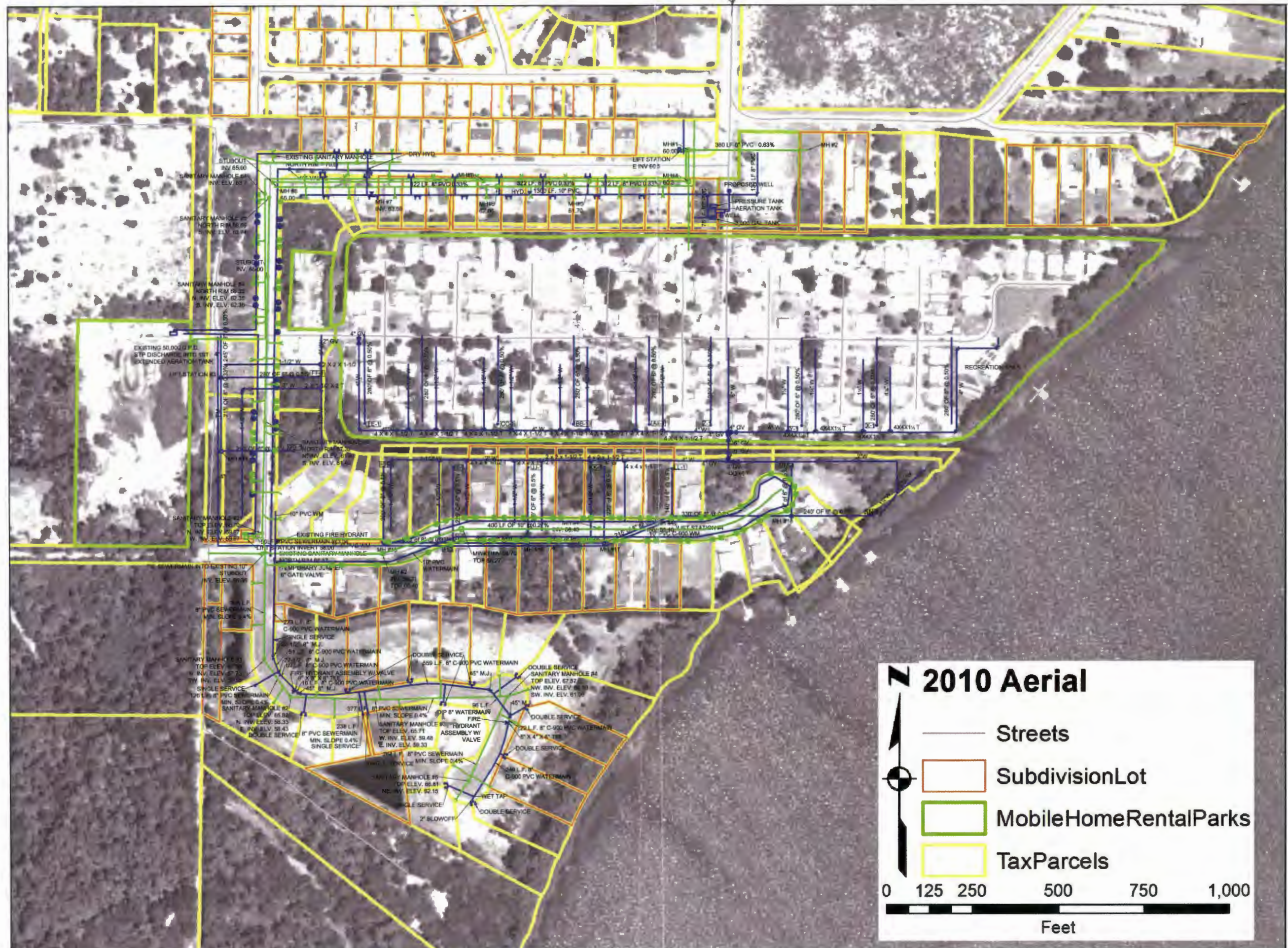
8. INDUSTRIAL PRETREATMENT REQUIREMENTS

At this time, the facility is not required to develop an approved industrial pretreatment program. However, the Department reserves the right to require an approved program if future conditions warrant.

9. ADMINISTRATIVE ORDERS (AO) AND CONSENT ORDERS (CO)





This permit is not accompanied by an AO and the permittee has not entered into a CO with the Department.

Lakeside Waterworks
Water/Wastewater Service Map



Lakeside

2010 Aerial

-  Streets
-  Subdivision Lot
-  Mobile Home Rental Parks
-  Tax Parcels

0 125 250 500 750 1,000
Feet