

Shawna Senko

From: Amy Williams <awilliams@uswatercorp.net>
Sent: Monday, February 10, 2014 9:08 AM
To: Filings@psc.state.fl.us
Subject: Docket No. 130194-WS Lakeside Waterworks, Inc. RAI 12-09-13 (Part 5 of 7)
Attachments: Doc. No. 130194-WS Part Five - RAI 12-9-13.pdf

FPSC,

Please allow this submission on behalf of Lake Osborne Waterworks, Inc. in regards to Docket No. 130173-WU.

Any questions or concerns please feel free to contact my office directly at (727) 848-8292 ext. 239

Thank You,

Amy N. Williams

Accounts Payable Admin.

U.S. Water Services Corporation

4939 Cross Bayou Blvd.

New Port Richey, FL 34652-3434

P: (727) 848-8292 ext. 239

F: (727) 849-7809

Lakeside Waterworks, Inc.

February 7th, 2014

Office of Commission Clerk
Ms. Ann Cole, Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Docket No. 130194-WS – Lakeside Waterworks, Inc.

- SARC – RAI dated 12/09/2013

Part Five: (Item: 7) Lakeside Waterworks, Inc. ~ MOR's

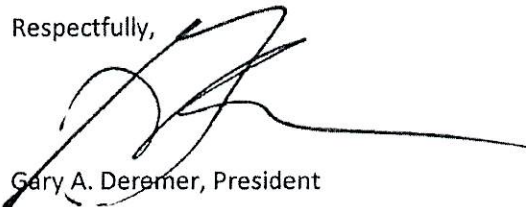
Dear Honorable Clerk and PSC Staff:

Please find the following response to your request for additional information dated December 9, 2013: This letter will serve as a follow up to the recent request put forth to us by the PSC Engineering Dept. This will assist in your audit for the SARC that is currently in place.

The requested information is large in capacity and must be transmitted in phases.

- Part One: (Items: 1-3) Previous Owners (Shangri-La by Lake Utilities) O&M for July 2012 thru November 2012.
- Part Two: (Items 1-3) Lakeside Waterworks, Inc. ~ O&M for November 2012 thru June 2013
- Part Three: (Items: 4-6) Lakeside Waterworks, Inc. ~ Contractual Services
- Part Four: (Item: 7) Lakeside Waterworks, Inc. ~ DMR's
- Part Five: (Item: 7) Lakeside Waterworks, Inc. ~ MOR's
- Part Six: (Items: 8-14, includes item 13) Lakeside Waterworks, Inc. ~ Water Usage Report, FDEP Information, CIP Information (previously submitted 1/21/14), and Asset Information from the Actual SARC Documents submitted in July 2013. ***Item Ten ~ Lakeside Waterworks, Inc. Reports NONE, Customer Service Complaints for the Test Year.
- Part Seven: (Item: 13) Lakeside Water works, In. ~ Billing History Detail

Respectfully,



Gary A. Deremer, President

5320 Captains Court New Port Richey, FL 34652 Phone: (866) 753-8292 Fax: (727) 848-7701

Mailing Address: 4939 Cross Bayou Blvd. New Port Richey, FL 34652

MOR's for "Test Year"

July 1st, 2012 thru June 31st, 2013

Item 7: **Lakeside Waterworks, Inc.**

November 2012 thru June 2013

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.

James Bruce Smith 12-4-12
Signature and Date

BRUCE SMITH
Printed or Typed Name

C - 13525
License Number

PWS Identification Number: 335-4028

Plant Name: Shangri La By the Lake

III. Daily Data for the Month/Year of: November-12				x Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine				
Means of Achieving Four-Log Virus Inactivation/Removal: *				Ultraviolet Radiation		Other (Describe):								
Type of Disinfectant Residual Maintained in Distribution System:				x Free Chlorine		Combined Chlorine (Chloramines)				Chlorine Dioxide				
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Valled by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations				UV Dose				Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Condition, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) in 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														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17	x	24	23,100		3.6							2.8		* See Below
18	x	24	28,800		0.6							0.5		
19	x	24	13,900		1.65							1.55		
20	x	24	28,300		2.4							1.6		
21	x	24	17,200		3.6							2.4		
22	x	24	37,400		4.0							0.5		
23	x	24	22,900		1.0							0.9		
24	x	24	28,200		0.5							2.0		
25		24	28,200											
26	x	24	17,500		2.6							1.3		
27	x	24	24,200		2.4							1.0		
28	x	24	18,200		0.4							2.2		
29	x	24	27,300		2.6							2.2		
30	x	24	21,700		0.5							0.8		
31														
Total			336,900	* Started operation of this system.										
Average			24,064											
Maximum			37,400											

RECEIVED
 DEC 10 2012
 DEP Central Dist.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT
 (82-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

SH

INITIALS DH

Tri-Tech Analytical Laboratories, Inc
 P.O. Box 140966
 Orlando, Florida 32817
 DOH# E83294



Lab Receipt Date & Time: 11-2-12 1530
 Analysis Date & Time: 11-7-12 1650
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice _____ °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: 12-11-137 Sub-Contract Lab ID: 12041 County: Lake

Analysis Requested: (check all that apply)
 Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: Shangri-La PWS I.D. 3354028
 PWS Address: 100 Shangri-La Blvd City: Leesburg
 PWS or PWS Owner's Phone #: 352-787-2493 Fax #: 352-326-8756

Collector: Don Hani Collector's Phone #: 352-787-2493

Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

****Sample Collection Date: **** 7 Nov 2012

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>92223AT</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	Well 1	1200	R	0.0			A			1
2	Well 2	1206	R	0.0			A			2
3	Clubhouse H.B	1215	D	1.2			A			3
4	Office H.B	1221	D	1.6			A			4
5										
6										
7										

Average of disinfectant residuals for distribution routine & repeat samples:⁵ Free chlorine= 1.4

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
 Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# _____)
 Supervised by certified operator (# 0002241)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report Issued: _____
 Lab Signature: [Signature]
 Title: _____

General Utilities Corporation
P.O. Box 491221
304 W. Main Street
Leesburg, FL 34749-1221

DEP/DOH USE ONLY
 Satisfactory 2R, 2D
 Replacement Samples Required
 Incomplete Collection Information
 Repeat Samples Required
 Date Reviewed by DEP/DOH: [Signature] DEP/DOH Reviewing Official: [Signature]

¹ For Sample Types see Instructions item 1.6.
² For Analysis Methods see Instructions item 11.6.
³ Please circle appropriate selection.
⁴ Defined in Florida Administrative Code Rule 62-160, Table 1.
⁵ Complete for community & non-transient non-community systems serving populations up to and including 4,241. Do not include raw water samples in the average.



RECEIVED
MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED
NOV 26 2012

MB WATER

See page 4 for info on Central District

II. General Information for the Month/Year of: NOV 2012

A. Public Water System (PWS) Information

PWS Name: Shangri-la by the Lake		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: 168		Total Population Served at End of Month: 328	
PWS Owner: Shangri-la by the Lake Utilities, 1214 West Route 27, Leaf River, IL 61047			
Contact Person: Thomas M. Felton		Contact Person's Title: Operator	
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756	
Contact Person's E-Mail Address: generalutilities@AOL.com			

B. Water Treatment Plant Information

Plant Name: Shangri-la		Plant Telephone Number: 352-787-2493		
Plant Address: 100 Shangri-La Blvd.		City: Leesburg	State: FL Zip Code: 34788	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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:	T. Felton	C	0002241	Varies
Other Operators:	K Ramsod	C	0015224	Varies
	D Harris	C	0014540	Varies
	G. Murray	C	0012419	Varies
	T. Levi	C	0012911	Varies

III. 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: 11/17/12 Thomas M. Felton Printed or Typed Name License Number: 0002241

General Utilities Stopped Operations 16 Nov 2012

PWS Identification Number: - 3354 02B Plant Name: - SHANGRI-LA BY THE LAKE

II. Daily Data for the Month/Year of: NOV /2012

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 Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point 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	30 000											0.2	
2	✓	24	20 000											0.4	
3		24	41 000												
4	✓	24	39 000											0.2	
5	✓	24	43 000											1.3	
6	✓	24	16 000											1.2	
7	✓	24	31 000											1.6	BT
8	✓	24	23 000											1.2	
9	✓	24	15 000											1.1	
10		24	29 000												
11	✓	24	35 000											1.3	
12	✓	24	32 000											0.8	
13	✓	24	17 000											1.2	
14		24	25 000												
15	✓	24	28 000											1.3	
16	✓	24	17 000											1.5	General Utilities Stops Operations
17		24	000												
18		24	000												
19		24	000												
20		24	000												
21		24	000												
22		24	000												
23		24	000												
24		24	000												
25		24	000												
26		24	000												
27		24	000												
28		24	000												
29		24	000												
30		24	000												
Total			441 000												
Average			14 700												
Maximum			43 000												

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.

Bruce Smith 1-4-13
Signature and Date

BRUCE SMITH
Printed or Typed Name

C - 13525
License Number

RECEIVED
JAN 10 2013
DEP Central Dist.

PWS Identification Number: 335-4028

Plant Name: Shangri La by the Lake WTP

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year:

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, %[†] =

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, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* 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.

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

RECEIVED
JAN 10 2013
DEP Central Dist.

PWS Identification Number: 335-4028
 Plant Name: SHANGRI LA BY THE LAKE

III. Daily Data for the Month/Year: December-12				X Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine			
Means of Achieving Four-Log Virus Inactivation/Removal: *				Other (Describe):									
Ultraviolet Radiation													
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine		Combined Chlorine (Chloramines)				Chlorine Dioxide			
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	x	24	27,950		0.3							1.0	
2		24	27,950										
3	x	24	24,000		0.4							0.5	
4	x	24	25,900		0.7							0.5	
5	x	24	18,200		3.4							1.21	
6	x	24	30,500		2.6							2.0	
7	x	24	25,700		2.8							1.2	
8	x	24	30,700		3.7							2.4	
9		24	30,700										
10	x	24	25,800		2.6							1.4	
11	x	24	30,300		3.5							3.0	
12	x	24	22,700		1.4							3.5	
13	x	24	24,700		1.5							1.1	
14	x	24	17,600		1.9							0.7	
15	x	24	24,200		2.5							1.4	
16		24	24,200										
17	x	24	21,300		1.3							1.8	
18	x	24	30,200		1.4							1.2	
19	x	24	26,700		2.1							1.1	
20	x	24	20,200		1.3							0.3	
21	x	24	31,500		2.5							0.8	
22	x	24	28,150		1.7							0.6	
23		24	28,150										
24	x	24	22,700		2.0							0.5	
25	x	24	28,500		2.0							1.1	
26	x	24	21,400		2.1							0.3	
27	x	24	24,100		2.2							1.0	
28	x	24	22,300		0.8							0.6	
29	x	24	22,100		0.8							1.3	
30		24	22,100										
31	x	24	20,400		0.7							0.6	
Total			780,900										
Average			25,190										
Maximum			31,500										

RECEIVED
 JAN 10 2013
 DEP Central Dist.

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.

James Bruce Smith 2-3-13
Signature and Date

BRUCE SMITH
Printed or Typed Name

C - 13525
License Number

PWS Identification Number: 335-4028
 Plant Name: SHANGRI LA BY THE LAKE

III. Daily Data for the Month/Year of: January-13				x Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine				
Means of Achieving Four-Log Virus Inactivation/Removal: *				Ultraviolet Radiation		Other (Describe):								
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine		Combined Chlorine (Chloramines)				Chlorine Dioxide				
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	x	24	27,900		1.3							1.1		
2	x	24	17,300		0.6							0.4		
3	x	24	29,000		1.0							0.5		
4	x	24	20,200		1.5							0.4		
5	x	24	25,750		1.2							0.6		
6		24	25,750											
7	x	24	18,400		1.4							0.8		
8	x	24	25,900		1.6							1.0		
9	x	24	21,800		1.7							1.12		
10	x	24	30,000		1.6							0.8		
11	x	24	24,200		1.1							0.9		
12	x	24	34,650		1.8							0.9		
13		24	34,650											
14	x	24	22,600		1.1							0.6		
15	x	24	31,900		1.4							0.5		
16	x	24	24,400		0.9							0.5		
17	x	24	28,900		2.1							0.4		
18	x	24	23,300		2.0							0.5		
19	x	24	33,100		2.6							2.6		
20		24	33,100											
21	x	24	21,300		1.9							1.0		
22	x	24	33,900		1.6							0.8		
23	x	24	23,800		1.5							1.1		
24	x	24	32,300		1.8							1.3		
25	x	24	24,200		1.9							1.0		
26	x	24	32,450		2.1							1.8		
27		24	32,450											
28	x	24	20,200		2.1							1.2		
29	x	24	32,000		2.2							0.9		
30	x	24	27,900		2.1							1.3		
31	x	24	27,000		1.4							1.4		
Total			840,300											
Average			27,106											
Maximum			34,650											

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.

Bruce Smith 3-2-13
Signature and Date

BRUCE SMITH
Printed or Typed Name

C - 13525
License Number

PWS Identification Number: 335-4028
 Plant Name: SHANGRI LA BY THE LAKE

III. Daily Data for the Month Year of:				February-13												
Means of Achieving Four-Log Virus Inactivation/Removal: *				x Free Chlorine			Chlorine Dioxide			Ozone			Combined Chlorine (Chloramines)			
Ultraviolet Radiation				Other (Describe):												
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide						
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*												
				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	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
1	x	24	42,800		1.2										0.9	
2	x	24	34,800		0.6										0.9	
3		24	34,300													
4	x	24	19,800		1.3										1.2	
5	x	24	32,600		2.2										1.2	
6	x	24	30,900		1.4										1.0	
7	x	24	32,300		2.1										1.1	
8	x	24	27,400		2.2										1.1	
9	x	24	33,500		2.1										1.2	
10		24	33,500													
11	x	24	18,900		1.8										1.0	
12	x	24	29,200		2.1										1.5	
13	x	24	22,700		2.1										1.0	
14	x	24	25,300		2.2										1.3	
15	x	24	19,700		1.9										1.1	
16	x	24	33,750		2.0										1.2	
17		24	33,750													
18	x	24	20,000		1.0										1.3	
19	x	24	30,300		0.8										0.7	
20	x	24	19,600		2.2										1.3	
21	x	24	36,100		1.5										1.0	
22	x	24	24,000		2.2										1.4	
23	x	24	35,100		2.1										1.2	
24		24	35,100													
25	x	24	23,100		2.1										1.4	
26	x	24	28,200		2.0										0.8	
27	x	24	26,200		1.8										0.8	
28	x	24	29,900		2.0										1.2	
29																
30																
31																
Total			812,800													
Average			29,029													
Maximum			42,800													

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.

Bruce Smith 4-4-13
Signature and Date

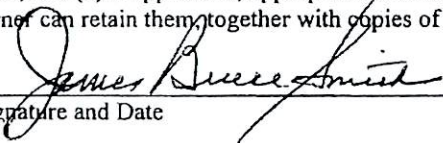
BRUCE SMITH
Printed or Typed Name

C - 13525
License Number

PWS Identification Number: 335-4028
 Plant Name: SHANGRI LA BY THE LAKE

III. Daily Data for the Month/Year of: March-13				x Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine (Chloramines)				
Means of Achieving Four-Log Virus Inactivation/Removal: *				Other (Describe):						Chlorine Dioxide				
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine		Combined Chlorine (Chloramines)				Chlorine Dioxide				
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	x	24	23,300		2.1								1.0	
2	x	24	28,850		1.3								1.0	
3		24	28,850											
4	x	24	34,000		0.9								0.5	
5	x	24	51,700		1.8								1.2	
6	x	24	42,000		2.0								1.7	
7	x	24	50,400		2.2								1.5	
8	x	24	23,600		2.2								1.2	
9	x	24	33,650		2.0								1.4	
10		24	33,650											
11	x	24	20,300		2.1								1.7	
12	x	24	31,800		1.9								1.1	
13	x	24	25,400		2.2								1.5	
14	x	24	33,600		2.1								1.2	
15	x	24	24,100		2.0								1.7	
16	x	24	33,400		2.0								1.1	
17		24	33,400											
18	x	24	11,200		1.8								1.1	
19	x	24	40,900		1.7								1.2	
20	x	24	19,300		2.1								1.2	
21	x	24	31,700		2.1								1.1	
22	x	24	20,000		2.0								1.2	
23	x	24	31,900		2.5								1.2	
24		24	31,900											
25	x	24	23,300		1.7								1.2	
26	x	24	29,900		1.6								0.9	
27	x	24	22,400		1.9								1.0	
28	x	24	29,400		1.6								0.9	
29	x	24	27,900		1.7								1.2	
30	x	24	32,700		1.9								1.5	
31		24	32,700											
Total			937,200											
Average			30,232											
Maximum			51,700											

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.

 5-4-13
Signature and Date

BRUCE SMITH
Printed or Typed Name

C - 13525
License Number

PWS Identification Number: 335-4028
 Plant Name: SHANGRI LA BY THE LAKE

III. Daily Data for the Month/Year of: April-13				x Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine (Chloramines)			
Means of Achieving Four-Log Virus Inactivation/Removal: *				Other (Describe):									
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine		Combined Chlorine (Chloramines)				Chlorine Dioxide			
Day of the Month	Days Plant Staffed or visited by operator (Flou "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Residue 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, in W-sec/cm ²		
1	x	24	21,200		1.7							1.1	
2	x	24	31,000		1.6							1.2	
3	x	24	20,200		2.1							1.5	
4	x	24	30,900		1.9							0.7	
5	x	24	25,100		1.9							0.9	
6	x	24	29,750		2.1							1.4	
7		24	29,750										
8	x	24	23,600		1.5							1.4	
9	x	24	20,200		1.7							0.5	
10	x	24	37,200		1.8							1.0	
11	x	24	31,700		2.2							0.9	
12	x	24	24,600		2.1							1.3	
13	x	24	28,450		2.4							1.2	
14		24	28,450										
15	x	24	19,800		2.0							0.9	
16	x	24	31,300		2.1							0.6	
17	x	24	24,200		1.9							0.7	
18	x	24	35,100		1.9							0.6	
19	x	24	25,300		1.9							0.6	
20	x	24	25,450		1.8							1.4	
21		24	25,450										
22	x	24	16,100		2.1							0.7	
23	x	24	31,900		1.9							1.1	
24	x	24	24,500		1.6							0.7	
25	x	24	36,800		1.7							0.8	
26	x	24	25,700		1.8							0.9	
27	x	24	33,500		1.6							0.8	
28		24	33,500										
29	x	24	17,900		0.9							0.7	
30	x	24	20,600		2.4							1.5	
31													
Total			809,200										
Average			26,973										
Maximum			37,200										

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1/96, Revised 02/2010)

PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255
P. O. BOX 447, FRUITLAND PARK, FL 34731
Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196
 Contact Person: John Fredock

Lab Receipt Date & Time: 4/3/13 1400
 Analysis Date & Time: 4/3/13 1417-1421
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 7 °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: SHANGRI LA PWS I.D. 3354028

PWS Address: 100 SHANGRI LA BLVD City: LEESBURG

PWS or PWS Owner's Phone #: _____ Fax #: _____

Collector: B. SMITH Collector's Phone #: 407-712-5498

Type of Supply: (check only one)

Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 4.2.13

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disin- fectant Residual (mg/L)	pH	Analysis Method(s) ² : <u>In 520B</u>				
						Non- Conform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	WELL #1	1525	R	0	-	A	A		1304-561	
2	WELL #2	1530	R	0	-	A	A		562	
3	3521 FOREST LAKE	1515	D	1.4	-	A	A		563	
4	OFFICE OSHB	1520	D	1.0	-	A	A		564	

Average of disinfectant residuals for distribution routine & repeat samples: 1.2
 Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method:

BRD Colorimetric Other: _____

Person performing disinfectant analysis is (see instructions on reverse):

A certified operator (# 013525)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report issued: 4/4/13

Lab Signature: [Signature]

Title: QA Mgr

US WATER
4939 CROSS BAYOU BLVD
NEW PORT RICHAH, FL
34652

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 DEP/DOH Reviewing Official: _____ Date _____

¹ For Sample Types see Instructions Item 1.1.6.

² For Analysis Methods see Instructions Item 1.1.6.

³ Please circle appropriate method.

⁴ Defined in Florida Administrative Code Rule 62-162, Table 1.

Complete for community & non-transient non-community system serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Reviewed By _____

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.

James Bruce Smith 6-4-13
Signature and Date

BRUCE SMITH
Printed or Typed Name

C - 13525
License Number

PWS Identification Number: 335-4028
 Plant Name: SHANGRI LA BY THE LAKE

III. Daily Data for the Month Year of: May-13				x Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine (Chloramines)				
Means of Achieving Four-Log Virus Inactivation/Removal: *				Other (Describe):										
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine		Combined Chlorine (Chloramines)				Chlorine Dioxide				
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (t) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	x	24	16,000		2.2								1.0	
2	x	24	20,500		1.7								0.9	
3	x	24	21,200		1.9								0.9	
4	x	24	26,300		2.4								1.2	
5		24	26,300											
6	x	24	21,300		0.8								0.7	
7	x	24	28,600		0.9								0.6	
8	x	24	22,100		2.2								0.6	
9	x	24	33,400		2.4								0.8	
10	x	24	25,200		2.0								0.9	
11	x	24	34,800		1.7								0.8	
12		24	34,800											
13	x	24	16,500		1.8								0.5	
14	x	24	43,200		1.7								0.6	
15	x	24	28,000		1.8								0.7	
16	x	24	30,200		1.9								0.5	
17	x	24	32,200		1.8								0.5	
18	x	24	31,000		1.6								1.0	
19		24	31,000											
20	x	24	17,400		1.6								1.0	
21	x	24	27,200		1.5								1.0	
22	x	24	21,300		2.2								0.7	
23	x	24	31,200		2.1								1.0	
24	x	24	29,300		2.0								1.3	
25	x	24	38,050		1.5								1.3	
26		24	38,050											
27	x	24	29,200		1.1								0.9	
28	x	24	32,000		1.9								0.7	
29	x	24	22,000		1.2								0.5	
30	x	24	27,600		1.5								0.8	
31	x		24,200		1.9								0.7	
Total			860,100											
Average			27,745											
Maximum			43,200											

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255
P. O. BOX 447, FRUITLAND PARK, FL 34731
Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196
 Contact Person: John Fredock

Lab Receipt Date & Time: 5/9/13 14:00
 Analysis Date & Time: 5/8/13 14:30-14:45
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: SHARAK LHA

PWS I.D.

3	3	5	4	0	2	5
---	---	---	---	---	---	---

PWS Address: 100 SHARAK LHA ROAD

City: _____

PWS or PWS Owner's Phone #: 727 248 8292

Fax #: 727 548 7201

Collector: John Fredock

Collector's Phone #: _____

Type of Supply: (check only one)

Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 5-9-13

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² : <u>5/9/13</u>				
						Non-Conform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	WELL #1	1546	R	0	-	A	A		1305-83	
2	WELL #2	1549	R	0	-	A	A			53
3	35115 FOREST LAKE	1550	D	0.7	-	A	A			56
4	OFFICE C5100	1555	D	0.9	-	A	A			537

Average of disinfectant residuals for distribution routine & repeat samples: 0.7 Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

Person performing disinfectant analysis is (see instructions on reverse):

A certified operator (# 012125)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report Issued: 5/9/13

Lab Signature: [Signature]

Title: QA Manager

Handwritten notes:
 1. All samples were collected on 5/9/13.
 2. All samples were analyzed on 5/9/13.
 3. All samples were found to be satisfactory.
 4. All samples were analyzed using the DPD method.

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 DEP/DOH Reviewing Official: _____ Date: _____

¹ For Sample Types see Instructions item I.16.
² For Analysis Methods see Instructions item II.6.
³ Please circle appropriate selection.
⁴ Defined in Florida Administrative Code Rule 62-169, Table 1.
⁵ Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly)

System Name: SHANGR LA BY THE LAKE PWS I.D. #: 3354628
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity Limited Use
Address: 100 SHANGRI LA BLVD
City: LEESBURG ZIP Code: 34788
Phone # 727-848-8292 Fax #: _____ E-Mail Address _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: SL / 1305-838 Sample Date: 5.7.13 Sample Time: 1535 AM PM (Circle One)

Sample Location (be specific): PDE Location Code: _____

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

Sample Type (Check Only One)

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance with 62-560 | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Raw (at well or intake) | <input checked="" type="checkbox"/> Other: <u>NO²/NO³</u> | |
| <input type="checkbox"/> Max Residence Time | Sampling Procedure Used or Other Comments: | |

- Ave Residence Time
- Near First Customer

*See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site.

SAMPLER CERTIFICATION

I, James Bruce Smith, _____ Operator _____ 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: 5.7.13

Certified Operator #: C13525 Phone #: 407-712-5498 Sampler's Fax #: _____

Sampler's E-mail: _____

any sample that is not bacteriological or lead and copper

Reviewed By MR

*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 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: PLANT TECHNICIANS, INC. Florida DOH Certification #: E 83141 Certification Expiration Date: June 30, 2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P.O. BOX 447 FRUITLAND PARK, FL 34731

Phone #: 352-787-2944

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 5/08/13

PWS ID (From Page 1): 3354028 Sample Number (From Page 1): SL1 Lab Assigned Report # or Job ID: 1305-838

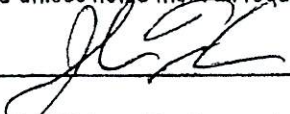
Group(s) Analyzed & Results attached for compliance with Chapter 62-560, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input 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					

LAB CERTIFICATION

I, JOHN FREDOCK, Q.A. MANAGER, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 5/9/13

* 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 (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: 1305-838

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 (as N)	10	mg/L	0.01	U	SM4500NO3E	0.01	5/08/13	1500HR	E 83141
1041	Nitrite (as N)	1	mg/L	0.01	U	SM4500NO3E	0.01	5/08/13	1423HR	E 83141

*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.

PLANT TECHNICIANS LABORATORY
 101 Satellite Ct.
 LEESBURG, FL 34748
 (904) 787-2944
 Fax 1-904-787-3196

CHAIN OF CUSTODY RECORD

LAB ID # _____

Client Name USWATER			Project/Job#/SDG# 335-4028			P.O. #								
Client Contact MELISA ROTTEVEL			Project Name SHANGRI LA BY THE LAKE											
Address 4939 CROSS BARROW BLVD			Project Location 100 SHANGRI LA BLVD. LEESBURG											
City NEW PORT RICHI		State FL	Zip 34652		Preservative Analysis Required NO / NO3			Lab ID #						
Phone 727.848.9282		Fax 727.848.7701												
Sampled By B. SMITH														
Sample ID	Sample Description	Matrix	Sampling		No. of Containers							Lab ID #		
			Date	Time										
SL1	DOE		5/7/13	1535	1	X								1305-838

* GW = Groundwater, SW = Surface Water, DW = Drinking Water, WW = Wastewater, SO = Solid/Soil, SL = Sludge, HW = Hazardous Waste, A = Air

(1) Relinquished By (signature) <i>B. Smith</i>	Date/Time 5-8-13	(2) Relinquished By (signature)	Date/Time
Name (Print)	Company	Name (Print)	Company
(1) Received By (signature)	Date/Time	(2) Received By (signature)	Date/Time
Name (Print)	Company	Name (Print)	Company

IMPORTANT: PLEASE FILL OUT THIS AREA!

Turn-around time required OR Results Due by (date/time)

Standard Verbal _____
 Rush _____ Fax _____
 Other _____ Hard Copy _____

LAB USE ONLY	Received for laboratory by (Signature) <i>[Signature]</i>	Date/Time 5/8/13 1400	Containers/Seals Intact Upon <input type="checkbox"/> Yes <input type="checkbox"/> No
	Laboratory Remarks <i>[Signature]</i>		Shipped via

Special Instructions:
 Analysis not performed by Plant Technicians, Inc. will be sent to our Contract Lab.

PAGE **4064**

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

Bruce Smith 7-4-13

BRUCE SMITH

Printed or Typed Name

C - 13525

License Number

PWS Identification Number: 335-4028
 Plant Name: SHANGRI LA BY THE LAKE

III. Daily Data for the Month/Year of: June-13				x Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine (Chloramines)				
Means of Achieving Four-Log Virus Inactivation/Removal: *				x Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine (Chloramines)				
Ultraviolet Radiation				Other (Describe):										
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine		Combined Chlorine (Chloramines)				Chlorine Dioxide				
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	x	24	40,900		1.8								1.7	
2	x	24	27,900		1.9								0.5	
3	x	24	19,750		1.5								0.5	
4		24	19,750											
5	x	24	18,600		1.9								0.6	
6	x	24	19,800		1.4								0.6	
7	x	24	21,800		1.9								0.38	
8	x	24	24,650		1.7								1.7	
9		24	24,650											
10	x	24	22,700		2.1								0.7	
11	x	24	13,800		1.8								0.8	
12	x	24	31,800		1.5								0.8	
13	x	24	23,300		1.5								0.6	
14	x	24	19,900		1.7								0.8	
15	x	24	24,500		1.6								1.5	
16		24	24,500											
17	x	24	22,500		1.2								0.5	
18	x	24	24,500		1.5								0.7	
19	x	24	24,500		1.5								0.6	
20	x	24	18,500		1.5								0.7	
21	x	24	19,500		1.6								0.7	
22	x	24	25,850		1.0								1.4	
23		24	25,850											
24	x	24	25,100		1.5								0.6	
25	x	24	31,900		1.3								0.8	
26	x	24	22,100		1.2								0.9	
27	x	24	24,100		1.0								0.6	
28	x	24	24,900		1.0								0.5	
29	x	24	26,250		0.7								0.7	
30		24	26,250											
31														
Total			720,100											
Average			24,003											
Maximum			40,900											

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(92-050.730 Reporting Format Effective 01/1/03, Revised 02/2010)

PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255
 P. O. BOX 447, FRUITLAND PARK, FL 34731
 Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196
 Contact Person: John Fredock

Lab Receipt Date & Time: 6/11/13 13:30
 Analysis Date & Time: 6/11/13 13:36-13:42
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice °C
 Disinfectant Check: Not Detected mg/L
 This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: SITARI LA

PWS I.D.

3	3	5	4	0	2	8
---	---	---	---	---	---	---

PWS Address: 100 SITARI LA BLVD

City: LEESBURG

PWS or PWS Owner's Phone #: _____

Fax #: _____

Collector: R. SUTTEL

Collector's Phone #: 407-712-5498

Type of Supply: (check only one)

Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 6.10.13

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>Sutrib</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ²	Data Qualifier ³	Lab Sample #
1	WELL #1	1525	R	0	-	A	A			1306-964
2	WELL #2	1530	R	0	-	A	A			965
3	350 52 FOREST LAKE	1500	D	1.0	-	A	A			966
4	OFFICE 054B	1545	D	1.4	-	A	A			967

Average of disinfectant residuals for distribution routine & repeat samples. (Free chlorine or Total chlorine (circle one)). 1.2

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

Person performing disinfectant analysis is (see instructions on reverse):

A certified operator (# CL3525)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report issued: 6/11/13

Lab Signature: [Signature]

Title: QA Mgr

US WATER
4939 CROSS BARDOUCO
NEW PORT RICHA, FL
34657

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 DEP/DOH Reviewing Official: _____ Date: _____

¹ For Sample Types see Instructions from 1.14.
² For Analysis Methods see Instructions from 2.6.
³ Means circle appropriate selection.
⁴ Do Not Use Florida Administrative Code Rule 62-160, Table 1.
⁵ Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in this average.