

# ROYAL WATERWORKS, INC.

August 14, 2023

Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850

Re: Docket No. 20230081-WS - Royal Waterworks, Inc. – Additional Engineering Information Part 1 of 2

Dear Commission Clerk:

Royal Waterworks, Inc. hereby files its additional engineering information Part 1 of 2 pursuant to Rule 25-30.437(3), Florida Administrative Code, in the above referenced docket.

Please include the attached information in this docket.

Sincerely,



Troy Rendell  
Vice President  
Investor Owned Utilities

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ROYAL WATERWORKS, INC.

DOCKET NO. 20230081-WS

LIST OF CHEMICALS

FOR WATER PLANT

Royal Utility WTP Chemicals 2022/23

System Name	Actual Location Plant #	Chemical	Cost	Gallons/Units	Cost Per gallon/unit	Date
Royal Utility Co	WTP					
		Gas Chlorine	\$9,455.00	8000 lbs	\$ 2,300.00	6/24/22
		Lime	\$11,762.04	24.81 tons	\$ 419.87	4/18/22
		Hydrofluosilicic Acid 23%	\$346.46	558.3 lbs	\$ 316.46	7/12/22
		Lime	\$11,671.13	26.14 tons	\$ 419.87	7/15/22
		Hydrofluosilicic Acid 23%	\$316.45	55.0 Gals	\$ 5.75	8/23/22
		Lime	\$11,094.40	22.74 tons	\$ 462.34	10/6/2022
		Hydrofluosilicic Acid 23%	\$1,632.00	2233.0 lbs	\$ 378.00	1/11/23
		Wisprofloc	\$2,731.70	926 lbs	\$ 2.95	1/13/23
		Lime	\$13,818.69	25.650 lbs.	\$ 208.66	1/13/23
		Gas Chlorine	\$7,727.50	6000 lbs	\$ 1.25	4/21/23
		Lime	\$13,873.02	24.19 tons	\$ 508.66	3/28/23

Royal Waterworks WTP Daily Chemical Dosages					
Chemical Used	Lime	Polymer	Chlorine	Ammonia	Fluoride
Daily Usage Pounds	600	3	45	1.5	2
Monthly @ 30 Days	18000	90	1350	45	60
Plant Flow Average	0.38	0.38	0.38	0.38	0.38
Water Weight @ 8.34	3.17	3.17	3.17	3.17	3.17
Daily Dosages in mg/L	189.32	0.95	14.2	0.47	0.63

ROYAL WATERWORKS, INC.

DOCKET NO. 20230081-WS

MOST RECENT

CHEMICAL ANALYSIS

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: Royal Utility Company PWS I.D. #: 406-1517  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 8900 NW 44th Court  
City: Coral Springs ZIP Code: 33065  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Sample Number: M2302703001 Sample Date: 05/09/2023 Sample Time: 9:00  AM  PM (Circle One)  
Sample Location (be specific): POE Location Code: \_\_\_\_\_  
Disinfectant Residual: \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

SOCs

\*See 62-550(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 Barry Allen, Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Barry Allen Digitally signed by Barry Allen Date: 2022.12.27 15:11:17 -05'00' Date: 05/09/2023

Certified Operator # 12876 Phone # (954)445-3595 Sampler's Fax #: \_\_\_\_\_

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

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

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E82535 Certification Expiration Date: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 10200 USA Today Way, Miramar, FL 33025

Phone #: (954) 889-2288

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/09/2023

PWS ID: (From Page 1): 406-1517 Sample Number (From Page 1): M2302703001 Lab Assigned Report # Or Job ID: M2302703

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

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

LAB CERTIFICATION

I, Caliesha Scott, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Caliesha Scott Date: 06/06/2023

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

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

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

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

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

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

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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: M2302703001 PWS ID (From Page 1): 406-1517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2931	Dibromochloropropane	0.2	ug/L	0.0061	U	EPA 504.1	0.0061	0.02	05/15/2023	05/15/2023	22:29	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0091	U	EPA 504.1	0.0091	0.01	05/15/2023	05/15/2023	22:29	E82574

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



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

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

System Name: Royal Utility Company PWS I.D. #: 406-1517

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Sample Number: M2302703002 Sample Date: 05/09/2023 Sample Time: 9:00  AM  PM (Circle One)

Sample Location (be specific): POE Location Code: \_\_\_\_\_

Disinfectant Residual \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

SOCs

\*See 62-550(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 Barry Allen, Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Barry Allen Digitally signed by Barry Allen Date: 2022.12.27 15:11:17 -05'00' Date: 05/09/2023

Certified Operator # 12876 Phone # (954)445-3595 Sampler's Fax #: \_\_\_\_\_

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

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

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E82535 Certification Expiration Date: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 10200 USA Today Way, Miramar, FL 33025

Phone #: (954) 889-2288

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 05/09/2023

PWS ID: (From Page 1): 406-1517 Sample Number (From Page 1): M2302703002 Lab Assigned Report # Or Job ID: M2302703

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

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

## LAB CERTIFICATION

I, Caliesha Scott, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: *Caliesha Scott* Date: 06/06/2023

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

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

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

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

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

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

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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: M2302703002 PWS ID (From Page 1): 406-1517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0069	U	EPA 508	0.0069	0.01	05/15/2023	05/17/2023	19:01	E82574
2010	Lindane	0.2	ug/L	0.0071	U	EPA 508	0.0071	0.02	05/15/2023	05/17/2023	19:01	E82574
2015	Methoxychlor	40	ug/L	0.0068	U	EPA 508	0.0068	0.1	05/15/2023	05/17/2023	19:01	E82574
2020	Toxaphene	3	ug/L	0.12	U	EPA 508	0.12	1	05/15/2023	05/17/2023	19:01	E82574
2042	Hexachlorocyclopentadinene	50	ug/L	0.019	U	EPA 508	0.0190	0.1	05/15/2023	05/17/2023	19:01	E82574
2065	Heptachlor	0.4	ug/L	0.006	U	EPA 508	0.0060	0.04	05/15/2023	05/17/2023	19:01	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0052	U	EPA 508	0.0052	0.02	05/15/2023	05/17/2023	19:01	E82574
2274	Hexachlorobenzene	1	ug/L	0.0063	U	EPA 508	0.0063	0.1	05/15/2023	05/17/2023	19:01	E82574
2383	Polychlorinated biphenyls (PCBs)	0.5	ug/L	0.093	U	EPA 508	0.0930	0.1	05/15/2023	05/17/2023	19:01	E82574
2959	Chlordane	2	ug/L	0.053	U	EPA 508	0.0530	0.2	05/15/2023	05/17/2023	19:01	E82574

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

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

OTHER CONTAMINANTS

Report Number / Job ID: M2302703002

PWS ID (From Page 1): 406-1517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Aldrin	N/A	mg/L	0.0000082	U	EPA 508	0.000008	05/17/2023	19:01	E82574
	Dieldrin	N/A	mg/L	0.0000016	U	EPA 508	0.000001	05/17/2023	19:01	E82574

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: Royal Utility Company PWS I.D. #: 406-1517  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 8900 NW 44th Court  
City: Coral Springs ZIP Code: 33065  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: M2302703003 Sample Date: 05/09/2023 Sample Time: 9:00  AM  PM (Circle One)  
Sample Location (be specific): POE Location Code: \_\_\_\_\_  
Disinfectant Residual \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

SOCs

\*See 62-550(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 Barry Allen, Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Barry Allen Digitally signed by Barry Allen Date: 2022.12.27 15:11:17 -05'00' Date: 05/09/2023  
Certified Operator # 12876 Phone # (954)445-3595 Sampler's Fax #: \_\_\_\_\_  
Sampler's E-mail: bdallen@uswatercorp.net

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

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E82535 Certification Expiration Date: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 10200 USA Today Way, Miramar, FL 33025

Phone #: (954) 889-2288

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 05/09/2023

PWS ID: (From Page 1): 406-1517 Sample Number (From Page 1): M2302703003 Lab Assigned Report # Or Job ID: M2302703


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

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

## LAB CERTIFICATION

I, Caliesha Scott, Project Manager, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature:  Date: 06/06/2023

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

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

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

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

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

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

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

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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: M2302703003 PWS ID (From Page 1): 406-1517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2031	Dalapon	200	ug/L	0.90	U	EPA 515.3	0.90	1	05/22/2023	05/24/2023	00:53	E82574
2040	Picloram	500	ug/L	0.09	U	EPA 515.3	0.09	0.1	05/22/2023	05/24/2023	00:53	E82574
2041	Dinoseb	7	ug/L	0.18	U	EPA 515.3	0.18	0.2	05/22/2023	05/24/2023	00:53	E82574
2105	2,4-D	70	ug/L	0.095	U	EPA 515.3	0.0950	0.1	05/22/2023	05/24/2023	00:53	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.09	U	EPA 515.3	0.09	0.2	05/22/2023	05/24/2023	00:53	E82574
2326	Pentachlorophenol	1	ug/L	0.038	U	EPA 515.3	0.0380	0.04	05/22/2023	05/24/2023	00:53	E82574

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

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

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

System Name: Royal Utility Company PWS I.D. #: 406-1517

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: M2302703004 Sample Date: 05/09/2023 Sample Time: 9:00  AM  PM (Circle One)

Sample Location (be specific): POE Location Code: \_\_\_\_\_

Disinfectant Residual \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

SOCs

\*See 62-550(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 Barry Allen, Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Barry Allen Digitally signed by Barry Allen Date: 2022.12.27 15:11:17 -05'00' Date: 05/09/2023

Certified Operator # 12876 Phone # (954)445-3595 Sampler's Fax #: \_\_\_\_\_

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



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

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E82535 Certification Expiration Date: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 10200 USA Today Way, Miramar, FL 33025 Phone #: (954) 889-2288

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 05/09/2023

PWS ID: (From Page 1): 406-1517 Sample Number (From Page 1): M2302703004 Lab Assigned Report # Or Job ID: M2302703

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

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

## LAB CERTIFICATION

I, Caliesha Scott, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Caliesha Scott Date: 06/06/2023

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

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

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

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

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

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

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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID:  M2302703004  PWS ID (From Page 1):  406-1517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.50	U	EPA 525.2	0.50	0.6	05/23/2023	05/25/2023	02:09	E82574
2037	Simazine	4	ug/L	0.06	U	EPA 525.2	0.06	0.07	05/23/2023	05/25/2023	02:09	E82574
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.50	U	EPA 525.2	0.50	0.6	05/23/2023	05/25/2023	02:09	E82574
2050	Atrazine	3	ug/L	0.09	U	EPA 525.2	0.09	0.1	05/23/2023	05/25/2023	02:09	E82574
2051	Alachlor	2	ug/L	0.15	U	EPA 525.2	0.15	0.2	05/23/2023	05/25/2023	02:09	E82574
2306	Benzo(a)pyrene	0.2	ug/L	0.015	U	EPA 525.2	0.0150	0.02	05/23/2023	05/25/2023	02:09	E82574

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

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

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

System Name: Royal Utility Company PWS I.D. #: 406-1517

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Sample Number: M2302703005 Sample Date: 05/09/2023 Sample Time: 9:00  AM  PM (Circle One)

Sample Location (be specific): POE Location Code: \_\_\_\_\_

Disinfectant Residual \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**Sample Type (Check Only One)**

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

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

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

Sampling Procedure Used or Other Comments:

SOCs

\*See 62-550(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 Barry Allen, Operator, do HEREBY CERTIFY

(Print Name)

(Print Title)

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

Signature: Barry Allen Digitally signed by Barry Allen Date: 2022.12.27 15:11:17 -05'00' Date: 05/09/2023

Certified Operator # 12876 Phone # (954)445-3595 Sampler's Fax #: \_\_\_\_\_

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

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

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E82535 Certification Expiration Date: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 10200 USA Today Way, Miramar, FL 33025

Phone #: (954) 889-2288

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/09/2023

PWS ID: (From Page 1): 406-1517 Sample Number (From Page 1): M2302703005 Lab Assigned Report # Or Job ID: M2302703

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

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

LAB CERTIFICATION

I, Caliesha Scott, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Caliesha Scott Date: 06/06/2023

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

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

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

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

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

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

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

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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: M2302703005 PWS ID (From Page 1): 406-1517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2036	Oxamyl (Vydate)	200	ug/L	1.80	U	EPA 531.1	1.80	2		05/12/2023	17:31	E82574
2046	Carbofuran	40	ug/L	0.51	U	EPA 531.1	0.51	0.9		05/12/2023	17:31	E82574

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

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

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

System Name: Royal Utility Company PWS I.D. #: 406-1517  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 8900 NW 44th Court  
City: Coral Springs ZIP Code: 33065  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: M2302703006 Sample Date: 05/09/2023 Sample Time: 9:00  AM  PM (Circle One)  
Sample Location (be specific): POE Location Code: \_\_\_\_\_

Disinfectant Residual \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:  
SOCs

\*See 62-550(6) for requirements and restrictions.  
And 62-550.612(3) for nitrate or nitrite exceedances.

\*See 62-550.650(4) for requirements and  
attach a results page for each site.

SAMPLER CERTIFICATION

I Barry Allen Operator \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Barry Allen Digitally signed by Barry Allen Date: 2022.12.27 15:11:17 -0500 Date: 05/09/2023

Certified Operator # 12876 Phone # (954)445-3595 Sampler's Fax #: \_\_\_\_\_

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

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

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E82535 Certification Expiration Date: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 10200 USA Today Way, Miramar, FL 33025 Phone #: (954) 889-2288

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 05/09/2023

PWS ID: (From Page 1): 406-1517 Sample Number (From Page 1): M2302703006 Lab Assigned Report # Or Job ID: M2302703

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

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

## LAB CERTIFICATION

I, Caliesha Scott, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Caliesha Scott Date: 06/06/2023

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

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

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

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

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

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

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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: M2302703006 PWS ID (From Page 1): 406-1517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2034	Glyphosate	700	ug/L	5.90	U	EPA 547	5.90	6		05/11/2023	15:34	E82574

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



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

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

System Name: Royal Utility Company PWS I.D. #: 406-1517

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Sample Number: M2302703007 Sample Date: 05/09/2023 Sample Time: 9:00  AM  PM (Circle One)

Sample Location (be specific): POE Location Code: \_\_\_\_\_

Disinfectant Residual \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**Sample Type (Check Only One)**

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

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

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

Sampling Procedure Used or Other Comments:

SOCs

\*See 62-550(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, Barry Allen, Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Barry Allen Date: 05/09/2023  
Digitally signed by Barry Allen  
Date: 2023.12.27 15:11:17 -05'00'

Certified Operator # 12876 Phone # (954)445-3595 Sampler's Fax #: \_\_\_\_\_

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

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

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E82535 Certification Expiration Date: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 10200 USA Today Way, Miramar, FL 33025

Phone #: (954) 889-2288

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/09/2023

PWS ID: (From Page 1): 406-1517 Sample Number (From Page 1): M2302703007 Lab Assigned Report # Or Job ID: M2302703

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

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

LAB CERTIFICATION

I, Caliesha Scott, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Caliesha Scott Date: 06/06/2023

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

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

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

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

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

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

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

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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: M2302703007 PWS ID (From Page 1): 406-1517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2033	Endothall	100	ug/L	6.00	U	EPA 548.1	6	9	05/11/2023	05/16/2023	20:30	E82574

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

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

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

System Name: Royal Utility Company PWS I.D. #: 406-1517

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Sample Number: M2302703008 Sample Date: 05/09/2023 Sample Time: 9:00  AM  PM (Circle One)

Sample Location (be specific): POE Location Code: \_\_\_\_\_

Disinfectant Residual \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

SOCs

\*See 62-550(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 Barry Allen, Operator, do HEREBY CERTIFY

(Print Name)

(Print Title)

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

Signature: Barry Allen Digitally signed by Barry Allen Date: 2023.12.27 15:11:17 -05'00' Date: 05/09/2023

Certified Operator # 12876 Phone # (954)445-3595 Sampler's Fax #: \_\_\_\_\_

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

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

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E82535 Certification Expiration Date: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 10200 USA Today Way, Miramar, FL 33025 Phone #: (954) 889-2288

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 05/09/2023

PWS ID: (From Page 1): 406-1517 Sample Number (From Page 1): M2302703008 Lab Assigned Report # Or Job ID: M2302703

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

- |  |   |                                  |   |   |                                  |
|--|---|----------------------------------|---|---|----------------------------------|
| <b>inorganics</b>                            | <b>Synthetic Organics</b>                   | <b>Volatile Organics</b>         | <b>Disinfection Byproducts</b>            | <b>Radionuclides</b>                      | <b>Secondaries</b>               |
| <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 type="checkbox"/> Nitrate             | <input checked="" type="checkbox"/> Partial |                                  | <input type="checkbox"/> Chlorite         |   |                                  |
| <input type="checkbox"/> Nitrite             | <input type="checkbox"/> Dioxin Only        |                                  | <input type="checkbox"/> Bromate          |   |                                  |
| <input type="checkbox"/> Asbestos            |   |                                  |   |   |                                  |

## LAB CERTIFICATION

Caliesha Scott, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: *Caliesha Scott* Date: 06/06/2023

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

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

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

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

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

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

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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: M2302703008 PWS ID (From Page 1): 406-1517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2032	Diquat	20	ug/L	0.37	U	EPA 549.2	0.37	0.4	05/10/2023	05/10/2023	17:07	E82574

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

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



Advanced  
Environmental Laboratories, Inc.

\* M 2 3 0 2 7 0 3 \*

31784 • Lab 0 602176  
Lab 0 60422  
Lab 0 611153

Page \_\_\_\_\_ of \_\_\_\_\_

62-550.010-010 (1/95)  
 62-550.010-010 (1/95)  
 62-550.010-010 (1/95)

Client Name: <b>Royal Water Works</b>		Project Name: <b>SOC</b>	
Address: <b>8500 NW 44 CT</b>		Project Number: <b>4061577</b>	
City: <b>Coral Springs FL</b>		Project Location: <b>POE</b>	
State: <b>FL</b>		Project Agency: <b>POE</b>	
Contact: <b>B. Allen</b>		Project Agency Address: <b>POE</b>	
Sample By: <b>B. Allen</b>		Sample Location: <b>SOC</b>	
Standard: <b>Run</b>		ADAPT: <b>SOC</b>	

SAMPLE ID	SAMPLE DESCRIPTION	Grid Comp	EQUIS		MATRIX	NO. COUNT	ANALYSIS REQUIRED	LABORATORY I.D. NUMBER
			DATE	TIME				
504.1	POE 8500NW44CT	G	5/13/03	9:00	DW	3	PH	001
508		G			DW	1	Cl <sub>2</sub>	002
515.3		G			DW	3	Temp	003
525.2		G			DW	1		004
531.1		G			DW	3		005
547		G			DW	3		006
548.1		G			DW	1		007
549.2		G			DW	1		008

Water Code: **WVW** (Wastewater), **SW** (Surface water), **DW** (Drinking water), **SWW** (Wastewater)

Grid: **A** (Aerobic), **S** (Soil), **B** (Biosolids)

Temp taken from sample:  Temp from sample  When required, pH checked

Device used for measuring Temp by unique identifier (Circle or leave blank): **2.8V G.L.T-1 L.T-2 T.10A A.3A K-3**

Temp, when received (date, vol., **4.4** °C Temp, when received (concentration): **4.4** °C

Preservation Code: **1** (Ice), **2** (Refrigeration), **3** (Refrigeration/Freezing)

Analysis Code: **1** (As-is), **2** (Filtered), **3** (Filtered/Filtered)

**FOR DRINKING WATER USE:**

Water PWS identifier not otherwise specified: PWS ID \_\_\_\_\_

Control Person: \_\_\_\_\_

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

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

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a, J, O, 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

**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: Royal Waterworks PWS I.D.#: 

4	0	6	1	5	1	7
---	---	---	---	---	---	---

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Sample Number: M2000608001 Sample Date: 01/29/2020 Sample Time: 09:00

AM
----

 PM (circle one)

Sample Location (be specific): POE Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: 7.94

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*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, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

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 #: E82535 Certification Expiration Date: 06/30/2020

ATTACH CURRENT DOH ANALYTE \*

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: E84589, E82001, E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 01/29/2020

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M2000608001 Lab Assigned Report # or Job M2000608

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

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

### LAB CERTIFICATION

I, Tiffany Mackie, 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:  Date: 3/9/20

\* 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: M2000608001

PWS ID (From Page 1): 4061517

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	0.21	I	EPA 300.0	0.050	01/29/2020	19:22	E82535
1041	Nitrite (as N)	1	mg/L	0.050	U	EPA 300.0	0.050	01/29/2020	19:22	E82535
1005	Arsenic	0.010	mg/L	0.00021	I	EPA 200.8	0.000077	02/11/2020	18:26	E82574
1010	Barium	2	mg/L	0.0069		EPA 200.7	0.0010	02/10/2020	16:14	E82535
1015	Cadmium	0.005	mg/L	0.00050	U	EPA 200.7	0.00050	02/10/2020	16:14	E82535
1020	Chromium	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	02/10/2020	16:14	E82535
1024	Cyanide	0.2	mg/L	0.0048	U	SM 4500-CN-E	0.0048	01/31/2020	11:02	E84589
1025	Fluoride	4.0	mg/L	0.89		EPA 300.0	0.050	01/29/2020	19:22	E82535
1030	Lead	0.015	mg/L	0.00024	U	EPA 200.8	0.00024	02/11/2020	18:26	E82574
1035	Mercury	0.002	mg/L	0.000050	U	EPA 245.1	0.000050	02/10/2020	13:04	E84589
1036	Nickel	0.1	mg/L	0.0050	U	EPA 200.7	0.0050	02/10/2020	16:14	E82535
1045	Selenium	0.05	mg/L	0.00058	U	EPA 200.8	0.00058	02/11/2020	18:26	E82574
1052	Sodium	160	mg/L	24		EPA 200.7	0.10	02/10/2020	16:14	E82535
1074	Antimony	0.006	mg/L	0.00027	I	EPA 200.8	0.00011	02/11/2020	18:26	E82574
1075	Beryllium	0.004	mg/L	0.00015	U	EPA 200.7	0.00015	02/10/2020	16:14	E82535
1085	Thallium	0.002	mg/L	0.000057	U	EPA 200.8	0.000057	02/11/2020	18:26	E82574

\*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: M2000608001

PWS ID (From Page 1): 4061517

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	0.080	U	EPA 200.7	0.080	02/10/2020	16:14	E82535
1017	Chloride	250	mg/L	47		EPA 300.0	0.50	01/29/2020	19:22	E82535
1022	Copper	1	mg/L	0.0030	I	EPA 200.7	0.0025	02/10/2020	16:14	E82535
1025	Fluoride	2.0	mg/L	0.89		EPA 300.0	0.050	01/29/2020	19:22	E82535
1028	Iron	0.3	mg/L	0.020	U	EPA 200.7	0.020	02/10/2020	16:14	E82535
1032	Manganese	0.05	mg/L	0.00050	U	EPA 200.7	0.00050	02/10/2020	16:14	E82535
1050	Silver	0.1	mg/L	0.000068	U	EPA 200.8	0.000068	02/12/2020	13:37	E82574
1055	Sulfate	250	mg/L	36		EPA 300.0	0.50	01/29/2020	19:22	E82535
1095	Zinc	5	mg/L	0.0093	I	EPA 200.7	0.0050	02/10/2020	16:14	E82535
1905	Color	15	PCU	5.0	U	SM 2120 B	5.0	01/30/2020	14:17	E82535
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	01/29/2020	18:22	E82535
1925	pH	6.5 - 8.5	SU	7.94	Q	SM 4500H+B		01/30/2020	14:22	E82535
1930	Total Dissolved Solids	500	mg/L	230		SM 2540 C	20	01/30/2020	14:00	E82535
2905	Foaming Agents	0.5	mg/L	0.067	I	SM 5540 C	0.040	01/30/2020	17:00	E82001

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

VOLATILE ORGANICS

62-550.310(4)(a)

Report Number / Job ID: M2000608001

PWS ID (From Page 1): 4061517

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	0.28	U	EPA 524.2	0.28	0.5	02/04/2020	06:05	E82535
2380	cis-1,2-Dichloroethylene	70	ug/L	0.32	U	EPA 524.2	0.32	0.5	02/04/2020	06:05	E82535
2955	Xylenes (total)	10,000	ug/L	0.28	U	EPA 524.2	0.28	0.5	02/04/2020	06:05	E82535
2964	Dichloromethane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	02/04/2020	06:05	E82535
2968	o-Dichlorobenzene	600	ug/L	0.46	U	EPA 524.2	0.46	0.5	02/04/2020	06:05	E82535
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	02/04/2020	06:05	E82535
2976	Vinyl Chloride	1	ug/L	0.20	U	EPA 524.2	0.20	0.5	02/04/2020	06:05	E82535
2977	1,1-Dichloroethylene	7	ug/L	0.18	U	EPA 524.2	0.18	0.5	02/04/2020	06:05	E82535
2979	trans-1,2-Dichloroethylene	100	ug/L	0.28	U	EPA 524.2	0.28	0.5	02/04/2020	06:05	E82535
2980	1,2-Dichloroethane	3	ug/L	0.36	U	EPA 524.2	0.36	0.5	02/04/2020	06:05	E82535
2981	1,1,1-Trichloroethane	200	ug/L	0.39	U	EPA 524.2	0.39	0.5	02/04/2020	06:05	E82535
2982	Carbon tetrachloride	3	ug/L	0.23	U	EPA 524.2	0.23	0.5	02/04/2020	06:05	E82535
2983	1,2-Dichloropropane	5	ug/L	0.26	U	EPA 524.2	0.26	0.5	02/04/2020	06:05	E82535
2984	Trichloroethylene	3	ug/L	0.28	U	EPA 524.2	0.28	0.5	02/04/2020	06:05	E82535
2985	1,1,2-Trichloroethane	5	ug/L	0.12	U	EPA 524.2	0.12	0.5	02/04/2020	06:05	E82535
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	02/04/2020	06:05	E82535
2989	Chlorobenzene	100	ug/L	0.12	U	EPA 524.2	0.12	0.5	02/04/2020	06:05	E82535
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	02/04/2020	06:05	E82535
2991	Toluene	1,000	ug/L	0.22	U	EPA 524.2	0.22	0.5	02/04/2020	06:05	E82535
2992	Ethylbenzene	700	ug/L	0.17	U	EPA 524.2	0.17	0.5	02/04/2020	06:05	E82535
2996	Styrene	100	ug/L	0.39	U	EPA 524.2	0.39	0.5	02/04/2020	06:05	E82535

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

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

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\*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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: M2000608001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0069	U	EPA 508	0.0069	0.01	01/31/2020	02/04/2020	18:43	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0071	U	EPA 508	0.0071	0.02	01/31/2020	02/03/2020	19:19	E82574
2015	Methoxychlor	40	ug/L	0.0068	U	EPA 508	0.0068	0.1	01/31/2020	02/03/2020	19:19	E82574
2020	Toxaphene	3	ug/L	0.12	U	EPA 508	0.12	1	01/31/2020	02/03/2020	19:19	E82574
2031	Dalapon	200	ug/L	0.90	U	EPA 515.3	0.90	1	02/07/2020	02/10/2020	21:59	E82574
2032	Diquat	20	ug/L	0.37	U	EPA 549.2	0.37	0.4	02/03/2020	02/06/2020	11:35	E82574
2033	Endothall	100	ug/L	1.8	U	EPA 548.1	1.8	9	02/03/2020	02/04/2020	13:44	E82574
2034	Glyphosate	700	ug/L	5.5	U	EPA 547	5.5	6	02/13/2020	02/13/2020	02:06	E82574
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.50	U	EPA 525.2	0.50	0.6	02/04/2020	02/05/2020	16:09	E82574
2036	Oxamyl	200	ug/L	0.57	U	EPA 531.1	0.57	2	02/04/2020	02/04/2020	21:29	E82574
2037	Simazine	4	ug/L	0.060	U	EPA 525.2	0.060	0.07	02/04/2020	02/05/2020	16:09	E82574
2039	Di(2-Ethylhexyl)phthalate	6	ug/L	0.50	U,J3	EPA 525.2	0.50	0.6	02/04/2020	02/08/2020	20:01	E82574
2040	Picloram	500	ug/L	0.090	U	EPA 515.3	0.090	0.1	02/07/2020	02/10/2020	21:59	E82574
2041	Dinoseb	7	ug/L	0.18	U	EPA 515.3	0.18	0.2	02/07/2020	02/10/2020	21:59	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.019	U	EPA 508	0.019	0.1	01/31/2020	02/03/2020	19:19	E82574
2046	Carbofuran	40	ug/L	0.28	U	EPA 531.1	0.28	0.9	02/04/2020	02/04/2020	21:29	E82574
2050	Atrazine	3	ug/L	0.090	U	EPA 525.2	0.090	0.1	02/04/2020	02/05/2020	16:09	E82574
2051	Alachlor	2	ug/L	0.15	U	EPA 525.2	0.15	0.2	02/04/2020	02/05/2020	16:09	E82574
2065	Heptachlor	0.4	ug/L	0.0060	U	EPA 508	0.0060	0.04	01/31/2020	02/03/2020	19:19	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0052	U	EPA 508	0.0052	0.02	01/31/2020	02/03/2020	19:19	E82574
2105	2,4-D	70	ug/L	0.095	U	EPA 515.3	0.095	0.1	02/07/2020	02/10/2020	21:59	E82574
2110	Silvex (2,4,5-TP)	50	ug/L	0.090	U	EPA 515.3	0.090	0.2	02/07/2020	02/10/2020	21:59	E82574
2274	Hexachlorobenzene	1	ug/L	0.0063	U	EPA 508	0.0063	0.1	01/31/2020	02/03/2020	19:19	E82574
2306	Benzo[a]pyrene	0.2	ug/L	0.015	U	EPA 525.2	0.015	0.02	02/04/2020	02/05/2020	16:09	E82574
2326	Pentachlorophenol	1	ug/L	0.038	U	EPA 515.3	0.038	0.04	02/07/2020	02/10/2020	21:59	E82574
2383	PCBs	0.5	ug/L	0.093	U	EPA 508	0.093	0.1	01/31/2020	02/03/2020	19:19	E82574
2931	1,2-Dibromo-3-Chloropropane	0.2	ug/L	0.0057	U	EPA 504.1	0.0057	0.02	02/10/2020	02/10/2020	16:42	E82535
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0048	U	EPA 504.1	0.0048	0.01	02/10/2020	02/10/2020	16:42	E82535
2959	Chlordane (technical)	2	ug/L	0.053	U	EPA 508	0.053	0.2	01/31/2020	02/03/2020	19:19	E82574

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

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

OTHER CONTAMINANTS

Report Number / Job ID: M2000608001

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 #

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.



**Advanced Environmental Laboratories, Inc.**  
Florida's Largest Laboratory Network

- Altamonte Springs: 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1594 • Fax 407.937.1597 Lab ID: E82001
- Fort Myers: 13100 Westlinks Terrace, Ste. 10, FL 33913 • 239.674.8130 • Fax 239.674.8128 Lab ID: E84492
- Jacksonville: 6681 Southpoint Pkwy., FL 32216 • 904.363.9350 • Fax 904.363.9354 Lab ID: E82574
- Tallahassee: 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Fax 850.219.6275 Lab ID: E811095

\_\_\_\_\_ of \_\_\_\_\_  
 • Fax 352.395.6639 Lab ID: E82001  
 • Fax 954.889.2281 Lab ID: E82535  
 Fax 813.630.4327 Lab ID: E84589



Client Name: Royal Water Works  
 Address: 8900 NW 44 CT  
Coral Spring FL 33065  
 Phone: 954-651-2311  
 Contact: \_\_\_\_\_  
 Sampled By: B. Perez  
 Turn Around Time:  STANDARD  RUSH  
 Profile #: \_\_\_\_\_

Project Name: Rad, 226, 228  
 Project Number: \_\_\_\_\_  
 PO Number: \_\_\_\_\_  
 FDEP Facility No: 4061517  
 FDEP Facility Address: 8900 NW 44 CT  
Coral Spring FL 33065  
 Special Instructions: 1/29/2020  
 ADAPT  EQUIS  Other

BOTTLE SIZE & TYPE	ANALYSIS REQUIRED									LABORATORY I.D. NUMBER
	CL <sub>2</sub> pH Temp									

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation												
			DATE	TIME			Field-Filtered?												
1	Rad-226 (POE)	G	1/29/20	0900	DW	1			2.2	8.3	24.6								001
2	Rad-228 (POE)	G	↓	0910	DW	1			2.1	8.3	24.6								001
3	Cyanide (POE)	G	↓	0912	DW	1			2.1	8.2	24.6								001
4	Color (POE)	G	↓	0915	DW	1			2.1	8.3	24.6								001

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

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) \_\_\_\_\_ °C Temp. when received (corrected) 2 °C

Form AD-051 Form last revised 02/12/2019 Device used for measuring Temp by unique Identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V F: 1A

Relinquished by:	Date	Time	Received by:	Date	Time
<u>R. Perez</u>	<u>1/29/20</u>	<u>1419</u>	<u>[Signature]</u>	<u>1/29/20</u>	<u>1419</u>

**FOR DRINKING WATER USE:**  
 (When PWS Information not otherwise supplied) PWS ID: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site-Address: \_\_\_\_\_

Client Name: Royal Water Works  
 Address: 8900 NW 44 CT  
Conal Springs Fl. 33065  
 Phone: 954-651-2311  
 Contact: \_\_\_\_\_  
 Sampled By: R. Perry  
 Around Time:  STANDARD  RUSH  
 Profile #: \_\_\_\_\_

Project Name: 525.2-VOC's, MBAS  
 Project Number: \_\_\_\_\_  
 PO Number: \_\_\_\_\_  
 FDEP Facility No: 4061517  
 FDEP Facility Address: 8900 44 CT  
Conal Springs Fl. 33065  
 Special Instructions: 1/29/20 VOC's, SOCs, P-Long.  
 AdAPT  EQuls  Other

ANALYSIS REQUIRED	BOTTLE SIZE & TYPE											LABORATORY I.D. NUMBER		
CLV														
RH														
Temp														

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation
			DATE	TIME			
5	525.2 - VOC's (POE)	G	1/29/20	0930	DW	1	
6	Odor (POE)	G	↓	0934	DW	1	
7	MBAS (POE)	G	√	0940	DW	1	

Field-Filtered?														
	2.1	8.3	24.3											001
	2.1	8.3	24.3											001
	2.1	8.3	24.3											001

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge  
 Preservation Code: I = ice H = (HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)  
 Stored on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked  
 Temp. when received (observed) \_\_\_\_\_ °C Temp. when received (corrected) 24 °C  
 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V F: 1A

Relinquished by:	Date	Time	Received by:	Date	Time
<u>R. Perry</u>	<u>1/29/20</u>	<u>1419</u>	<u>[Signature]</u>	<u>1/29/20</u>	<u>1419</u>

**FOR DRINKING WATER USE:**  
 (When PWS Information not otherwise supplied) PWS ID: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site-Address: \_\_\_\_\_





**Altamonte Springs:** 360 Northlake Blvd., Ste. 1048, FL 32701 • 407.537.1594 • Fax 407.937.1597 Lab ID: E53076  
 **Fort Myers:** 13100 Westlakes Terrace, Ste. 10, FL 33913 • 239.674.8130 • Fax 239.674.8128 Lab ID: E84452  
 **Jacksonville:** 6681 Southpoint Pkwy., FL 32216 • 904.363.9350 • Fax 904.363.9354 Lab ID: E62574  
 **Tallahassee:** 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Fax 850.219.6275 Lab ID: E811095

**Gainesville:** 4965 SW 41st Blvd., FL 32608 • 352.377.2349 • Fax 352.395.6639 Lab ID: E92001  
 **Miramar:** 10200 USA Today Way, FL 33025 • 954.889.2288 • Fax 954.889.2281 Lab ID: E82535  
 **Tampa:** 9510 Princess Palm Ave., FL 33619 • 813.630.9515 • Fax 813.630.4327 Lab ID: E84589

Client Name: <i>Royal Water Works</i>	Project Name: <i>GROSS ALPHA, URANIUM, 549.2</i>	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED <i>CL<sub>2</sub></i> <i>PH</i> <i>Temp</i>	LABORATORY I.D. NUMBER
Address: <i>8900 NW 44 CT</i>	Project Number:			
Location: <i>Conal Springs FL 33065</i>	PO Number:			
Phone: <i>954-651-2311</i>	FDEP Facility No: <i>4061517</i>			
FAX: <i>954-651-2311</i>	FDEP Facility Address: <i>8900 NW 44 CT</i> <i>CONAL SPRINGS FL 33065</i>			
Sampled By: <i>R. Perry</i>	Special Instructions: <i>VOCS, SOCS PRIMARY IONIC</i> <i>GROSS ALPHA, URANIUM</i>			
Form Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH	<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other	Preservation	Field-Filtered?	

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation	Field-Filtered?	ANALYSIS			LABORATORY I.D. NUMBER
			DATE	TIME					CL <sub>2</sub>	PH	Temp	
8	GROSS ALPHA/URANIUM (POE)	G	1/29/20	0950	DW	1			2.1	8.3	24.3	001
9	549.2 (POE)	G	↓	1010	DW	1			2.1	8.3	24.3	001
10	PRIMARY SEC METALS (POE)	G	↓	1015	DW	1			2.1	8.3	24.3	001
11												

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

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) \_\_\_\_\_ °C Temp. when received (corrected) *2.5* °C

Form last revised 02/12/2019 Device used for measuring Temp by unique Identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A **(M: 3A)** S: 1V F: 1A

Relinquished by:	Date	Time	Received by:	Date	Time
<i>R. Perry</i>	1/29/20	1419	<i>[Signature]</i>	1/29/20	1419

**FOR DRINKING WATER USE:**  
 (When PWS Information not otherwise supplied) PWS ID: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site Address: \_\_\_\_\_



**Advanced Environmental Laboratories, Inc.**  
Florida's Largest Laboratory Network

- Altamonte Springs:** 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1594 • Fax 407.937.1597 Lab ID: E83076
- Fort Myers:** 13100 Westlins Terrace, Ste. 10, FL 33913 • 239.674.8130 • Fax 239.674.8128 Lab ID: E84492
- Jacksonville:** 6681 Southpoint Pkwy., FL 32216 • 904.363.9350 • Fax 904.363.9354 Lab ID: E82574
- Tallahassee:** 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Fax 850.219.6275 Lab ID: E811095

- Gainesville:** 4965 SW 41st Blvd., FL 32608 • 352.377.2349 • Fax 352.395.6639 Lab ID: E82001
- Miramar:** 10200 USA Today Way, FL 33025 • 954.889.2286 • Fax 954.889.2281 Lab ID: E82535
- Tampa:** 9510 Princess Palm Ave., FL 33619 • 813.630.9616 • Fax 813.630.4327 Lab ID: E84589

Client Name: **Royal Water Works**  
Address: **8900 NW 44 CT**  
**Coast Springs FL 33065**  
Phone: **954-651-2378**  
FAX:  
Contact:  
Sampled By: **R. Perry**  
Turn Around Time:  STANDARD  RUSH  
L Profile #:

Project Name: **Dioxin, 548.1, 908**  
Project Number:  
PO Number:  
FDEP Facility No: **4061577**  
FDEP Facility Address:  
**8900 NW 44 CT**  
**Coast Springs FL 33065**  
Special Instructions:  
**Vol's, Soc. Param Energy.**  
**Stress Alpha Uranium; RAD 226, 228**  
 ADaPT  EQUIS  Other

ANALYSIS REQUIRED	BOTTLE SIZE & TYPE			LABORATORY I.D. NUMBER
	CL <sub>2</sub>	PH	Temp	
Preservation				
Field-Filtered?				

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT
			DATE	TIME		
11	Dioxin - POE	G	1/29/20	1030	DW	1
12	508 - POE	G		1040	DW	1
13	548.1 - POE	G		1045	DW	1
14	TDS - PH - POE	G		1050	DW	1
15	SO <sub>4</sub> , Cl <sup>-</sup> , NO <sub>3</sub> <sup>-</sup> , NO <sub>2</sub> <sup>-</sup> , F <sup>-</sup>	G		1100	DW	1

2.1	8.3	24.2								001
2.1	8.3	24.2								001
2.1	8.4	24.2								001
2.0	8.3	24.2								001
2.0	8.3	24.2								001

ix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge  
 red on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked  
 Preservation Code: I = ice H = (HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)  
 Temp. when received (observed) \_\_\_\_\_ °C Temp. when received (corrected) **24** °C

1D-051 Form last revised 02/12/2019  
 Relinquished by: **R. Perry** Date: **1/29/20** Time: **1419**  
 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A **M: 3A** S: 1V F: 1A  
 Received by: \_\_\_\_\_ Date: **1/29/2020** Time: **1419**

**FOR DRINKING WATER USE:**  
 (When PWS information not otherwise supplied) PWS ID: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site Address: \_\_\_\_\_



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- Gainesville:** 4965 SW 41st Blvd., FL 32608 • 352.377.2349 • Fax 352.395.6639 Lab ID: E82001
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- Tampa:** 9610 Princess Palm Ave., FL 33619 • 813.630.9616 • Fax 813.630.4327 Lab ID: E84589

Client Name: Royal Water Works  
 Address: 8900 NW 44 CT  
Corral Springs FL 33065  
 Phone: 954-651-2311  
 Contact: \_\_\_\_\_  
 Sampled By: R. Perry  
 Turn Around Time:  STANDARD  RUSH  
 Profile #: \_\_\_\_\_

Project Name: VOC, SOL, Annuals  
 Project Number: 1/29/2020  
 PO Number: \_\_\_\_\_  
 FDEP Facility No: 4061517  
 FDEP Facility Address: 8900 NW 44 CT  
Corral Springs FL 33065  
 Special Instructions: VOC, SOL, Primary Ieq.  
Grass ALPHA, Uranium, Rad  
 ADaPT  EQUIS  Other 22 to 25

ANALYSIS REQUIRED	BOTTLE SIZE & TYPE										LABORATORY I.D. NUMBER	
	1	2	3	4	5	6	7	8	9	10		
CL <sub>2</sub>												
PH												
Temp												

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT
			DATE	TIME		
16	547 - POE	G	1/29/20	1110	DW	3
17	515.3 - POE	G		1115	PW	3
18	524.2 - POE	G		1120	DW	3
19	531.1 - POE	G		1130	DW	3
20	504.1 - POE	G		1140	DW	3

Preservation	Field-Filtered?										
	1	2	3	4	5	6	7	8	9	10	
	2.0	8.4	24.2								001
	2.0	8.4	24.2								001
	2.1	8.3	24.2								001
	2.1	8.4	24.2								001
	2.1	8.3	24.2								001

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

Stored on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) \_\_\_\_\_ °C Temp. when received (corrected) 21.0 °C

AD-051 Form last revised 02/12/2019 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V F: 1A

Relinquished by:	Date	Time	Received by:	Date	Time
<u>R. Perry</u>	<u>1/29/20</u>	<u>1419</u>	<u>[Signature]</u>	<u>1/29/20</u>	<u>1419</u>

**FOR DRINKING WATER USE:**  
 (When PWS Information not otherwise supplied) PWS ID: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site Address: \_\_\_\_\_

February 14, 2020

Ms. Tiffany Mackie  
Advanced Environmental Laboratories, Incorporated  
10200 USA Today Way  
Hollywood, Florida 33025

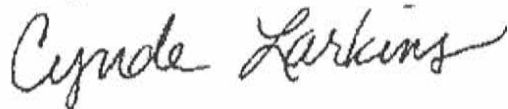
Re: Dioxin Subcontract - T. Mackie  
Work Order: 16134  
SDG: M2000608

Dear Ms. Mackie:

Cape Fear Analytical LLC (CFA) appreciates the opportunity to provide the enclosed analytical results for the sample(s) we received on January 31, 2020. This original data report has been prepared and reviewed in accordance with CFA's standard operating procedures.

Our policy is to provide high quality, personalized analytical services to enable you to meet your analytical needs on time every time. We trust that you will find everything in order and to your satisfaction. If you have any questions, please do not hesitate to call me at 910-795-0421.

Sincerely,



Cynde Larkins  
Project Manager

Purchase Order: M2000608  
Enclosures

# Chain of Custody

CFA WO#16134

Document 87851 - HBN 71977      Workorder Royal Water Works      Results Requested By 2/10/2020

Report To: Project Manager Miami  
 Subcontract To: Advanced Environmental Laboratories, Inc  
 10200 USA Today Way  
 Miramar, FL 33025  
 Payments: P.O. Box 551580  
 Jacksonville, FL 32255-1580  
 Phone (954)889-2288

Item	Sample ID	Collect Date/Time	Lab ID	Matrix	Preserved Containers										EPA 1613	Requested Analysis	LAB USE ONLY
					NONE												
	POE	1/29/2020 09:00	M2000608001	Drinking Water	X												

<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 _____	Comments Please email Results to tmackie@aellab.com
---	---	---

Reservative	Transfers	Released By	Date/Time	Received By	Date/Time
RESERVATIVE = NONE	1		1/30/2020 11:30		1/31/20 9:35
	2				
	3				
	4				
	5				

temp. = 4.3°C

**SAMPLE RECEIPT CHECKLIST**  
Cape Fear Analytical

Client: <b>AEL</b>	Work Order: <b>16134</b>
Shipping Company: <b>FedEx</b>	Date/Time Received: <b>1/31/20 9:39</b>

Suspected Hazard Information	Yes	NA	No
Shipped as DOT Hazardous?			<input checked="" type="checkbox"/>
Samples identified as Foreign Soil?			<input checked="" type="checkbox"/>

DOE Site Sample Packages	Yes	NA	No*
Screened <0.5 mR/hr?			<input checked="" type="checkbox"/>
Samples < 2x background?			<input checked="" type="checkbox"/>

\* Notify RSO of any responses in this column immediately.

Air Sample Receipt Specifics	Yes	NA	No
Air sample in shipment?			<input checked="" type="checkbox"/>

Air Witness: \_\_\_\_\_

Sample Receipt Criteria	Yes	NA	No	Comments/Qualifiers (required for Non-Conforming Items)
1 Shipping containers received intact and sealed?	<input checked="" type="checkbox"/>			Circle Applicable: seals broken damaged container leaking container other(describe)
2 Custody seal/s present on cooler?			<input checked="" type="checkbox"/>	Seal intact? Yes No
3 Chain of Custody documents included with shipment?	<input checked="" type="checkbox"/>			
4 Samples requiring cold preservation within 0-6°C?	<input checked="" type="checkbox"/>			Prescription Method: ice bags blue ice dry ice none other (describe) <b>4.3+0.0=4.3</b> Temperature Blank present: Yes <input checked="" type="checkbox"/> No
5 Aqueous samples found to have visible solids?			<input checked="" type="checkbox"/>	Sample IDs, containers affected:
5 Samples requiring chemical preservation at proper pH?	<input checked="" type="checkbox"/>			Sample IDs, containers affected and pH observed: <b>pH = 7</b> If preservative added, Lot#: _____
7 Samples requiring preservation have no residual chlorine?	<input checked="" type="checkbox"/>			Sample IDs, containers affected: If preservative added, Lot#: _____
8 Samples received within holding time?	<input checked="" type="checkbox"/>			Sample IDs, tests affected:
9 Sample IDs on COC match IDs on containers?	<input checked="" type="checkbox"/>			Sample IDs, containers affected:
10 Date & time of COC match date & time on containers?	<input checked="" type="checkbox"/>			Sample IDs, containers affected:
11 Number of containers received match number indicated on COC?	<input checked="" type="checkbox"/>			List type and number of containers / Sample IDs, containers affected: <b>received 1-16 N/A number</b>
12 COC form is properly signed in relinquished/received sections?	<input checked="" type="checkbox"/>			

Comments:

Checklist performed by: Initials:   *AW*   Date:   1/31/20

# High Resolution Dioxins and Furans Analysis

# Case Narrative



**HDOX Case Narrative**  
**Advanced Environmental Laboratories, Incorporated (AELI)**  
**SDG M2000608**  
**Work Order 16134**

**Method/Analysis Information**

**Product:** TCDD Only by EPA Method 1613B in Liquids  
**Analytical Method:** EPA Method 1613B  
**Extraction Method:** SW846 3520C  
**Analytical Batch Number:** 43047  
**Clean Up Batch Number:** 43046  
**Extraction Batch Number:** 43045

**Sample Analysis**

Sample 16134001 was received at 4.3°C. The following samples were analyzed using the analytical protocol as established in EPA Method 1613B:

<b>Sample ID</b>	<b>Client ID</b>
12025940	Method Blank (MB)
12025941	Laboratory Control Sample (LCS)
12025942	Laboratory Control Sample Duplicate (LCSD)
16134001	POE

The samples in this SDG were analyzed on an "as received" basis.

**SOP Reference**

Procedure for preparation, analysis and reporting of analytical data are controlled by Cape Fear Analytical LLC (CFA) as Standard Operating Procedure (SOP). The data discussed in this narrative has been analyzed in accordance with CF-OA-E-002 REV# 15.

Raw data reports are processed and reviewed by the analyst using the TargetLynx software package.

**Calibration Information**

**Initial Calibration**

All initial calibration requirements have been met for this sample delivery group (SDG).

**Continuing Calibration Verification (CCV) Requirements**

All associated calibration verification standard(s) (CCV) met the acceptance criteria.

## **Quality Control (QC) Information**

### **Certification Statement**

The test results presented in this document are certified to meet all requirements of the 2009 TNI Standard.

### **Method Blank (MB) Statement**

The MB(s) analyzed with this SDG met the acceptance criteria.

### **Surrogate Recoveries**

All surrogate recoveries were within the established acceptance criteria for this SDG.

### **Laboratory Control Sample (LCS) Recovery**

The LCS spike recoveries met the acceptance limits.

### **Laboratory Control Sample Duplicate (LCSD) Recovery**

The LCSD spike recoveries met the acceptance limits.

### **LCS/LCSD Relative Percent Difference (RPD) Statement**

The RPD(s) between the LCS and LCSD met the acceptance limits.

### **QC Sample Designation**

A matrix spike and matrix spike duplicate analysis was not required for this SDG.

## **Technical Information**

### **Holding Time Specifications**

CFA assigns holding times based on the associated methodology, which assigns the date and time from sample collection. Those holding times expressed in hours are calculated in the AlphaLIMS system. Those holding times expressed as days expire at midnight on the day of expiration. All samples in this SDG met the specified holding time.

### **Preparation/Analytical Method Verification**

All procedures were performed as stated in the SOP.

### **Sample Dilutions**

The samples in this SDG did not require dilutions.

### **Sample Re-extraction/Re-analysis**

Re-extractions or re-analyses were not required in this SDG.

## **Miscellaneous Information**

### **Nonconformance (NCR) Documentation**

A NCR was not required for this SDG.

### **Manual Integrations**

Certain standards and QC samples required manual integrations to correctly position the baseline as set in the calibration standard injections. Where manual integrations were performed, copies of all manual integration peak profiles are included in the raw data section of this fraction. Manual integrations were required for data files in this SDG.

### **System Configuration**

This analysis was performed on the following instrument configuration:

<b>Instrument ID</b>	<b>Instrument</b>	<b>System Configuration</b>	<b>Column ID</b>	<b>Column Description</b>
HRP750_2	Primary Dioxin Analysis	Dioxin Analysis	DB-5MS	60m x 0.25mm, 0.25um

### **Electronic Packaging Comment**

This data package was generated using an electronic data processing program referred to as virtual packaging. In an effort to increase quality and efficiency, the laboratory has developed systems to generate all data packages electronically. The following change from traditional packages should be noted: Analyst/peer reviewer initials and dates are not present on the electronic data files. Presently, all initials and dates are present on the original raw data. These hard copies are temporarily stored in the laboratory. An electronic signature page inserted after the case narrative will include the data validator's signature and title. The signature page also includes the data qualifiers used in the fractional package. Data that are not generated electronically, such as hand written pages, will be scanned and inserted into the electronic package.

# **Sample Data Summary**

## Cape Fear Analytical, LLC

3306 Kitty Hawk Road Suite 120, Wilmington, NC 28405 - (910) 795-0421 - www.capefearanalytical.com

### Qualifier Definition Report for

AELI001 Advanced Environmental Laboratories, Incorporated

Client SDG: M2000608 CFA Work Order: 16134

#### The Qualifiers in this report are defined as follows:

- \* A quality control analyte recovery is outside of specified acceptance criteria
- \*\* Analyte is a surrogate compound
- J Value is estimated
- K Estimated Maximum Possible Concentration
- U Analyte was analyzed for, but not detected above the specified detection limit.
- DL Indicates that sample is diluted.
- RA Indicates that sample is re-analyzed without re-extraction.
- RE Indicates that sample is re-extracted.

#### Review/Validation

Cape Fear Analytical requires all analytical data to be verified by a qualified data reviewer.

The following data validator verified the information presented in this case narrative:

Signature:



Name: Heather Patterson

Date: 14 FEB 2020

Title: Group Leader

**Hi-Res Dioxins/Furans  
Certificate of Analysis  
Sample Summary**

SDG Number: M2000608	Client: AELI001	Project: AELI00316
Lab Sample ID: 16134001	Date Collected: 01/29/2020 09:00	Matrix: WATER
Client Sample: 1613B TCDD Water	Date Received: 01/31/2020 09:39	Prep Basis: As Received
Client ID: POE	Method: EPA Method 1613B	Instrument: HRP750
Batch ID: 43047	Analyst: MJC	Dilution: 1
Run Date: 02/06/2020 17:59	Prep Method: SW846 3520C	
Data File: A06FEB20A-6	Prep Aliquot: 987.2 mL	
Prep Batch: 43045		
Prep Date: 04-FEB-20		

CAS No.	Parmname	Qual	Result	Units	PQL
1746-01-6	2,3,7,8-TCDD	U	10.1	pg/L	10.1

Surrogate/Tracer recovery	Qual	Result	Nominal	Units	Recovery%	Acceptable Limits
13C-2,3,7,8-TCDD		1480	2030	pg/L	73.0	(31%-137%)
37Cl-2,3,7,8-TCDD		161	203	pg/L	79.4	(42%-164%)

**Comments:**

U Analyte was analyzed for, but not detected above the specified detection limit.

# Quality Control Summary

**Hi-Res Dioxins/Furans  
Surrogate Recovery Report**

SDG Number: M2000608

Matrix Type: LIQUID

Sample ID	Client ID	Surrogate	QUAL	Recovery (%)	Acceptance Limits
12025941	LCS for batch 43045	13C-2,3,7,8-TCDD 37Cl-2,3,7,8-TCDD		72.0 83.4	(25%-141%) (37%-158%)
12025942	LCSD for batch 43045	13C-2,3,7,8-TCDD 37Cl-2,3,7,8-TCDD		70.3 80.1	(25%-141%) (37%-158%)
12025940	MB for batch 43045	13C-2,3,7,8-TCDD 37Cl-2,3,7,8-TCDD		70.6 83.0	(31%-137%) (42%-164%)
16134001	POE	13C-2,3,7,8-TCDD 37Cl-2,3,7,8-TCDD		73.0 79.4	(31%-137%) (42%-164%)

\* Recovery outside Acceptance Limits

# Column to be used to flag recovery values

D Sample Diluted



Hi-Res Dioxins/Furans  
Quality Control Summary  
Spike Recovery Report

Page 1 of 2

SDG Number: M2000608  
Client ID: LCS for batch 43045  
Lab Sample ID: 12025941  
Instrument: HRP750  
Analyst: MJC

Sample Type: Laboratory Control Sample  
Matrix: WATER

Analysis Date: 02/06/2020 14:49  
Prep Batch ID: 43045  
Batch ID: 43047

Dilution: 1

CAS No.	Parmname	Amount Added pg/L	Spike Conc. pg/L	Recovery %	Acceptance Limits
1746-01-6	LCS 2,3,7,8-TCDD	200	196	98	73-146

---

Hi-Res Dioxins/Furans  
Quality Control Summary  
Spike Recovery Report

Page 2 of 2

SDG Number: M2000608

Client ID: LCSD for batch 43045

Lab Sample ID: 12025942

Instrument: HRP750

Analyst: MJC

Sample Type: Laboratory Control Sample Duplicate

Matrix: WATER

Analysis Date: 02/06/2020 15:37

Dilution: 1

Prep Batch ID: 43045

Batch ID: 43047

---

CAS No.	Parmname	Amount Added pg/L	Spike Conc. pg/L	Recovery %	Acceptance Limits	RPD %	Acceptance Limits
1746-01-6	LCSD 2,3,7,8-TCDD	200	198	98.9	73-146	0.934	0-20

---

Method Blank Summary

SDG Number: M2000608  
Client ID: MB for batch 43045  
Lab Sample ID: 12025940  
Column:

Client: AELI001  
Instrument ID: HRP750  
Prep Date: 04-FEB-20

Matrix: WATER  
Data File: A06FEB20A-4  
Analyzed: 02/06/20 16:24

This method blank applies to the following samples and quality control samples:

Client Sample ID	Lab Sample ID	File ID	Date Analyzed	Time Analyzed
01 LCS for batch 43045	12025941	A06FEB20A-2	02/06/20	1449
02 LCSD for batch 43045	12025942	A06FEB20A-3	02/06/20	1537
03 POE	16134001	A06FEB20A-6	02/06/20	1759

Hi-Res Dioxins/Furans  
Certificate of Analysis  
Sample Summary

SDG Number: M2000608	Client: AELI001	Project: AELI00316
Lab Sample ID: 12025940		Matrix: WATER
Client Sample: QC for batch 43045		
Client ID: MB for batch 43045		Prep Basis: As Received
Batch ID: 43047	Method: EPA Method 1613B	
Run Date: 02/06/2020 16:24	Analyst: MJC	Instrument: HRP750
Data File: A06FEB20A-4		Dilution: 1
Prep Batch: 43045	Prep Method: SW846 3520C	
Prep Date: 04-FEB-20	Prep Aliquot: 1000 mL	

CAS No.	Parmname	Qual	Result	Units	PQL
1746-01-6	2,3,7,8-TCDD	U	10	pg/L	10.0

Surrogate/Tracer recovery	Qual	Result	Nominal	Units	Recovery%	Acceptable Limits
13C-2,3,7,8-TCDD		1410	2000	pg/L	70.6	(31%-137%)
37Cl-2,3,7,8-TCDD		166	200	pg/L	83.0	(42%-164%)

Comments:  
 J Value is estimated  
 K Estimated Maximum Possible Concentration  
 U Analyte was analyzed for, but not detected above the specified detection limit.

**Hi-Res Dioxins/Furans  
Certificate of Analysis  
Sample Summary**

SDG Number: M2000608  
 Lab Sample ID: 12025941  
 Client Sample: QC for batch 43045  
 Client ID: LCS for batch 43045  
 Batch ID: 43047  
 Run Date: 02/06/2020 14:49  
 Data File: A06FEB20A-2  
 Prep Batch: 43045  
 Prep Date: 04-FEB-20

Client: AELI001  
 Method: EPA Method 1613B  
 Analyst: MJC  
 Prep Method: SW846 3520C  
 Prep Aliquot: 1000 mL

Project: AELI00316  
 Matrix: WATER  
 Prep Basis: As Received  
 Instrument: HRP750  
 Dilution: 1

CAS No.	Paramname	Qual	Result	Units	PQL
1746-01-6	2,3,7,8-TCDD		196	pg/L	10.0

Surrogate/Tracer recovery	Qual	Result	Nominal	Units	Recovery%	Acceptable Limits
13C-2,3,7,8-TCDD		1440	2000	pg/L	72.0	(25%-141%)
37Cl-2,3,7,8-TCDD		167	200	pg/L	83.4	(37%-158%)

Comments:

**Hi-Res Dioxins/Furans  
Certificate of Analysis  
Sample Summary**

SDG Number: M2000608  
 Lab Sample ID: 12025942  
 Client Sample: QC for batch 43045  
 Client ID: LCSD for batch 43045  
 Batch ID: 43047  
 Run Date: 02/06/2020 15:37  
 Data File: A06FEB20A-3  
 Prep Batch: 43045  
 Prep Date: 04-FEB-20

Client: AELI001  
  
 Method: EPA Method 1613B  
 Analyst: MJC  
 Prep Method: SW846 3520C  
 Prep Alliquot: 1000 mL

Project: AELI00316  
 Matrix: WATER  
  
 Prep Basis: As Received  
 Instrument: HRP750  
 Dilution: 1

CAS No.	Parmname	Qual	Result	Units	PQL
1746-01-6	2,3,7,8-TCDD		198	pg/L	10.0

Surrogate/Tracer recovery	Qual	Result	Nominal	Units	Recovery%	Acceptable Limits
13C-2,3,7,8-TCDD		1410	2000	pg/L	70.3	(25%-141%)
37Cl-2,3,7,8-TCDD		160	200	pg/L	80.1	(37%-158%)

Comments:

# 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: KNL Environmental Testing Florida DOH Certification #: E84025 Certification Expiration Date: June Renewal

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 3202 N. Florida Ave. Tampa, FL 33603 Phone #: 813-229-2879

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: 2-3-20

PWS ID (From Pg 1): \_\_\_\_\_ Sample # (From Pg 1): M200 0608 001 Lab Assigned Report # or Job ID: 20.1413

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

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

## LAB CERTIFICATION

I, Thomas Weeks, Laboratory Director, 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: 2-13-20

\* 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: \_\_\_\_\_

KNL Laboratory Services, Inc.  
 2742 N. Florida Ave.  
 P.O. Box 1833  
 Tampa, FL 33601

Ph: (813) 229-2879 Fax: (813) 229-0002

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

**RADIONUCLIDES**

KNL Report Number/Job ID: 20.1413

PWS ID(From Page 1):

62-550.310(6)

Client ID: AEL-Miami Attn: T. Mackie M2000608001 POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (excl.Uranium) **	15	pCi/L	2.0	I	EPA 900.0	1.4	3	0.9	2-5-20	0801	E84025
4002	Gross Alpha (incl Uranium)	***	pCi/L	2.0	I	EPA 900.0	1.4	3	0.9	2-5-20	0801	E84025
4006	Combined Uranium (U-234, U-235 & U-238) ****	20	pCi/L	0.4	U	EPA 908.0	0.4	.67	0.3	2-13-20	0910	E84025
		30	ug/L	0.6	U	Calc	0.6	1	0.4	Calc	Calc	E84025
4020	Radium-226	5	pCi/L	0.9	I	EPA 903.0 *****	0.5	1	0.4	2-11-20	1118	E84025
4030	Radium-228		pCi/L	0.7	U	EPA Ra-05	0.7	1	0.5	2-13-20	1058	E84025


Reporting Format 62-550.730

Effective January 1995, Revised February 2010.

- \* Qualifier Codes: U = indicates that the compound was analyzed for but not detected.  
 I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.
- \*\* If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.
- \*\*\* If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl.U) of 15 pCi/L. If the result for ID 4002 Gross Alpha (incl.Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.
- \*\*\*\* If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.
- \*\*\*\*\* 83% carrier recovery

Page of

Test results meet all requirements of the NELAC standards. Contact person: Thomas Weeks (813) 229-2879.

  
 Approved by: Thomas J. Weeks  
 Laboratory Director



Chain of Custody

20.1413

Instrument 87848 - HBN 71971      Workorder ~~XXXX~~ Royal Water Works      Results Requested By 2/10/2020

Report To	Subcontract To	Requested Analysis
Project Manager Miami Advanced Environmental Laboratories, Inc 200 USA Today Way Tampa, FL 33025 Phone: Fax: (954)889-2288	KNL-FL KNL Laboratory Services, Inc. 2742 North Florida Avenue Tampa, FL 33602 Phone Fax	

Push 2-13

RACI 2/26  
RACI 2/28  
GROSS ALPHA  
URANIUM

Sample ID	Collect Date/Time	Lab ID	Matrix	Preserved Containers				Requested Analysis				LAB USE ONLY	
				H2O2									
POE	1/29/2020 09:00	M2000608001	Drinking Water	3				X	X	X	X		

Report	Electronic Data Deliverables	Comments
Standard (Results only)	<input type="checkbox"/> SEDD Stage 2A	Please email results to tmackie@aellab.com
Standard with Batch QC	<input type="checkbox"/> SEDD Stage 2B	
	<input type="checkbox"/> SEDD Stage 3	
	<input type="checkbox"/> Other _____	

Transfers	Released By	Date/Time	Received By	Date/Time
1		1/29/2020 11:30		1/31/2020 9:00
2		2/10/2020 14:51	KNL	2/23/2020 15:20
3				
4				
5				

ROYAL WATERWORKS, INC.

DOCKET NO. 20230081-WS

MOST RECENT

SANITARY SURVEY



# FLORIDA DEPARTMENT OF Environmental Protection

Southeast District Office  
3301 Gun Club Road, MSC 7210-1  
West Palm Beach, FL 33406  
561-681-6600

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Shawn Hamilton**  
Secretary

May 31, 2023

Sharon Purviance, Utility Manager  
Royal Waterworks, Inc.  
8900 NW 44 Court  
Coral Springs, FL 33065  
[SPurviance@uswatercorp.net](mailto:SPurviance@uswatercorp.net)

Re: Compliance Assistance Offer  
Royal Waterworks, Inc.  
PW Facility ID# 4061517  
Broward County

Dear Ms. Purviance:

An inspection was conducted at your facility on May 19, 2023, under the authority of Section 403.091, Florida Statutes (F.S.). During this inspection, potential non-compliance was noted. The purpose of this letter is to offer compliance assistance as a means of resolving these matters.

Specifically, potential non-compliance with the requirements of Chapter 403, F.S and Chapters 62-555, Florida Administrative Code (F.A.C.) were observed. Please see the attached inspection report for a full account of Department observations and recommendations.

We request you review the items of concern noted and respond in writing within **15 days** of receipt of this Compliance Assistance Offer. Your written response should include one of the following:

1. Describe what has been done to resolve the non-compliance issue or provide a schedule describing how/when the issue will be addressed.
2. Describe what steps have been taken to prevent, to the extent practicable, a recurrence of the non-compliance.
3. Provide the requested information, or information that mitigates the concerns or demonstrates them to be invalid, or
4. Arrange for the case manager to visit your facility to discuss the items of concern.

Royal Waterworks, Inc.; PWS ID No.: 4061517  
Compliance Assistance Offer  
Page 2 of 2  
May 31, 2023

It is the Department's desire that you are able to adequately address the aforementioned issues so that this matter can be closed. Your failure to respond promptly may result in the initiation of formal enforcement proceedings.

Please address your response and any questions to Jacob Stevens of the Southeast District Office at 561-681-6721 or via e-mail at [Jacob.Stevens@floridadep.gov](mailto:Jacob.Stevens@floridadep.gov). We look forward to your cooperation with this matter.

Sincerely,



Greg Kennedy, Environmental Administrator  
Southeast District  
Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Dennis Coates, US Water  
Greg Kennedy, DEP/SED  
Jocelyn Labbe, DEP/SED  
Jacob Stevens, DEP/SED  
Halley Carruthers, DEP/SED

[DCoates@uswatercorp.net](mailto:DCoates@uswatercorp.net)  
[Greg.A.Kennedy@floridadep.gov](mailto:Greg.A.Kennedy@floridadep.gov)  
[Jocelyn.Labbe@floridadep.gov](mailto:Jocelyn.Labbe@floridadep.gov)  
[Jacob.Stevens@floridadep.gov](mailto:Jacob.Stevens@floridadep.gov)  
[Halley.Carruthers@floridadep.gov](mailto:Halley.Carruthers@floridadep.gov)



**SURVEY SUMMARY**

**SURVEY ESSENTIALS**

Water System Name: Royal Waterworks, Inc  
 Date(s) Surveyed: May 19, 2023  
 Survey Inspector(s): Jacob Stevens  
 Person(s) Contacted: Melisa Rotteveel, Dennis Coates

**WATER SYSTEM INFORMATION**

PWS ID: 4061517 System (Office) Address: 8900 NW 44 Court, Coral Springs, FL 33065  
 Phone: (727) 848-8292 Cell: N/A Email: DrinkingWater@uswatercorp.net  
MRotteveel@uswatercorp.net  
 Directions to water system office or plant: Head south on the Florida turnpike, towards Coral Springs. Take exit 71, heading west on the Sawgrass Expressway. After approximately 5.5 miles, take exit 15 to turn south onto N University Drive. In approximately 1.5 miles, turn east onto NW 43<sup>rd</sup> Street. Take the first left (north) and follow the road for approximately 0.5 miles and the plant will be on your right.

**OWNER INFORMATION**

Owner Name: Royal Waterwork, Inc - Sharon Purviance Owner Title: Utility Manager  
 Owner Address: 4939 Cross Bayou Blvd City: New Port Richey State: FL Zip: 34652  
 Owner Phone: (727) 848-8292 Cell: N/A Email: SPurviance@uswatercorp.net

**OPERATOR INFORMATION**

Operator Name: Dennis Coates Lead Operator Class & Certification Number: C-26770  
 Operator Phone: (727) 848-8292 Cell: N/A Email: DCoates@uswatercorp.net

**SYSTEM CHARACTERISTICS SUMMARY**

<b>Source Summary:</b>		<b>Treatment Summary:</b>		
Number of Sources: <u>3 Surficial Wells</u>		Number of Plants: <u>1</u>	Number of Operators: <u>2</u>	
<input type="checkbox"/> Surface Name of Source(s): _____		<input checked="" type="checkbox"/> Disinfection	<input checked="" type="checkbox"/> Aeration	<input checked="" type="checkbox"/> Coagulation
<input type="checkbox"/> Purchase Name of Source(s): _____		<input checked="" type="checkbox"/> Stabilization	<input checked="" type="checkbox"/> Filtration	<input checked="" type="checkbox"/> Flocculation
		<input type="checkbox"/> Corrosion Control	<input checked="" type="checkbox"/> Softening	<input type="checkbox"/> Reverse Osmosis

**Service Area Characteristics Summary:**

City/Community  Residential  Mobile Home Park  Institution  Medical  School  Wholesaler  Other: \_\_\_\_\_  
 Number of Service Connections: 1,384 Population Served: 4,481 Approximate number of outstanding DEP permits: 0

**Demand & Capacity:**

Maximum Daily Demand: 580,000 Gal Total Design Capacity: 1,000,000 Gal Total Storage Capacity: 591,000 Gal  
 Average Daily Demand: 414,355 Gal Stand-by Power Capacity: 400,000 Gal Firm Capacity: 1 MGD

Comments: N/A

**SYSTEM COMPLIANCE SUMMARY**

**Past Compliance Status Summary:**

Date of last inspection: 05/30/2017 Results:  In compliance  Deficiencies, but not significant  Out of compliance  
 Date of last sanitary survey: 06/04/2020 Results:  In compliance  Deficiencies, but not significant  Out of compliance

**Current Sanitary Survey Results:**

In Compliance  Deficiencies, but not significant  Out of compliance

Comment: Well #1 had a leaking valve. Well #2 had a threaded raw water tap and a leaking valve. Well #2 & #3 had corrosion. The aerator needs to be cleaned. High service pump #1 is leaking.



**TREATMENT**

**TREATMENT CAPACITY**

Treatment Capacity: 1 MGD Standby Power Capacity: 285 kw Treatment Firm Capacity: 1 MGD  
 Maximum demand under 75% of operating capacity?  Yes  No *If not, what is the percentage?* N/A  
 Firm capacity exceeds the average daily demand?  Yes  No Stand-by power capacity exceeds average daily demand?  Yes  No  
 Comments: N/A

**CHEMICAL FEED SYSTEMS**

Chemicals used? Gas Chlorine, Anhydrous Ammonia, Hydrofluorsidic Acid  
 Chemicals meet the NSF Standards?  Yes  No  Unknown Chemical storage appear to be compliant?  Yes  No  
 Facilities & chemicals properly labeled?  Yes  No Are all chemical feed systems tied to flow?  Yes  No  
 Doses & quantities measured & recorded?  Yes  No Are injection points visible?  Yes  No  
 Operators trained to use safety equipment?  Yes  No SOP for chemical handling?  Yes  No  
 Redundant equipment & spare parts kept?  Yes  No Do treatment rooms have adequate room lighting?  Yes  No  
 Corrosive vapors properly controlled  Yes  No Safety comply with *Water Treatment Plant Design*, Table 15.5?  Yes  No  
 Injection point proper & ensures mixing?  Yes  No Treated sample tap compliant?  Yes  No  
 Comments: N/A

**Source (Groundwater)**

**GROUNDWATER WELLS**

Well Name or Number	Well 1	Well 2	Well 3
Florida Unique Well Identification	AAI9419	AAI9418	AAL5110
Year Drilled	1974	1974	1974
Depth Drilled	140 ft	165 ft	138 ft
Aquifer Name	Biscayne	Biscayne	Biscayne
Depth & Diameter of casing?	127 ft / 8 in	140 ft / 12 in	132 ft / 12 in
Depth of Screen & Material	Unknown	Unknown	Unknown
Depth of grouting & type?	Unknown	Unknown	Unknown
Depth to Static Water Level?	Unknown	Unknown	Unknown
Is the drawdown measured?	No	No	No
Is the site subject to flooding?	No	No	No
Is the well below grade?	No	No	No
Potential pollution sources near?	No	No	No
Contaminated, UDI, or ASR Well?	No	No	No
Is lightning protection provided?	Yes	Yes	Yes
Is the well housed or fenced?	Yes	Yes	Yes
Pump Type	Verticle Turbine	Verticle Turbine	Verticle Turbine
Horse Power	10	10	10
Rated Pump Capacity (GPM@PSI)	350	350	350
Normal Yield (GPM @ PSI)	350	350	350
Proper raw water tap?	Yes	No	Yes
Proper casing height?	Yes	Yes	Yes
Well head properly sealed?	Yes	Yes	Yes
Proper casing vent?	Yes	Yes	Yes
Dumpline installed?	Yes	Yes	Yes
Proper Check Valve?	Yes	Yes	Yes
Air-relief valve installed?	No	No	No
Proper Water Meter?	Yes	Yes	Yes
Meter check for accuracy?	Yes	Yes	Yes
Stand-by Capacity?	Yes	Yes	Yes
Overall Site Condition	Good	Poor	Fair

Comments: Well #1 has a leak on the blowoff isolation valve. Well #2 has threads on the raw water tap, has a valve leak, and has significant corrosion. Well #3 has corrosion.



**GROUNDWATER QUANTITY, QUALITY, AND PROTECTION**

Total Source Capacity (TSC) exceeds Maximum Daily Demand (MDD)?  Yes  No \_\_\_\_\_

TSC (excluding best well) exceed the Average Daily Demand?  Yes  No \_\_\_\_\_

Water Management Permitted Capacity exceed the MDD?  Yes  No \_\_\_\_\_

Any routinely utilized interconnections with neighboring systems?  Yes  No 2 with the City of Coral Springs

Any unused or improperly abandoned wells within the system?  Yes  No \_\_\_\_\_

Is water system using the highest quality sources known?  Yes  No \_\_\_\_\_

Are there any trends toward decreasing raw water quality?  Yes  No \_\_\_\_\_

Does the system have a well head protection program?  Yes  No \_\_\_\_\_

System enact a wellhead protection program (with setbacks)?  Yes  No \_\_\_\_\_

Does the system have an emergency spill response plan?  Yes  No \_\_\_\_\_

Are the synthetic organic chemical (SOC) waivers accurate?  Yes  No \_\_\_\_\_

Comments: N/A

DISINFECTION - PLANT INFORMATION	Main Plant	Comment
Chlorinator Type (gas, hypo, chloramination)	Gas & Chloramination	N/A
Condition of Chlorination Equipment	Good	N/A
Capacity (PPD, GPD)	40 PPD	N/A
Chlorine Feed Rate (PPD, GPD)	25 - 40 PPD	N/A
Max Day Run Time (Hr/Day)	24 Hr/Day	N/A
Is chlorinator manual or flow paced?	Manual	N/A
Loss of chlorination alarm function?	Yes	N/A
Chlorine leak detection functioning?	Yes	N/A
Chlorine detection equipment & alarms tested?	Yes	N/A
Operation and maintenance manual onsite?	Yes	N/A
Compliant housing/security	Yes	N/A
Overall condition of facility	Good	N/A
Stand-by Power Capability?	Yes	N/A
<b>POE Chlorine Residual/pH</b>	<b>1.2 mg/L / 8.8 pH</b>	<b>N/A</b>
GAS CHLORINATION		
150 lb or Ton Cylinders?	Both	Four 1-Tons & Two 150 lbs
Vacuum or pressure system	Vacuum	N/A
Automatic Switchover?	Manual	N/A
Scale condition?	Good	N/A
In place wrench with ¼ turn	Yes	N/A
Cylinder restrained/chained?	Yes	N/A
Ammonia onsite?	Yes	N/A
Evidence of leaks	No	N/A
Adequate leak containment?	Yes	N/A
Storage & feed facilities in separate room?	No	N/A
Chlorine leak repair kit provided?	Yes	N/A
Ventilation Proper?	Yes	N/A
Vent switch on exterior?	Yes	N/A
Panic hardware and window provided?	Yes	N/A
Booster Pump Capacity (GPM/ft head)	N/A	N/A
CHLORAMINATION		
Chlorine to ammonia ratio? (5:1 recommended)	5:1	N/A
Is the ammonia flow-paced?	Manual	N/A
Ammonia added before or after chlorine?	After	N/A
Frequency of free chlorine "burn"?	Annually	N/A
Backflow prevention from chlorine chambers?	Yes	N/A
Any bacteriological MCL's in last 12 months? <u>No</u> If yes, explain? <u>N/A</u>		



**OTHER TREATMENTS**

**STABILIZATION**

Why is stabilization practiced? To keep the pipes coated  
 Stability Index of effluent (Langelier) 0.2 - 0.4 positive Chemical(s) used Lime Softening  
 Are dusty and dry chemicals, and feed equipment housed separately?  Yes  No Is proper and adequate ventilation provided?  Yes  No  
 Appropriate safety equipment available & in use?  Yes  No Are the building as clean and as dry as possible?  Yes  No  
 Comments: N/A

**AERATION**

Why is aeration used? To remove Hydrogen Sulfide  
 What type of aeration system is used? Cascade  
 What parameters are monitored to evaluate the performance of the process? Sulfide testing  
 Is the aerator isolated from any contaminants which could be pulled from the air supply?  Yes  No Is screening intact?  Yes  N/A  
 Appropriate mesh size (#24)?  Yes  N/A Aerator adequately covered?  Yes  N/A Chlorination after aeration?  Yes  No  
 What is the condition of the aerator, both inside and out? The aerator is dirty, and needs cleaned  
 Comments: N/A

**SOFTENING**

Why is softening used? To remove hardness  
 What are treatment goals? To keep hardness levels between 65 - 120 mg/L Calcium Carbonate  
 Performing adequate process control testing?  Yes  No Is the facility tracking the chemicals used?  Yes  No  
 Is the facility meeting the TOC removal requirements of the Stage 1 DBP Rule?  Yes  No  
 Comments: N/A

**FLUORIDATION**

Proper concentration of fluoride in the distribution system?  Yes  No Fluoride concentrations tested in the system daily?  Yes  No  
 Is fluoride concentration consistent?  Yes  No Is the testing performed correctly?  Yes  No  
 When was the testing instrument last calibrated? Calibrated monthly How often is the saturator tank cleaned? Annually, or as needed  
 Is the electrical system wired with a fail-safe?  Yes  No Is there a scale for weighing the solution tank?  Yes  No  N/A  
 Comments: N/A

**COAGULATION**

List types: Wisprofloc List types of coagulant used: Wisprofloc  
 Rapid mix unit visually appear adequate?  Yes  No Coagulant used at all times the plant is in operation?  Yes  No  
 What type and combination of coagulants are being used? Polymer  
 Does the plant have multiple mix units?  Yes  No How often is maintenance done? As needed  
 Is there a process control plant for coagulation addition?  Yes  No Is the rapid mix process adequate?  Yes  No  
 Mechanical equipment working?  Yes  No Any hydraulic inadequacies?  Yes  No Is the rate of mixing adjustable?  Yes  No  
 Comment: N/A

**FLOCCULATION**

Flocculation process adequate?  Yes  No What type of flocculation facilities are being used? Accelerator  
 Flocculation process visually appear adequate?  Yes  No Evidence of coagulants clumps in first compartment of flocculation?  Yes  No  
 Mechanical equipment working?  Yes  No Any hydraulic inadequacies?  Yes  No Preventive maintenance program exist?  Yes  No  
 Is the rate of mixing adjustable?  Yes  No Is it within the G, GT, and tip speed within the accepted range?  Yes  No  
 What is the detention time? 6 hours Is it within the generally accepted range?  Yes  No  
 Comment: N/A

**SEDIMENTATION**

Is sedimentation process adequate?  Yes  No  
 What type of sedimentation/clarification process and facilities are being used? Infilco Accelerator / Up-Flow Clarifier  
 Is flow distributed evenly to all basins?  Yes  No Is the inlet flow distributed uniformly over the full cross section?  Yes  No  
 Does the plant have multiple units with some that are not in use?  Yes  No Are the idle basins in a condition to be used if needed?  Yes  N/A  
 Is the mechanical equipment working?  Yes  No Are there any hydraulic inadequacies?  Yes  No  
 What is the surface overflow rate? 1 GPM/ft<sup>2</sup> Detention time? 1.5 hours Velocity flow 700 GPM  
 Within the generally accepted range?  Yes  No Does there appear to be too much sludge in the basin(s)?  Yes  No  
 Impacting settled water performance?  Yes  No How is sludge removed from the clarifier(s)? Blow down valves  
 How often is sludge removed? As needed What is the settled water turbidity? .5-2ntu Does it meet the general criteria?  Yes  No  
 Comment: N/A





FILTRATION

Type of filtration system is being used? [X] Gravity [ ] Pressure [ ] Constant [ ] Declining rate [ ] Other:
What kind of media has been installed? [ ] Mono [ ] Dual [X] Multi [ ] Other:
Filtration process performing adequately (mudballs/cracks)? [X] Yes [ ] No
Are there rapid fluctuations in the flow through of the filter? [ ] Yes [X] No
Is filter performance assessed? [X] Yes [ ] No
Meters calibrated or checked for accuracy? [X] Yes [ ] No Filter gallery piping in good condition? [X] Yes [ ] No
Are there any cross-connections observed? [ ] Yes [X] No Is there a floor drain to remove all leaking water from the filter gallery floor? [X] Yes [ ] No
What initiates a backwash? Backwash performed twice per week
Is there a backwash SOP in place? [X] Yes [ ] No Backwash flow rate measurable? [X] Yes [ ] No Backup backwash system? [X] Yes [ ] No
Operating filter flow rates reduced when another filter is backwashed? [ ] Yes [X] No
Can the backwash flow be varied to allow for the varying conditions? [X] Yes [ ] No If so, can the operator adjust the rate of flow? [X] Yes [ ] No
Are newly backwashed filters brought back into service at low rates that are gradually increased (ramped-up)? [X] Yes [ ] No
Re-wash (filter-to-waste) capability available? [X] Yes [ ] No Used? [X] Yes [ ] No [ ] N/A
System meeting the disinfection byproduct precursor removal requirements of the Stage 1 Disinfectants/Disinfection Byproducts Rule? [X] Yes [ ] No
System required to prepare disinfection profile? [X] Yes [ ] No Is the profile available for review? [X] Yes [ ] No
Any individual filter excursions occurred in past? [ ] Yes [X] No If so, actions taken:
Operators received thorough Actiflo training? [X] Yes [ ] No
Comment: N/A

DISTRIBUTION

MAINS, HYDRANTS, & VALVES

Material: [X] PVC [X] Ductile Iron [ ] Steel [ ] Concrete [X] Asbestos-Cement Pipe Size Max. (in) 12 Min 3/4 PSI Max 75 Min 55
Are main breaks recorded? [X] Yes [ ] No Standard Operating Procedures (SOP) for main repair? [X] Yes [ ] No
Are all connections metered? [X] Yes [ ] No Meters (installed after 2003) NSF approved? [X] Yes [ ] No
Flushing program compliant? [X] Yes [ ] No # dead ends: 0 # flush points/hydrants? 0 # fire hydrants? 75 Any Auto-flush? [ ] Yes [X] No
Valve maintenance program compliant? [X] Yes [ ] No # of in-line valves: 120 How often exercised? Annually
Comments: N/A

CROSS-CONNECTION CONTROL (CCC)

Written CCC Program Compliant? [X] Yes [ ] No Is the program adequately implemented? [X] Yes [ ] No Annual Testing Required: [X] Yes [ ] No
Total Number of Devices: 692 Approx. # RPZ's: 110 DCVA's: 0 PVB's: 582 Other: Approx. # of tests last year: 110
Any cross-connections observed during survey? [ ] Yes [X] No If yes, describe:
Comments: N/A

MAPS, ENGINEERING, AND PERMITTING

MAPS INCLUDE: [X] Lines (all) [X] Valves [X] Flush/Fire Hydrants [ ] Storage/Booster Pumps [X] Interconnections
[ ] Line Size [X] Line Material [X] Updates [ ] Air relief/Blow-off Valves [ ] Complaints
SOP for new line installation and clearance? [X] Yes [ ] No [ ] N/A Hydraulic model been performed? [X] Yes [ ] No
Approximate number of outstanding permits distribution permits? 0 Any currently in use without clearance? [ ] Yes [X] No
RESIDUAL DISINFECTANT AND MONITORING
Chlorine Residual Max (mg/L): 2.5 Min 1.0 Are residuals tested in the system daily? [X] Yes [ ] No How many sampling sites? 6
Comments: N/A

FIELD TESTING

Table with 3 columns: Parameter, POE, Remote. Rows include Free and/or total Cl (MGL) and pH.

**STORAGE FACILITIES**

Tank Name or Number	GST	Hydro	Clearwell
Storage Type	Ground Storage Tank	Hydro Tank	Clearwell
Tank Material	Concrete	Steel	Concrete
Capacity (Gallons)	500,000	10,000	80,000
Watertight Roof/Hatch?	Yes	Yes	Yes
Venting/Screens Proper?	Yes	Yes	Yes
Overflow Proper?	Yes	Yes	Yes
Level/PSI Indicator Functional?	Yes	Yes	Yes
Flow-through or Float?	Flow-through	Flow-through	Flow-through
Drain & Bypass Installed?	Yes	Yes	Yes
Compliant Security?	Yes	Yes	Yes
Overall Condition?	Good	Good	Good
Date of last annual inspection	2023	2023	2023
Year of last 5-year inspection?	2021	2021	2021

Storage capacity exceed 25% of the max day?  Yes  No  
 Do any of the ground storage tanks have baffles?  Yes  No  
 Do the storage tanks have a proper turnover?  Yes  No  
 How are tanks levels controlled:  Manually  Auto (onsite)  Auto (SCADA)  
 Is the interior tank coating NSF/ANSI approved?  Yes  No  
 Any elevated storage tanks utilize altitude valves?  Yes  No  
 Do the storage facilities utilize low level alarms?  Yes  No

Comment: N/A

**PUMPS AND CONTROLS**

Pump Name or Model	HS1	HS2	HS3	Transfer
Type	Turbine	Turbine	Centrifugal	Turbine
Year Installed	1974	1974	2019	1974
Horsepower	25	50	10	20
Pump Capacity	500 GPM	1,000 GPM	200 GPM	1,500 GPM
Proper valves/gauges?	Yes	Yes	Yes	Yes
Overall Condition?	Poor	Good	Good	Good
Housing/Security?	Yes	Yes	Yes	Yes

Adequate access for maintenance & pump removal?  Yes  No  
 Are transmission lines visible and in good condition?  Yes  No  
 Are Protective Guards/Fire Extinguishers Provided?  Yes  No  
 Overall Capacity Compliant?  Yes  No Firm Capacity Compliant?  Yes  No  
 Pump lubrication NSF/ANSI Approved?  Yes  No  
 Low flow or failure alarm provided?  Yes  No  
 Are adequate spares available?  Yes  No  
 Standby Power Capacity Compliant?  Yes  No

Comment: High Service Pump #1 has a substantial leak.

**MONITORING, REPORTING, & DATA VERIFICATION**

**MONITORING PLANS AND PROGRAMS**

Required Monitoring Plans:  Bacteriological  DBP  Pb/Cu  CCC  Emergency Preparedness  Other: \_\_\_\_\_  
 Adequate monitoring in place?  Yes  No Is monitoring program adequately maintained and followed?  Yes  No  
 Proper monitoring procedures?  Yes  No Results adequately recorded?  Yes  No Records maintained?  Yes  No  
 Timely submittal of samples?  Yes  No Compliance samples analyzed by a Certified Lab?  Yes  No

Comment: N/A

**MONITORING FACILITIES AND EQUIPMENT**

Testing facilities adequate?  Yes  No  Not Applicable Testing equipment adequate?  Yes  No  
 Are the reagents out of date?  Yes  No Proper procedures for calibrating monitoring equipment?  Yes  No  
 Which parameters does the system monitor?  Chlorine  pH  F  PO4  Fe  H2S  Other(s) Turbidity, color, temp, alkalinity

**FILE REVIEW**

Does the system maintain adequate compliance records?  Yes  No System in compliance with parameters below?  Yes  No

Compliance Schedule: The following parameters are due during the year shown.

NO<sub>2</sub>/NO<sub>3</sub>: 2023 Inorganic: 2023 Secondary: 2023 VOC: 2023 Pb/Cu: 2023 THMs: 2023 Rads: 2023 SOC: 2023 Asbestos: 2029

Comment: N/A



**SYSTEM MANAGEMENT AND OPERATION**

**ADMINISTRATION**

Formal Organization Chart:  Available  Not available  
Administrators familiar with the SDWA:  Yes  No  
Comment: N/A  
Operating authority to make decisions:  Sufficient  Insufficient  
Planning Process: Formal and adequate:  Yes  No

**INFORMATION MANAGEMENT**

Does the utility manage the following information (check if yes):  
 Maintaining plans  Updating maps  Handling customer complaints  
 Collecting O & M data  SOPs  Maintenance Records  Financial Records  
Does the system track typical operating data such as unaccounted-for water?  Yes  No  
Cost/unit of production?  Yes  No Customer Complaints?  Yes  No  
Are financial, operational data and maintenance records tracked via a PC?  Yes  No  
Comment: N/A

**COMMUNICATION**

Communication effective between management, operations, & FDEP?  Yes  No  
Cooperation adequate between the system & other agencies/organizations?  Yes  No  
Cooperation level between system and local fire department?  Effective  Needs improvement.

**PLANNING**

Emergency response plan includes:  Communication Chart  Written Agreements  Disaster Plan  Standby Power Info  Inventories  
Written available plans for:  Sampling & monitoring  Materials Survey  Water Quality Parameters  Repair replacement & expansion

**PERSONNEL**

Proper staffing  Yes  No Proper qualifications  Yes  No Proper training  Yes  No

**FACILITIES AND EQUIPMENT**

Preventative Maintenance Program in place?  Yes  No  
Facilities for storing parts, equipment, vehicles, traffic control devices, & supplies sufficient?  Yes  No  
Are facilities for personnel adequate?  Yes  No Are system facilities adequate?  Yes  No  
Maintenance of facilities adequate?  Yes  No Equipment properly sized?  Yes  No  
Stand-by capacity meet requirements?  Yes  No Is stand-by equipment exercised at least monthly?  Yes  No

**FINANCE**

Financing & budget satisfactory:  Yes  No Funds allocated properly:  Yes  No  
Training funds sufficient:  Yes  No Is there a water conservation policy/program?  Yes  No  
Were any deficiencies identified or is technical assistance recommended for this element?  Yes  No  
Comment: N/A

**OPERATOR STAFFING REQUIREMENTS**

Treatment Category/Class: 1C Lead Operator Name & Class/Cert. Number: Dennis Coates C-26770  
Staffing Requirements: 6 hours/day Total Number of Operators Staffed: 2 Staffing meet FAC 62-699?  Yes  No  
Name(s) of all other operator(s) and Class & Cert. number: Candy Arnold  
Comment: N/A

**TECHNICAL ASSISTANCE**

Technical assistance providers (tap) recommended?  Yes (see enclosed tap information)  No tap recommended at this time  
CPE required?  Yes  No Should a CTA be performed?  Yes  No  
Comment: N/A

Inspector Signature  Date: May 31, 2023

Reviewer's Signature  Date: May 31, 2023



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**DEFICIENCIES**

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**DEFICIENCY: Well #1 blowoff valve is leaking**

REGULATION REFERENCE: FAC Rule 62-555.350(2)

Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended.

RECOMMENDED ACTION:

- Repair or replace the leaking valve.

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**DEFICIENCY: Well #2 has a threaded raw water tap**

REGULATION REFERENCE: FAC Rule 62-555.320(8)(b)(2)

The discharge piping from each well pump shall include a smooth-nosed tap for sampling raw well water. All such sampling taps shall be located upstream of the check valve in the discharge piping if possible and upstream of all treatment facilities and chemical application points; shall be located at least 12 inches above the finished floor, pad, or ground surface below the tap; and shall be conveniently accessible and downward-opening.

RECOMMENDED ACTION:

- Provide a downward opening, smooth-nosed raw water sampling tap with no threads.

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**DEFICIENCY: Well #2 valve is leaking**

REGULATION REFERENCE: FAC Rule 62-555.350(2)

Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended.

RECOMMENDED ACTION:

- Repair or replace the leaking valve.

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**DEFICIENCY: Well #2 & #3 has corrosion**

REGULATION REFERENCE: FAC Rule 62-555.350(2)

Accumulated sludge and biogrowths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a biogrowth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired.

RECOMMENDED ACTION:

- Rehabilitate corroded areas on both wells.

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**DEFICIENCY: Aerator needs to be cleaned**

REGULATION REFERENCE: FAC Rule 62-555.350(2)

Accumulated sludge and biogrowths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a biogrowth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired.

RECOMMENDED ACTION:

- Clean the aerator.

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**DEFICIENCY: HSP #1 is leaking**

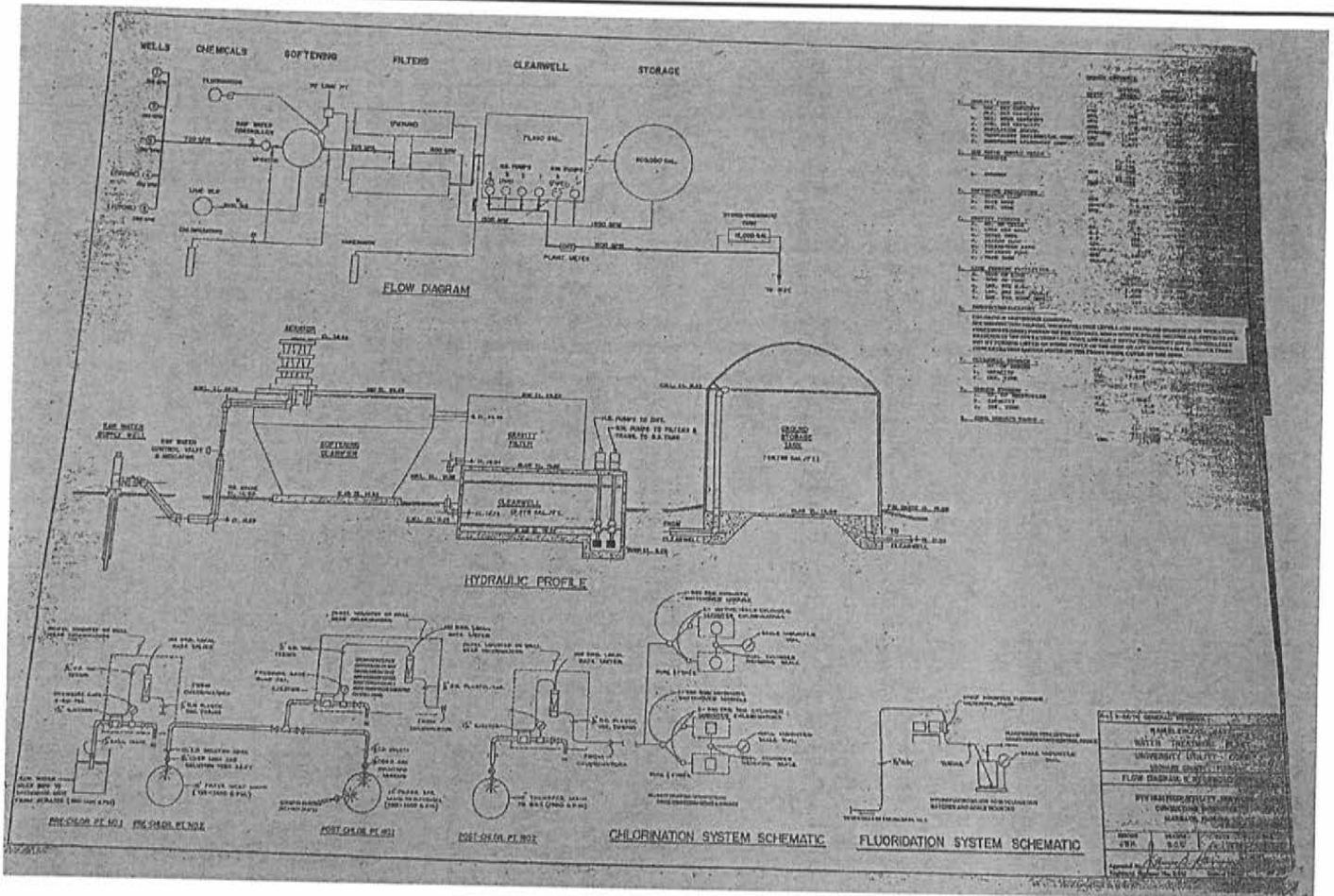
REGULATION REFERENCE: FAC Rule 62-555.350(2)

Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended.

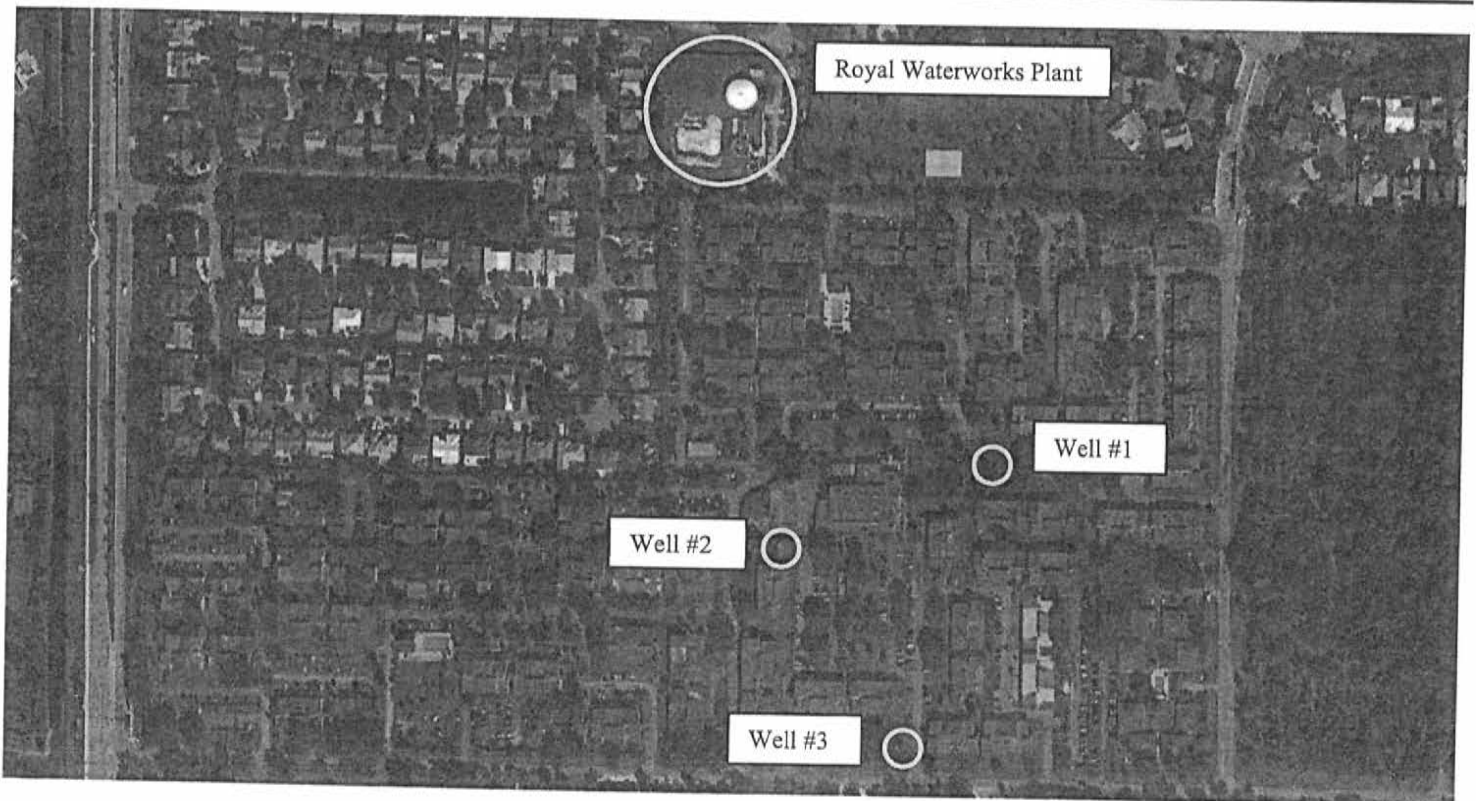
RECOMMENDED ACTION:

- Repair the leaking pump.
-

**SYSTEM SCHEMATIC**



**SYSTEM MAP**

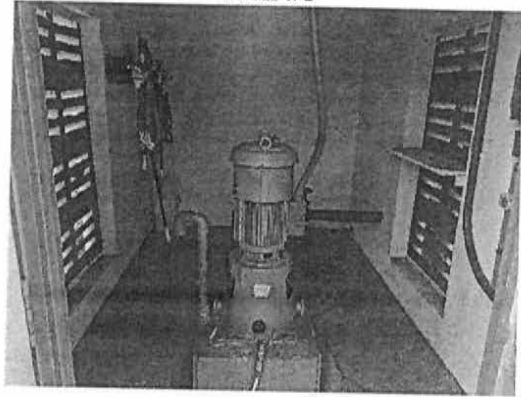


SYSTEM PICTURES

Plant



Well #1



Well #1 blowoff valve leak



Well #2



Well #2 threaded tap



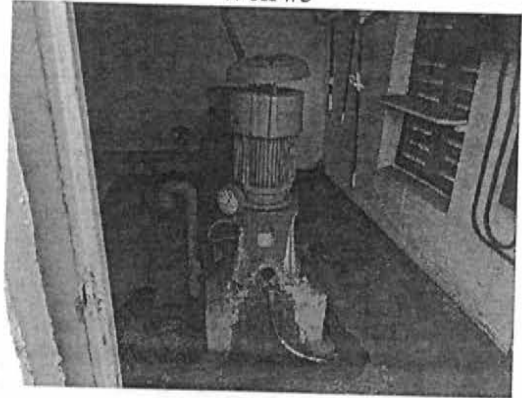
Well #2 valve leak



Well #2 corrosion



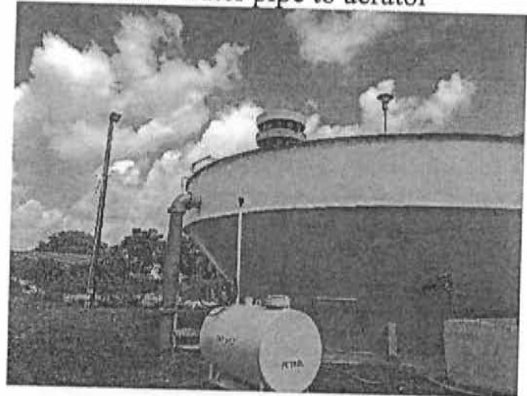
Well #3



Well #3 corrosion



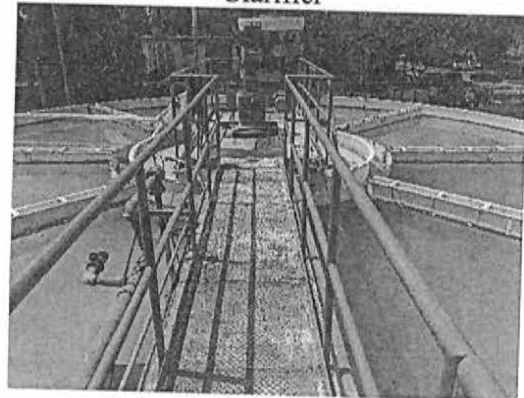
Raw water pipe to aerator



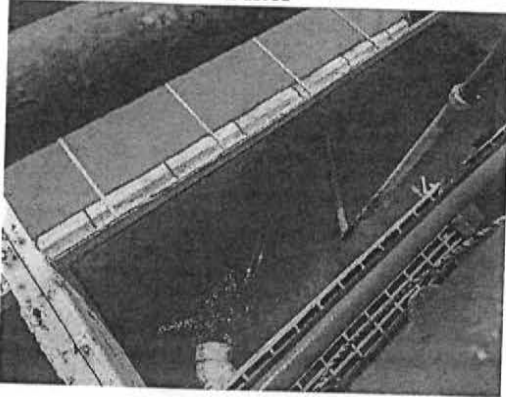
Aerator



Clarifier



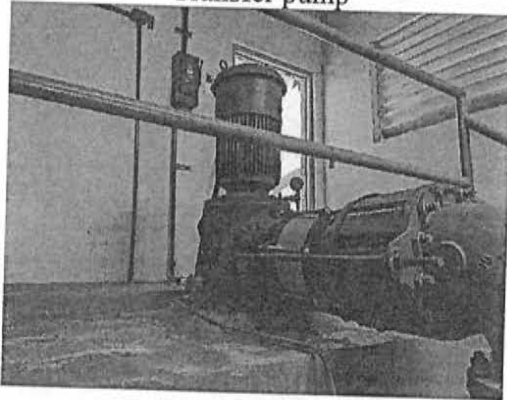
Filter



Clearwell hatch



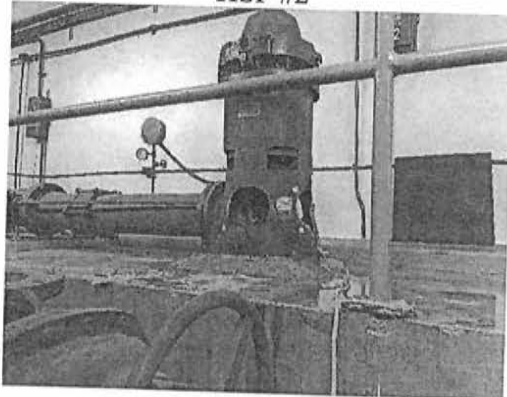
Transfer pump



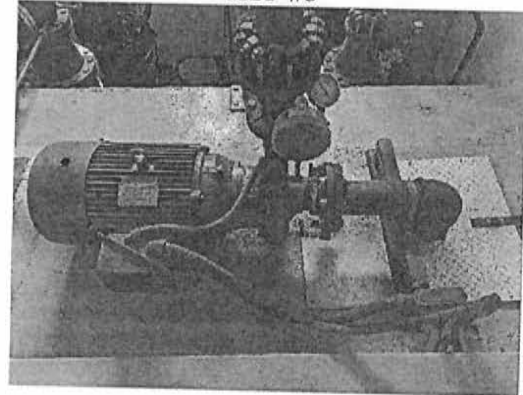
HSP #1 leak



HSP #2

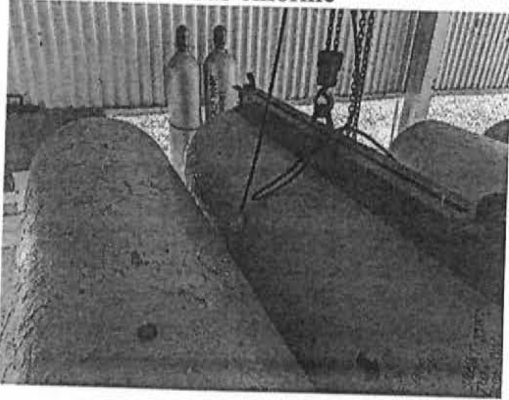


HSP #3





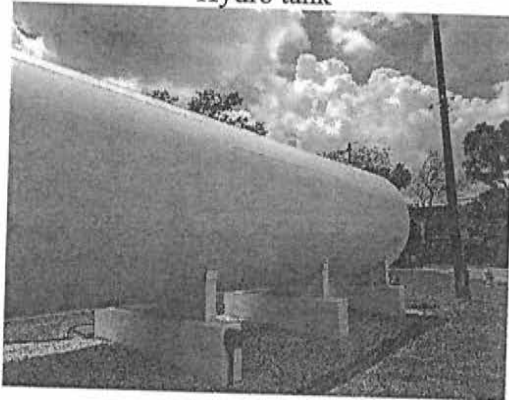
Gas chlorine



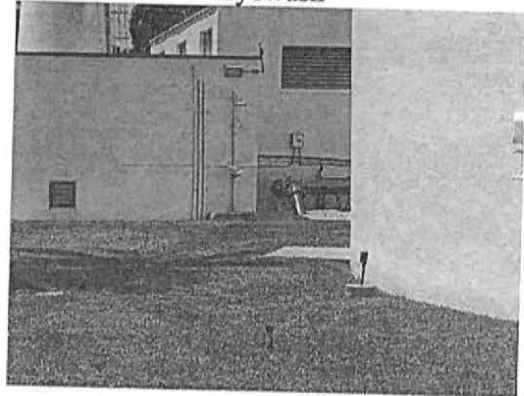
Ground storage tank



Hydro tank



Eyewash



# U.S. Water<sup>®</sup>

## Services Corporation

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June 14, 2023

To: Jacob Stevens  
Florida Department of Environmental Protection  
Southeast District Office  
3301 Gun Club Rd, MSC7210-1  
West Palm Beach, FL 33406

Re: Compliance Assistance Offer  
Royal Utility  
PWS – 406-1517  
Broward County

Dear Mr. Stevens:

The purpose of this letter is to respond and address the issues set forth in the compliance assistance letter dated May 31, 2023 summarizing the deficiencies noted during a Sanitary Survey conducted at Royal Utility. We have reviewed the items of concern.

Deficiency: Well #1 blowoff valve leaking - The leak has been repaired.

Deficiency: Well #2 has a threaded raw tap – threading has been removed from the tap.

Deficiency: Well #2 valve is leaking – valve has been repaired.

Deficiency: Wells #2 and #3 have corrosion – all wells have been scraped of corrosion and painted.

Deficiency: Aerator needs to be cleaned – the aerator has been cleaned.

Deficiency: HSP #1 is leaking – packing has been tightened leak is repaired.

I have included photos of wells that were provided by the operator and have requested photos of other items be forwarded to me and I will forward to the Department upon receipt.

Respectfully,

4939 Cross Bayou Boulevard \* New Port Richey \* Florida \* 34652  
Tel: 727-848-8292 Fax: 727-848-7701 Toll Free: 866-753-8292



Sharon Purviance  
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