

State of Florida



## Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FLORIDA 32399-0850

**-M-E-M-O-R-A-N-D-U-M-**

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**DATE:** February 26, 2016  
**TO:** Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk *REG*  
**FROM:** Clayton Lewis, Engineering Specialist, Division of Engineering *CKL*  
**RE:** Docket No. 140220-WU – Application for staff-assisted rate case in Polk County  
by Sunrise Utilities L.L.C.

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Please file the attached Results of September 11, 2015, (TTHM and HAA5) DEP Safe Drinking Water Program Laboratory Reporting Format, in the above mentioned Docket File.

Thank you.

6531739

RECEIVED

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

OCT 09 2015

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

System Name: Sunrise Utilities

PWS I.D. #: 6531739

ENVIRONMENTAL  
ENGINEERING

System Type (check one):  Community

Nontransient Noncommunity

Transient Noncommunity

Address: Sun Acres BLVD

City: Auburndale

ZIP Code: \_\_\_\_\_

Phone # 863-651-0259 Fax #: \_\_\_\_\_

E-Mail Address: wiley.pratt@netscape.net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1

Sample Date: 9/11/15

Sample Time: 0800  AM  PM (Circle One)

Sample Location (be specific) L9-2410 Thompson

Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L

Field pH: \_\_\_\_\_

Sample Type (Check Only One)

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

Distribution

Routine Compliance with 62-550

Replacement (of Invalidated Sample)

Entry Point (to Distribution)

Confirmation of MCL Exceedance

Special (not for compliance with 62-550)

Plant Tap (not for compliance with 62-550)

Composite of Multiple Sites

Clearance (permitting)

Raw (at well or intake)

Other: \_\_\_\_\_

Max Residence Time

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

Ave Residence Time

Near First Customer

See 62-550.3 for requirements and restrictions on 62-550.3(a) for nitrate or nitrite exceedance

See 62-550.4 for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Wiley Pratt  
(Print Name)

Operator  
(Print Title)

do HEREBY CERTIFY

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

Signature Wiley Pratt

Date: 9/11/15

Certified Operator #: C-7831 Phone #: 863-651-0259

Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: wileypratt@netscape.net

ENTERED

OCT 15 2015

AA

**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: XENCO Laboratories – Houston, TX Florida DOH Certification #: E871002 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 4143 Greenbriar Dr. Stafford, TX 77477 Phone #: 281-240-4200

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): E87688

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 09/11/2015

PWS ID (From Page 1): 6531739 Sample Number (From Page 1): #1 Lab Assigned Report # or Job ID: 515316-001

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

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

**LAB CERTIFICATION**

I, Barbara Meeks, Technical Director/ Lab 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: *Barbara Meeks* Date: 10/2/2015

\* 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 "C" 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: *[Signature]*

10/9/15

System informed Department that  
Follow up testing  
Done this quarter

2

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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 515316-001\_\_\_\_\_

Disinfectant Residual (mg/L): 1.2 mg/L\_\_\_\_\_

PWS ID (From Page 1): 6531739\_\_\_\_\_

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L					20***			E
1011	Bromate	10	µg/L					5.0 or 1.0****			E

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1.0	U	EPA 552.2	1.0	2.0	09/23/15		E87688
2451	Dichloroacetic Acid	N/A	µg/L	23.8		EPA 552.2	1.0	1.0	09/23/15		E87688
2452	Trichloroacetic Acid	N/A	µg/L	13.3		EPA 552.2	1.0	1.0	09/23/15		E87688
2453	Monobromoacetic Acid	N/A	µg/L	1.24		EPA 552.2	1.0	1.0	09/23/15		E87688
2454	Dibromoacetic Acid	N/A	µg/L	6.65		EPA 552.2	1.0	1.0	09/23/15		E87688
2456	Total Haloacetic Acids (HAA5)	60	µg/L	45.0		EPA 552.2	1.0	---	09/23/15		E87688

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	71.5		EPA 524.2	0.439	1.0	09/15/15	19:42	E871002
2942	Bromoform	N/A	µg/L	1.97		EPA 524.2	0.116	1.0	09/15/15	16:00	E871002
2943	Bromodichloromethane	N/A	µg/L	47.4		EPA 524.2	0.174	1.0	09/15/15	16:00	E871002
2944	Dibromochloromethane	N/A	µg/L	21.7		EPA 524.2	0.102	1.0	09/15/15	16:00	E871002
2950	Total Trihalomethanes (TTHM)	80	µg/L	143		EPA 524.2	0.102	---	09/15/15	19:42	E871002

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

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

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

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

**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: Sunrise Utilities PWS I.D. #: 65817317  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: Sunrise Acres  
 City: Auburndale, FL ZIP Code: 0  
 Phone # 863-651-0259 Fax #: \_\_\_\_\_ E-Mail Address: wileypratt@netscape.net

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

Sample Number: L2 Sample Date: 9/11/15 Sample Time: 0800 (AM) PM (Circle One)  
 Sample Location (be specific): L2 - Sunrise Supermarket Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: \_\_\_\_\_

Sample Type (Check Only One)

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

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

L2

\*See 62-550.603 for requirements and test methods and 62-550.512 for a table of nitrate exceedances. \*See 62-550.604 for requirements and attach a results page for each site.

**SAMPLER CERTIFICATION**

I, Wiley Pratt (Print Name), Operator (Print Title), do HEREBY CERTIFY

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

Signature: Wiley Pratt Date: 9/11/15

Certified Operator #: C-7831 Phone #: 863-651-0259 Sampler's Fax #: \_\_\_\_\_  
 Sampler's E-mail: \_\_\_\_\_

4

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: XENCO Laboratories – Houston, TX Florida DOH Certification #: E871002 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 4143 Greenbriar Dr. Stafford, TX 77477 Phone #: 281-240-4200

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): E87688

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 09/11/2015

PWS ID (From Page 1): 6531739 Sample Number (From Page 1): #2 Lab Assigned Report # or Job ID: 515316-002

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

Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos

Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

Volatile Organics

- All 21  
 Partial

Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

Radionuclides

- Single Sample  
 Qtrly Composite\*\*

Secondaries

- All 14  
 Partial

LAB CERTIFICATION

I, Barbara Meeks, Technical Director/ Lab 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: Barbara Meeks Date: 10/2/2015

- \* 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 "K" 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: [Signature]

10/9/15

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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 515316-002\_\_\_\_\_

Disinfectant Residual (mg/L): 1.2 mg/L\_\_\_\_\_

PWS ID (From Page 1): 6531739\_\_\_\_\_

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L					20***			E
1011	Bromate	10	µg/L					5.0 or 1.0****			E

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.22		EPA 552.2	1.0	2.0	09/23/15		E87688
2451	Dichloroacetic Acid	N/A	µg/L	3.64		EPA 552.2	1.0	1.0	09/23/15		E87688
2452	Trichloroacetic Acid	N/A	µg/L	5.72		EPA 552.2	1.0	1.0	09/23/15		E87688
2453	Monobromoacetic Acid	N/A	µg/L	1.00	U	EPA 552.2	1.0	1.0	09/23/15		E87688
2454	Dibromoacetic Acid	N/A	µg/L	1.22		EPA 552.2	1.0	1.0	09/23/15		E87688
2456	Total Haloacetic Acids (HAA5)	60	µg/L	12.8		EPA 552.2	1.0	---	09/23/15		E87688

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	2.33		EPA 524.2	0.439	1.0	09/15/15	18:47	E871002
2942	Bromoform	N/A	µg/L	1.79		EPA 524.2	0.116	1.0	09/15/15	18:47	E871002
2943	Bromodichloromethane	N/A	µg/L	0.490	I	EPA 524.2	0.174	1.0	09/15/15	18:47	E871002
2944	Dibromochloromethane	N/A	µg/L	1.35		EPA 524.2	0.102	1.0	09/15/15	18:47	E871002
2950	Total Trihalomethanes (TTHM)	80	µg/L	5.96		EPA 524.2	0.102	---	09/15/15	18:47	E871002

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

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

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

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



Setting the Standard since 1990  
Stafford, Texas (281-240-4200)

Dallas, Texas (214-902-0300)

Service Center - San Antonio, Texas (210-509-3334)

# CHAIN OF CUSTODY

Page \_\_\_ Of \_\_\_

Odessa, Texas (432-563-1800)

Lakeland, Florida (863-646-8526)

Norcross, Georgia (770-449-8800)

Tampa, Florida (813-620-2000)

Pratt Water [www.xenco.com](http://www.xenco.com)

Xenco Quote # \_\_\_\_\_ Xenco Job # **515316**

Client / Reporting Information		Project Information										Analytical Information				Matrix Codes			
Company Name / Branch: <b>SUNRISE UTILITIES</b>		Project Name/Number:										Analytical Information Matrix Codes A = Air S = Soil/Sed/Solid GW = Ground Water DW = Drinking Water P = Product SW = Surface water SL = Sludge WW = Waste Water W = Wipe O = Oil WW = Waste Water				Field Comments			
Company Address: <b>513 Terranova Circle</b>		Project Location: <b>Sun Acres Subdivision</b>																	
Email: <b>wiley.pratt@netscape.net</b>		Invoice To: <b>Wiley Pratt</b>																	
Project Contact: <b>Wiley Pratt</b>		PO Number:																	
Samplers Name: <b>Wiley Pratt</b>		No. of bottles:																	
Phone No: <b>863-651-0259</b>		Collection		Number of preserved bottles								TTHM HAAS'S X X X X							
No.	Field ID / Point of Collection	Sample Depth	Date	Time	Matrix	1	2	3	4	5	6					7	8	9	10
1	L-1- 2410 THOMPSON		9-11-15	0800															
2	L-2- SUNRISE SUPERMARKET		9-11-15	0800															
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
Turnaround Time (Business Days)		Data Detectable Information										Notes:							
<input type="checkbox"/> Same Day TAT <input type="checkbox"/> 5 Day TAT <input type="checkbox"/> Next Day EMERGENCY <input type="checkbox"/> 7 Day TAT <input type="checkbox"/> 2 Day EMERGENCY <input type="checkbox"/> Contract TAT <input type="checkbox"/> 3 Day EMERGENCY		<input type="checkbox"/> Level II Std QC <input type="checkbox"/> Level IV (Full Data Pkg /raw data) <input type="checkbox"/> Level III Std QC+ Forms <input type="checkbox"/> TRRP Level IV <input type="checkbox"/> Level 3 (CLP Forms) <input type="checkbox"/> UST / RG -411 <input type="checkbox"/> THRP Checklist										PWS ID # 653 1739							
TAT Starts Day received by Lab, if received by 3:00 pm		FED-EX / UPS: Tracking #																	
SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION, INCLUDING COURIER DELIVERY																			
Relinquished By Sampler:	Date Time:	Received By:	Relinquished By:	Date Time:	Received By:														
1	9/6/15 1100																		
Relinquished by:	Date Time:	Received By:	Relinquished By:	Date Time:	Received By:														
3																			
Relinquished by:	Date Time:	Received By:	Custody Seal #	Preserved where applicable	On Ice	Cooler Temp.	Thermo. Corr. Factor												
5																			

Notice: Signature of this document and relinquishment of samples constitutes a valid purchase order from client company to XENCO Laboratories and its affiliates, subcontractors and assigns XENCO's standard terms and conditions of service unless previously negotiated in a fully executed client contract.