

LAKESIDE WATERWORKS, INC.

RECEIVED-FPSC
2016 OCT 17 AM 10:47
COMMISSION
CLERK

October 10, 2016

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

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

Dear Commission Clerk,

Please find attached Lakeside Waterworks, Inc.’s (Lakeside) supplemental response to Staff’s First Data Request No. 13 in the above referenced docket.


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

Response: The Customer Service Activity Log is contained on the enclosed USB drive. The majority of the calls concerned water quality or outages. The water quality concerns were related to the collapse of the well and a subsequent issue at the treatment plant related to air in the water tanks. The outages were related to the collapsed well, as well as main and service breaks. Lakeside replaced the well with a new water well. In addition, Lakeside installed Whitewater compressors at the treatment plant.

Attached, please find the incident report related to the well, as well as boil water notices related to the main and service breaks. Also attached are invoices related to the repairs and installation of the compressors.

Please refer to Document No. **07026-16** in the docket file in relation to additional invoices, as well as Lakeside’s letter to the Homeowners’ Association dated April 5, 2016.

Respectfully Submitted,


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

COM _____
AFD _____
APA _____
ECO _____
ENG 1 (USB Drive)
GCL _____
IDM _____
TEL _____
CLK _____

U.S. Water Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	830789
Date	5/31/2016
Due Date	7/3/2016
Account #	2535
P.O. No.	

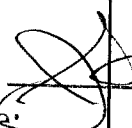
Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-59 Install WW Compressors both HTank

Date	Description	Qty or Hrs	Unit	Rate	Amount
5/13/2016	Install new Whitewater Compressors on both existing Hydro tanks. Removed old sight glass and piping and built a new assembly. Once assembled, installed new Whitewater compressor on top and installed wiring for electrical. Tested operation of systems.				
	Labor	9	Hours	57.91	521.19
	Labor	2	Hours	52.01	104.02
	Materials to Complete Scope of Service - White water units, brass parts for Whitewater units.	1	LS	3,704.06	3,704.06

OK @
COA# ~~330~~
330
6-6-16

Entered: 
COA Code: _____
Approved: _____
Paid: _____
Date: _____

Please remit payment to the above address. We appreciate your business!

Phone #	Email Contact
7278488292285	mvinyard@uswatercorp.net

Total	\$4,329.27
Payments/Credits	\$0.00
Balance Due	\$4,329.27

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	827918
Date	4/1/2016
Due Date	5/1/2016
Account #	2535
P.O. No.	

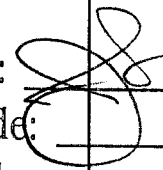
Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-53 Repair 4" watermain Taiwan Island

Date	Description	Qty or Hrs	Unit	Rate	Amount
12/2/2015	Emergency call. Repair 4" watermain at 178 Taiwan Island Road, under home causing damage to area. Shut off water and found a 5' x 5' hole under home. Hand excavated on both sides of house. Had no access due to home setting low and trapped valve to return water service. Installed temporary service to homes until water main is replaced. Rerouted 4" water main around house and ran new 4" pipe.				
	Tradesman	62.5	Hours	57.91	3,619.38
	Maintenance Technician	62.5	Hours	52.01	3,250.63
	Maintenance Technician	62.5	Hours	52.01	3,250.63
	Materials to Complete Scope of Service	1	LS	1,973.17	1,973.17
	18% Markup on Materials	1	LS	355.17	355.17

OK@
COA # 331
U-18-16
ck# 1295 ←
6/2016
(\$4948.98)

Entered: 
COA Code: _____
Approved: _____
Paid: ck# 1286 (\$7500-)
Date: 4/19/16

Please remit payment to the above address. We appreciate your business!	Total	\$12,448.98
---	--------------	-------------

Phone #	Email Contact
7278488292285	mvinyard@uswatercorp.net

Payments/Credits	\$0.00
Balance Due	\$12,448.98

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	814532
Date	7/28/2015
Due Date	8/27/2015
Account #	2535
P.O. No.	

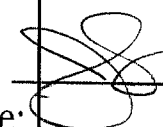
Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-48 Singapore 4" main break

Date	Description	Qty or Hrs	Unit	Rate	Amount
6/15/2015	4" water main leak at Shangri La. Tapped main and reconnected service line to main. Back filled and cleaned up site.				
	Tradesman	8	Hours	57.91	463.28
	Maintenance Technician	8	Hours	52.01	416.08
	Maintenance Technician	2	Hours	52.01	104.02
	Maintenance Technician	3.5	Hours	52.01	182.04

OK@
COA # 331
7-31-15

Entered: 
COA Code: _____
Approved: _____
Paid: ec# 1246
Date: 8/20/15

Please remit payment to the above address. We appreciate your business!		Total	\$1,165.42
Phone #	Fax #	Payments/Credits	\$0.00
727-848-8292	727-848-7701	Balance Due	\$1,165.42

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	814528
Date	7/28/2015
Due Date	8/27/2015
Account #	2535
P.O. No.	


Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-49 Replace 4" broken valve

Date	Description	Qty or Hrs	Unit	Rate	Amount
6/16/2015	Replace 4" broken valve. Hand dug hold and cut out old gate valve. Drained system and installed MJ valve. Finished assembly by installing pipe and sleeve. Tighten all joints. Turned on water and checked for leaks. None found. Filled in hole by hand and raked out area to final grade. Tradesman Maintenance Technician Maintenance Technician Materials to Complete Scope of Service	8 8 8 1	Hours Hours Hours LS	57.91 52.01 52.01 789.61	463.28 416.08 416.08 789.61

OK
COA # 331
7-31-15

Entered: 
 COA Code: _____
 Approved: _____
 Paid: ck # 1246
 Date: 8/20/15

Please remit payment to the above address. We appreciate your business!

Phone #	Fax #
727-848-8292	727-848-7701

Total	\$2,085.05
Payments/Credits	\$0.00
Balance Due	\$2,085.05

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

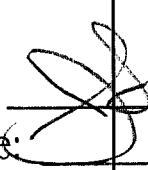
Invoice

Invoice #	809947
Date	4/16/2015
Due Date	5/16/2015
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-42 rebuild electric damaged starters

Date	Description	Qty or Hrs	Unit	Rate	Amount
3/12/2015	Rebuild electric damaged starters, due to high service pump not working. Ran system manually to keep pressure. Installed two new contactors for motor starters. Adjusted pressure switches and ran pumps in auto and checked operation. Small pumps work fine. Large pumps don't produce enough pressure to reach 60 psi. Need to move them to rear of rotation on controller. Tradesman Materials: (2) Contactor, 120vac, 30A, 3p,open	8 1	Hours LS	57.91 159.28	463.28 159.28
<p><i>Handwritten notes:</i> oke COA # 311 WTP - HSR Repair (electronics) 4-20-15 oke</p>		<p>Entered:  COA Code: _____ Approved: _____ Paid: <u>ck #1235</u> Date: <u>5/2/15</u></p>			

Please remit payment to the above address. We appreciate your business!

Total \$622.56

Phone #	Fax #
727-848-8292	727-848-7701

Payments/Credits \$0.00

Balance Due \$622.56

J.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	795369
Date	5/31/2014
Due Date	6/30/2014
Account #	2535
P.O. No.	

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

Project
2535-30 Repair leak @ 106 China Ln

Date	Description	Qty or Hrs	Unit	Rate	Amount
31/2014	Emergency call. Repair resident leak at 106 Chine Ln. Hand excavated a 8'x4'x4' deep hole with heavy roots to expose a 4"x1" broken service tee. Removed roots by hand with loppers and saws to expose main for repair. Cut main and made repair with MJ sleeves and mega lugs. Installed a new 4"x1" saddle with corp for reconnection of existing service.	8	Hours	57.91	463.28
	Tradesman	8	Hours	52.01	416.08
	Maintenance Technician	8	Hours	52.01	416.08
/2014	Installed grass seed, raked and cleaned up after leak repair.	1	Hour	57.91	57.91
	Tradesman	1	LS	426.36	426.36
	Materials to Complete Scope of Service				

OK Q
COA # 331.11
6-10-14

Remit payment to the above address. We appreciate your business!

Phone #	Fax #
727-848-8292	727-848-7701

Total	\$1,779.71
Payments/Credits	\$0.00
Balance Due	\$1,779.71

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	794567
Date	5/28/2014
Due Date	6/27/2014
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-35 install chlorine pumps at WTP

Date	Description	Qty or Hrs	Unit	Rate	Amount
12/17/2012	Installed (4) chlorine pumps at WTP. Materials and Labor to Complete Scope of Service	1	LS	1,766.22	1,766.22

*OK @
COA # 320.2
Lakeside WW*

Entered: _____
COA Code: _____
Approved: _____
Paid: ck# 1197
Date: 6/20/14

Please remit payment to the above address. Thank you for allowing us to be of service.		Total	\$1,766.22
Phone #	Fax #	Payments/Credits	\$0.00
727-848-8292	727-848-7701	Balance Due	\$1,766.22

S

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	787751
Date	12/2/2013
Due Date	1/17/2014
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Amy Williams 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-09 WTP Upgrades

Date	Description	Quantity	Rate	Amount
	WTP UPGRADES Installed new site glass. Installed (2) new outdoor mercooids. Ran new wire and conduit. Cleaned up panel. Changed out liquid level switch on AVL. Installed (4) new stemmer pumps and mounted on wall. Installed 4-way alternator. Replaced bad breaker. Repaired fence. Replaced brackets in ground storage tank and repaired HSP. Did walk through with Gary. Materials to Complete Scope of Service Labor to Complete Scope of Service			
		1	3,098.03	3,098.03
		1	2,198.40	2,198.40
	Posted GL: 304.3 \$ 5,296 ⁴³ / _{x2} (M)			
	Pd. 01/08/14 CK# 1179			

Please remit payment to the above address. We appreciate your business!		Total	\$5,296.43
Phone #	Fax #	Payments/Credits	\$0.00
727-848-8292	727-848-7701	Balance Due	\$5,296.43



4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

Invoice #	788662
Date	12/31/2013
Due Date	1/30/2014
Account #	2535
P.O. No.	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

Project
2535-28 E/C 6" water break at bridge

Date	Description	Quantity	Rate	Amount
12/9/2013	Emergency Call. 6" water break at bridge. Repaired 6" main at bridge. Found 45 broke, cut out and replaced with new MJ 45, sleeves and mega lugs.			
	Tradesman	4	57.91	231.64
	Maintenance Technician	4	52.01	208.04
	Maintenance Technician	4	52.01	208.04
	45 Bend, (2) L/P sleeve, (6) Tran Acc set L/Gland (N/C), (6) Sigma PVC restr slce6, (2) Reed Wrench	1	584.96	584.96
	<i>OK@</i> <i>COA #331.11</i> <i>@</i> <i>5-28-14</i>			
	Entered: _____			
	COA Code: _____			
	Approved: _____			
	Paid: <i>ck #1195</i>			
	Date: <i>5/1/14</i>			

Please remit payment to the above address. We appreciate your business!

Total	\$1,232.68
Payments/Credits	\$0.00
Balance Due	\$1,232.68

Phone #	Fax #
727-848-8292	727-848-7701

INCIDENT REPORT

Report can be submitted to José de Pedro by email at Jose.dePedro@dep.state.fl.us or by fax at (850) 412-0740

PWS ID: 335-4028 PWS Name: Shangri La by the Lake

Contact Person: Melisa Rotteveel Phone: 866-753-8292 ext. 207

Date: 04/13/15 Time: 12:30 am Was the event a planned outage, or a malfunction?

Time water system was/is expected to be back in service: Time: service was not interrupted pressure did not drop below 30 psi

Situation was reported to:

DEP Date: 04/13/15 Time: 1830 Person Contacted: Barbara Browning (email)

Health Dept. Date: _____ Time: _____ Person Contacted: _____

Other Date: _____ Time: _____ Person Contacted: _____

Location of trouble: North Well @ Shangri La By The Lake

If material failure, give a (complete as possible) description of the material(s) including size, type, any available manufacturing information shown on the failed product. If known, include cause of failure:

North Well

Statement of trouble: Emergency call received for discolored water at 1230 am on 04/13/2015. Upon arrival to the site and further investigation, it was found that the North well was not pumping to capacity and has possibly collapsed. A well driller has been contracted to investigate further. The Maintenance manager was able to get the system operating and flushed with the south well. Two clearance samples were collected today following flushing activities. Currenltly the system is operating normally with the South well.

Corrective action: System is currently operating normally on South Well. Well driller has been contracted to further investigate problem with North Well.

Number of customers affected: n/a

Were customers notified? Yes No Explain no loss of system pressure was experienced

Was a precautionary boil water notice issued? Yes No

Was water line flushed and chlorine residual restored prior to placing back into service? n/a

Were bacteriological samples taken? Yes No Location taken: distribution

If a Precautionary Boil Water Notice was issued, please attach or submit together with this report. Bacteriological reports (2 days) as well as a rescission notice must follow.

Additional remarks: _____

INCIDENT REPORT

Report can be submitted to José de Pedro by email at Jose.dePedro@dep.state.fl.us or by fax at (850) 412-0740

PWS ID: 335-4028 PWS Name: Shangri La by the Lake

Contact Person: Melisa Rotteveel Phone: 866-753-8292 ext. 207

Date: 04/13/15 Time: 12:30 am Was the event a planned outage, or a malfunction?

Time water system was/is expected to be back in service: Time: service was not interrupted pressure did not drop below 30 psi

Situation was reported to:

DEP Date: 04/13/15 Time: 1830 Person Contacted: Barbara Browning (email)

Health Dept. Date: _____ Time: _____ Person Contacted: _____

Other Date: _____ Time: _____ Person Contacted: _____

Location of trouble: North Well @ Shangri La By The Lake

If material failure, give a (complete as possible) description of the material(s) including size, type, any available manufacturing information shown on the failed product. If known, include cause of failure:

North Well

Statement of trouble: Emergency call received for discolored water at 1230 am on 04/13/2015. Upon arrival to the site and further investigation, it was found that the North well was not pumping to capacity and has possibly collapsed. A well driller has been contracted to investigate further. The Maintenance manager was able to get the system operating and flushed with the south well. Two clearance samples were collected today following flushing activities. Currenly the system is operating normally with the South well.

Corrective action: System is currently operating normally on South Well. Well driller has been contracted to further investigate problem with North Well.

Number of customers affected: n/a

Were customers notified? Yes No Explain no loss of system pressure was experienced

Was a precautionary boil water notice issued? Yes No

Was water line flushed and chlorine residual restored prior to placing back into service? n/a

Were bacteriological samples taken? Yes No Location taken: distribution

If a Precautionary Boil Water Notice was issued, please attach or submit together with this report. Bacteriological reports (2 days) as well as a rescission notice must follow.

Additional remarks: _____

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

6881 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
 9810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E83076
 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1502470



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 4-14-15 1540
 Analysis Date & Time: 4-14-15 1628
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 7°C
 Disinfectant Check: Not Detected 7
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: SHANGRI LA PWS I.D.: 335 40 28

PWS Address: 100 SHANGRI LA BLVD City: ELUSTIS

PWS or PWS Owner's Phone #: 727.848.8292 Fax #: _____

Collector: B. SMITH Collector's Phone #: 407.712.5498

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: 1000 ONLY

Sample Collection Date: 4-13-15

DCN#: AD-D045 Effective 01/95, Revised 09/19/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² <u>SM9222B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	35052 FOREST LAKE	1530	D	0.5	-	TNTC	A ⁴¹⁵ exp			1
2	12448 151M LN	1535	D	1.9	-		A			2

Average of disinfectant residuals for distribution routine & repeat samples. (Free chlorine or Total chlorine (circle one)). 1.3

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):

A certified operator (# C13525)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

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

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

Date Report Issued: _____

Lab Signature: Matt Kibler

Title: Analyst

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

US WATER
4901 CROSS BAYOU BLVD.
NEW PORT RICHIIE, FL 34652

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

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: _____

Date: Matt Kibler Time: _____

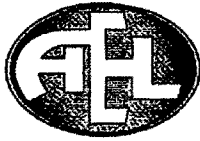
Received By: _____

Date: 4/14/15 Time: 1345

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

8881 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 4885 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1584 • E53076
 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1502469



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 4-14-15 1540
 Analysis Date & Time: 4-15-15 1008
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: SWAN LAKE - LA PWS I.D.: 335 4028

PWS Address: 100 SWAN LAKE BLVD City: ELSTON

PWS or PWS Owner's Phone #: 727-848-8292 Fax #: _____

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

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 4.14.15

DCNR: AD-D045 Effective 01/95, Revised 09/19/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² <u>SM 922B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	12448 SWAN LAKE	1230	D	1.1	-		A			1
2	35052 FOREST LAKE	1240	D	0.6	-		A			2
Average of disinfectant residuals for distribution routine & repeat samples. ⁵ Free chlorine or Total chlorine (circle one).				.085		Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.				
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____						Date and time PWS notified by lab of positive results: _____				
Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> A certified operator (# <u>213525</u>) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						Date and time DEP/DOH notified by lab of positive results: _____				
INSPECT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT						Date Report Issued: _____				
<u>US WATER</u> <u>4939 CROSS MARCOU BLVD</u> <u>NEW PORT RICHIIE FL 34452</u>						Lab Signature: <u>Math Hobley</u> Title: <u>Analyst</u>				
						<input type="checkbox"/> Satisfactory DEP/DOH USE ONLY <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required				
						Date Reviewed by DEP/DOH: _____				
						DEP/DOH Reviewing Official: _____				

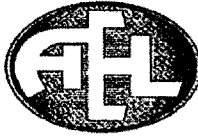
1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: _____
 Date: _____ Time: _____
 Received By: Math Hobley
 Date: 4/14/15 Time: 1345

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 4955 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
 9810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
 528 S. Northlake Blvd., Ste. 1018 • Altamonte Springs, FL 32701 • 407.937.1594 • E53078
 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1502579



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 4-16-15 1535
 Analysis Date & Time: 4-16-15 1710
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected 4
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: SHANGRI LA PWS I.D.: 335 4028

PWS Address: 106 SHANGRI LA BLVD City: FLUSTIS

PWS or PWS Owner's Phone #: 727-848-8292 Fax #: _____

Collector: A. SWIFT Collector's Phone #: 407-712-5199

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 4-16-15

DCN#: AD-D045 Effective 01/95, Revised 09/19/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ²					
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #	
1	35052 FOREST CATE	1215	D	1.6	-		A			1	
Average of disinfectant residuals for distribution routine & repeat samples. (Free chlorine or Total chlorine (circle one)).						1.6	Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.				
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____ Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> A certified operator (# <u>C13526</u>) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report Issued: _____ Lab Signature: <u>Matt Kuhn</u> Title: <u>Analyst</u>					
(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT) <u>US WATER</u> <u>4939 CROSS BAYON BLVD</u> <u>NEW PORT RICHELIE, FL 34652</u>						<input type="checkbox"/> Satisfactory DEP/DOH USE ONLY <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____					

- Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 - Lab certification number for the listed method is included at top with the laboratory address.
 - Please circle appropriate selection.
 - Defined in Florida Administrative Code Rule 62-160, Table 1.
 - Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
- Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: _____
 Date: _____ Time: _____
 Received By: Matt Kuhn
 Date: 4/16/15 Time: 1345

Shangri-La
Lakeside Waterworks Inc

PWS# 335-4028

4" water line break under house at:
178 Taiwan Island Road

16 homes affected:
Taiwan Island Road
Singapor Island Road



Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: November 12, 2015

PRECAUTIONARY BOIL WATER NOTICE

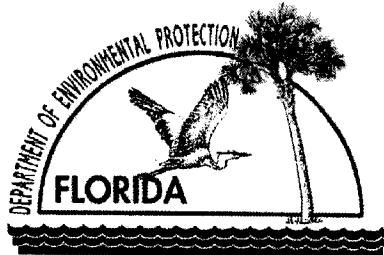
A loss of pressure has occurred in your water system. As a precaution, upon return of service, we advise that all water used for drinking or cooking be boiled. A rolling boil of one minute is sufficient. As an alternative, bottled water may be used.

If you have any questions, you may contact U.S. Water Services Operations at 727-848-8292, ext. 233 or 203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292



DEP - Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803-3767
E-mail:
Phone: 407-897-4100
Fax: 407-897-2966

Notification Form

If you have to issue a boil water notice be reminded FAC Rule 62-555.350(10) requires you speak directly to a person (do not leave a voice message) at the District office or ACHD as soon as possible, but no later than noon of the next business day.

Date BWN Issued: **November 12, 2015**

System Name: **Shangri-La
Lakeside Waterworks
Inc**

TIME: **1:30 pm**

PWS-ID No. **335-4028**

County: **Lake**

Owner/Utility contact: **Ron DeRossett**

Telephone: **904-540-9765**

E-Mail: **rderossett@uswatercorp.net**

727-849-4219

Utility Contact Person: **Diane Kibitlewski**

Population affected (Connections): **16 connections**

Estimated time for system to be returned to service: **5:00 pm**

Cause of incident: **4" Main Water break under house at 178 Taiwan Island Road**

Corrective action undertaken: **Repair the break**

How BWN delivered to customers: **Hand Delivery**

How BWN will be rescinded: **Hand Delivery**

Department Of Health representative contacted: **Lake County Health Dept -Drinking Water**

Department Of Health Phone: **NA** Fax: **352-253-6133**

DEP Central District rep contacted: **Manny Cardona Nicole Belian**

DEP Central District Drinking Water Section: **407-897-4100**

Primary Fax: **407-897-2966** Auxiliary – Water Facilities Fax: **N/A**

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

TRANSACTION REPORT

NOV/12/2015/THU 02:42 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	NOV/12	02:41PM	18504120482	0:01:16	3	MEMORY OK	G3 6579



U.S. Water
Services Corporation

DATE: November 12, 2015 PAGES: 3

CO: FDEP - Central

TO: Nicole Belian (Lake Co)

FAX #: 850-412-0482

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

SYSTEM: Shangri-La, PWS# 335-4028
RE: Boil Water Notice (BWN)

Thank you,
Diane M Kibitlewski

TRANSACTION REPORT

NOV/12/2015/THU 02:43 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	NOV/12	02:42PM	13522536133	0:00:39	3	MEMORY OK	SG3 6580



U.S. Water
Services Corporation

DATE: November 12, 2015 PAGES: 3

CO: Lake County Health Department

TO: Drinking Water Section

FAX #: 352-253-6133

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Boil Water Notice (BWN)
System: Shangri-La, PWS# 335-4028

Thank you,
Diane

Shangri-La
Lakeside Waterworks Inc

PWS# 335-4028

4" water line break under house at:
178 Taiwan Island Road

16 homes affected:
Taiwan Island Road
Singapor Island Road



Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: November 16, 2015

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

The November 12, 2015

"Precautionary Boil Water Notice" is hereby rescinded. The water system is back in operation, and the satisfactory completion of a bacteriological survey shows that the water is safe to drink.

If you have any questions, you may contact U.S. Water Services Operations at 727-848-8292, ext. 233 or 203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 4985 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2261 • E82535
 9510 Princess Palm Ave. • Tampa, FL 33619 • 813.630.8616 • Fax 813.630.4327 • E84589
 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1508389



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 11/13/15 1249
 Analysis Date & Time: 11-13-15 1313
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Shangri La PWS I.D.: 335-4028

PWS Address: 100 Shangri La Blvd City: Leesburg Fla

PWS or PWS Owner's Phone #: 866-753-8292 Fax #: 727-849-4219

Collector: Joseph Byk Collector's Phone #: 772-215-9056

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 11-12-15 Day 1 of 2

DCNF: AD-0045 Effective 01/95, Revsod 09/19/2012

To Be completed by collector of sample					To Be completed by lab					
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² <u>5MA222B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	177 Taiwan Island	1330		2.2			A			1
2	179 Taiwan Island	1340		2.2			A			2
Average of disinfectant residuals for distribution routine & repeat samples. ⁵ Free chlorine or Total chlorine (circle one).				2.2	Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.					
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____ Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> A certified operator (# <u>C593A</u>) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report issued: _____ Lab Signature: _____ Title: _____				
(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT) <u>O.S. Water</u> <u>4934 Cross Bayou Blvd</u> <u>New Port Richy Fla</u>						<input type="checkbox"/> Satisfactory DEP/DOH USE ONLY <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____				

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: [Signature]
 Date: 11-13-15 Time: 0930
 Received By: [Signature]
 Date: 11/13/15 Time: 1125

**DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4985 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 628 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1508390



**Advanced
Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 11/13/15 1249
 Analysis Date & Time: 11-13-15 1816
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

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

PWS Address: 100 Shungai La Blvd City: Leesburg Fla

PWS or PWS Owner's Phone #: 813-253-8292 Fax #: 772-849-4219

Collector: Joseph Byk Collector's Phone #: 772-245-9056

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 11-13-15 Day 2 of 2

DCN#: AD-D045 Effective 01/95, Revised 09/19/2012

To be completed by collector of sample					To be completed by lab					
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² <u>5M9222B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	177 TAIWAN ISLAND	0830	D	2.0			A			1
2	179 TAIWAN ISLAND	0840	D	2.0			A			2

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (circle one): 2.0

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):
 A certified operator (# C-5934)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

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

Lab Signature: [Signature]
 Title: _____

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT
US WATER
4939 CROSS BYOU BLVD
NEW PORT RICHEY FLA

- Satisfactory DEP/DOH USE ONLY
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
- Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat-Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: [Signature]
 Date: 11-13-15 Time: 0930
 Received By: [Signature]
 Date: 11/13/15 Time: 1125

TRANSACTION REPORT

NOV/30/2015/MON 04:23 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	NOV/30	04:22PM	18504120482	0:01:15	3	MEMORY OK	G3 7391



DATE: November 30, 2015 PAGES: 3

CO: FDEP - Central

TO: Nicole Belian (Lake Co)

FAX #: 850-412-0482

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

SYSTEM: Shangri La, PWS# 335-4028
RE: Boil Water Notice (BWN)

Thank you,
Diane M Kibitlewski

TRANSACTION REPORT

NOV/30/2015/MON 04:24 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	NOV/30	04:24PM	13522536133	0:00:39	3	MEMORY OK	SG3 7392



DATE: November 30, 2015 PAGES: 3

CO: Lake County Health Department

TO: Drinking Water Section

FAX #: 352-253-6133

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY – THANK YOU! ****

RE: Boil Water Notice (BWN)
 System: Shangri La, PWS# 335-4028

Thank you,
 Diane

Shangri La (Lakeside Waterworks Inc)
PWS# 335-4028

4" water line repair at 178 Taiwan Island Road

Affecting 4 Homes:
175, 176, 177 & 178 Taiwan Island Road

U.S. Water



Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: November 30, 2015

PRECAUTIONARY BOIL WATER NOTICE

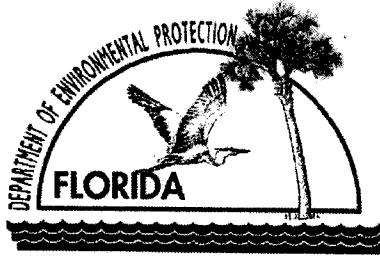
A loss of pressure has occurred in your water system. As a precaution, upon return of service, we advise that all water used for drinking or cooking be boiled. A rolling boil of one minute is sufficient. As an alternative, bottled water may be used.

If you have any questions, you may contact U.S. Water Services Operations at 727-848-8292, ext. 233 or 203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292



DEP - Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803-3767
E-mail:
Phone: 407-897-4100
Fax: 407-897-2966

Notification Form

If you have to issue a boil water notice be reminded FAC Rule 62-555.350(10) requires you speak directly to a person (do not leave a voice message) at the District office or ACHD as soon as possible, but no later than noon of the next business day.

Date BWN Issued: **November 30, 2015**

System Name: **Shangri La**

PWS-ID No. **335-4028**

TIME: **12:00 pm**

County: **Lake**

Owner/Utility contact: **Ron DeRossett**

Telephone: **904-540-9765**

E-Mail: **rderossett@uswatercorp.net**

727-849-4219

Utility Contact Person: **Diane Kibitlewski**

Population affected (Connections): **4 homes affected**

Estimated time for system to be returned to service: **3:00 pm**

Cause of incident: **Repair 4" water line at 178 Taiwan Island Road**

Corrective action undertaken: **Repair the break**

How BWN delivered to customers: **Hand Delivery.**

How BWN will be rescinded: **Hand Delivery**

Department Of Health representative contacted: **Lake County Health Dept -Drinking Water**

Department Of Health Phone: **NA** Fax: **352-253-6133**

DEP Central District rep contacted: **Nicole Belian**

DEP Central District Drinking Water Section: **407-897-4100**

Primary Fax: **407-897-2966** Auxiliary – Water Facilities Fax: **N/A**

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Shangri La (Lakeside Waterworks Inc)
PWS# 335-4028

4" water line repair at 178 Taiwan Island Road

Affecting 4 Homes:
175, 176, 177 & 178 Taiwan Island Road

U.S. Water



Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: December 03, 2015

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

The November 30, 2015
"Precautionary Boil Water Notice"
is hereby rescinded. The water
system is back in operation, and the
satisfactory completion of a
bacteriological survey shows that
the water is safe to drink.

If you have any questions, you may
contact U.S. Water Services Oper-
ations at 727-848-8292, ext. 233 or
203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 804.363.9350 • Fax 804.363.9354 • E82574
 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
 8840 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84689
 528 S. Northlake Blvd., Ste. 101B • Altamonte Springs, FL 32701 • 407.937.1694 • E53076
 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.8275 • E811085

A1508732



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 12/1/15 1930
 Analysis Date & Time: 12-1-15 1736
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Shange's La PWS I.D.: 3354028

PWS Address: 100 Shange's La Blvd City: Leesburg Fl

PWS or PWS Owner's Phone #: 866-753-8292 Fax #: 727-949-4219

Collector: Joseph Byk Collector's Phone #: _____

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: Joseph Byk 12-1-15
DAY 1 of 2

DCNF: AD-D045 Effective 01/05, Revised 09/19/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ²				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	lot 178	10:20	D	2.1			A			1
2	lot 175	10:15	D	2.1			A			2

Average of disinfectant residuals for distribution routine & repeat samples. ⁵ Free chlorine or Total chlorine (circle one). 2.1

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):

A certified operator (# C-5934)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

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

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

Date Report issued: _____

Lab Signature: Math 166

Title: Analyst

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

W S WATER
4939 CROSS Bayou Blvd.
New Port Richey, FL

DEP/DOH USE ONLY

Satisfactory

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: JH Byk
Date: 12-1-15 Time: 11:25

Received By: Deborah
Date: 12/1/15 Time: 1340

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.869.2288 • Fax 954.869.2261 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1018 • Altamonte Springs, FL 32701 • 407.937.1694 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1508788



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 12/21/15 1530
 Analysis Date & Time: 12-2-15 1804
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Shangri La PWS I.D.: 335 4028

PWS Address: 100 Shangri La Blvd City: Leesburg Fla

PWS or PWS Owner's Phone #: 866-753-8292 Fax #: 727-849-4219

Collector: Joseph Byk Collector's Phone #: _____

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 12-2-15 DAY 2062

DCN#: AD-D045 Effective 01/95, Revised 09/19/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² <u>smaz2B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	lot 175	1120	D	2.1		A				1
2	lot 178	1130	D	2.1		A				2
Average of disinfectant residuals for distribution routine & repeat samples. ⁵ Free chlorine or Total chlorine (circle one).				2.1	Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.					
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____				Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report Issued: _____						
Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> A certified operator (# <u>C-5934</u>) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water				Lab Signature: <u>Math HGB</u> Title: <u>Analyst</u>						
INSERT NAME AND MAILING ADDRESS OF PERSON FOR RESULTS REPORT: <u>US Water</u> <u>4939 Cross Barn Blvd</u> <u>New Port Richey Fla</u>				<input type="checkbox"/> Satisfactory DEP/DOH USE ONLY <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____						

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant (Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-590.730 Reporting Format).

Relinquish By: JH
 Date: 12-2-15 Time: 1215
 Received By: Purumash
 Date: 12/2/15 Time: 1345

TRANSACTION REPORT

DEC/04/2015/FRI 11:14 AM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	DEC/04	11:12AM	18504120482	0:01:58	4	MEMORY OK	G3 7667

The logo for U.S. Water Services Corporation features the text "U.S. Water" in a large, bold, sans-serif font. Below "U.S. Water" is a stylized graphic of wavy lines representing water. Underneath the graphic, the words "Services Corporation" are written in a smaller, bold, sans-serif font.

DATE: December 04, 2015 PAGES: 4

CO: FDEP - Central

TO: Nicole Belian (Lake Co)

FAX #: 850-412-0482

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

SYSTEM: Shangri La, PWS# 335-4028

RE: Boil Water Notice (BWN) - Rescinded 12/3/2015 at 5:00 pm

Thank you,

Diane M Kibitlewski

TRANSACTION REPORT

DEC/04/2015/FRI 11:15 AM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	DEC/04	11:14AM	13522536133	0:00:56	4	MEMORY OK	SG3 7668



U.S. Water
Services Corporation

DATE: December 4, 2015 PAGES: 4

CO: Lake County Health Department

TO: Drinking Water Section

FAX #: 352-253-6133

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Boil Water Notice (BWN) - Rescinded 12/03/2015 at 5:00 pm
System: Shangri La, PWS# 335-4028

Thank you,
Diane

Shangri La
PWS# 335-4028

Water Line Repair at:
107 China Lane

10 locations affected:
China Lane: 103,105,106
107,108,109,110,111

Burma Island:
115, 116

U.S. Water



Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: May 11, 2016 @ 4:00 pm

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

The May 08, 2016
"Precautionary Boil Water Notice"
is hereby rescinded. The water
system is back in operation, and the
satisfactory completion of a
bacteriological survey shows that
the water is safe to drink.

If you have any questions, you may
contact U.S. Water Services Oper-
ations at 727-848-8292, ext. 233 or
203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2261 • E82635
 9640 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9816 • Fax 813.630.4327 • E84589
 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • E83078
 2639 N. Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275 • E811095

A1603285



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 5/9/16 1500
 Analysis Date & Time: 5-9-16 1614
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Shanshi La

PWS I.D.: 735-4028

PWS Address: 100 Shanshi La Blvd

City: Leechburg Pa

PWS or PWS Owner's Phone #: 727-848-8292

Fax #: 727-848-7201

Collector: Joseph Byk

Collector's Phone #: _____

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 5-9-16 Day 1 of 2

DCN#: AD-DD45

Effective 01/95, Printable Revision 04/30/2015

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ¹				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ²	Data Qualifier ⁴	Lab Sample #
1	102 China Lane	1215	D	1.4			A			1
2	106 China Lane	1220	D	1.4			A			2
3	108 China Lane	1225	D	1.4			A			3

Average of disinfectant residuals for distribution routine & repeat samples:⁵ Free chlorine or Total chlorine (check one).

1.4

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):

A certified operator (# CS934)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

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

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

Date Report issued: _____

Lab Signature: Math 100

Title: Analyst

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

US Water
4939 Cross Bayou Blvd
New Port Richey Fla

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: JH

Date: 5-9-16 Time: 1320

Received By: Personnel

Date: 5/9/16 Time: 1335

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 4885 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
 70200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
 9810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
 2839 N. Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275 • E811095

A1603327



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 5/10/16 1530
 Analysis Date & Time: 5-10-16 1736
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Shangri La

PWS I.D.: 335-4028

PWS Address: 100 Shangri La Blvd

City: Leesburg Fla

PWS or PWS Owner's Phone #: 727-848-8292

Fax #: 727-848-7701

Collector: Joseph Byk

Collector's Phone #: _____

Type of Supply: (check only one)

Community Water System Non-Transient Non-community Water System Transient Non-community Water System

Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey

Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 5-10-16 Day 2016

DCN#: AD-DD45

Effective 01/85, Printable Revision 04/30/2015

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ²				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	102 China Lane	1100	D	1.6			A			1
2	106 China Lane	1105	D	1.6			A			2
3	108 China Lane	1110	D	1.6			A			3

Average of disinfectant residuals for distribution routine & repeat samples.¹ Free chlorine or Total chlorine (check one). 1.6

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):

A certified operator (# 6-5934)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

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

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

Date Report issued: _____

Lab Signature: Matt Vell

Title: Analyst

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

US WATER
4939 CROSS Bayou Blvd
New Port Richey Fla

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: [Signature]

Date: 5-10-16 Time: 1300

Received By: [Signature]

Date: 5/10/16 Time: 1355

Diane Kibitlewski

From: Diane Kibitlewski
Sent: Wednesday, May 11, 2016 4:32 PM
To: 'DEP_CD@dep.state.fl.us'
Subject: Shangri La - BWN Rescind Report 5/11/2016
Attachments: Shangri La BWN Rescind Report 051116.pdf

Good Afternoon,

Attached is the Boil Water Notice (BWN) Rescind Report for Shangri La, PWS# 335-4028. Notices are being delivered now.

Thank you
Diane M Kibitlewski
Compliance Coordinator
866-753-8292 Ext. 244



TRANSACTION REPORT

MAY/11/2016/WED 04:31 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	MAY/11	04:30PM	13522536133	0:00:59	4	MEMORY OK	SG3 7697



DATE: May 11, 2016

PAGES: 4

CO: Lake County Health Department

TO: Drinking Water Section

FAX #: 352-253-6133

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
 dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Boil Water Notice (BWN) - Rescinded
 System: Shangri La, PWS# 335-4028

Thank you,
 Diane

Shangri La
PWS# 335-4028

Water Line Repair at:
107 China Lane

10 locations affected:
China Lane: 103,105,106
107,108,109,110,111

Burma Island:
115, 116

U.S. Water



Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: May 08, 2016 @ 7:30pm

PRECAUTIONARY BOIL WATER NOTICE

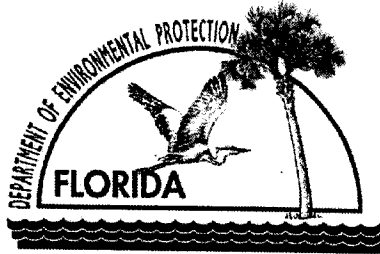
A loss of pressure has occurred in your water system. As a precaution, upon return of service, we advise that all water used for drinking or cooking be boiled. A rolling boil of one minute is sufficient. As an alternative, bottled water may be used.

If you have any questions, you may contact U.S. Water Services Operations at 727-848-8292, ext. 233 or 203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292



DEP - Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803-3767
E-mail:
Phone: 407-897-4100
Fax: 407-897-2966

Notification Form

If you have to issue a boil water notice be reminded FAC Rule 62-555.350(10) requires you speak directly to a person (do not leave a voice message) at the District office or ACHD as soon as possible, but no later than noon of the next business day.

Date BWN Issued: **May 08, 2016**

System Name: **Shangri La**

PWS-ID No. **335-4028**

TIME: **7:30 pm**

County: **Lake**

Owner/Utility contact: **Ron DeRossett**

Telephone: **904-540-9765**

E-Mail: **rderossett@uswatercorp.net**

727-849-4219

Utility Contact Person: **Diane Kibitlewski**

Population affected (Connections): **10 connections affected**

Estimated time for system to be returned to service: **Water was restored at 10:55 pm**

Cause of incident: **Main Water break**

Corrective action undertaken: **Repair the break.**

How BWN delivered to customers: **Hand Delivery**

How BWN will be rescinded: **Hand Delivery**

Department Of Health representative contacted: **Lake County Health Dept -Drinking Water**

Department Of Health Phone: **NA**

Fax: **352-253-6133**

DEP Central District rep contacted: **Nicole Belian**

DEP Central District Drinking Water Section: **407-897-4100 (emailed
DEP_CD@dep.state.fl.us)**

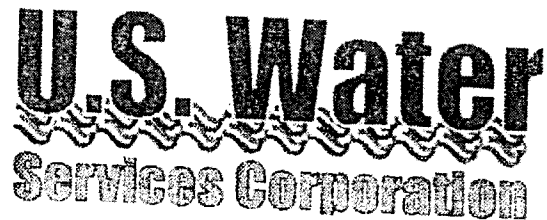
Primary Fax: **407-897-2966**

Auxiliary – Water Facilities Fax: **N/A**

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Shangri La
PWS# 335-4028

PREPLANNED TANK INSPECTION
167 connections



Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: September 15, 2016 @ 4:00 pm

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

The September 13, 2016
"Precautionary Boil Water Notice"
is hereby rescinded. The water
system is back in operation, and the
satisfactory completion of a
bacteriological survey shows that
the water is safe to drink.

If you have any questions, you may
contact U.S. Water Services Oper-
ations at 727-848-8292, ext. 233 or
203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fax: 727-849-4219

Toll Free: 866-753-8292

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

8681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 4985 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.837.1594 • E63076
 2639 N. Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275 • E811095

A1606596



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 9/14/16 1520
 Analysis Date & Time: 9-14-16 1620
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Sharyri Lee

PWS I.D.: 335-4028

PWS Address: 100 Sharyri Lee Blvd

City: Lakeland FL

PWS or PWS Owner's Phone #: 727-848-8292

Fax #: 727-848-7701

Collector: Joseph Byk

Collector's Phone #: _____

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 9-13-16 Day 1062

DCGN#: AD-D045

Effective 01/95, Printable Revision 04/30/2015

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage*	Data Qualifier*	Lab Sample #
1	North Tank	1710	D	1.7		A				1
2	South Tank	1715	D	2.1		A				2
3	Clubhouse here b. bb	1730	D	1.7		A				3
4	WWTP	1745	D	1.5		A				4

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (check one). 1.75

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):

A certified operator (# C-59934)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

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

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

Date Report Issued: _____

Lab Signature: Matthew L...

Title: Analyst

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT:

US Water
1939 Cross Bayou Blvd
New Port Richey FL

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Ruv., N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).

2. Lab certification number for the listed method is included at top with the laboratory address.

3. Please circle appropriate selection.

4. Defined in Florida Administrative Code Rule 62-160, Table 1.

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

Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; NTCC = too numerous to count (62-530.730 Reporting Format).

Relinquish By: [Signature]

Date: 9/14/16 Time: 1300

Received By: [Signature]

Date: 9/14/16 Time: 1345

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

8681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 4885 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
 9810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9618 • Fax 813.630.4327 • E84589
 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • E83076
 2839 N. Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275 • E811095



Advanced Environmental Laboratories, Inc.

Write Project # or Place Project Label Here

A1606596

Lab Receipt Date & Time: 9/14/16 1520
 Analysis Date & Time: 9-14-16 1622
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Shangri La

PWS I.D.: 335-4028

PWS Address: 100 Shangri La Blvd

City: Leesburg FL

PWS or PWS Owner's Phone #: 727-848-8232

Fax #: 727-848-7201

Collector: Joseph Byk

Collector's Phone #: _____

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 9-14-16 Day 2062

DCN#: AD-0045

Effective 01/95, Printable Revision 04/30/2015

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Analysis Method(s)	Data Qualifier ^a	Lab Sample #	Non-Coliform	Total Coliform
1	North tank	1145	D	1.8			A			5
2	South Tank	1150	D	2.2			A			6
3	Clubhouse Hoac Bbb	1155	D	1.2			A			7
4	WWTP	1205	D	1.6			A			8
Average of disinfectant residuals for distribution routine & repeat samples: ^a <input type="checkbox"/> Free chlorine or <input type="checkbox"/> Total chlorine (check one).						1.825				

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):

A certified operator (# 0593 Y)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

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

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

Date Report issued: _____

Lab Signature: Matt Kelly

Title: Analyst

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

U S WATER
4939 CROSS Bayou Blvd
New Port Richey FL

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

- Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Top, S = Special (clearance, etc.).
 - Lab certification number for the listed method is included at top with the laboratory address.
 - Please circle appropriate selection.
 - Defined in Florida Administrative Code Rule 62-160, Table 1.
 - Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
- Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: [Signature]

Date: 9-14-16 Time: 1300

Received By: [Signature]

Date: 9/14/16 Time: 1345

Diane Kibitlewski

From: Diane Kibitlewski
Sent: Thursday, September 15, 2016 3:30 PM
To: 'DEP_CD@dep.state.fl.us'
Subject: Shangri La - PREPLANNED BWN Rescind
Attachments: Shangri La PREPLANNED BWN Rescind Report 091516.pdf

Good Afternoon,

Attached is the Boil Water Notice (BWN) Rescind Report, PREPLANNED, for Shangri La, PWS# 335-4028. Notices will be delivered beginning at 4:00pm.

Thank you
Diane M Kibitlewski
Compliance Coordinator
866-753-8292 Ext. 244

U.S. Water

Services Corporation

TRANSACTION REPORT

SEP/15/2016/THU 03:28 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	SEP/15	03:27PM	13522536133	0:00:58	4	MEMORY OK	SG3 5064



U.S. Water
Services Corporation

DATE: September 15, 2016 PAGES: 4

CO: Lake County Health Department

TO: Drinking Water Section

FAX #: 352-253-6133

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Boil Water Notice (BWN) PREPLANNED - Rescinding @
4:00pm
System: Shangri La, PWS# 335-4028

Thank you,
Diane

Shangri La
PWS# 335-4028

PREPLANNED TANK INSPECTION
167 connections

U.S. Water



Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

PREPLANNED TANK INSPECTION

Date: September 13, 2010 @ 9:00 am

PRECAUTIONARY BOIL WATER NOTICE

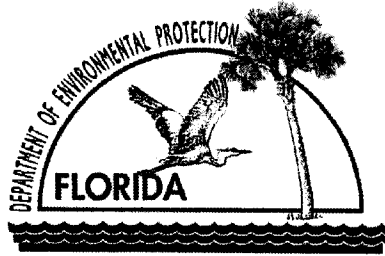
A loss of pressure has occurred in your water system. As a precaution, upon return of service, we advise that all water used for drinking or cooking be boiled. A rolling boil of one minute is sufficient. As an alternative, bottled water may be used.

If you have any questions, you may contact U.S. Water Services Operations at 727-848-8292, ext. 233 or 203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292



DEP - Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803-3767
E-mail:
Phone: 407-897-4100
Fax: 407-897-2966

Notification Form

If you have to issue a boil water notice be reminded FAC Rule 62-555.350(10) requires you speak directly to a person (do not leave a voice message) at the District office or ACHD as soon as possible, but no later than noon of the next business day.

Date BWN Issued: **September 13, 2016**

System Name: **Shangri La**

TIME: **9:00 am**

PWS-ID No. **335-4028**

County: **Lake**

Owner/Utility contact: **Ron DeRossett**

Telephone: **904-540-9765**

E-Mail: **rderossett@uswatercorp.net**

727-849-4219

Utility Contact Person: **Diane Kibitlewski**

Population affected (Connections): **167 - connections**

Estimated time for system to be returned to service: **12:00 pm**

Cause of incident: **Tank Inspection**

Corrective action undertaken: **None**

How BWN delivered to customers: **Hand Delivery**

How BWN will be rescinded: **Hand Delivery**

Department Of Health representative contacted: **Lake County Health Dept -Drinking Water**

Department Of Health Phone: **NA** Fax: **352-253-4133**

DEP Central District rep contacted: **DEP_CD@dep.state.fl.us**

DEP Central District Drinking Water Section: **407-897-4100**

Primary Fax: **407-897-2966**

Auxiliary – Water Facilities Fax: **N/A**

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Shangri La
PWS# 335-4028

PREPLANNED TANK INSPECTION
167 connections

U.S. Water



Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

PREPLANNED TANK INSPECTION

Date: September 13, 2010 9:00 am

PRECAUTIONARY BOIL WATER NOTICE

A loss of pressure has occurred in your water system. As a precaution, upon return of service, we advise that all water used for drinking or cooking be boiled. A rolling boil of one minute is sufficient. As an alternative, bottled water may be used.

If you have any questions, you may contact U.S. Water Services Operations at 727-848-8292, ext. 233 or 203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292



DEP - Central District
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Orlando, FL 32803-3767
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Phone: 407-897-4100
Fax: 407-897-2966

Notification Form

If you have to issue a boil water notice be reminded FAC Rule 62-555.350(10) requires you speak directly to a person (do not leave a voice message) at the District office or ACHD as soon as possible, but no later than noon of the next business day.

Date BWN Issued: **September 13, 2016**

System Name: **Shangri La**

TIME: **9:00 am**

PWS-ID No. **335-4028**

County: **Lake**

Owner/Utility contact: **Ron DeRossett**

Telephone: **904-540-9765**

E-Mail: **rderossett@uswatercorp.net**

727-849-4219

Utility Contact Person: **Diane Kibitlewski**

Population affected (Connections): **167 - connections**

Estimated time for system to be returned to service: **12:00 pm**

Cause of incident: **Tank Inspection**

Corrective action undertaken: **None**

How BWN delivered to customers: **Hand Delivery**

How BWN will be rescinded: **Hand Delivery**

Department Of Health representative contacted: **Lake County Health Dept -Drinking Water**

Department Of Health Phone: **NA** Fax: **352-253-4133**

DEP Central District rep contacted: **DEP_CD@dep.state.fl.us**

DEP Central District Drinking Water Section: **407-897-4100**

Primary Fax: **407-897-2966**

Auxiliary – Water Facilities Fax: **N/A**

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Diane Kibitlewski

From: Diane Kibitlewski
Sent: Monday, September 12, 2016 4:09 PM
To: 'DEP_CD@dep.state.fl.us'
Subject: Shangri La - BWN, Tank Inspection
Attachments: Shangri La BWN 091316 Tank Inspection.pdf

Good Afternoon,

Attached is a Preplanned Boil Water Notice for Shangri La, PWS# 335-4028 – Tank Inspection scheduled for Tuesday, at 9:00am. Notices are being delivered to customers.

Thank you
Diane M Kibitlewski
Compliance Coordinator
866-753-8292 Ext. 244



TRANSACTION REPORT

SEP/12/2016/MON 04:13 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	SEP/12	04:09PM	13522536133	0:00:40	3	MEMORY OK	SG3 4816



U.S. Water
Services Corporation

DATE: September 12, 2016 PAGES: 3

CO: Lake County Health Department

TO: Drinking Water Section

FAX #: 352-253-6133

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY – THANK YOU! ****

RE: Boil Water Notice (BWN) – PREPLANNED TANK
INSPECTION on Tuesday at 9:00am
System: Shangri La, PWS# 335-4028

Thank you,
Diane

Shangri La
PWS# 335-4028

Water Line Repair at:
107 China Lane

10 locations affected:
China Lane: 103,105,106
107,108,109,110,111

Burma Island:
115, 116

U.S. Water



Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: May 08, 2016 @ 7:30pm

PRECAUTIONARY BOIL WATER NOTICE

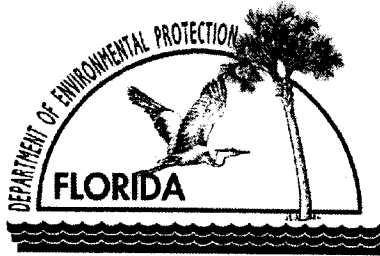
A loss of pressure has occurred in your water system. As a precaution, upon return of service, we advise that all water used for drinking or cooking be boiled. A rolling boil of one minute is sufficient. As an alternative, bottled water may be used.

If you have any questions, you may contact U.S. Water Services Operations at 727-848-8292, ext. 233 or 203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292



DEP - Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803-3767
E-mail:
Phone: 407-897-4100
Fax: 407-897-2966

Notification Form

If you have to issue a boil water notice be reminded FAC Rule 62-555.350(10) requires you speak directly to a person (do not leave a voice message) at the District office or ACHD as soon as possible, but no later than noon of the next business day.

Date BWN Issued: **May 08, 2016**

System Name: **Shangri La**

PWS-ID No. **335-4028**

TIME: **7:30 pm**

County: **Lake**

Owner/Utility contact: **Ron DeRossett**

Telephone: **904-540-9765**

E-Mail: **rderossett@uswatercorp.net**

727-849-4219

Utility Contact Person: **Diane Kibitlewski**

Population affected (Connections): **10 connections affected**

Estimated time for system to be returned to service: **Water was restored at 10:55 pm**

Cause of incident: **Main Water break**

Corrective action undertaken: **Repair the break.**

How BWN delivered to customers: **Hand Delivery**

How BWN will be rescinded: **Hand Delivery**

Department Of Health representative contacted: **Lake County Health Dept -Drinking Water**

Department Of Health Phone: **NA** Fax: **352-253-6133**

DEP Central District rep contacted: **Nicole Belian**

DEP Central District Drinking Water Section: **407-897-4100 (emailed
DEP_CD@dep.state.fl.us)**

Primary Fax: **407-897-2966** Auxiliary – Water Facilities Fax: **N/A**

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Diane Kibitlewski

From: Diane Kibitlewski
Sent: Monday, May 09, 2016 7:41 AM
To: 'DEP_CD@dep.state.fl.us'
Subject: Shangri La - BWN 05/08/2016
Attachments: Shangari La BWN 050816.pdf

Good Morning,

Attached is a Boil Water Notice (BWN) for Shangri La, PWS# 335-4028. Water was restored at 10:55pm Sunday evening.

Thank you
Diane M Kibitlewski
Compliance Coordinator
866-753-8292 Ext. 244



TRANSACTION REPORT

MAY/09/2016/MON 07:39 AM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	MAY/09	07:38AM	13522536133	0:00:44	3	MEMORY OK	SG3 7128



U.S. Water
Services Corporation

DATE: May 9, 2016

PAGES: 3

CO: Lake County Health Department

TO: Drinking Water Section

FAX #: 352-253-6133

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
 dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Boil Water Notice (BWN)
 System: Shangri La, PWS# 335-4028

Thank you,
 Diane