FILED OCT 17, 2016 DOCUMENT NO. 08271-16 FPSC - COMMISSION CLERK

LAKESIDE WATERWORKS, INC.

October 10, 2016

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

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,

Trov Rendell

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

СОМ ____

AFD ____

APA ____

ENG__

IDM ____

TEL ____

U.S. Water sorvices corporation

4939 Cross Bayou Blvd. New Port Richey, FL 34652

7278488292285

mvinyard@uswatercorp.net

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

Invoice

Invoice #	830789
Date	5/31/2016
Due Date	7/3/2016
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.

Project

Balance Due

\$4,329.27

	2535-59 Install WW Compressors both HTank					
Date	Description		Qty or Hrs	Unit	Rate	Amount
	Install new Whitewater Compressors of Removed old sight glass and piping an assembled, installed new Whitewater of for electrical. Tested operation of systems	d built a new assembly. Once ompressor on top and installed wiring	٠			
5/13/2016	Labor Labor Materials to Complete Scope of Service Whitewater units.	e - White water units, brass parts for	9 2 1	Hours Hours LS	57.91 52.01 3,704.06	521.19 104.02 3,704.06
	OFC COAH 3	Entered COA Coa		}		_
		Approved Paid:	***************************************			nacing
		Date:	And the second state of th	and the state of t		-
Please remi	it payment to the above address. We a	ppreciate your business!	Total			\$4,329.27
Phone	e# Email Contact		Payme	nts/Cred	lits	\$0.00



7278488292285

mvinyard@uswatercorp.net

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

Invoice

Invoice #	827918
Date	4/1/2016
Due Date	5/1/2016
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.

Project

Balance Due

\$12,448.98

	2535-53 Repair			ir 4" waterma	ain Taiwan Is	land	
Date	Descr	iption		Qty or Hrs	Unit	Rate	Amount
	Emergency call. Repair 4" watermain a causing damage to area. Shut off water Hand excavated on both sides of house. low and trapped valve to return water se homes until water main is replaced. Re ran new 4" pipe.	and found a 5' x 5' hole u Had no access due to ho ervice. Installed temproar	nder home. me setting y service to	變			
12/2/2015	Tradesman			62.5	Hours	57.91	3,619.38
	Maintenance Technician				Hours	52.01	3,250.63
	Maintenance Technician			62.5	Hours	52.01	3,250.63
	Materials to Complete Scope of Service 18% Markup on Materials				LS LS	1,973.17 355.17	1,973.17 355.17
	OF COA	= 331 - 1816	Enter		8		
		1/-1	COAC		-)		A
		, v	Approv	ed:			
	CF4 190;	5 ~	Paid: _	C	# 12	86	<u>18750</u>
	6/20116 6/4 1293		Date:	-	4119	116	
		4948.98)					
Please rem	nit payment to the above address. We a	ppreciate your business	!	Total			\$12,448.98
				Payme	ents/Cred	lits	\$0.00
Pho	one# Email Contact			- 50.0			



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

Invoice

Invoice #	814532
Date	7/28/2015
Due Date	8/27/2015
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.

			Project			
		25:	2535-48 Singapore 4" main break			
Date	D	escription	Qty or Hrs	Unit	Rate	Amount
	4" water main leak at Shangri La. Tapped main and reconnected servicesite.	e line to main. Back filled and cleaned	up 🎉			
6/15/2015	Tradesman Maintenance Technician Maintenance Technician Maintenance Technician		8 8 2	Hours Hours Hours Hours	57.91 52.01 52.01 52.01	463.28 416.08 104.02 182.04
	·	\sim \	Entered:	8		No. of Association and Association
	·	P	COA Code: approved: _ aid:	c# 12	46	
			Date:	8120	115	,
Please rem	it payment to the above address. W	e appreciate your business!	Total	1		\$1,165.42
Phor	ne# Fax#		Payme	ents/Cred	its	\$0.00
727-848	3-8292 727-848-7701		Bala	nce Du	е	\$1,165.42

U.S. Water sorvices Corporation

4939 Cross Bayou Blvd. New Port Richey, FL 34652

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

Invoice

Invoice #	814528
Date	7/28/2015
Due Date	8/27/2015
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.

			Project			
		2535-49	Replace 4" b	roken valve		
Date	Descri	otion	Qty or Hrs	Unit	Rate	Amount
	Replace 4" broken valve. Hand dug hold and cut out old gate valve valve. Finished assembly by installing pig Turned on water and checked for leaks. Nand raked out area to final grade.	be and sleeve. Tighten all joints.	*			
6/16/2015	Tradesman Maintenance Technician Maintenance Technician Materials to Complete Scope of Service		8	Hours Hours Hours LS	57.91 52.01 52.01 789.61	463.28 416.08 416.08 789.61
	0+e co** 331	Entere COA C		>		
	1	Approv Paid: _ Date:	ed: C/c#	8130 1371P	115	
Please remi	t payment to the above address. We appr	eciate your business!	Total			\$2,085.05
Phone	e# Fax#		Payme	nts/Credi	its	\$0.00
727-848	8292 727-848-7701		Balar	ce Du	9	\$2,085.05



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

Invoice

Invoice #	809947
Date	4/16/2015
Due Date	5/16/2015
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.

Project

				i iojeci			
			2535-42 reb	uild electric d	amaged starter	S	
Date		Descr	iption	Qty or Hrs	Unit	Rate	Amount
3/12/2015	Ran system starters. A operation. pressure to Tradesman	n manually to keep pressure. I djusted pressure switches and Small pumps work fine. Large reach 60 psi. Need to move to	high service pump not working. Installed two new contactors for motor ran pumps in auto and checked ge pumps don't produce enough them to rear of rotation on controller. p,open	参 8 1	Hours LS	57.91 159.28	463.28 159.28
		ON CORN	Date:	de:	1235		
Please rem	it payment	to the above address. We ap	preciate your business!	Total			\$622.56
Pho	ne#	Fax#		Payme	ents/Cred	its	\$0.00
727-84	8-8292	727-848-7701		Bala	nce Du	е	\$622.56

-848-8292

Fax#

727-848-7701

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

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.

\$1,779.71

\$1,779.71

\$0.00

Payments/Credits

Balance Due

				D:	be acce	pted.
			0.55	Proj		
Date	Description		2535	5-30 Repair leal	k @ 106 China Ln	
	Emergency call. Repair resident leak at Chine Ln.	106	Qty or Hrs	Unit	Rate	Amount
	Hand excavated a 8'x4'x4' deep hole with roots to expose a 4"x1" broken service tell Removed roots by hand with loppers and expose main for repair. Cut main and mawith MJ sleeves and mega lugs. Installed 4"x1" saddle with corp for reconnection o existing service.	heavy e. saws to de repair			¥	Smount
1.	Tradesman Maintenance Technicia		0	· ·		
	Maintenance Technician		8	Hours Hours Hours	57.91 52.01	463.28
2014 1	Installed grass seed, raked and cleaned up a leak repair. Tradesman	fter		110urs	52.01	416.08 416.08
	Materials to Complete Scope of Service			Hour LS	57.9 ₁ 426.36	57.91 426.36
	OK 0 331.)					
remit payment	to the above address. We appreciate you	business!				
Phone #	Fay #			Total		



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

Invoice

\$1,766.22

Invoice #	794567
Date	5/28/2014
Due Date	6/27/2014
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.

					Pi	roject			
			,	2535-35	install ch	lorine pu	mps at WTP		
Date	Descrip	otion	Qty c	or Hrs	Ur	nit	Rate	Amount	
	Installed (4) chlorine pump	os at WTP.							
12/17/2012	Materials and Labor to Con Service	mplete Scope of		1	LS	\$	1,766.22	1,766.2	2
		OK Q COA Lakesio		Ente	red·				
,		COH Lakes		COA	Code	•			
		, ()		Appr Paid:		CK*	1197	· · · · · · · · · · · · · · · · · · ·	
				Date	**************************************		6/20/14	·	
Please remit pay	 yment to the above address. '	Thank you for allowing	us to be	of service	Тс	otal		\$1,766.2	2
Phone #	Fax#				Pa	ymen	ts/Credits	\$0.0	0
727-848-829	2 727-848-7701				В	alan	ce Due	\$1.766.2	,

U.S. Water sorvices Corporation

4939 Cross Bayou Blvd. New Port Richey, FL 34652

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

Invoice

Invoice #	787751
Date	12/2/2013
Due Date	1/17/2014
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.

Project 2535-09 WTP Upgrades Date Description Quantity Rate Amount WTP UPGRADES Installed new site glass. Installed (2) new outdoor mercoids. 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 3,098.03 3,098.03 Labor to Complete Scope of Service 2,198.40 2,198.40 Postel GL: 304.3 \$ 5,296 \frac{43}{\times_{\times}} 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

U.S. Water Services Corporation

4939 Cross Bayou Blvd. New Port Richey, FL 34652

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

Invoice

Invoice #	788662
Date	12/31/2013
Due Date	1/30/2014
Account #	2535
P.O. No.	general control of the second

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

				2535-2	28 E/C 6"	water break at bridge	
Date		Description		Quan	tity	Rate	Amount
12/9/2013	Emergency Call. 6" wa Repaired 6" main at bri replaced with new MJ of Tradesman Maintenance Technicia Maintenance Technicia 45 Bend, (2) L/P sleeve (6) Sigma PVC restr sle	dge. Found 45 br 45, sleeves and me n n e, (6) Tran Acc set ce6, (2) Reed Wre	oke, cut out and ega lugs. t L/Gland (N/C), ench		4 4 4 1	\$7.91 52.01 52.01 584.96	231.64 208.04 208.04 584.96
		0 K@ COA#33 COA#33	1.11	COA		e:	
Please remit payme	ent to the above address	. We appreciate	your business!		Tota	al	\$1,232.68
Phone #	Fax#				Pay	ments/Credits	\$0.00
727-848-8292	727-848-7701				Ba	lance Due	\$1,232.68

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 interupted pressure did not drop below 30 psi Situation was reported to: DEP Date: 04/13/15 Time: 1830 Person Contacted: Barbara Browning (email) Date: ____ Person Contacted: ____ Health Dept. Other Date: ____ 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. Curerntly 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 <u>Jose.dePedro@dep.state.fl.us</u> 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: <u>04/13/15</u> Time: <u>12:30 am</u> Was the event a planned outage, ☐ or a malfunction? ☑ Time water system was/is expected to be back in service: Time: <u>service was not interupted pressure did not drop below</u> <u>30 psi</u>
Situation was reported to: DEP
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. Curerntly 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: <u>n/a</u> Were customers notified? Yes ☐ No ☒ Explain <u>no loss of system pressure was experienced</u>
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:

A LABORT REPORTING FORMAT

☐ 6881 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574

☐ 4865 SW 41st Bivd • Geinesville, Fl 32608 • 352.377.2349 • Fax 352.395.6839 • E82001

☐ 10200 USA Today Way • Miramar, FL 33025 • 964.889.2288 • Fax 954.889.2281 • E82535

☐ 9610 Princess Paim Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589

☐ 528 S. Northlake Bivd., 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



Lab Receipt Date & Time:

540

Report	Advanced Environmental Li			Sample Pre Disinfectant	ceptance Crite servation: (1) Check: (1) Not	9-14-(S pria: In ice Not On ice Detected It the following NEL	1628 e 24°C AC requiremen			
	Requested: (check all that apply)	uaci Lao io.	***********	L				,		
Total	Coliform/F coli Total Coliform/Face	al DEntero	☐ HPC	☐ Other						
Dublia V	Votor System (BWS) Nomes SA	200		014/0 I D .	344	4028	,			
PWS Ad	dress: / 0 0 SHAYR/ PWS Owner's Phone #: 22	CA		Citv:	EU	5775	***************************************			
PWS or	PWS Owner's Phone #: 722	>. 848	. 829	<u>'2</u>	ax #:					**********
	or: B. Swith							7/2.5	498	
Limite Reason	Supply: (check only one) munity Water System	t Non-comm rivate Well	unity Wate	r System ming Pool	☐ Transi	ent Non-co	mmunity Wa			
☐ Clear	bution Routine	of sample b	iggered or	assessmen	t) Bay	v (triggered	or assessme	ent) additional	J Well Surve	الا مسطح
	Collection Date: 4./3	• /5	emo repiac	380) <u>11 00</u>		DUCE LAS DN#: AD-D045				Z
						ANF: AU-DU45	Enecin	re 01/95, Revised 09/1	7/5015	
Sample	to be completed by Sample Point	Sample	Sample	Distn-	DH R	Analysis M	ethod(s) ² C	e consideration (V)	7.11 (A. X	
#	(Location or Specific Address)	Collection	Type ¹	fectant	M	Allalysis IV	$ethod(s)^2 3N$	192223		
		Time		Residual (mg/L)		Non- Coliform	Total Collform	Fecat, E. coll, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample
1	35052 FOREST LAKE	1530	\mathcal{D}	0.5	-	TVTC	AN			1
N	35052 FORET LAKE 12448 15/M W	125	7)	1.4			Δ			3 1
<u> </u>	7, 0, 7, 5, 70, 0,0	/ >) -	15	· /· /	-8		<u> </u>			
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1										
		<u> </u>								
Average	of distribution rou	itine & repeat	<u> </u>	7.3	1888	i			<u> </u>	1
samples.	Free chloring of Total chlorine (circle one).			/. 3				sts are preformed		
	ctant Residual Analysis Method:		,		NE	LAC stand	ards, and the	results relate onl	y to the samp	oles.
X DPI	D Colorimetric				Date and	itime PWS r	otified by lab o	f positive results:		
Person	performing disinfectant analysis is (Check	one of below	} :		Date and	time DEP/D	OH notified by	lab of positive resul	ls:	
XIAC	ertified operator (#)			Date Rep	oort Issued: "				
	ervised by certified operator (#				Lab Sic	inotiiro: /	matt	Kolola		
	horized representative of supplier of water	- OF DOM				Analy		15000		
	NAME AND MAILING ADDRESS	·····			iiue: _/	Jrin 19	71			
	NAMI: AND MAILING ADDRESS IN TO RECEIVE REPORT]				☐ Satisf	•			DEP/DOH U	SE ONLY
11	S WATER				·	rplete Collect at Samples F	tion information Required	ו		'
1	931 CROSS BI	ددريصي	Bu				ples Required			
1 4	101 CRODD BI	1700	0	UIS.	1	riewed by DE				

- PORT RICHIE, F-B 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-transical 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 Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

Time: Mouth Atosler Received By:

1345

© B881 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • £82574

☐ 4885 SW 41st Blvd • Geinesville, Fl 32608 • 352.377.2349 • Fax 352.395.6639 • £82001

☐ 10200 USA Today Way • Miramar, FL 33025 • 854.889.2288 • Fax 954.889.2281 • £82535

☐ 9610 Princess Palm Ava. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • £84589

☐ 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • £53076

☐ 1288 Cedar Center Drive, Tatlahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • £811095

A1502469



Report N	Advanced Environmental La			Analysis Di Sample Ac Sample Pro Disinfectan	eservation: 🔼 No	4-15-0 eria: On Ice Not On Ice Detected Detected Not On Ice Not On Ice Not On Ice Detected Not On Ice No	5 100 • 10 14 ·0					
CZ Total	Requested: (check all that apply) Coliform/E, coli	i 🗆 Entero	cocci _ C	Coliphage	□нРС	Othe	r:					
Public W	later System (PWS) Name: SHP	KYU-	-44	······································		PWS I.D.:	335	4028				
PWS Add	dress: 100 Stanger L	A BU	<u>m</u>			City:	ELIM	2				
PWS or I	PWS Owner's Papine #: 727	· 8-68	- 82	<u>ラル</u> F	ax #: Collector's	Phone #:	407	-7/2 ,5	5498			
Type of S	Supply: (check only one) nunity Water System	Non-commu	nity Wate	r System		ient Non-co	ommunity Wa			*****		
☐ Distri	for Sampling: (check all that apply) bution Routine	of sample be	ggered or eing replac	assessmen ed) 🛭 Bo	II Water N	lotice M	Other:	INFO	OKY	, r		
	•				Đ	CN#: AD-D045		ve 01/95, Revised 09/1				
Sample	To be completed by Cample Point	Sample	npie Sample	Disin-	рН		Aethod(s) ²	a combile tyes		6.700		
#	(Location or Specific Address)	Collection	Type '	fectant	Pr			SM 972				
		Time		Residual (mg/L)		Non- Collform	Total Collform	Fecal, E. coll, Enterococci, or Collphage ³	Data Qualifier*	Lab Sample		
1	12448 15/AL LNO 35052 FOREST LAKE	1230	Δ	1.1	_		A					
2	35052 FOREST LAKE	1246	٥	0.6			<u> </u>			2		
Average of samples.	of distrilectant residuals for distribution rou Fige chloring of total chloring (circle one).	tine & repeat		.085	Linle	se otherwis	e coted all te	sts are preformed	l in accordan	co with		
Dişinfec	tant Residual Analysis Method:	· · · · · · · · · · · · · · · · · · ·		<u> </u>				results relate on				
XQ DPD	Colorimetric Other:				1		•	of positive results:				
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	ervised by certified operator (#	<u> </u>			Date	port issued.	440 - 0	[] [
☐ Emp	ployed by a certified lab	or DOH			•	gnature: _, Ana(c	Math	losh				
	AME AND MAILING ADDRESS N TO RECTIVE REPORT)				☐ Satis				DEP/DOH U	SE ONLY		
	CHIATTA	repole	Br	(1)	☐ Repo	at Samples	ction Informatio Required nples Required					
T L	939 CLOSS BUSELLEH	THE FO	- 34	452	Date Re	viewed by D OH Reviewing	EP/DOH:					
(routine c	he sample type for each sample collected. Sample type cod compliance), C = Repeat/Check, R = Raw, N = Entry Point (Relina	quish By:		g Christi.					
 Lah certif Please cir 	Special (clearance, etc.). fication number for the listed method is included at top with all appropriate relection.	the laboratory adu	iress.		Date:			Time:				
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	A = Colifornia are obsent; $P = Colifornia$ are present; $C = a$ has to count (62-550.730 Reporting Format.	onfluent growth; '	INTC		Date:	4/14/15 1216						

☐ 6681 Southpoint Pkey. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 ☐ 4985 SW 41st Bivd • 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. Northtake Bivd., 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

A1502579

Lab Receipt Date & Time: __

G	Advanced Environmental Laboratories, Inc.
100	

Report N	Advanced Environmental La with the state of			Analysis Date & Time: 4-6-15-17-0 Sample Acceptance Criteria: Sample Preservation: 100n lice Not On Ice 4-c Disinfectant Check: Not Detected 4 This Sample does not meet the following NELAC requirements:						
Analysis A Total Public W PWS Add PWS or F Collecto Type of S Comm Limite Resson	Requested: (check all that apply) Coliform/E. coli	Entero PLA SYS Non-communicate Well	Swimn	P P P P P P P P P P P P P P P P P P P	ax #:Collector's Transic Other:	PWS I.D.:_ City: Phone #: _ ent Non-co	3 50 467 mmunity Wa	<u> </u>	y91	
LJ Cleara	ance Replacement (also check type Collection Date:	<u>of sample be</u>	eing replac	œdî □ Boi —	l Water N	Otice 🔲 (CN#: AD-D045	Other:	/o 01/95, Revised 09/19		
	Folial completed by A							e contract the fact		* * * * * * * * * * * * * * * * * * *
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		Time		Residual (mg/L)		Non- Collform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifler*	Lab Sample #
_/	35052 FOREST CALE	1215	カ	1.6			<u>A</u>			

	,									
	of distribution rounds for distribution rounds. Free chlorine or Total chlorine (circle one).	tine & repeat		1.6						
Disinfe	tant Residual Analysis Method:							sts are preformed results relate onl		
/ZNOPI	O Colorimetric Other:				Date and	time PWS r	otified by lab	of positive results:		
	performing disinfectant analysis is (Check ertilied operator (#):		1	l time DEP/C oart Issued: .	•	lab of positive resul	ts:	
	ervised by certified operator (#)			I ob Cla		Mare	Kalah		
	horized representative of supplier of water	- GI DON			}	Analy				
OF PERSO	NAME AND MAILING ADDRESS ON TO RECTEIVE REPORT! US WATER F939 CROSS BAY	'ou b	BUD		Repe	nplete Collect at Samples I	tion Informatio Required		DEP/DOH U	SE ONLY
	1939 CROSS BAY NEW PORT RICHIE			5~	1	vlewed by DI H Reviewing				
1. Indicate (rootine Tap, S =	the sample type for each sample collected. Sample type co- compliance), $C = \text{Repeat/Check}$, $R = \text{Raw}$, $N = \text{Entry Point}$ Special (clearance, etc.).	les are: D = Distri to Distribution, P	bution = Plant		quish By:	***************************************				
Lab cent Please c	ification number for the listed method is included at top wit incle appropriate selection. In Florida Administrative Code Rule 62-160, Table 1.	h the laboratory ad	kiress.		Date: _		A1 0:	Time:		
5. Comple	the for community & non-transient non-community systems a lading 4 900. Do not include raw or plant samples in the aver		supto	Recei	ived By: 🗸	Matt	Here			
Results Ke	touring 4 5001. Do not include 12w or plain samples in the aver y: A = Colliforms are absent; P = Colliforms are present; C = rous to count (62-550.730 Reporting Format.		TNTC	•	Date:	4/16/1	5	Time: 134	5	

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

PWS-ID No.

County:

Lake

335-4028

Owner/Utility contact: Ron DeRossett

Telephone: 904-540-9765

E-Mail: rderossett@uswatercorp.net

TIME: 1:30 pm

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:

Fax: 352-253-6133

DEP Central District rep contacted: Manny Gardona Nicale 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



DATE: November 12, 2015

PAGES: 3

CO: FDEP - Central

TO: Nicole Belian (Lake Co)

FAX #: 850-412-0482

FROM: <u>DIANE KIBITLEWSKI (727) 848-8292 EXT. #244</u>

**** 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



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

☐ 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 ☐ 4865 SW 41st Blvd • Gainesville, FI 32608 • 352.377.2349 • Fax 352.395.6639 • E62001 ☐ 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535

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Va 320 3.	rincess Palm Ave. • Tampa, FL 33619 • 813.6 Northiake Bwd., Ste. 1016 • Altamonte Spring tedar Center Drive, Tatlahassee, FL 32301 • 8	19 FI 327014.	407 037 1E0	M . EEGATO	095	· · · · · · · · · · · · · · · · · · ·				નં
	Advanced Environmental L	aboratorie	Lab Receipt Date & Time:							
Report N	lumber: Sub-Con	stract Lab ID:						A THE TOTO HELD	~ requiremen	KS;
Analysis	Requested: (check all that apply)				i.					
<u> ∐ Total</u>	Coliform/E. colf Total Coliform/Fec	al O Enter	ococci C] Coliphage	☐ HPC	☐ Other	:		-	
Public V	vater System (PWS) Name:	PY CA				PWS I,D.:	335 - 4	1028	***************************************	
PWS or	Vater System (PWS) Name: Thansders: 100 Shan (A. La PWS Owner's Phone #: 866 7	<u> 12100</u>	72.	/		Oity: <u>L</u>	25 bur 19 - 421	Mu		
	r: Joseph B-K	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>						15-9056		
Type of	Supply: (check only one) nunity Water System	t Non-comm	unity Wate	r System		ent Non-co	mmunity Wa			and the same of th
☐ Distri	for Sampling: (check all that apply) button Routine Distribution Repeat ance Replacement (also check type	of sample b	iggared or aing replac	assessmen	t) 🔲 Rav il Water N	v (triggered otice 🔲	or assessme Other:	ant) additional	☐ Well Surve	īX
Sample	Collection Date: 1/-/2-/ 5		192	_		CN#: AD-D045	Ellocth	re 01/95, Revised 09/11	3/2012	
Sample	To be completed by Sample Point	collegio of sau Sample	mple Sample	Disin-				e completed by lab		
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			 		1 188					
										
					3					
Average samples.	of disinfectant residuals for distribution rou Free chlorine or Total chlorine (circle one).	iline & repeat		2.2	Unles	s otherwise	noted, all te	sts are preformed	in accordan	ce with
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Person	performing disinfectant analysis is (Check	one of below);					lab of positive resul	ts:	
120 A c	ertified operator (# <u>C 5934</u>) ervised by certified operator (#)	•		Date Rep	on Issued: _				
□ Ew	ployed by a certified lab Employed by DEI	P or DOH			Lab Sig	nature:	/_	- 1]
	horized representative of supplier of water				Title:_			me hold		
	NAME AND MAILING ADDRESS ON TO RECEIVE REPORT:				☐ Satist	actory		7.39	DEP/DOH US	
0.	Si WATEN	n			☐ Incom	plete Collect	don Information	•	DEPIDON US	SE ONLY
40	134 CROSS BYOU BIV	y				u Samples F cement Sam	lequired ples Required			ĺ
į	142 Paul Allen Ele		rice.			lewed by DE				
1. Indicate:	he sample type for each sample collected. Sample type coo	des are: D = Dissell	hution.	······	DEP/DO	H Reviewing	Official:			
Tup, 2 =	compliance), C = Repeat/Check, R = Raw, N = Entry Point Special (clearance, etc.).	to Distribution, P	= Plant	Relinc	quish By: _	QK	56			
3. PROME CI	Reation number for the listed method is included at top will role appropriate selection.	the laboratory ad	dress.		Date:	11-1	3-15	Time: 093	0	
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result key:	ding 4,900. Do not include raw or plant samples in the over A = Colliforms are absent; P = Colliforms are present; C = so to count (62-550,730 Reporting Format,	age. confluent growth:	TNTC	110001	. 0	,,,,,	1		~	
wountly	and the success telephological lateral.				Date: _	-4413,	45	Time:	5	

☐ 6881 Southpoint Pkwy. - Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 ☐ 4885 SW 41st Bkvd • 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 ☐ U0010 Princess Palm Ave. • Tampa, FL 33019 • 813.630.9616 • Fax 813.630.4327 • E84589 ☐ 528 S. Northlake Blvd., Sie. 1016 • Altamonte Springs, FL 32701 • 407.837.1594 • E53076 ☐ 1286 Cedar Center Drive, Tallahassee, FL 32301 • 850.218.6274 • Fax 850.219.6275 • FR11091

A1508390

M 528 S. □ 1288 C	Northlake Cedar Cer	e Bivo., Sie. 10 Ner Drive, Tall	016 • Allamonte Spring: lahassee, FL 32301• 85	a, FL 32701• 4 i0.219.6274 • F	07.937.159 Fax 850.219	14 • E53076 9.6275• EB110	95					
			Advanced Environmental Li					Analysis Da Sample Ac Sample Pre	ele & Time: ceptance Crit eservation: @-C	In Ice 🔲 Not On Ic	• □ <u>4</u> °c	
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			Sub-Con	Iraci Lab ID:		***************************************	_					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Public V	Nater Sy	stem (PWS) Name: <u>Shang</u>	ai LA				:.D.:	3350	1028		
PWS Ad	idress:	100 9	Name: Shung	Blud				City: 🚣	rsburg	Plan		
PWS or	PWS O	wner's Phone	#: Byc	<u> 55-809</u>	2	F	ax #:	727-84	19-4219			
		: (check only		······································			Coffector's	s Phone #: _	772	215-9056	<u> </u>	
Comr Limite	munity V ad Use S	Vater System System	Non-Transien Bottled Water	t Non-commu Private Well	unity Wate	r System ming Pool			ommunity Wa	iter System		
☐ Distri	bution R	loutine	ck all that apply) Distribution Repeat ent (also check type	Raw (tri	iggered or	assessmen	t)	w (triggerer	for assessm	ent) additional	☐ Well Surve	īλ
Sample	Collect	on Date:	11-13-15	\mathcal{L}	W 70	WIT -		CN#: AD-D045		ve 01/95. Revised 09/1	00012	
			To be completed by	collector of sar	an e	η <u>υ </u>				be completed by lab		****
Sample #		Sampl	e Point secific Address)	Sample Collection	Sample Type	Disin- fectant	рН	Analysis N	Anthod/at-	5m9222E	_	¥
	Ì		•	Time	.,,,,	Residual (mg/L)		Non- Coliform	Total Coliform	Fecal, E. coll, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample
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ス	179	- jungan	n Island	0840	D	20			A			2
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		***************************************		 		ļ	1 B					
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samples.	5 Free c	chlorine or Tot	al chlorine (circle one).			20	Unle	ss otherwise	e noted, all te	ests are preformed	I in accordan	ce with
Disinfe	ctant Re	sidual Analys netric 🔲 Ot	la Method:				1			results relate on	y to the samp	oles.
•					_					of positive results: / lab of positive resul		
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OSup O Em	ervised b	y certified ope	rator (#	P or DOH			Lob Ci	anatura	/			
☐ Au	thorized r	epresentative	of supplier of water	0,001			Title:	gnature:	- b	motist		
HNSER!	NAME AS	ND MAILING CENT, REPL	ADDRESS			******	☐ Satis	forton				
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4	939	CROSS	Byou Aluc	9				eat Samples I acement San	Required nples Required	Ì		1
V	lw	Port 1	Byon Alva	2			Date Re	rviewed by DI	EP/DOH:			
1. Indicate	the sample	type for each same	le collected. Sample type ov	des see: D e Distrib	bulian		DEP/DC	H Reviewing	Official:			
140,5 =	Special (ch	carance, cic.).	rk, R = Raw, N = Entry Point method is included as top with			Relina	luish By:	M	Sh-			************
Presse of Defined	ircie appropi in Florida A	nate selection. Aministrative Cod	le Rule 62-160 Table 1				Date:	111-13	5-15	Time: 0930	2	
 Complete and loch 	e for comm uding 4,900.	unity & non-transi Do not include ra	ent non-community systems s w or plant samples in the aver	mee.	-	Recei	ved By: _	Pen	mma	su_		
= too numen	ous to count	oms are absent: P (62-550,730 Repo	= Coliforms are present; C = orting Format.	confluent growth:	TNTC		Date:	11/13/	45	Time: //2	5	

TRANSACTION REPORT

NOV/30/2015/MON 04:23 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE			
001	NOV/30	04:22PM	18504120482	0:01:15	3	MEMORY OK		FILE	
						1	6.3	/391	



DATE: November 30, 2015

PAGES: 3

CO: FDEP - Central

TO: Nicole Belian (Lake Co)

FAX #: 850-412-0482

FROM: <u>DIANE KIBITLEWSKI (727) 848-8292 EXT. #244</u>

**** 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 SG	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



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

335-4028

PWS-ID No.

County:

Lake

Owner/Utility contact: Ron DeRossett

TIME: 12:00 pm

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:

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



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 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

Ge81 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 Paim Ave. - Tampa, FL 33619 - B13.630.9616 - Fax 813.630.4327 - E84689

528 S. Northlake Blvd., Sta. 1016 - Altamonte Springs, FL 32701 - 407.937.1594 - E53076

1288 Cedar Center Drive, Tallahassee, FL 32301 - 850.219.6274 - Fax 850.219.6275 - E811085

A1508732

	Advanced Environmental Laboratories, Inc.
--	----------------------------------------------

Lab Receipt Date & Time	12/1/15	1930
Analysis Date & Time:	12-1-15	1736
Sample Acceptance Cri Sample Preservation: 19	liaria.	100 A 400
Disinfectant Check: N	ol Detected 🛛	
This Sample does not ma	eet the following NE	LAC requirements:

					i	THIS Garnpic	OOS NOT THE	et the following NEL	40 requiremen	13:
	lumber: Sub-Co	ntract Lab ID:	·····		_ [
☑ Total	s Requested: (check all that apply) Coliform/E. coli	cal D Enterd	cocci [] Coliphage	HPC	☐ Other				
Public V	Vater System (PWS) Name: Shang dress: 100 Shango L	ماعع				PWS I.D.:_	3354	028		
PWS Ad	dress: 100 Shangoi La 1	ikal				City: Lee	shuan	FL		
PWS or	PWS Owner's Phone #: 1066	<u> </u>	7	F	ax #: _2	<u> ユフーン</u>	19-42	19		
Collecto	or: Joseph Byk				Callector's	Phone #: _	~		·····	
2 Com	Supply: (check only one) munity Water System Non-Transie ad Use System Bottled Water	nt Non-commu Private Well	ınity Wate	r System			mmunity Wa			
Reason Distri	for Sampling: (check all that apply) bution Routine Distribution Repe	at D Raw (tr	agered or	assessmen	t) 🗆 Ray	w (triggered	or assessm	ent) additional	☐ Well Surve	
☐ Clear	ance Replacement (also check typ	e of sample be	ing replac	ced) (2/186	il Water N	lotice 🔲	Other:			
	Collection Date: Joseph B	٠ ,	ノバンツ」(te	D	CN#: AD-D045	•	ve 01/95, Revised 09/11		
Sample	To: be completed to Sample Point	Sample	Sample	Disin-	pH 🥨		albadia18	te completed by Jab		The state
8	(Location or Specific Address)	Collection	Type	fectant Residual		Non-	Total	5779222 { Fecal, E. <i>coll</i> .	Data	Lab
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samples	of disinfectant residuals for distribution r Free chlorine or Total chlorine (circle one	outine & repeat)		2.1	Unle:	ss otherwise	noted, all to	ests are preforme	d in accordan	ice with
Dieinia	ctant Residual Analysis Method:			***************************************				e results relate on		
	D Colorimetric Other:	-			Date an	d time PWS	notified by lab	of positive results: _		
Person	performing disinfectant analysis is (Chec	k one of below):					y lab of positive resu		
У 23∧0	ertified operator (# <u>C-5934</u>)			ı	port Issued:				
	pervised by certified operator (#				Lah Si	ansture	Mat	4-16Cl		
	thorized representative of supplier of water	El OI DOM			Title:	#Z	alust	4 18 40		
	NAME AND MAILING ADDRESS			······································			-17-21			
OFPERS	ON TO RECEIVE REPORT				☐ Satis		tion informatio	าก	DEP/DOH (ISE ONLY
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('	acon low. Lowish) ,				4	ivlewed by D DH Reviewips	7			
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Tap,Sα	Special (clearance, etc.). ification number for the listed method is included at top v			Relin	quish By:	" KIL				
3. Please o	incle appropriate selection. In Florida Administrative Code Rule 62-160, Table 1.	ure moundary y at	runtal,		Date://	1/2-7	1-15	_ Time: _//: 2	2-5	
5. Comple and inc	te for community & non-transient non-community system ading 4,900. Do not include raw or plant samples in the nor. A = Coliforms are absent; P = Coliforms are present; C	verage,	•	Rece	ived By: _	Plu	nmc/	W		

n too numerous to count (62-550,730 Reporting Format.

Date: 12/1/15

__ Time: <u>/340</u>

☐ 6661 Southpoint Playy. · 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 · E82601 ☐ 10200 USA Today Way · Miramar, FL 33025 · 964.889.2288 · Fax 954.689.2281 · E62535 ☐ 9610 Princess Palm Ave. · Tampa, FL 33619 · 813.630.616 · Fax 813.630.4327 · E64589

A1508788

□ 528 S. □ 1288 C	Northiake Blvd., Ste. 1016 • Altamonte Spring dedar Center Drive, Tallahassee, FL 32301• 8	js, FL 32701+4 50.219.6274 • F	07.937.1594 ax 850.219	4 • E53076).6275• E6110	95					
	Advanced Environmental L					Analysis Dai Sample Acc Sample Pres Disinfectant	te & Time:	12/2//5 2-2-15 gla: in Ice Not On Ice Detected it the following NEL		
	lumber: Sub-Cor	tract Lab ID:			. [
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Public V	Vater System (PWS) Name: Shope	1 in				PWS LD.	335 4	0250		
PWS Ad	dress: 100 Shanyai Lu	. Blud			(City:	ezsbur	& Pla		
PWS or	PWS Owner's Phone #:X66	3-82-97		F	ax #: _2	<u> 27 - 8</u>	49- 4	219		**********
	or: Joseph Byk			c	collector's	Phone #: _				
A Com	Supply: (check only one) munity Water System	it Non-commi Private Well	unity Wate	r System ming Pool	☐ Trans		mmunity Wa	ter System		
☐ Distri	for Sampling: (check all that apply) button Routine	of sample b	eing replac	ed) 🔼 Bo	i) □ Ray	w (triggered	or assessm Other:	ent) additional [☐ Well Surve	<u></u>
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Sample	Sample Point	collecter ot sa	nole Sample	Piele				e completed by lab		
#	(Location or Specific Address)	Collection	Type '	Disin- fectant	pH	Analysis M	. 3t	nonzzB		
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average samples	of disinfectant residuals for distribution ro Free chlorine or Total chlorine (circle one)	utine & repeat		21	Unle	ss otherwise	a noted, all te	sts are preformed	in accordan	ice with
Disjnfe	ctant Residual Analysis Method:				NE	ELAC stand	ards, and the	results relate on	y to the sam	ples.
D DP	D Colorimetric Other:	•			Date an	d time PWS r	notified by lab	of positive results: _	WWW	
Person	performing disinfectant analysis is (Checkstriffed operator (# 2 - 3 9 3 9	k one of below	') :				OH notified by	lab of positive resu	lts:	
□ Su _l	pervised by certified operator (#	.)))			port Issued: ,	M I	1108		
	nployed by a certified fab	EP or DOH				gnature: 💆	1 aco	1000		
	NAME AND MARING ADDRESS				Title: _		raight			
		4			☐ Satis		tion Informatio	n	DEP/DOH L	ISE ONLY
	DE COOSE BAYOU BL	c)			☐ Repo	eat Samples	Required			
49	US WATER BAYOR BLOW FOR	~			1	acement San Iviewed by D	nples Required EP/DOH:			
					l	OH Reviewing				
(routin	the sample type for each sample collected. Sample type of compliance), C = Repeat/Check, R = Raw, N = Entry Poir = Special (clearance, etc.).			Relin	quish By:	Oh	sh			
2. Lab ce	rifficulion number for the listed method is included at top we sincle appropriate selection.	ith the laboratory as	ldross.		Date:	112-4	-15	Time: _/2/	5	
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Results Ke	fuding 4,900. Do not include raw or plant samples in the av y: A = Coliforms are absent: P = Coliforms are present; C- rous to count (62-550.730 Reporting Format.		TNTC		Date:	12/2	1,5	Time: / 3//		
								- ······ — / / / / /		

TRANSACTION REPORT

DEC/04/2015/FRI 11:14 AM

FAX(TX)

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



DATE: December 04, 2015

PAGES: 4

CO: FDEP - Central

TO: Nicole Belian (Lake Co)

FAX #: 850-412-0482

FROM: <u>DIANE KIBITLEWSKI (727) 848-8292 EXT. #244</u>

**** 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



DATE: December 4, 2015 PAGES: 4

CO: Lake County Health Department

TO: Drinking Water Section

FAX #: 352-253-6133

FROM: <u>DIANE KIBITLEWSKI</u> (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



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 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

TNTC = too numerous to count (62-550.730 Reporting Formal.

& LABURATOHY HEPOHTING FOHMAT

G6881 Southpoint Pixwy. *Jacksonville, FL 32216 * 904.363.9350 * Fax 904.363.9354 * E82574

G6881 Southpoint Pixwy. *Jacksonville, FL 32608 * 352.397.2349 * Fax 352.395.6639 * E82901

G10200 USA Today Way * Miramar, FL 33025 * 954.889.2288 * Fax 954.889.2281 * E82535

G840 Princess Palm Ave. * Tampa, FL 33619 * 813.630.9616 * Fax 813.630.4327 * E84589

G380 Northlake Bixd., Suite 1048 * Altamonte Springs, FL 32701 * 407.937.1594 * E53076

G2639 N. Monroe St., Suite D, Tallahassee, FL 32303 * 850.219.6274 * Fax 850.219.6275 * E811095

A1603285

Advanced Environmenta			Lab Receipt Date & Time: 5916 1500 Analysis Date & Time: 5-6-6 1614 Sample Acceptance Criteria: Sample Preservation: 20 n ice 1 Not On ice 1 4 °C Disinfectant Check: 1 Not Detected 1 This Sample does not meet the following NELAC requirements:						
Report Number: Sub-C	ontract Lab II):	····						IIIS.
Analysis Requested: (check all that apply) Total Coliform/F. coli	cal 🗍 Fote	monori	Callaba.						
Public Water System (PWS) Name: Share PWS Address: 100 Shan SPI C PWS or PWS Owner's Phone #: 727 - 845 Collector: DOSC N Byle	nsai l	-a		998 U <u>HPC</u>	<u> ∐ Othe</u>	C		102.3	·
PWS Address: 100 Shanspit C	w Blub	7	······································			PWS I.E	235 - 6	21	
PWS or PWS Owner's Phone #: 227-84	3-8292			Fax #:	727-	YUS-7	201	<i> -iL</i>	
				Collecto	or's Phone	#:			
Community Water System Non-Transie Limited Use System Bottled Water	ant Alon on-					ommunity W		************	
Reason for Sampling: (check all that apply) Distribution Routine Clearance Replacement (also check tyr	e of sample I	triggere being re		=== -		1 or assessm Other:	nent) additional	☐ Well Surv	<u>e</u> y
Sample Collection Date: 3 -7-7 &	DA	4 /	14/2_		CN#: AD-D045		ive 01/95, Printable Rev	rision 04/30/2015	;
Sample Sample Point				and the control		965-600 NED. 10	be completed by m		
# (Location or Specific Address)	Sample Collection	Sam ple	Disin- fectant	pН	SN 1977 Non-	Total	Analysis Method(s)	T	
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2 106 China lone	1220	۵	1.4			A			2
3 los China Lane	225	D	1.4			A			3
werage of disinfectant residuals for distribution re amples. ⁵ DFree chlorine or DTotal chlorine (check	outine & repear	t .	1.4	182					<u> </u>
Disinfectant Residual Analysis Mathod	one).		1.4	Unless NEL	otherwise i AC standar	noted, all tes ds. and the i	ts are preformed i results relate only	n accordance	e with
NDPD Colorimetric Other:				1			ositive results:	-	
Person performing disinfectant analysis is (Checi	k one of below):		Date and tim	e DEP/DOH	notified by lat	ositive results: of positive results:		
A certified operator (# <u>C 53</u> 3 9 Supervised by certified operator (#)				Date Report	lesued;				
Employed by a certified lab Employed by DE	P or DOH			Lab Signa	tura: N	Most	/(V)_		•
Authorized representative of supplier of water				Title:	A	naluci			
NSERT NAME AND MAILING ADDRESS OF PERSON	TO RECEIVE	(EPORT)		☐ Satisfacto		7.7.7.7			
US WHEN	. 0			☐ Incomplet	e Collection	Information	Đ	EP/DOH USE	ONLY
4939 CROSS BAYOU B	100			Repeat S.	amples Requ	ulred			
New Post Richy	Flu			D Replacent Date Review					
Indicate the sample type for each sample collected. Sample to			***************************************	DEP/DOH R					
Distribution (routine compliance), C = Repeat/Check, R = Ray Distribution, P = Plant Tap, S = Special (clearance, etc.). Lab certification number for the listed method is included at to address.	r, N = Entry Point		Reli	inquish By:	21				
address. Please circle appropriate selection. Defined in Florida Administrative Code Rule 62-160, Table 1.		o ry		Date:	15-9	-16	ime: /320	<u> </u>	
Complete for community & non-transient some conformanity system to and including 4,900. Do not include row or plant samples such key: A = Coliforms are absent; P = Coliforms are present TC a 100 miles of the coliforms are present to the coliforms a	ems serving popul		Rec	elved By:	Pu	m	ime: <u>/32</u> 6		-

Date: 5/9/16 Time: 13.35

& LABUNATURY REPORTING FURING 1

[6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363,9350 • Fax 904.363,9354 • E82574

[14885 SW 41st Bkvd • Gainesville, FL 32508 • 352.377.2349 • Fax 352.395.6630 • Repont

[10200 USA Today Way • Miramar, FL 33026 • 954.889,2288 • Fax 954.889,2281 • E82535

[9810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589

[2380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701• 407.937.1594 • E53076

[2639 N. Monroe St., Suite D, Tallahassee, FL 32303• 850.219.6274 • Fax 850.219.6275• E811095

A1603327

(Advanced Environmental			Analysis D Sample Ad Sample Pro Disinfectar	este & Time: cceptance Cri eservation: Zi nt Check: III No	: 54016 5-10-16 teria: On Ica On Iot On Iot of Detected One et the following NEL	<u>1736</u> ∞□ <u>4</u> •	c		
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A-a-line		** **				(
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PUDIIC	Water System (PWS)	Name: <u>7640</u>	gei La	<u> </u>			···	PWS I.D	. <u> 735-4</u>	6058	
PWO A	odress: /OO /h	ansin U	ريا (/_	يا_	······		···	City: 🚣	esbun	1=/4	
Callant	is requested: (check in Coliforny E. coli	#127-848	8242			Fax #: _	727-8	48770	21 1		
	or: <u>Joseph</u> I Supply: (check only o					Collecto	r's Phone	#:			
ZSCom:	munity Water System	Non-Transie	nt Non-comn	nunity V	Vater System	Tenne	iont Non or				
	THE PERSON LIES	SUIGO TAGIGE	Private Well	□ S _V	vimming Poo	of Other	: :	SAK ATHURITA	iter System		
Reasor	i for Sampling: (check	all that anniv)									
☐ Clea	ibution Routine	<u>Distribution Repe</u>	et Raw (riggere	d or assessr	nent) Ray	w (Irlagered	or assessm	ent) additional	Well Surv	ey
	e Collection Date:_		2 21 20111012 1	10 III 10	Diaceri 12	DOIL AARIGL IA	IOTICE I	Oluer:	•		
				UMI	1 roje	/ DE	CN#: AD-D045		ve 01/95, Printable Rev		
Sample	Sample P	Cobe completed by	Sample	Ministra				24620	ne completed by tale Analysis Method(s)		
#	(Location or Spec		Collection	ple	Disin- fectant	pH	Non-	Total	Analysis Method(s) ² Fecal, E. coli.	Data	Lab
			Time (24 hr clock)	Туре	Residual (mg/L)		Colform	Coliform	Enterococci, or	Qualifier*	Sample
1	102 China	Lane	1100	0	1.6			A	Coliphage ³		1
2	106 China	Lane	1105	0	1.6			Δ			Z
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Average	of disinfectant residuals	for distribution ro	uliae & renea	,							
samples.	☐Free chlorine or ☐To	tal chlorine (check o	one).		1.6	Unless	otherwise r	oted, all test	s are preformed in	n accordance	n with
Dişinfed	tant Residual Analysis t	fethod:				NEL	AC standar	ds, and the n	esults relate only	io the sample	3 WILLI 98.
NIDPE Z	Colorimetric Other.					Date and tim	e PWS notifi	ied by lab of po	sitive results:		
Person	performing disinfectant	analysis is (Check	one of below	} :		Date and tim	e DEP/DOH	notified by lab	of positive results:		_
	ertified operator (#C-5)					Date Report	Issued:				
	ervised by certified operatological by a certified lab		D at 00U			Lab Signat		nott	1000		
	orized representative of su		r u bon			Title:	A (c)	c. (3CL	087		
JINSERT N	AME AND MAILING ADD	DRESS OF PERSON	TO RECEIVE A	REPORTI		<u> </u>		21.77.			
	US WATER	-				Satisfacto Incomplet		Information	Di	EP/DOH USE	ONLY
ų	939 cross	BAYOU	bluck			Repeat S	ampies Requ	uired			
A	viw Port	Richea	17/2			☐ Replacem					
• '	in pin	richary	pic			Date Review					
1. Indicate (he sample type for each sample	collected. Sample typ	c codes are: D =			DEP/DOH Re	eviewing Om	icial/			
URINOUD	on (routine compliance), C = R on, P = Plant Tap, S = Special :	(clearance etc.)			Reli	inquish By: <u>/</u>	Qh.				
address.	lication number for the listed m	ethod is included at top	with the laborate	o ry			5-11	0-11-	Bar	<u> </u>	
4. Defined i	rie appropriate selection. n Florida Administrative Code	Rule 62-160, Table 1.				Date:	9 10	// <u>//</u> TI	me: <u>/30 0</u>	•	
5. Complete up to and	: For community & non-transien including 4,900. Do not includ	il non-community syste a new or ninni semnles	in the average		Rec	eived By:	_6)r.	amma	all		
Results Key:	A = Colifornic are absent; P = numerous to count (62-550,730	Colifornis are present:	C = confluent gr	owth;			FI	, <u>, , , , , , , , , , , , , , , , , , </u>	, , , , , , ,		
	(-t t ound:				Date:	_2//	0//6	Time: <u>/355</u>		

Diane Kibitlewski

From:

Diane Kibitlewski

Sent:

Wednesday, May 11, 2016 4:32 PM

To:

'DEP_CD@dep.state.fl.us'

Subject: Attachments: Shangri La - BWN Rescind Report 5/11/2016

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
00	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

Water Line Repair at: 107 China Lane

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

Burma Island: 115, 116



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.



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

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 Operations at 727-848-8292, ext. 233 or 203.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

CLABURAIUHT HEFUH IING FUHWA I

6881 Southpoint Pkwy. - Jacksonwile, FL 32216 • 904.383.9350 • Fax 904.383.9354 • E82574

14985 SW 41st Blvd • Geinesville, 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

19610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9816 • Fax 813.630.4327 • E84589

2380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076

12639 N. Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275 • E811095

A1606596



14-16	1620
Not On Ice	04 ·c
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ĺ	e O Not On Ice ected O following NELA

A4		intract Lab ID):				·					
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PWS or	PWS Owner's Phone #: 727 848	-8292			Fay #	227-	*V & - 2	701	<u> </u>	***************************************		
Collecte	or: Joseph Byle	**************************************	***************************************	***************************************	Collec	tor's Dhone	<u>.</u>					
Type of	Supply: (check only one)					tors Phone	#;		*********			
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Popper.	ed Use System Bottled Water	Private Well	☐ Sy	<u>rimmina Poo</u>	l Othe	ī. ——						
☐ Distri	for Sampling: (check all that apply) bution Routine	al M Daw (daan	d az azazza		//						
Clear	bution Routine Distribution Repearance Replacement (also check type	e of sample t	eina re	placed) [X]	Boil Water	Notice	<u>i or assessm</u> Other	enti additional	Well Surv	ey		
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19,67,6232								ive 01/95, Printeble Rev	rision 04/30/2015	j		
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2	South Tank	1715	0	2. [Ŋ,	Ž.	A			2		
3	Club house have b. blo	1730	D	1.7			A			3		
4	WWTP	1745	a 1	1.5			A			4		
		1	<u> </u>			8			<u> </u>	 ' 		
			ļ									
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samples.	☐Free chlorine or ☐Total chlorine (check	one).		1.75	Unles	s otherwise	noted, all tes	ts are preformed	in accordance	e with		
Disinfe	tant Residual Analysis Method:				NE	LAC standa	rds, and the	results relate only	to the samp	les.		
•	Colorimetric Other:				Date and time PWS notified by lab of positive results:							
Person	performing disinfectant analysis is (Check	one of below	ı):		Date and time DEP/DOH notified by lab of positive results:							
	ertified operator (# C J7974 ervised by certified operator (#)				Date Report Issued:							
☐ Em	ployed by a certified lab	D or DOH			Lab Signature: Math (
□Auth	orized representative of supplier of water	ar or port			Title: AnalyC+							
l	AME AND MAILING ADDRESS OF PERSON	TO RECEIVE	REPORT	1	1100	11.00	71					
	US WATER 4939 GRAYOL			1	☐ Satisfa			Ī	DEP/DOH USE	ONLY		
	11939 CROSS BAYOU	Blue				ilete Collection Samples Red						
	New Port Richy				Replac	ement Sample	s Required					
	New ver wary	1216				ewed by DEP/						
1. Indicate	the sample type for each sample collected. Sample ty	andar D			DEP/DOH	Reviewing Of	ficial-7	7				
Distribut	ion (fouline compliance), C = Repeat/Check, R = Ruy	v. N = Entry Poin	t 10	n	lmandet B	01	ハロ					
2. Lab centi	ion, P = Plant Tap, S = Special (clearance, etc.). Fication number for the listed method is included at to	p with the labora	lory	Kei	inquish By:	-//	AC.			***************************************		
J. Please ci	rele appropriate selection.				Date	<u> </u>	4-16	Time: <u>/3/0</u>	0			
 Compact 	in Florida Administrative Code Rule 62-160, Table 1. for community & non-transient non-community syst	leas servine non-	alation-									
Results Key	including 4,900. Do not include raw or plant sample: A = Coliforms are absent; P = Coliforms are present	s in the systems		Re	caived By: _	+Cl	unne					
TMTC = too	numerous to count (62-550,730 Reporting Formal.		•		Date:	9/1	4/16	Time:/.34	(5			

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

☐6681 Southpoint Play. - Jacksonville, FL 32216 - 904.363.9350 - Fax 904.363.9354 - E82574

Write Project # or Place Project Label Here
A1606596

☐9610 i	SW 41st Blvd • Gainesville, FL 32608 • 352.) USA Today Way • Miramar, FL 33025 • 95 Princess Palm Ave. • Tampa, FL 33619 • 81 orthtake Blvd., Suite 1048 • Attamonte Sprin N. Monroe St., Suite D. Taliahassee, FL 323	4.889.2288 • Fax 3.630.9616 • Fax	954.88 813.63	9.2281 • E8253 0.4327 • E8458	35 89		A60	06596	*********	1
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PWS Ac	Idress: 100 Shan (Ri La	Blue	<u> </u>		***************************************		PWS I.D.	.: <u>333 - 61</u>	26	
PWS or	PWS Owner's Phone #: 727-449	-8272			Fax #	: 727-81	4 ft — 72	OL	- par	
					Collec	tor's Phone	#;	······································		
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A	(Location or Specific Address)	Collection Time (24 hr clock)	ple Type	fectant Residual (mg/L)	рН	Non- Collform	Total Coliform	Fecal, E. coli, Enterococci, or	Data Qualifier	Lab Sample
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□ Emp	Ployed by a certified lab	EP or DOH			Lab Sign	nature: //	Not	-1C0Q		
☐ Auth	orized representative of supplier of water				Title:	Anal	Y.S-			
HNSERT N	AME AND MAILING ADDRESS OF PERSON O S WATER	N TO RECEIVE R	I:PORT		☐ Satisfa	clory		0	EP/DOH USE	ONLY
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Indiana -		x			i	Reviewing Of	licial:)/	2		
Distributi	he sample type for each sample collected. Sample to the compliance), C = Repeat/Check, R = Roon, P = Plant Tap, S = Special (clearance, etc.). It called all included all	ype codes are: D = aw, N = Entry Point		Reli	i	Reviewing Of	liciati)	2		

Please circle appropriate selection.
 Defined in Florids 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 row or plant samples in the average.
 Results Key: A a Colliforms are absent: P = Colliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format.

Received By: 9/14/16 Time: 134.5

Diane Kibitlewski

From:

Diane Kibitlewski

Sent:

Thursday, September 15, 2016 3:30 PM 'DEP_CD@dep.state.fl.us'

To:

Subject:

Attachments:

Shangri La - PREPLANNED BWN Rescind
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



TRANSACTION REPORT

SEP/15/2016/THU 03:28 PM

FAX(TX)

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



DATE: September 15, 2016 PAGES: 4

CO: Lake County Health Department

TO: Drinking Water Section

FAX #: 352-253-6133

FROM: <u>DIANE KIBITLEWSKI</u> (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

PREPLANNED TANK INSPECTION 167 connections



Water and Wastewater Utility Operations, Maintenance, Engineering, Management

PREPLANNED TANK INSPECTION

Date:

September 13, 201@ 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.



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

PWS-ID No.

335-4028

TIME: 9:00 am

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:

NΑ Fax: 252-253-4133

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

PREPLANNED TANK INSPECTION 167 connections



Water and Wastewater Utility Operations, Maintenance, Engineering, Management

PREPLANNED TANK INSPECTION

Date:

September 13, 201 9:00 am

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



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Date BWN Issued:

September 13, 2016

System Name: Shangri La

PWS-ID No.

335-4028

TIME: 9:00 am

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

252-253-4133

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

Fax:

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

Primary Fax: 407-897-2966

Auxiliary - Water Facilities Fax: N/A

Diane Kibitlewski

From:

Diane Kibitlewski

Sent:

Monday, September 12, 2016 4:09 PM 'DEP_CD@dep.state.fl.us'

To:

Subject:

Attachments:

Shangri La - BWN, Tank Inspection 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 9:00aam. 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



DATE: September 12, 2016 PAGES: 3

CO: Lake County Health Department

TO: Drinking Water Section

FAX #: 352-253-6133

FROM: <u>DIANE KIBITLEWSKI</u> (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

Water Line Repair at: 107 China Lane

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

Burma Island: 115, 116



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.



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

Diane Kibitlewski

From:

Diane Kibitlewski

Sent:

Monday, May 09, 2016 7:41 AM 'DEP_CD@dep.state.fl.us' Shangri La - BWN 05/08/2016

To: Subject:

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/0	9 07:38AM	13522536133	0:00:44	3	MEMORY OK SG	



DATE: May 9, 2016

PAGES: 3

CO: Lake County Health Department

TO: Drinking Water Section

FAX #: 352-253-6133

FROM: <u>DIANE KIBITLEWSKI</u> (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