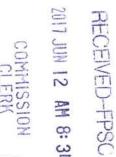
LAKESIDE WATERWORKS, INC.

June 8, 2017

FILED JUN 12, 2017 DOCUMENT NO. 05290-17 FPSC - COMMISSION CLERK

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



Re: Re: Docket No. 160195-WS - Application for Staff Assisted Rate Case (SARC) in Lake County by Lakeside Waterworks, Inc. – Response to Customer Meeting

Dear Commission Clerk,

Lakeside Waterworks, Inc. (Lakeside) hereby submits its response to the customer comments received at the June 1, 2017 Customer meeting in the above referenced docket.

Quality of Service

Numerous customers expressed concerns over the quality of the water being provided. Lakeside utilizes the same water treatment process since the purchase of the utility and since the last SARC.

Aesthetics can include a variety of items such as pressure, chlorine, taste, odor and color, as well as the secondary drinking water standards as specified in the DEP rules contained in Chapters 62-550 and 62-555, F.A.C.

U.S. Environmental Protection Agency (EPA) National Secondary Drinking Water Regulations set non-mandatory Secondary Maximum Contaminant Levels (SMCLs) for constituents based on aesthetic considerations, such as taste, color, and odor. EPA and DEP do not enforce these SMCLs. Such constituents are not considered to present a risk to human health at or below the SMCL.

Compliance with secondary standards is not required to insure safety of the water supply. Private wells are not even required to test for these elements, and in some, it is not uncommon for drinking water supply to exceed the secondary water MCL. Despite the absence of a health concern, Lakeside recognizes and shares customer concern about the impact of higher concentrations of these elements on the color of the customers' water. The Company, along with the entire industry, is mindful of the complaints about clogged filters and stained appliances and clothes, as well as the aesthetic impact and overall customer concern stemming from the presence of these elements. It should be emphasized that this is a historical concern—not a new one----as the geology of the state has produced this issue from the dawn of drilling.

In Order No. PSC-15-0013-PAA-WS, issued January 2, 2015, the Commission stated:

The water treatment processing sequence is to pump raw water from the aquifer, perform an aeration process, inject calcium hypochlorite, store the treated water in a tank, and distribute.

In addition to primary contaminants, newly enacted amendments to Section 367.0812, F.S., require us to consider secondary contaminants as part of the overall quality of service. Secondary contaminants are those contaminants a customer would likely notice because they impact things like color or smell. However, secondary contaminants are not a health risk and DEP does not typically undertake enforcement actions for secondary standards, unless another type of contaminant exceeds the maximum contaminant levels (MCL).

The Order continued by stating:

Regarding water quality, Lakeside's last water quality test showed that the water was well below the MCLs for all primary and secondary water quality standards required by DEP, ensuring that the water is safe to drink. Regarding identical test year results, DEP requires the tests to be performed every three years, and the last test was performed in 2012. Thus, the results reported in the annual CCRs are expected to reflect the same test results until new tests are conducted in 2015. Regarding black rings that form in the toilets, we find the Utility's suggestion that the black rings are caused by mold that grows quickly in Florida's warm, moist climate, and not by poor water quality, to be reasonable.

The majority of the quality of water concerns were addressed by (a) the replacement of the collapsed well and (b) the addition of the white water air compressors. Prior to acquiring the Shangri-La utility, the new owners met with the customers to explain the conditions of the existing infrastructure, the need for capital improvements to address service, the U.S. Water Services operations, and the potential impact on customer rates. The customers of the utility fully understood the existing conditions of the utility and the previous owner's management. Lakeside notes that in Order No. PSC-00-0259-PAA-WS, the Commission addressed the customers' concerns over the quality of service and management of the previous owner.

The black rings in toilets issue is usually mold, mildew or mineral deposits at the water / air interface inside the toilet bowl. Bacteria, fungus and mold spores normally found in the air can cause rings in your toilet bowl. Wet surfaces provide ideal conditions, and the organisms reproduce rapidly, growing together to form a ring. The color of the ring depends on the species of bacteria, mold or fungus. This is especially exacerbated by non use of the toilet when the customer base is seasonal, such as the case with Lakeside's customer base. Another possibility is when washers and flappers inside the toilet tank are breaking down from the chlorine causing the black substance coming off the flapper to stain toilets. This is a common occurrence with the use of chlorine for disinfection and with age of flappers inside the tank of toilets.

As previously stated, aesthetic water quality involves non-health related characteristics of water such as taste, color, odor, hardness and turbidity. The United States Environmental Protection Agency ("EPA") has developed secondary drinking water standards that pertain to aesthetic water quality, which standards have been adopted by the FDEP. Unlike primary drinking water standards, typically secondary standards are not enforced by EPA and FDEP, but simply function as guidelines.

Lakeside has previously made improvements to the aeration treatment for the naturally occurring hydrogen sulfides in the water. This naturally occurring element can cause a "rotten egg" smell. This rotten egg smell can occur in residences that are left vacant for a long period of time when the water has become stale due to lack of movement. Again, this is exacerbated in systems that experience seasonal customers, such as Lakeside. Customers are often informed to flush the inside lines to bring in fresh water and increase total chlorine residual. Heating the water can also liberate the residual sulfides. When there are any sulfur compounds available, the result would be the formation of hydrogen sulfide, which is a rotten egg odor causing gas.

Prior to the acquisition, the current owners discussed the water quality issues and the current treatment system that is installed. As previously stated in the last SARC docket (Docket No. 130194-WS), Lakeside has made numerous improvements to both the water and wastewater systems to improve efficiencies, as well as to improve the quality of service provided to its customers. This included the installation of additional chlorine pumps in order to (1) improve the removal of hydrogen sulfides by providing oxidization prior to aeration process; (2) improve chlorine residuals in the ground storage tank; and, (3) improve chlorine residuals throughout the distribution system. These improvements also included repairs to pressure switches to improve the water pressure in the distribution system. Lakeside is also considering the installation of automatic flushing on the flushing valves so the flushing will occur at scheduled times and not rely on manual operation.

Lakeside is ready and able to make the improvements to address the water quality issues in its system. However, in order to properly address the quality of water within Lakeside, it would be necessary to install the following:

(1) a forced draft aeration system (200 gpm);

(2) a filtration system including two (2) 100 gpm steel pressure filters;

(3) additional caustic feed system;

- (4) additional acid feed system;
- (5) installation of a larger ground storage tank (75,000 gallons);
- (6) necessary site work, excavation and restoration;
- (7) demolition of existing ground storage tank;

(8) installation of transfer pumping system – (two (2) 10 HP high service pump and one 10,000 concrete tank ;

(9) additional security fencing:

(10) upsize the new wastewater treatment plant in order to accept the backwash water from the filters; and

(11) installation of piping from the water treatment plant to the wastewater treatment plant for the reject water;

- (12) required power upgrades for aeration and filtration;
- (13) Roof/building structure for filtration and high service pumps

(14) Odor control for sulfer removal – (5 HP blower).

Lakeside believes this may be cost prohibited, as the costs for these improvements will be over \$993,750 and will cause a significant upward pressure to the customers' water rates. (See Attached) The customers already expressed concerns on the cost of the water, and these improvements will cause a significant increase to the rates. This is the solution that Lakeside recommends to address odor, color, and taste concerns. However, there may be a more economical solution if there was just forced draft aeration installed. This would improve the water quality. Eliminating carbon filtration and odor control would lessen this by approximately \$250,000. The carbon filtration would address the taste and odor of the water.

This estimate is only for the capital improvements that would be required. It does not include the increase to chemical expenses due to the addition of caustic and acid and carbon replacement. Further, purchased power costs would increase significantly due to the addition of numerous pumps, chemical feed systems, and transfer station. These are operation and maintenance expenses that would increase and be recovered on a dollar for dollar basis.

Lakeside is willing to work with the customers and HOA if they would like to do an assessment and contribute towards the cost. This would be treated as CIAC and reduce both the depreciation expense and return on investment on the capital improvement. This was similar to how the Country Walk Utilities project was discussed with its customers recently.

Pressure Fluctuation

Numerous customers expressed concerns on the fluctuation of pressure within the distribution system. After the customer meeting, Lakeside discovered that the two (2) high service pumps were in need of repairs. These high service pumps are necessary to provide the required fire flow of the County, as well as, to provide high velocity water into the distribution system for flushing and to meet customer demand. The water system was relying on the two (2) jockey pumps which are lower capacity pumps for the delivery of the water. These smaller pumps do provide adequate pressure to meet the FDEP required pressure, but do so at less volume and pressure then the high service pumps. Lakeside is currently repairing these two high service pumps. In addition, Lakeside has two hydropnuematic tanks to provide pressure. These two hydro-tanks are interconnected with a 2 inch (2") pipe. Lakeside is replacing the 2" interconnecting pipe with a larger six inch (6") pipe to assist in addressing the pressure issue by providing adequate interconnection of the system.

Finally, Lakeside is replacing the old control panel located within the water treatment plant with a newer more up to date control panel. This includes the installation of pressure switches for the pumps. The old control panel antiquated and was in service when the utility was purchased and did not provide the reliability to properly control the four service pumps within the WTP. The

replacement of the control panel will assist in addressing the pressure issues within the distribution system. In the last SARC in Docket No. 130194-WS, Lakeside had proposed a replacement of this control panel in the amount of \$10,000 to be completed for reliability since the utility had stated the existing panel was not sufficient to operate the service pumps adequately. (see attached) Due to the opposition of both the customers and the Office of Public Counsel (OPC), Lakeside withdrew the request for the pro forma plant. However, these are additional improvements and costs that Lakeside is currently implementing.

Several customers expressed concerns over "silt" in the water. Lakeside believes this occurred during the collapse of the well. The collapsed caused sand to enter the ground storage tank, and eventually made it through the WTP out into the distribution system. Lakeside believes this situation either has been or will be rectified through the usage throughout the distribution system as well as the flushing at the flush valves.

Notice of DBP Exceedance

A couple of customers expressed concerns on an exceedance notice received December 2016 (Attached). This issue arose due to a scheduling conflict by the FDEP. Lakeside received its annual testing schedule from FDEP for 2016 (Attached). According to the FDEP 2016 Drinking Water Monitoring Requirements, the testing for DBPS were suppose to be reduced to a triennial testing and were to take place in July – Sept. 2018. Since the 3rd quarter 2015 had an exceedance, the testing should have been moved to quarterly. An e-mail was received from FDEP dated November 2016 stating this. Included in this FDEP e-mail was a required notice to customers that had to be issued due to the missed testing. Lakeside appropriately followed the testing schedule received by FDEP.

Lakeside is currently on quarterly testing and all test results for the past three quarters have been below the MCL. (See Attached). Lakeside received the 2017 Drinking Water Monitoring Requirements which reflect the appropriate quarterly testing. Once these quarterly samples produce an Annual Average, Lakeside believes it will be placed back on annual testing.

Lift Station Rehabilitation

Many customers commented on the lift station located in the middle of the park next to the clubhouse. This has been an on-going issue since the acquisition of the utility. The lift station was in a dilapidated state when the utility was acquired.

Lakeside's contractor, U.S. Water Services Corporation, has years of experience in rehabilitating lift stations for Cities and Counties throughout the state of Florida. To adequately rehabilitate this lift station, it would require replacing the pumps, the addition of rail system within the lift station, replacing all piping and valves, a complete replacement of the electrical control panel, and a new lid with hatch cover. Once rehabbed, the building can be demolished, at an additional cost. Lakeside can then install a security fence and landscaping around the fence for aesthetics.

The estimated cost of this complete rehabilitation would be in the amount of \$75,000. Lakeside is not opposed to completing this rehabilitation, but again, this would be another upward pressure on the wastewater rates. Lakeside would need to file for either another SARC or a limited proceeding to recover the costs of this rehabilitation. As stated at the customer meeting, the customers are very sensitive to increases in either the water and/or wastewater rates.

In the last SARC in docket No. 130194-WS, Lakeside had proposed a replacement of this control panel in the amount of \$41,000. (see attached) During the previous SARC, Lakeside had propose to replace the control panel; add new discharge piping and pump discharge piping; install railing; replace pumps; and make necessary repairs to the building Due to the opposition of both the customers and the OPC, Lakeside withdrew the request for the pro forma plant.

Lakeside knew the wastewater plant needed replacing and was cognizant to the impact to the customer rates. Therefore, Lakeside has held off on the previous requested pro forma plant items in recognition that the replacement of the wastewater treatment plant would have an impact on the customers' rates.

There were several needed pro forma items that Lakeside had proposed; however, Lakeside cooperated with the OPC and the HOA to reach a settlement in the previous SARC. Many of these proposed pro forma items would have addressed many of the customers' concerns. Please see Document No. 03174-14 attached.

Specific Customer Comments:

Marsha Straughan: Ms. Straughan expressed concern as to the amount of time to set up an ACH on her account. Ms. Straughan contacted Lakeside on May 1, 2017 to request an ACH request form. The form was received and the customer's ACH was established on May 25, 2017. Ms. Straughan contacted Lakeside on June 1st and was informed that the ACH would be effective on her next billing cycle.

In addition, please find attached Lakeside's response to Ms. Straughan's FPSC complaint No. 1207837W.

Ms. Straughan also read into the record a complaint filed by Mr. Gary Wiepking. Attached is Lakesides response and resolution to FPSC Request No. 1242283W.

Ms. Straughan also expressed concern over the inclining block gallonage charges and specifically referred to the clubhouse. However, the clubhouse is General Service customer. General Service customers are not charged the Residential inclining block rate structure.

Jerry Coker: Mr. Coker expressed concerns over his meter reading. Mr. Coker contacted Lakeside on March 7, 2017 concerning his bill. The customer indicated that his reading of the meter was 270 and he was billed at a meter reading of 275. Lakeside issued a meter re-read service order on March 7, 2017 and obtained a reading of 270. An adjustment was made to Mr. Coker's account to credit his account for 5,000 gallons of water. His account was credited for

(\$19.39). An additional service order was issued on March 20, 2017 to again verify the meter readings and the current meter reading was confirmed.

Jerry Ingram: Mr. Ingram stated that his meter had only been read one time. This is incorrect. Attached is a three year Billing History Report for Mr. Ingram's account. This shows that consumption has been billed the majority of the months. In addition, there have been four (4) service orders issued – one in each month Jan – April 2017 – where the meter reading has been verified four separate times in four consecutive months. Mr. Ingram may have been referring to his irrigation meter. The irrigation meter has not registered any consumption from June 2014 up until May 2017. Mrs. Michelle Ingram contacted Lakeside in March 2016 concerning the irrigation meter. At that time, Ms. Ingram requested that the irrigation meter be disconnected. Ms. Ingram was informed that there are no base facility charges on the irrigation meter and that she would only be charged if there was usage on the meter. Therefore, no disconnection of service was initiated. On April 25, 2017, Ms. Ingram contacted Lakeside and indicated that they would begin utilizing the irrigation system. The customer was billed for 14,000 gallons of irrigation usage in May 2017.

Shirley Basle: Ms. Basle stated that she was erroneously charged \$97.40 a "few months ago." A review of her account indicates that Ms. Basle contacted Lakeside in October 2015 indicating that she believed that she was mis-billed for consumption. The only bill that is close to the amount she stated was in January 2016 in the amount of \$95.60; however, this statement had a past due amount from the previous month in the amount of \$69.80. A review of her account indicates that the customer had missed payments several times in 2015 and 2016. A further review of the account indicates that in October 2015, the customer was billed with a meter reading of 657 and a service order issued on October 5, 2015 indicated that the actual meter reading was 652. No adjustment was made in 2015 when the re-read was obtained; however, the customer was not overcharged for consumption as the meter reading/consumption issue has been resolved through subsequent readings over the past 2 year period.

Valerie Bland: Ms. Bland stated that she had not been billed consumption and the meter reading was incorrect. A review of Ms. Bland's account indicates that she is a new customer starting service in January 2016. Ms. Bland was not billed for consumption in November 2016. Ms. Bland contacted Lakeside on November 23, 2016 indicating that she was not billed for consumption. A service order was issued on November 25, 2016 to obtain a meter reading. As a result of the meter reading, Ms. Bland was billed for 6,000 gallons of consumption in December 2016. An adjustment was made to the customer's account to bill the consumption. The adjustment was made in the amount of (\$2.04) to reflect the lower tier gallonage charge. After several attempts were made to contact the customer, the customer was finally informed of the adjustment on December 28, 2016. Prior to this date, the customer's husband hung up on the CSR and did not return voice messages.

Mary Callahan: Ms. Callahan expressed concerns over her billed consumption. A review of the account indicates that the customer began service in March 2016. The customer's husband contacted Lakeside in July 2016 indicating that he had been writing down the meter readings and

his readings were different than the billed readings. A service order was issued on July 19, 2016 to obtain a meter reading. Based on the meter reading, credits were made for 10,000 gallons in July and August 2016 totaling (\$87.97). The customer was contacted and the credits were reviewed with the customer. The customer contacted Lakeside again in January 2017 concerning his usage. A service order was issued and the meter reading was confirmed to be correct.

Diane Hofland: Ms. Hofland contacted Lakeside in December 2016 concerning her billed consumption. A review of her account indicates that the customer received a credit of (\$6.94) to credit her account for 2,000 gallons of water usage. The customer averages 3.7K usage over the past two years.

Lori Brady: Ms. Brady contacted Lakeside in May 2017 concerning her bills. It was explained to the customer that her bills were consistent with her billing history. (See Attached)

Terry Mickett: Mr. Mickett discussed his complaint filed with the FPSC. Attached is Lakeside's two responses to FPSC Request No. 1242401W. Lakeside discussed Mr. Mickett's concerns on at least two occasions. It was explained that his consumption of 6,000 is not out of line with his past billing history (also attached), and that he had 6,000 usage in the past. Lakeside explained that due to the uncertainty of the field bucket test performed that his meter would be sent to an independent meter testing laboratory for a bench test at no charge to the customer. The results of the bench test would also be needed in order to calculate any necessary adjustments to the account. The results of the independent lab confirmed that Mr. Mickett's water meter was 100% accurate. This was explained to Mr. Mickett by Lakeside prior to the customer meeting. Mr. Mickett also disputed that boil water notices were properly distributed. Lakeside confirmed with three (3) separate employees of U.S. Water Services that 100% of the customers received notices. Lakeside acknowledges that at the customer meeting 10 customers indicated that they did not receive notices.

The majority of boil water notices are precautionary advisories issued as a result of main breaks or system failure. If the main breaks or failure results in a loss of pressure to the system below 20 psi, Florida regulators (FDEP) require issuance of a precautionary boil water notice (PBWN) to the affected customers because of a remote possibility that depressurization of the system could result in contamination. Lifting the advisory usually requires collection of two sets of bacteria samples on two consecutive days once system pressure is restored. The laboratory test requires at least 24 hours to complete the process. Therefore, these advisories are normally in effect for three days, and sometimes longer if the laboratory is not open, for instance over a weekend or holiday.

The verbiage in the mandatory PBWN is dictated by the regulations and can give the impression that contamination of the water system has occurred. However, in almost every case, tests come back clear demonstrating that there never was any contamination of the system. The notices are required and are issued out of an abundance of caution to protect susceptible persons from a remote possibility of contamination. The immediate notification to all affected customers is not a realistic expectation; however, Florida regulators require notification within 24 hours of a triggering event.

Most water systems in Florida predominantly use hand delivery of notices to reach customers, particularly if the number of affected customers is fewer than a couple hundred. This process can take time and is labor intensive depending on the size and make-up of the system. However, the process is generally effective and meets the requirements of the regulations. The "door hanger" notices also include a service number for the customers to call.

There is no fail-safe process to ensure that every customer receives timely notification of a triggering event. Wind and rain can cause hand delivered notices to be lost or damaged. Notices might not be seen by residents until they enter or exit their home by the door on which the notice is posted. Phone calls might not reach every resident, might not be answered, or might go to a voice message and/or answering machine and not be played back immediately. If a radio or television advisory is given, customers may not have radios or TVs tuned to the station carrying the notice at the time it is broadcasted. Further, newspaper notices cannot be expected to provide timely notification.

Please also find attached, a letter to Mr. Mickett dated April 5, 2016 addressing his previous concerns.

Carl Fiedler: Mr. Fiedler indicated that he had been billed for 18,000 gallons of irrigation water in the past and the meter number doesn't match. A review of Mr. Fiedler's account indicates that this customer has not contacted Customer Service one time concerning his past usage. A further review of his Billing History Report indicates that the customer has never been billed for 18,000 gallons of irrigation water. For the potable water, the customer was not billed for consumption in March or April 2017. A service order was issued on March 17, 2017 and the technician confirmed that the meter reading was correct and verified the meter was good. The customer was subsequently billed for 1,000 gallons in May. (See Attached)

Mr. Fiedler also referred to "sewage overflows" from a lift station that wasn't cleaned up and that he had washed it into the canal. Lakeside has no records of any sewage spills from any lift station. All overflows would be required to be reported to the FDEP. Further, Lakeside has no lift stations next to any canal. The only lift station in the park located anywhere near a canal is across the street from a canal.

Janet Reighter: Ms. Reighter referred to a FPSC complaint filed. Lakeside has attached its response and resolution to FPSC Request No. 1232745W. This was resolved in February 2017.

Comments on Staff Report

In addition, Lakeside offers its comments and concerns on the Preliminary Staff Report as follows:

Used and Useful

Lakeside would first like to make clarification on an erroneous statement on page 4 of the Staff Report. Lakeside does not have two (2) wells rated at 850 gpm. Lakeside has one existing (new) well with a rated capacity of 280 gpm; and an existing well with a rated capacity of 250 gpm. The water treatment plant has a max day design capacity of 180,000 gpd. See attached clearance letter for the new replacement well. The limiting factor in the water treatment plant is the 20,000 ground storage tank. The water drawn from both wells is deposited into the ground storage tank after it goes through the existing aeration.

Lakeside disagrees with the Staff's preliminary assessment of the used and useful of the water treatment system. Although Staff states that it followed the FPSC rule, it failed to take into consideration several factors that affect the actual used and useful of the WTP. First, Lakeside is required to meet County fire flow requirements. Most utilities are able to meet fire flow demand by use of a storage tank. However, for Lakeside, the existing ground storage tank is inadequate. The existing storage tank only provides for 20,000 gallons. To compensate for the inadequately sized storage tank, Lakeside must rely on larger wells sizes to meet the fire flow requirements of the County. If a larger storage tank were in use, then smaller wells pumps could then be utilized. However, this is not the case. Larger well pumps had to be installed and utilized in order to meet this demand. In addition, there has been very little growth in the service area for several years. Although there are additional lots in the Eagle Point subdivision, to date, there is only one home being built in that newer section of the neighborhood.

Capital Structure

In making the required reconciliation adjustment to Staff's rate base in the capital structure on page 35 of the Staff Report, Staff made adjustments to both Equity and Debt. However, there was no new debt issued or undertaken for either the new well or new wastewater treatment plant. The only long-term debt is an existing debt undertaken to pay past accounts payable issued on January 1, 2015 in the amount of \$26,000. At the end of the test year, the balance on the long term debt was \$19,566. Additional paid-in capital is being infused into Lakeside from the existing shareholders for the repayment of the new well and new wastewater plant. As such, Lakeside does not believe it is appropriate to add additional long term debt to the capital structure that does not and will not exist. See attached Call for Capital dated May 31, 2017.

Respectfully Submitted,

Troy Rehdell Manager of Regulated Utilities // For Lakeside Waterworks, Inc.

Lakeside Waterworks

Water Treatment Upgrades:

| Storage Tank - 75K gal GST | \$ 180,000.00 |
|--|------------------|
| Forced Draft Aeration - 200 gpm | \$ 65,000.00 |
| High Service Pumping System | \$ 60,000.00 |
| Piping | \$ 42,000.00 |
| Acid Feed System | \$ 15,000.00 |
| Caustic Feed System | \$ 15,000.00 |
| Filters - (2) - 100 gpm (steel pressure filters) | \$ 120,000.00 |
| Backwash P/S - Mudwell - 2,500 contrete tank with (2) submersible 1 hpwr motor | \$ 30,000.00 |
| WWTP Expansion - for backwash water - 1 additional Aeration Basin | \$ 24,000.00 |
| Site work - Excavation/Restoration | \$ 45,000.00 |
| Fencing | \$ 8,000.00 |
| Demolition of old concrete ground storage tank/aeration | \$ 6,000.00 |
| Transfer Pump Station (2) 10 hpwr | \$ 25,000.00 |
| 10,000 gallon concrete tank | \$ 20,000.00 |
| Geo Tech work for GST | \$ 8,000.00 |
| Controls for: | \$ 30,000.00 |
| - (2) HP well pumps | |
| - (2) 10 HP transfer pumps/filter dosing | |
| - (2) 1 HP mudwell pumps | |
| - (2) 10 HP high service pumps | |
| - (1) 40 HP high service pump | |
| Electrical upgrades | \$ 20,000.00 |
| Filter/HP pump Roof | \$ 7,000.00 |
| Odor Control - 5 HP blower | \$ 75,000.00 |
| Net | \$ 795,000.00 |
| Design & Permitting | \$ 79,500.00 |
| Contingency (15%) | \$ 119,250.00 |
| Total | \$ 993,750.00 |



Water and Wastewater Utility Operations, Maintenance, Engineering, Management, Construction

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Monitoring Requirements Not Met for Shangri-La By the Lake Utilities

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During the 3rd quarter of 2015, we had a maximum contaminant level (MCL) exceedence, and did not increase our monitoring to quarterly as required for Disinfection By-products (TTHMs and HAA5s) when there is an exceedance. We therefore cannot be sure of the quality of our drinking water during that time of missed monitoring. Upon becoming aware of the exceedance, sampling was immediately performed on November 10, 2016; Results of which were well below the drinking Water MCL's for TTHM & HAA5 (TTHM result = 22.56, HAA5 result = 20.5).

Some people who drink water containing trihalomethanes (TTHMs) and/or haloacetic acids (HAA5s) in excess of the MCL **over many years** may experience problems with their liver, kidneys, or central nervous system and may have an increased risk of getting cancer.

What should I do?

There is nothing you need to do at this time. Your water system will continue to monitor for TTHM's and HAA5's on a quarterly basis, until such time results indicate that increased monitoring is no longer required.

What happened? What is being done?

We failed to complete our routine monitoring for TTHMs and HAA5s. The most recent results of samples collected November 10, 2016 did not exceed the respective maximum contaminant level (MCLs) of these contaminants. We will continue to sample quarterly until the MCL is below the maximum contaminant levels of these contaminants.

For more information, please contact Ron DeRossett at 866-753-8292 or you may contact Central DEP at 407-897-4171.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

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



Department of Environmental Protection

Central District

PWS ID #: 3354028

PWS NAME: SHANGRI LA BY THE LAKE

POPULATION: 328

2016 DRINKING WATER MONITORING REQUIREMENTS

| MONITORING & REPORTS | DUE | COMMENTS |
|---|-----------------------------------|---|
| Microbiological ("Bacte") | Monthly | Disinfectant residuals must be reported individually and averaged on bacte reports. Compliance for maximum disinfectant residual level is based on a running annual average. |
| Monthly Operation Reports (MORs) | Monthly | Include information about maintenance and/or abnormal occurrences & CT calcs. if required. |
| Nitrate and Nitrite | 2016 | Sample at each POE* every year. |
| Primary Inorganics | 2018 | Sample at each POE every 3 years. |
| Secondaries | 2018 | Sample at each POE every 3 years. |
| Radiologicals (Gross Alpha & Radium 228) | 2018 | Sample at each POE every 3 years. |
| Volatile Organic Contaminants (VOCs) | 2018 | Sample at each POE every 3 years. |
| Synthetic Organic Contaminants (SOCs) | 2018 | Sample at each POE every 3 years. |
| Stage 2 Disinfection Byproducts (DBPs) and Disinfection Byproduct Reports <i>Total Trihalomethanes & Haloacetic Acids (5)</i> | July – Sept. 2018 | Begin <u>reduced</u> (triennial) testing July – Sept. 2015. Collect 1 TTHM sample from the highest TTHM site and 1 HAA5 sample from the highest HAA5 site. If your highest TTHM and HAA5 sites are at the same location, you may collect 1 dual sample. Report disinfectant residuals. |
| Asbestos | 2020-2021 | Certification or results due every 9 years. Use Form 62-555.900(10), F.A.C., Asbestos Free Certification or Asbestos Sampling Plan |
| Lead and Copper (Tap Sampling) | June – Sept. 2018 | Test in accordance with the most recently approved sampling plan. |
| Consumer Confidence Report (CCR) & CCR Certification of Delivery | July 1, 2016 & August 10, 2016 | Data for CCR can be obtained at: <u>http://www.dep.state.fl.us/central/Home/Drinking</u> <u>Water/Compliance/CCR/default.htm</u> |

*POE = Point of entry to the distribution system. Sample at each POE that is representative of each source after treatment.

**MRT= Maximum residence time. Sample at one designated MRT distribution location per plant in accordance with the Stage 1 D/DBP Monitoring Plan.

This is a good faith assessment of monitoring requirements for the above-referenced public water system for calendar year 2016 and may not include additional sampling required during the year due to special circumstances. If you have questions, please contact Andrea Aviles at (407) 897-4141 or (407) 897-4100. This chart shall not relieve any person from any requirement of Florida law.

This schedule and state forms can be found at <u>http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm</u> on the Central District's website. Click on "Monitoring Schedules and Forms" under "Highlights" in the right-hand column,

- > It is important for you to provide this information to your operator and/or sampler.
- It is strongly recommended that testing be conducted early in the monitoring period to allow time for retests due to possible sampling or lab errors. Annual and triennial sampling should be completed by



Melisa Rotteveel <mrotteveel@uswatercorp.net>

Shangri-La By the lake Utilities Email (PWS 3354028)

1 message

Busam, Monica <Monica.Busam@dep.state.fl.us> To: Melisa Rotteveel <mrotteveel@uswatercorp.net> Cc: Diane Kibitlewski <dkibitlewski@uswatercorp.net>, "RDEROSSETT@USWATERCORP.NET" <RDEROSSETT@uswatercorp.net>, Dennis Muldoon <dmuldoon@uswatercorp.net>

Good morning,

We reviewed Shangri-La by the Lake Utilities (3354028) 3rd quarter, 2015 DBP results. They had an MCL exceedance for both TTHMs and HAA5s. I realize that this is something that should have been caught sooner and been resolved, but we have to move forward and do the necessary sampling and public notices.

The first step will be to start sampling for 4 consecutive quarters as soon as possible, at both stage 2 locations. I suggest to sample first, so the results can be used in the public notice.

Since the system should have been put on quarterly at both locations starting the 4th quarter of 2015, the public notice will have to be for missed monitoring 4th quarter 2015, and missed monitoring 1st, 2nd, & 3rd quarter of 2016. I attached the template for this and the certification of delivery. Feel free to change to wording around to better pertain to the situation, then send back to us for approval.

Please let me know if you have any questions.

Thank you,



Monica Busam

Environmental Specialist

Florida Department of Environmental Protection Central District Office

Monica.busam@dep.state.fl.us

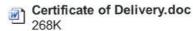


PLEASE NOTE: As of October 1, 2016 all Potable Monitoring reports should be submitted through our FTP site. Instructions for accessing the site can be found by clicking on the button below. All other correspondence related to monitoring should be sent to DEP_CD@dep.state.fl.us.





2 attachments



DBP missed routine monitoring (003).doc 35K



Department of Environmental Protection

Central District

PWS ID #: 3354028

PWS NAME: SHANGRI LA BY THE LAKE

POPULATION: 328

2017 DRINKING WATER MONITORING REQUIREMENTS

| MONITORING & REPORTS | DUE | COMMENTS |
|---|-----------------------------------|--|
| Microbiological ("Bacte") | Monthly | Disinfectant residuals must be reported individually and averaged on bacte reports. Compliance for maximum disinfectant residual level is based on a running annual average. |
| Monthly Operation Reports (MORs) | Monthly | Include information about maintenance and/or abnormal occurrences & CT calcs. if required. |
| Nitrate and Nitrite | 2017 | Sample at each POE* every year. |
| Primary Inorganics | 2018 | Sample at each POE every 3 years. |
| Secondaries | 2018 | Sample at each POE every 3 years. |
| Radiologicals (Gross Alpha & Radium 228) | 2018 | Sample at each POE every 3 years. |
| Volatile Organic Contaminants (VOCs) | 2018 | Sample at each POE every 3 years. |
| Synthetic Organic Contaminants (SOCs) | 2018 | Sample at each POE every 3 years. |
| Stage 2 Disinfection Byproducts (DBPs) and Disinfection Byproduct Reports <i>Total Trihalomethanes & Haloacetic Acids (5)</i> | Quarterly | Continue quarterly monitoring due to an MCL exceedance in 2015, until further notice. Collect a dual sample set from the "Sewer Plant" location. |
| Asbestos | 2020-2021 | Certification or results due every 9 years. Use Form 62-555.900(10), F.A.C., Asbestos Free Certification or Asbestos Sampling Plan |
| Lead and Copper (Tap Sampling) | June – Sept. 2018 | Test in accordance with the most recently approved sampling plan. |
| Consumer Confidence Report (CCR) & CCR Certification of Delivery | July 1, 2017 & August 10, 2017 | Data for CCR can be obtained at: http://www.dep.state.fl.us/central/Home/DrinkingWate r/Compliance/CCR/default.htm |

*POE = Point of entry to the distribution system. Sample at each POE that is representative of each source after treatment. **MRT= Maximum residence time. Sample at one designated MRT distribution location has plant in weavhouse with the Steep

**MRT= Maximum residence time. Sample at one designated MRT distribution location per plant in accordance with the Stage 1 D/DBP Monitoring Plan.

This is a good faith assessment of monitoring requirements for the above-referenced public water system for calendar year 2017 and may not include additional sampling required during the year due to special circumstances. If you have questions, please contact Monica Busam at (407) 897- 4171. This chart shall not relieve any person from any requirement of Florida law.

This schedule and state forms can be found at <u>http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm</u> on the Central District's website. Click on "Monitoring Schedules and Forms" under "Highlights" in the right-hand column.

It is important for you to provide this information to your operator and/or sampler.

It is strongly recommended that testing be conducted early in the monitoring period to allow time for retests due to possible sampling or lab errors. Annual and triennial sampling should be completed by <u>9/30/17</u> to provide time for revisions, re-tests, and/or corrections. <u>Failure to sample within the required monitoring periods may result in enforcement action.</u>



STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, <u>Subpart H systems</u> seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

ANNUAL MONITORING PERIOD: 2Q2017

| | SYSTEM INFORMATION | |
|--|---|---|
| PWS ID Number: 335-4028 | | |
| PWS Name: Shangri La (Lakeside Waterworks Inc) | | |
| Source Water Type and Population Size Category: | | |
| ☐ Ground Water: ☐ 10,000 – 99,999 ☐ 100,000 – 499,999 ☐ ≥ 500,000 | ⊠ Subpart H: ⊠ 500 – 3,300 □ 3,301 – 9,999 □ 10,000 – 49,999 □ 50,000 – 249,999 | 250,000 - 999,999 1,000,000 - 4,999,999 ≥ 5,000,000 |
| Monitoring Mode*: Routine Monitoring Reduced Monito | ring | |
| Monitoring Frequency*: Quarterly Annually | | |
| Total Number Of Distribution System Monitoring Locations*: Contact Person: Melisa Rotteveel | | |
| Phone Number: 866-753-8292 | | |
| E-Mail Address (optional): mrotteveel@uswatercorp.net | | |
| Fax Number (optional): 727-849-4219 | | |
| * See 40 CFR 141.621 and 141.623 for more details. | | |

Reporting Format 62-550.822/40CFR141.629

Page 1 of 5

QUARTERLY MONITORING PERIOD: 2Q2017

PWS ID Number: 3354028

| TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY | | | | | | | | | | |
|--|------------------------------------|---|------------------|---|---|-------------------|-----------------------------|------------------------------------|---------------------------------------|--|
| | 1 | | nis Quarter | | T | | | γ ····· | | |
| Monitoring Location* | No. of TTHM Samples Taken | Date Each TTHM Sample | TTUM | TTHM Locational Quarterly Average (mg/L) A | Previous Quarter TTHM Locational Quarterly Average (mg/L) B | | Quarterly Average (mg/L) | TTHM LRAA (mg/L) (A+B+C+D)/4 | TTHM OE Value (mg/L) (2A+B+C)/4 | |
| WWTP tap | 1 | 04/10/2017 | 79.11 | 79.11 | 72.37 | 22.56 | | NA | 63.29 | |
| | - | | | | 02/02/2017 | 11/10/2016 | | | 03.29 | |
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| | | | | | | | | | | |
| | Does the T | THM LRAA at a | ny monitoring l | Docation violate the | TTHM MCL of 0.08 | AD mail 2 (VES/NC | | | | |
| | Does the 1 | THM OE value | at any monitorir | ng location exceed | 0.080 mg/l ? (YES | S/NO)** | | | NA NO | |
| Location games or numbers should east | lf you are o | Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)** f you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)*** | | | | | | | | |

If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***
 Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
 If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
 If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

Reporting Format 62-550.822/40CFR141.629

Page 2 of 5

QUARTERLY MONITORING PERIOD: 2Q2017

F

PWS ID Number: 3354028

| | | Т | his Quarter | | IS MONITOR | | | | |
|--|------------------------------------|--------------------------|-----------------|----------------------|--|--|-----------------------------|-------------|------------------|
| Monitoring Location* | No. of HAA5 Samples Taken | Date Each HAA5 Sample | 1 | Quarterry | Previous Quarter HAA5 Locational Quarterly Average (mg/L) | HAA5 Locational Quarterly Average (mg/L) | Quarterly Average (mg/L) | (mg/L) | HAA5 Value (r |
| WTP tap | T. | 04/10/2017 | 47.42 | | В | <u> </u> | D | (A+B+C+D)/4 | (2A+B+ |
| | | | 47.42 | 47.42 | 48.15 02/02/2017 | 20.50 11/10/2016 | | NA | 40.8 |
| | | | | | | | | | |
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| | Does the HA | A5 LRAA at an | x monitoring lo | cation violate the H | | | | | |
| | Joes the HA | A5 OE value at | any moniforing | I location avaged 0 | 000 | ingit: (itcointo) | | | NA |
| | f you are or | reduced quarte | rly monitoring. | does the HAA5 LR | A exceed 0 030 r | NU)" | | | NO |
| Location names or numbers should corre f any HAA5 OE value at any location exi f any HAA5 LRAA at any location excee | espond to | those in your | Stage 2 D/I | DBPR complian | Co monitaria a | igic at any monito | ring location? (YE) | S/NO/NA)*** | NA |

Reporting Format 62-550.822/40CFR141.629

Page 3 of 5

Lakeside Waterworks, Inc.

June 23, 2014

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

RE: Docket No. 130194-WS- Application for staff-assisted rate case (SARC) in Lake County by Lakeside Waterworks, Inc.

To Whom It May Concern:

By submission of this letter, Lakeside Waterworks, Inc. (LWI) hereby proposes the following concerning the previously requested pro forma plant items submitted in the current SARC in the above referenced docket. LWI requests the staff to continue consideration of only the pro forma items included in the 2013 year for items which have actually been placed into service after the filing of the SARC and which documentation has been provided.

LWI offers this in consideration of the potential impact to its customers of including the 2014 pro forma items. LWI is cognizant of the potential impact of this rate increase considering the fact that this utility has previously not had a formal rate case decided by this Commission. Therefore, LWI offers this compromise in an effort to help alleviate any potential rate shock of the rate increase to its customers. Further, the majority of the proposed 2014 wastewater pro forma plant items are a significant change in the current operation of the wastewater treatment plant. These major items include receiving a re-rating of the plant through its DEP permit from a 50,000 gpd plant down to a 30,000 gpd plant. The proposed plant items also includes replacing the digester, aeration basin, demolishing the existing aeration basin, rehabilitating the spray fields, repairing the diffusers, replacing the air headers and blowers, as well as, replacing the control panels at two lift stations. LWI still intends to make these necessary replacements and repairs. However, due to the delayed processing of the current rate case, the potential impact to its customers, and the significant changes to the operation of the wastewater plant, LWI believes it would be appropriate to process the current SARC and then subsequently file for recovery of these items in a future SARC once they are in placed into service.

This offer in no way should be precedential in nature or prohibit LWI in submitting a future application for a SARC once the items have been placed into service.

5320 Captains Court, New Port Richey, FL 34652 Mailing: 4939 Cross Bayou Boulevard, New Port Richey, FL 34652 Tel: (866) 753-8292 Fax: (727) 848-7701 Docket No. 130194-WS Pro Forma Plant Consideration

If you have any further questions or concerns, please do not hesitate to contact Mr. Troy Rendell at (727) 848-8292, extension 245.

Respectfully Submitted, Gary Deremer President

Cc: Victoria Penick Troy Rendell

| | te 5 WW | WTP | Type | Priority 1 = High 2 = Medium 3 = low | | | | | | | | | | | | | |
|---------|---------------------|-------|--------|---|-----|---|---|--------------------|--------------------------------------|---|-------------|------------|----------------|-------------|-------------|-------------|--------------|
| Lake LS | | WTP | Type | 2 = Medium | | | | Regulatory | | | | | | | | | |
| Lake LS | | WTP | 4 4 | | | | | Mandate (M) or | | Comments | | | | | | | |
| Lake LS | s ww | WTP | | | CIP | Problem | Solution | Enhancement (E) | Rule | | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | COA # |
| | | - | W | the state | R&R | Generator housing has multiple rust areas which cannot be patched. | Replace housing | м | \$2-555.350(2) | | | \$ 2,000.0 | 00 | | | | \$ 2,000.00 |
| Lane IS | s ww | WTP | w | | CIP | Inadequate chlorine feed, erratic operation, and | Install 4 chlorine feed pumps and installed injection points at both wells. Point of Entry (POE) to the distribution system and at Ground Storage Tank. Install Mercoid switch on Hydro-pneumatic tank to address system pressure issues. Misc repairs to WTP equipment | м | 62-555.320(12)(d) | | \$ 5,296.43 | | | | | | \$ 5,296.43 |
| Lake LS | s ww | WTP | w | | CIP | Current control panel is not sufficient to operate the equipment safely | Replace Control panel to operate two wells and four high service pumps | E | 62-555.350(2); 62-555.320(5); FAC | | | \$ 10,000. | 00 | | 1.8.5 | | \$ 10,000.00 |
| Lake LS | s ww | WTP | w | | CIP | No alarm system that would alert the operator of any alarm condition | Web based monitoring system which would keep operators in touch 24/7 with the plant operation. This will give us the capability to address any issues before it affects the customer | м | 62-555.320(14)(f), FAC | | | \$ 5,000.0 | | | | | \$ 5,000.00 |
| Lake | 5 WW istribution | | w | | CIP | Water Meter Replacement, Customer, The water meters are 10 years old and need to be replaced and or tested per FPSC rules | Replace water meters that have exceeded 1,000,000 gallons or 10% of meters in the distribution system. 20 meters to be replaced per year. | м | AWWA Guidelines (M6) | | | \$ 1,9 | 50 \$ 1,960 | \$ 1,960 | \$ 1,960 | \$ 1,960 | \$ 13,720.00 |
| | 5 WW istribution | | | | CIP | 6" Water Main failure | Replace 10' of 6" water main | м | | | \$ 1,232.68 | | | 1.200 | | - | \$ 1,232.68 |
| | sww | WTP | w | | CIP | Well # 1 flow meter needs replacement | Replace 4" Water Specialties Model ML-11 flow meter | м | 62-555.320(16) | New Item not on previous Proforma | 19-34 | \$ 3,1 | 23 | | | 2 | \$ 3,123.22 |
| Lake W | ater Tota | | | | | | | | | | \$ 6,529.11 | \$ 22,083. | 22 \$ 1,960.00 | \$ 1,960.00 | \$ 1,960.00 | \$ 1,960.00 | s - |
| Lake LS | s ww | NWTP | 5 | | CIP | Replace Aeration Basin due to corrosion | Replace Steel Aeration Basin | м | 62-600.410(8) FAC | | | \$ 30,000. | 00 | | | | \$ 30,000.00 |
| Lake LS | sww i | NWTP | s | | CIP | Digester capacity inadequate for proper operation of the plant. | Install new digester tank | м | 62-600.410(1) & (6) & (8) | | | \$ 6,000. | 00 | | | 1 | \$ 6,000.00 |
| Lake LS | s ww | NWTP | 5 | | CIP | The existing air header has numerous leaks due to corrosion | Replace the existing air header | м | 62-600.410(1) & (6) & (8), FAC | | | \$ 25,000. | 00 | | 1. | | \$ 25,000.00 |
| Lake LS | s ww | WWTP | s | | R&R | Diffusers need repair due to corrosion, handrails and toe boards inadequate due to corrosion and wrong material used, repair air header leaks due to corrosion | repaired diffusers, handrails and toe boards | м | 62-600.410(1) & (6) & (8), FAC | | \$ 3,690 | | | | | | \$ 3,689.95 |
| Lake LS | s ww | NWTP | \$ | | CIP | Existing blowers do not produce adequate aeration for the two treatment trains and surge tank | Replace blower to produce adequate aeration for the proper plant operational efficiencies. | E | 62-605-420(1) & (6) & (8), FAC | | | \$ 5,000. | 00 | | | | \$ 5,000.00 |
| Lake LS | sww | NWTP | 5 | | CIP | Influent headworks has no screening device | Install splitter box/bar screen to protect tanks and equipment | м | 62-620.410(5) | | | \$ 8,0 | 00 | | 2.2 | | \$ 8,000.00 |
| Lake LS | sww | NWTP | s | | CIP | Demolish Old Aeration Basin | Demolish | м | 62-600-430(8), FAC | | | \$ 8,0 | 00 | | 12.00 | | \$ 8,000.00 |
| U | sww | NWTP | 5 | | CIP | Spray field needs to be leveled and spray nozzels and piping replaced | Rehabilitate Spray field | м | 52-620.410(1) | | | S 15,0 | 00 | | | | \$ 15,000.00 |
| US | s ww | NWTP | s | | CIP | Electrical power system needs upgrading | Upgrade electrical power system | ε | 52-600.410(8), FAC | | | \$ 5,0 | 00 | | | | \$ 5,000.00 |
| 5 | s ww | NWTP | 2 | | CIP | Rerate the plant to lower design capacity | Design, permit and site work to rerate plant | E | | | | S 19,0 | 00 | | | | \$ 19,000.00 |
| Lake | S WW ollection S | ystem | 5 | | CIP | Lift Station # 4 improvements needed because current pumps and piping in poor condition due to corrosion | Lift Station #4 needs to have control panel replaced; New discharge piping and fittings; pump discharge piping, rails and base; Pumps; Building repairs | м | 62-604.500(2), FAC | | | S 41,0 | 00 | | | | \$ 41,000.00 |
| Lake LS | s ww | NWTP | s | | CIP | Lift Station # 3 improvements needed because current pumps and piping in poor condition due to corrosion | Lift Station # 3 needs to have control panel replaced ; New discharge piping and fittings; pump discharge piping, rails and base; Pumps | м | 62-604-500(2), FAC | | | \$ 38,0 | 0 | | | | \$ 38,000.00 |
| Lake LS | s ww | NWTP | | | | Provide updated maps for systems | CAD Mapping of system | м | 25-30.125 & 62-600.410(30) FAC | New item not on previous proforma | \$ - | \$ 7,0 | 00 | | | | \$ 7,000.00 |

Grand totals per year

\$ 10,219 \$ 229,083 \$ 1,960 \$ 1,960 \$ 1,960 \$ 1,960

LAKESIDE WATERWORKS, INC.

March 18, 2016

Shonna McCray Florida Public Service Commission 2540 Shumard Oak Blvd Tallahassee, FL 32399-850

RE: Request No 1207837W – Mr. Gary Papucci (Marsha Staughan) – Account # 1188572

Dear Ms. McCray,

Request: Mr. Papucci contacted the PSC concerning the air in the water and if it had an effect on the meter readings for the water consumption.

Response: Mr. Papucci and Lakeside Waterworks have a very amicable relation. The utility discusses issues related to the water and wastewater system numerous times with Mr. Papucci. Mr. Papucci is somewhat the spokesman for the mobile home park and the utility keeps him informed of issues related to the water and wastewater system. Recently, the utility had issues with air in the water due to a compressor being left on manually for an extended amount of time. This was discussed with Mr. Papucci on March 14th.

In relation to his concern expressed to the FPSC, Mr. Papucci was contacted on March 17, 2016. He was informed that air in the water may have some minor effect on the meter readings for consumption. Lakeside Waterworks intended to do a field test on the meter so Mr. Papucci can observe the meter operations. Mr. Papucci declined and informed the utility that he did not want his meter tested.

The utility informed the customer to look at his next months bill and if the consumption seemed higher than normal (above average) that the utility would consider an adjustment to his account. The utility also informed Mr. Papucci that if other residents in the park were concerned and observed higher than normal usage that the utility would consider adjustments on a case by case basis

Mr. Papucci was very satisfied with the utility's proposal and was appreciative of the phone call.

5320 Captains Court, New Port Richey, FL 34652 Mailing: c/o 4939 Cross Bayou Boulevard, New Port Richey, FL 34652 Tel: (866) 753-8292 Fax: (727) 848-7701 Page 2 of 2 Mr. Papucci PSC - 03/18/16

If you have any questions or concerns please contact me at (727) 848-8292 ext. 245. Thank you

Sincerely,

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

Cc: Ron DeRossett, Util Mngr USW

| Request No. 1207837W Name STRAUGHAN , M | MARSHA MS Business Name | |
|--|---|--|
| Consumer Information Name: MARSHA STRAUGHAN Business Name: Svc Address: 129 BURMA ISLAND ROAD | Florida Public Service Commission - Consumer Request 2540 Shumard Oak Boulevard Tallahassee, Florida 32399 850-413-6480 | PSC Information Assigned To: SHONNA MCCRAY Entered By: RJC Date: 03/15/2016 Time: 15:30 |
| County: Lake Phone: (523)-577-197 City/Zip: Leesburg / 34788- Account Number: 1188572 Caller's Name: GARY PAPUCCI Mailing Address: 129 BURMA ISLAND ROAD | Utility Information Company Code: WS962 Company: LAKESIDE WATERWORKS. INC. Attn. Ron DeRossett1207837W Response Needed From Company? y Date Due: 04/05/2016 Fax: (727) 849-5467 R | Via: PHONE Prelim Type: IMPROPER BILLS PO: Disputed Amt: 0.00 Supmntl Rpt Req'd: / / Certified Letter Sent: / / |
| City/Zip:LEESBURG ,FL 34788- Can Be Reached: E-Tracking Number: | Interim Report Received: / / Reply Received: 03/18/2016 Reply Received Timely/Late: Informal Conf.: N | Certified Letter Rec'd: / / Closed by: Date: / / Closeout Type: Apparent Rule Violation: N |

reclose Type - Improper Bills / Quality of Service

hat is the amount of the bill in dispute?

'ustomer is not disputing any particular amount of charges at this time.

hat is the date of the bill?

'/A

hy do you believe you have been billed improperly?

ustomer stated that he believes that the excess water pressure is affecting his billing. Customer stated that

| equest No. 1207837W | Name | STRAUGHAN , MARSHA MS | Business Name | 2 2 |
|---------------------|------|-----------------------|---------------|--------|
| AGE NO: 1 | | | | |

ther Comments: Customer requests assistance from the PSC to resolve this matter.

'er Consumer Complaint Rule 25-22.032, please use the following procedures when responding to PSC complaints. . Complaint resolution should be provided to the customer via direct contact with the customer, either 'erbally or in writing within 15 working days after the complaint has been sent to the company.

:. A response to the PSC is due by 5:00 p.m. Eastern time, of the 15th working days after the complaint has been sent to the company.

. The response should include the following:

- a) the cause of the problem
- b) actions taken to resolve the customer's complaint
- c) the company's proposed resolution to the complaint
- d) answers to any questions raised by staff in the complaint
- e) confirmation the company has made direct contact with the customer

Send your written response to the PSC, and copies of all correspondence with the customer to the following semail, fax, or physical addresses:

- :-Mail pscreply@psc.state.fl.us
- 'ax 850-413-7168
- Iail 2540 Shumard Oak Blvd.

Tallahassee, Florida 32399-0850

lase taken by R.Castillo

13/18/2016 - Company response received via Email. DScott.

%/21/15: REVIEWED COMPANY RESPONSE. Response indicates the following:

Mr. Papucci contacted the PSC concerning the air in the water and if it had an effect on the meter readings for the water consumption.

Mr. Papucci and Lakeside Waterworks have a very amicable relation.

The utility discusses issues related to the water and wastewater system numerous times with Mr. Papucci.

Mr. Papucci is somewhat the spokesman for the mobile home park and the utility keeps him informed of ssues related to the water and wastewater system.

Recently, the utility had issues with air in the water due to a compressor being left on manually for an extended amount of time.

This was discussed with Mr. Papucci on 3/14/16.

In relation to his concern expressed to the PSC, Mr. Papucci was contacted on 3/17/16.

He was informed that air in the water may have some minor effect on the meter readings for consumption.

Lakeside Waterworks intended to do a field test on the meter so Mr. Papucci can observe the meter

| equest No. | 1207837W | Name | STRAUGHAN , | MARSHA MS | Business Name | |
|------------|----------|------|-------------|-----------|---------------|--|
| | | | | | | |

AGE NO: 2

04/12/2016 10:39 8507170116

FPSC

operations.

* Mr. Papucci declined and informed the utility that he did not want his meter tested.

* The utility informed the customer to look at his next months bill and if the consumption seemed higher than normal (above average) that the utility would consider an adjustment to his account.

* The utility also informed Mr. Papucci that if other residents in the park were concerned and observed higher than normal usage that the utility would consider adjustments on a case by case basis Mr. Papucci was very satisfied with the utility's proposal and was appreciative of the phone call. Shonna McCray

03/21/2016 - Company response received via Email. DScott.

3/22/16: REVIEWED COMPANY'S SUPPLEMENTAL RESPONSE. Company provided the Lab Report received from the Department of Environmental Protection (DEP). Shonna McCray

4/05/2016 Customer correspondence received via U.S. mail, and forwarded to SMcCray. DHood

4/5/16: Reviewed customer correspondence and added to file. The customer's concerns were addressed in the response. Shonna McCray

1/12/16: FAX TO COMPANY:

PLEASE ADDRESS CUSTOMER CONCERNS STATED IN CORRESPONDENCE AND PROVIDE RESPONSE BY 4/21/16. Shonna McCray

AGE NO: 3

FPSC

March 23, 2016

Public Service Commission

2540 Shumard Oak Blvd

Tallahassee, FL 32399-0850

RE: Shangri-la by the Lake, Lakeside Waterworks, Leesburg, FL

Dear Sirs,

I would like to bring to your attention several issues concerning the service of Lakeside Waterworks. Our water pressure has been erratic over the last few months causing concerns about the water quality safety and accuracy of the water meter with the pressure fluctuating. Several have had damages to their plumbing systems because of the pressure.

Lakeside Waterworks has been treating our complaints indifferently. Everyone seems to be a supervisor but calls have gone unreturned and no one has any real answers. Their solution to rid the pipes of air pressure is to run water for half an hour. This adds to OUR bill for unused water and is not our problem. Billing has been inaccurate, charging a base charge for irrigation meters which is against your PSC order. Lakeside was also supposed to notify us when the new rate increase took effect per the PSC order which would have explained the complicated bill sent out.

Customer name Marsha Atranskan Address 129 Burma 205 Rd

NPR 05 2018

LAKESIDE WATERWORKS, INC.

May 8, 2017

Rey Castillo Florida Public Service Commission 2540 Shumard Oak Blvd Tallahassee, FL 32399-850

RE: Request No 1242283W – Mr. Gary Wiepking – Account # 1183368

Dear Mr. Castillo,

<u>Request</u>: Mr. Wiepking contacted the PSC concerning his May 2017 water bill. His billed consumption was higher than normal.

<u>Response</u>: I first contacted the customer on May 3, 2017. We discussed his past consumption and I offered him a field bucket test. He agreed to the test. The field bucket test was performed on May 4, 2017 and the customer was given the results. The meter tested good and the meter readings were in line.

I then spoke with Mr. Wiepking on May 8, 2017. I offered him a credit on his billed water consumption to reflect the lowest tier gallonage charge on 3,000 gallons. I also offered him a credit on his billed wastewater consumption of 2,000 gallons. The total credit offered was \$15.54.

Mr. Wiepking was very satisfied with the utility's proposal and accepted the resolution.

If you have any questions or concerns please contact me at (727) 848-8292 ext. 245. Thank you

Sincerely, bent

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

Cc: Ron DeRossett, Util Mngr USW

Name JERRY AND MICHELLE INGRAM Account# 1191854 Service Type Water at Service Location 191 Singapore Island Road From: 06/01/2014 To: 06/05/2017

| 06/20/2014 07/18/2014 08/19/2014 10/20/2014 11/20/2014 12/23/2014 01/22/2015 02/20/2015 03/20/2015 03/20/2015 06/24/2015 07/21/2015 07/21/2015 07/21/2015 10/21/2015 11/25/2015 12/23/2016 02/23/2016 02/23/2016 03/21/2016 | 30 31 31 31 31 31 31 31 32 28 11 32 28 11 20 32 30 30 30 31 32 29 12 15 33 | $\begin{array}{c} 0.0000\\ 0.0000\\ 0.0000\\ 2.0000\\ 3.0000\\ 3.0000\\ 4.0000\\ 4.0000\\ 4.0000\\ 2.0000\\ 2.0000\\ 2.0000\\ 0.0000\\ 0.0000\\ 0.0000\\ 0.0000\\ 0.0000\\ 0.0000\\ 3.0000\\ 3.0000\\ 3.0000\\ 4.0000\\ 0.000\\ 0.00$ | 12.9612.9612.9615.4216.6517.8824.9424.9418.6818.6812.424.498.2812.59 |
|--|--|---|--|
| 04/22/2016 05/24/2016 06/24/2016 | 33 30 32 30 | 6.0000 6.0000 10.0000 4.0000 | 36.62 36.62 54.58 27.64 |
| 07/21/2016 08/23/2016 09/22/2016 10/24/2016 11/21/2016 | 29 31 30 30 31 | 3.0000 3.0000 4.0000 6.0000 1.0000 | 24.17 24.17 27.64 36.62 17.23 |
| 12/23/2016 01/20/2017 02/22/2017 03/22/2017 04/24/2017 05/23/2017 | 29 34 35 22 30 28 | $\begin{array}{c} 8.0000\\ 2.0000\\ 10.0000\\ 4.0000\\ 7.0000\end{array}$ | 45.60 20.70 54.58 27.64 41.11 |
| Totals | 28 1,091 | 5.0000 122.0000 | 32.13 889.59 |
| Averages | | 3.3889 | 24.71 |

Billing History Report

Name JERRY AND MICHELLE INGRAM Account# 1191854 Service Type Irrigation at Service Location 191 Singapore Island Road From: 06/02/2014 To: 06/05/2017

| Bill Date 06/20/2014 07/18/2014 09/18/2014 10/20/2014 11/20/2014 12/23/2014 12/23/2015 02/20/2015 03/20/2015 03/20/2015 04/21/2015 06/24/2015 06/24/2015 07/21/2015 10/21/2015 12/23/2016 02/23/2016 03/21/2016 03/21/2016 05/24/2016 05/24/2016 05/24/2016 05/24/2016 05/24/2016 05/24/2016 05/24/2016 05/22/2016 05/22/2016 05/22/2016 05/22/2016 05/22/2016 05/22/2016 05/22/2016 05/22/2016 05/22/2016 05/22/2016 05/22/2016 11/21/2016 11/21/2016 12/23/2016 | Bill Days 31 30 30 31 29 31 31 31 31 32 28 31 32 28 31 32 28 31 32 28 31 32 29 31 32 30 30 30 30 30 30 30 31 32 29 31 32 29 31 32 29 31 32 29 31 32 29 31 32 29 31 32 29 31 32 29 31 32 29 31 32 29 30 30 30 30 30 30 30 30 30 30 | Consumption 0.0000 0 | Total Charges 0.000 0.00 |
|---|---|--|--|
| 12/23/2016 01/20/2017 02/22/2017 03/22/2017 04/24/2017 | 29 34 28 31 | $\begin{array}{c} 0.0000\\ 0.0000\\ 0.0000\\ 0.0000\\ 0.0000\\ 0.0000\\ 0.0000\end{array}$ | $\begin{array}{c} 0 & 0 \\ 0 & 0 \\ 0 & 0 \\ 0 & 0 \\ 0 & 0 \\ 0 & 0 \\ 0 & 0 \end{array}$ |
| 05/23/2017 Totals Averages | 28 1,091 | 14.0000 14.0000 0.3889 | 58.78 65.55 1.82 |

Billing History Report

Name VALERIE/JOHN BLAND Account# 54798132 Service Type Water at Service Location 161 Formosa Island Road From: 06/02/2015 To: 06/05/2017

| Bill Date 02/23/2016 02/23/2016 | Bill Days 15 3 | Consumption 1.0000 0.0000 | Total Charges 10.24 |
|--|----------------------|---------------------------------|-------------------------|
| 03/21/2016 04/22/2016 | 33 30 | 3.0000 5.0000 | 1.24 24.17 32.13 |
| 05/24/2016 06/24/2016 07/21/2016 | 32 30 29 | 3.0000 3.0000 2.0000 | 24.17 24.17 20.70 |
| 08/23/2016 09/23/2016 10/24/2016 | 31 32 28 | 3.0000 3.0000 2.0000 | 24.17 24.17 |
| 11/21/2016 12/23/2016 01/20/2017 | 31 29 | 0.0000 6.0000 | 20.70 13.76 36.62 |
| 02/22/2017 03/22/2017 | 34 28 29 | 3.0000 2.0000 3.0000 | 24.17 20.70 24.17 |
| 04/24/2017 05/23/2017 | 30 28 | 2.0000 3.0000 | 20.70 |
| Totals | 472 | 44.0000 | 370.15 |
| Averages | | 2.7500 | 23.13 |

Billing History Report

Name LAURIE BRADY Account# 54798177 Service Type Water at Service Location 167 Taiwan Island Road From: 06/01/2014 To: 06/05/2017

| Bill Date | Bill Days | Consumption | Total Charges |
|------------|-----------|-------------|---------------|
| 02/23/2016 | 8 - | 0.0000 | 3,30 |
| 02/23/2016 | 15 | 1.0000 | 10.24 |
| 03/21/2016 | 33 | 1.0000 | 17.23 |
| 04/22/2016 | 30 | 2.0000 | 20.70 |
| 05/24/2016 | 32 | 1.0000 | 17.23 |
| 06/24/2016 | 30 | 1.0000 | 17.23 |
| 07/21/2016 | 29 | 0.0000 | 13.76 |
| 08/23/2016 | 31 | 1.0000 | 17.23 |
| 09/22/2016 | 30 | 1.0000 | 17.23 |
| 10/24/2016 | 30 | 0.0000 | 13.76 |
| 11/21/2016 | 31 | 1.0000 | |
| 12/23/2016 | 29 | | 17.23 |
| 01/20/2017 | 34 | 0.0000 | 13.76 |
| 02/22/2017 | 35 | 0.0000 | 13.76 |
| 03/22/2017 | 22 | 0.0000 | 13.76 |
| 04/24/2017 | 30 | 1.0000 | 17.23 |
| 05/23/2017 | | 0.0000 | 13.76 |
| 0572372017 | 2.8 | 0.0000 | 13.76 |
| Totals | 477 | 10.0000 | 251.17 |
| _ | | | |
| Averages | | 0.6250 | 15.70 |

LAKESIDE WATERWORKS, INC.

May 26, 2017

Shona McCray Florida Public Service Commission 2540 Shumard Oak Blvd Tallahassee, FL 32399-850

RE: Request No 1242401W - Mr. Terrance Mickett - Account # 1188629 - Second Response

Dear Ms. McCray,

<u>Request</u>: Mr. Mickett contacted the PSC concerning his May 2017 water bill. His billed consumption was 6,000 and he believed this was inaccurate. The customer also had concerns with the recent precautionary boil water notices.

<u>**Response</u>**: As previously stated, Mr. Micket's water meter was sent to MARS Company in Ocala, Florida for an independent bench test.</u>

The bench tests were received on May 25, 2017, and the customer's water meter tested accurate.

I contacted Mr. Micket on May 26th and informed him of the bench test results. At his request, a copy of the attached results were e-mailed to the customer demonstrating the accuracy of his replaced meter.



May 25, 2017

FGUA US WATER ATTN: Donna Giffin 510 HWY 466, Suite 204 Lady Lake, FL 32159

RGA# M-2203

| METER BRAND | SIZE | SERIAL# | FLOWRATE | START READING | UNIT GAL | FINISH READING | ACTUAL VOLUME | PERCENTAGE |
|--------------------------------|------|----------|----------|------------------|-------------|-------------------|------------------|------------|
| BADGER M25 FGUA US WATER | 5/8" | 98736909 | 15 GPM | 373496.1 | 100 | 373595.8 | 100.36 | 99.34% |
| DONNA GIFFIN | 5/6 | | 2 GPM | 373595.8 | 10 | 373605.6 | 9.76 | 100.41% |
| M-2203 | | | .25 GPM | 373605.6 | 10 | 373615.4 | 10.01 | 97.90% |

METER TEST CERTIFICATION

This letter certifies that the following METER serial #98736909, was inspected and calibrated in gallons on an AWWA approved test bench with a gravimetric weight scale system that is traceable to NIST handbook 44.

MARS COMPANY

OW Investors, LLC, aba MARS Company 3925 SW 13th Street Ocala, FL 34474 www.MarsWater.com

LAKESIDE WATERWORKS, INC.

May 11, 2017

Shona McCray Florida Public Service Commission 2540 Shumard Oak Blvd Tallahassee, FL 32399-850

RE: Request No 1242401W – Mr. Terrance Mickett – Account # 1188629

Dear Ms. McCray,

<u>Request</u>: Mr. Mickett contacted the PSC concerning his May 2017 water bill. His billed consumption was 6,000 and he believed this was inaccurate. The customer also had concerns with the recent precautionary boil water notices.

Response: I first contacted Mr. Mickett on May 4, 2017. I went over his past three (3) years Billing History Report and explained that the 6,000 gallons was not out of line with his past consumption. He has had other months with 5,000 and 6,000. I offered to perform an onsite field bucket test which he accepted. The bucket test was performed on May 8th, with customer present. It was unclear whether the bucket test was accurate due to the fact that normally a 10 gallon bucket is used to perform the test – which the meter would have shown accurate. The customer believed a five gallon bucket was used and wanted his meter changed.

Due to the uncertainty of the test results, the utility had the meter pulled and sent to an independent meter testing lab for a bench test. Lakeside is awaiting the results of the independent bench test. I contacted Mr. Mickett on May 11th to inform him of the actions taken and that we were waiting for the test results from the independent lab before taking any action.

I also verified from three separate employees that boil water notices were delivered to all customers. All customers also received the rescind notices. Mr. Mickett does not believe that all customers received notices and that approximately 25 customers did not receive them. Lakeside has verified from three employees that was not the case. The outage was caused by a thunderstorm and winds that went through Lake County. There were three separate utilities that lost electrical power in Lake County on the same morning of the storm.

Once Lakeside receives the test results, a resolution will be offered to the customer.

Page 2 of 2 Mr. Mickett PSC - 05/11/17

If you have any questions or concerns please contact me at (727) 848-8292 ext. 245. Thank you

Sincerely,

Troy Rendell

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

Cc: Ron DeRossett, Util Mngr USW

Billing History Report

Name Terence Micket

| Account# 1188629 Service Type Water at Servic From: 05/01/2014 To: 05/03/2017 | e Location 240 Taipei Island Lane | | |
|--|---|--|--|
| Bill Date 05/22/2014 06/20/2014 07/18/2014 09/18/2014 10/20/2014 11/20/2014 12/29/2014 12/29/2014 12/29/2015 02/20/2015 03/20/2015 04/21/2015 06/24/2015 07/21/2015 07/21/2015 09/21/2015 10/21/2015 10/22/2015 10/22/2015 11/25/2015 11/25/2015 12/23/2016 02/23/2016 02/23/2016 05/24/2016 05/24/2016 06/24/2016 06/24/2016 06/24/2016 06/24/2016 06/24/2016 10/22/2016 10/22/2016 10/22/2016 10/22/2016 10/22/2016 10/22/2016 10/22/2016 10/22/2016 10/22/2016 10/22/2016 10/22/2016 10/24/2016 10/24/2016 11/21/2016 12/23/2 | Bill Days 30 31 30 30 31 31 31 31 31 31 31 31 31 32 29 31 31 31 32 28 11 20 32 30 30 30 31 31 32 29 31 31 31 31 32 29 31 31 31 32 29 31 31 31 32 29 31 31 31 32 29 31 31 31 32 29 31 31 31 32 29 31 31 31 32 29 31 31 31 32 29 31 31 31 32 29 31 31 31 32 29 31 31 32 29 31 31 32 29 31 31 32 29 31 31 32 29 31 31 32 29 31 31 32 29 32 30 30 30 30 30 30 30 30 30 30 | Consumption 3.0000 4.0000 1.0000 3.0000 5.0000 5.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 3.0000 4.0000 3.0000 4.0000 3.0000 4.0000 3.0000 3.0000 4.0000 3 | Total Charges 16.65 17.88 14.19 16.65 19.11 15.42 19.11 17.88 33.06 24.94 21.81 24.94 24.94 24.94 7.62 17.79 25.27 29.38 25.27 27.64 24.17 27.64 27 |
| 02/22/2017 03/22/2017 04/24/2017 | 28 29 30 | 4.0000 4.0000 6.0000 | 27.64 27.64 36.62 |
| Totals | 1,093 | 144.0000 | 892.15 |
| Averages | | 4.0000 | 24.78 |

To:

Ron

| | -03-1 |
|------|-------|
| | 56 |
| 1000 | Ð |
| | N |
| | of |
| | |

| Consumer Information Name: TERRENCE MICKET Business Name: Svc Address: 240 TAIPEI ISLAND LN | Florida Public Service Commission - Consumer Request 2540 Shumard Oak Boulevard Tallahassee, Florida 32399 850-413-6480 | PSC Information Assigned To: SHONNA MCCRAY Entered By: DH Date: 05/03/2017 Time: 14:53 |
|--|---|--|
| County: Lake Phone: (757)-880-1534 | Utility Information | Via: E-FORM Prelim Type: IMPROPER BILLS |
| City/Zip: Leesburg / 34788- Account Number: 1188629 | Company: LAKESIDE WATERWORKS. INC. Attn. Ron DeRossett1242401W | PO: Disputed Amt: 0.00 |
| Caller's Name: TERRENCE MICKET | Response Needed From Company? Y Date Due: 05/24/2017 | Supmntl Rpt Req'd: / / |
| Mailing Address: 240 TAIPEI ISLAND LN | Interim Report Received: / / | Certified Letter Sent: / / Certified Letter Rec'd: / / |
| City/Zip: LEESBURG , FL 34788- Can Be Reached: | Reply Received: / / Reply Received Timely/Late: | Closed by: Date: / / |
| E-Tracking Number: 122878 | Informal Conf.: N | Closeout Type: Apparent Rule Violation: N |

Business Name

MICKET , TERRENCE MR.

Please review the "incorporated" Internet correspondence, located between the quotation marks on this form, in which the customer reports the S- U-LI S- Goclat Wants Goclat following:

"-----Original Message-----From: consumerComplaint@psc.state.fl.us [mailto:consumerComplaint@psc.state.fl.us] Sent: Wednesday, May 03, 2017 2:34 PM **To: Consumer Contact** Subject: E-Form Improper Billing TRACKING NUMBER: 122878

Name

CUSTOMER INFORMATION Name: Terrence Micket Telephone: (757) 880-1534

Request No. 1242401W

Request No. 1242401W MICKET , TERRENCE MR. Culled S-11-Business Name Name PAGE NO: 1 telli - Micket

Email: terry_micket@yahoo.com Address: 240 Taipei Is Ln Leesburg FL 34788

BUSINESS INFORMATION Business Account Name: Terrence Micket Account Number: 1188629 Address: 240 Taipei Is Ln Leesburg , Fl FL 34788

Water County Selected: Lake

COMPLAINT INFORMATION

Complaint: Improper Billing against Lakeside Waterworks. Inc. Details:

This is a icomplaint to address not only the quality of our water but the unusual way that the LSW accounts for the water used. Recently (yesterday) we lost power during a storm. This apparently caused the LSW well pump to lose its prime and effect our water quality and quantity. A precautionary water boil noticed was placed on about 1/3 of the homes in our senior park. What about the rest of us ? Did they run out of flyers or just figure word would get around ? Water pressure has been restored by "reverting back to number three pump, the one with the F U impeller " (a direct quote from a employee on the job at the plant)

Are we now to believe that we are getting what we pay for ? Speaking of getting what we pay for, my most recent water bill stated that my wife and I used 6k gallons of water this cycle. Let me assure you that is not the case. After checking with several neighbors I found that many have received outrageous water bills. We seem to have a different meter reader every month. Could it be a lack of training that is causing these errors ? To further add insult to injury, we were scheduled to have a consumer meeting with LSW and it has been postponed or rescheduled several times. It is now scheduled for 1 June 2017. In closing lets just say that the park residents are very dissatisfied with LSW and would like the PSC to step in and help us out. Any questions please feel free to contact me. I would love a one on one with anyone that can help.....thank you.... "

Per Consumer Complaint Rule 25-22.032, please use the following procedures when responding to PSC complaints.

1. Complaint resolution should be provided to the customer via direct contact with the customer, either verbally or in writing, within 15 working days after the complaint has been sent to the company.

2. A response to the PSC is due by 5:00 p.m. Eastern time, of the 15th working day after the complaint has been sent to the company.

3. The response should include the following:

a) the cause of the problem

b) actions taken to resolve the customer's complaint

c) the company's proposed resolution to the complaint

d) answers to any questions raised by staff in the complaint

e) confirmation that the company has made direct contact with the customer

| Request No. 1242401W | Name | MICKET | , TERRENCE MR. | Business Name | |
|----------------------|------|--------|----------------|---------------|--|
| | | | | | |

PAGE NO: 2

4. Send your written response to the PSC, and copies of all correspondence with the customer to the following e-mail, fax or physical addresses:

E-Mail - pscreply@psc.state.fl.us Fax - 850-413-7168 Mail - 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850

Case taken by Diane Hood

Request No. 1242401W

Name MICKET , TERRENCE MR.

Business Name

PAGE NO: 3

LAKESIDE WATERWORKS, INC.

April 5, 2016

Terrance E. Micket, President Shangri-La by the Lake Mobile Homeowners' Association 240 Taipei Island Rd. Leesburg, FL 34788

RE: Homeowner's Association Letter dated March 18, 2016

Dear Mr. Micket:

We have received your Homeowner's Association letter dated March 18, 2016 concerning Lakeside Waterworks, Inc. I would like to take this opportunity to respond to your HOA's concerns.

Historical Perspective

Lakeside Waterworks, Inc. (Lakeside) purchased this utility on October 18, 2012. The President of Lakeside and U.S. Water Services met with the homeowners association on May 2, 2013. At this informational meeting, the existing condition of both the water and wastewater systems were discussed. During the due diligence of the system there were several items identified as needing repairs and/or replacements. A presentation was made identifying these items and the potential costs. It was explained that there were possibly two phases to these improvements and potential rate increases. Among the items identified for the first phase of improvements were electrical upgrades, replacement of chlorine pumps and piping, lift stations rehabilitations, and replacement of the lift station building. The first phase of improvements were estimated to cost approximately \$78,000.

The second phase of improvements were primarily for the replacement of the wastewater treatment plant. The second phase of improvements was estimated to cost approximately \$92,000. During this presentation to the HOA, Lakeside explained the potential impact of these improvements on the utility's revenue requirement, as well as the impact on the customers' rates and bills.

Lakeside explained that it would require a Staff Assisted Rate Case (SARC) in May 2013. Also that a subsequent SARC would be required approximately 12 -18 months from the Phase I rate increase. It was discussed that there is a "balancing act" between the needed capital improvements and rates. The discussion was held that when additional capital is invested in the water and wastewater plants, there is an upward effect on the customers' rates. Therefore, each capital improvement is carefully considered before moving forward in order to keep rate impact at a minimum. Lakeside has attempted to prolong these improvements if possible where they may not be immediately needed or required in order to keep the customers' rates at an affordable level.

However, Lakeside made numerous necessary replacements and upgrades to the water and wastewater systems. The disinfection system of chlorine pumps had to be upgraded from a single manual pump to four (4) automated pumps to fun simultaneous with the wells. The aeration system needed upgrades. Also for safety, the catwalks at the wastewater plant had to be repaired.

Lakeside has also made improvements to the aeration treatment for the naturally occurring hydrogen sulfides in the water. This naturally occurring element can cause a "rotten egg" smell. This rotten egg smell can occur in residences that are left vacant for a long period of time when the water has become

5320 Captains Court, New Port Richey, FL 34652 Mailing: 4939 Cross Bayou Boulevard, New Port Richey, FL 34652 Tel: (866) 753-8292 Fax (727) 848-7701 Page 2 of 10 Shangri La by the Lakes Homeowners Association

stale due to lack of movement. Again, this is exacerbated in systems that experience seasonal customers, such as Lakeside. Customers are often informed to flush the inside lines to bring in fresh water and increase total chlorine residual to maintain water quality. Heating the water can also liberate the residual sulfides, such as inside water heaters. When there are any sulfur compounds available, the result would be the formation of hydrogen sulfide, which is a rotten egg odor causing gas.

Prior to the acquisition, the current owners discussed the water quality issues and the current treatment system that was previously installed by the prior owner. Lakeside has made numerous improvements to both the water and wastewater systems to improve efficiencies, as well as to improve the quality of service provided to its customers. This included the installation of additional chlorine pumps in order to (1) eliminate uncontrolled pre-chlorination prior to aeration; (2) improve chlorine residuals in the ground storage tank; and, (3) improve chlorine residuals throughout the distribution system. These improvements also included repairs to pressure switches to improve the water pressure in the distribution system.

In addition, Lakeside has worked with the customers to implement a flushing program throughout the distribution system. The majority of the customer base is highly seasonal. When the customers are not in residence the bacterial organisms that feed on the remaining hydrogen sulfides are able to reproduce in both the dormant distribution lines, and in particular the residents' hot water heaters inside their homes. Lakeside discussed this with several customers immediately after the customer meeting discussed below.

Recent Staff Assisted Rate Case (SARC)

Lakeside filed for a SARC on July 19, 2013. Prior to that, this utility had not had a rate case completed. In the SARC the Florida Public Service Commission (FPSC) approved a Settlement Agreement entered into between the Office of Public Counsel, the Utility, and the Shangri La by the Lakes Homeowners Association in Order No. PSC-15-0013-PAA-WS, issued January 2, 2015 (SARC Order). In the Settlement Agreement, the parties agreed to a phase in of the rates through Phase I rates and Phase II rates one year later.

As agreed to in the Settlement Agreement, the Phase II rates were to recover the operating margin portion of the rate increase one year after the implementation of Phase I rates. In addition, the FPSC approved proforma plant items that Lakeside installed after the filing of the SARC.

Specifically the FPSC SARC Order states:

As shown in Table 2, the Utility is requesting cost recovery for \$10,075 in water and \$3,690 in wastewater pro forma plant. The Utility has completed the work described below and provided invoices which we have reviewed.

Lakeside provided two invoices for repairs at the water treatment plant, asserting the replacements and repairs were necessary to comply with a regulatory mandate.¹ The first invoice was for \$5,296 and the second was for \$1,766, for a total of \$7,062. In a data request response filed June 5, 2014, the Utility stated that there are no specific cost savings associated with completing this project. In a data request response filed October 15, 2014, the Utility stated that the additional pumps will improve the removal of hydrogen sulfides, improve chlorine residuals in the tank and distribution system, and also discourage algae growth in the treatment system components. We have reviewed the invoices and description of the work performed, and find that the pro forma plant repairs are justified and prudent. Thus, we shall approve \$7,062 in pro forma water plant.

Lakeside provided two invoices related to repair work on water mains. The first invoice was for \$1,233 for an emergency repair of a 6-inch water main and the second was for \$1,780 for repairing a 4-inch water main. The total of these two invoices is \$3,013. We have reviewed the

¹ Pursuant to Rule 62-555.320(12)(d), F.A.C.

invoices and description of the work performed, and find that these pro forma items are justified and prudent. Thus, we shall approve \$3,013 in pro forma water plant.

Lakeside provided an invoice for \$3,690 for work at the wastewater treatment plant. Two new stenner pumps were installed, and repair work was performed on the air header, the four diffusers, and the manifold at the plant. In addition, the steel walkways and handrails were reinforced, as needed, and other minor repairs were performed. The Utility asserted the work at the wastewater treatment plant was necessary to comply with a regulatory mandate.² In a data request response filed June 5, 2014, the Utility stated that there are no specific cost savings associated with completing this project. We have reviewed the invoice and description of the work performed, and find that this pro forma item is justified and prudent. Thus, we shall approve \$3,690 in wastewater pro forma plant.

Lakeside has requested cost recovery for the pro forma plant as shown in Table 2. We note that the associated retirements are \$6,563 for water and \$2,768 for wastewater. The Utility has completed the work described for these projects and provided invoices which we have reviewed. Thus, we shall approve \$10,075 in water and \$3,690 in wastewater pro forma plant.

During the SARC, the FPSC staff conducted a customer meeting to solicit comments from Lakeside's customers. The meeting was held at Shagri La by the Lakes on September 11, 2014.

The FPSC SARC Order states:

A customer meeting was held in Leesburg, Florida on September 11, 2014. Eighty-five residents of Lakeside's territory attended the meeting and twenty-three residents spoke. Letters from two residents who were unable to attend were read. A representative of Senator Hays addressed the group and questioned the appropriateness of a large rate increase. All of the customers who spoke were concerned about the rate increase.³ Customers also expressed concerns regarding (1) additional services they would get for the higher-priced water; (2) black rings in the toilet; (3) water quality and safety; (4) three years of identical numbers in test results; (5) affiliate transactions; and (6) irrigation meters. Affiliate transactions are discussed below under the heading "Test Year Rate Base" and the rates for irrigation meters are discussed below under the heading "Rate Structures." Questions regarding additional services appear to assume that Lakeside's request for rate relief is driven by providing new services; the Utility's need for rate relief is addressed throughout this Order. Regarding water quality, Lakeside's last water quality test showed that the water was well below the MCLs for all primary and secondary water quality standards required by DEP, ensuring that the water is safe to drink. Regarding identical test year results, DEP requires the tests to be performed every three years, and the last test was performed in 2012. Thus, the results reported in the annual CCRs are expected to reflect the same test results until new tests are conducted in 2015. Regarding black rings that form in the toilets, we find the Utility's suggestion that the black rings are caused by mold that grows quickly in Florida's warm, moist climate, and not by poor water quality, to be reasonable. After the customer meeting, Lakeside met with customers and followed up on quality of service comments made at the meeting. The Utility reported its actions in response to these concerns and we find the disposition of these issues to be acceptable.

There are no outstanding complaints in the Commission's Complaint Tracking System, no complaints were filed with DEP during the test year, and Lakeside stated that no complaints have been filed with the Utility.

Upon review, we find that the condition of the water and wastewater treatment facilities is satisfactory, and that the water provided by Lakeside is meeting applicable water quality

² Pursuant to Rules 62-600.410(1), 62-600.410(6), and 62-600.410(8), F.A.C.

³ We also received written comments from customers, primarily addressing concerns over rates.

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standards, including primary and secondary standards, as prescribed in the DEP rules. We also find that the Utility has attempted to address customer concerns. Therefore, we find that the overall quality of service for the Lakeside water and wastewater systems in Lake County is satisfactory.

Prior to the customer meeting, Lakeside had received no water quality complaints. Lakeside reviewed the customer service records and found that no customer had contacted the utility concerning the quality of service. Immediately after the customer meeting, Lakeside met with customers who expressed that their service was satisfactory and they had not experienced any problems since the new ownership. In addition, the day after the customer meeting, Lakeside had U.S. Water Services' staff investigated each customer's complaint and found no unusual water quality issues. Lakeside flushed the water lines and reviewed flushing procedures and found no anomaly in the water quality.

Lakeside had the field employees meet with several of the customers in the service area subsequent to the customer meeting. Each of the customers the field employees contacted expressed their experience that the quality of the service had improved under the new ownership. Specifically, the 4 to 5 customers indicated that the water pressure had improved and the smell of the water had improved since the change in ownership.

The Phase I rates were implemented on January 28, 2015; and the Phase II rates were recently implemented on January 28, 2016.

Below, Lakeside provides responses to your March 18, 2016 letter.

Quality of Water

Your letter indicated that the residents feel the water is unsafe to drink. Also, the letter questions the test results. Lakeside is regulated environmentally by the Florida Department of Protection (FDEP). Pursuant to the FDEP's rules and its current permit, Lakeside is required to perform regularly scheduled testing. Below is a table reflecting the required testing by FDEP.

| Monitoring & Reports | Due | Comments |
|--|------------------|--|
| Microbiological ("Bacte") | Monthly | Disinfectant residuals must be reported individually and averaged on bacte reports. Compliance for maximum disinfectant residual level is based on a running annual average. |
| Monthly Operations Reports (MORs) | Monthly | Include information about maintenance and/or abnormal occurrences & CT calcs. If required. |
| Nitrate and Nitrite | 2016 | Sample at each POE every year. |
| Primary Inorganics | 2018 | Sample at each POE every 3 years |
| Secondaries | 2018 | Sample at each POE every 3 years |
| Radiologicals (Gross Alpha & Radium 228) | 2018 | Sample at each POE every 3 years |
| Volatile Organic Contaminants (VOC) | 2018 | Sample at each POE every 3 years |
| Synthetic Organic Contaminants | 2018 | Sample at each POE every 3 years. |
| Stage 2 Disinfection Byproducts (DBPs) and Disinfection Byproduct Reports (Total Trihalomethanes & Haloacitic Acids) | July – Sept 2018 | Begin <u>reduced</u> (triennial) testing July-Sept. 2015. |
| Asbestos | 2020-2021 | Certification or results due every 9 years. |
| Lead & Copper (Tap Sampling) | June – Sept 2018 | 10 locations. Testing in accordance with |

| | | most recently approved sampling plan. |
|-----------------------------|------------------|---------------------------------------|
| Consumer Confidence Reports | July 1, 2016 and | |
| (CCR) | August 10, 2016 | |

Lakeside is current with all required FDEP testing and has not exceeded any MCL since the utility was acquired. As explained above from the excerpt from the FPSC order, for the tests that occur every 3 years or every 9 years, the CCRs will reflect that same result until the utility is required to take the next sample. The most recent three year tests were taken last year in 2015. Lakeside has attached its test results submitted to the FDEP for the years 2013, 2014, 2015, and 2016 year to date.

Concerning the test results reported in Lakeside's Consumer Confidence Reports (CCRs), these test results come from the third party independent state certified lab that U.S. Water provides under its operations contract. Lakeside has reviewed the annual CCRs and found them to be correct. Some customers may be confused due to the fact that the samples they were looking at were samples results taken in 2012 or 2014 but these tests are only taken every three years. Several of these test results contained in the CCR are "tri-annual" tests – or test that must be done every three years pursuant to the Florida Department of Environmental Protection (FDEP) rule requirements. The reason the customers are seeing the same result on the CCRs for these tri-annual tests is that they are only performed every three years, as required. The next testing cycle for these tests were recently taken in 2015. Until these most recent tests, these numbers have remained the same from the previous test results. These CCR reports are approved by FDEP before they can be released to the customers. Again, all testing is completed by a FDEP/FDOH state certified independent laboratory not affiliated with US Water Services.

The water quality provided by Lakeside meets all federal, state (FDEP), and local (DOH) standards. If an exceedance should occur, Lakeside will meet all FDEP required noticing of the customers. To date there has been no occasion to require customer noticing of any exceedance. Therefore, the water is safe.

Recently one of the wells providing water to the community collapsed and had to be retired. The collapse of this existing well was an unforeseen and unfortunate event which was not anticipated. This is discussed further in Lakeside's response. However, prior to this well being taken out of service, customers may have experiences brownish colored water and a loss of pressure. The FDEP was notified of this abnormal occurrence. Precautionary Boil Water notices were distributed to the customers until the required Bacte samples results were received. The Bactes came back absent and Rescission Notices were distributed.

A new well has recently been installed and Lakeside is awaiting clearance from the FDEP to place the well into service. All required testing of the new well have been accomplished and the results have been sent to FDEP for review.

In addition, there were four (4) water main breaks that occurred since 2014. At the time of the main breaks customers may have experienced discolored water. The FDEP was notified of each of these abnormal occurrences. Precautionary Boil Water notices were distributed to the customers for each occurrence until the required Bacte samples results were received. All of the Bactes came back absent and Rescission Notices were distributed.

Recently, there were incidents related to air in the water. This was caused by the air compressors at the water treatment tank for the storage tank. Currently, these are manually operated to supply the required aeration to the water tanks. Unfortunately, they were left running too long and caused excess air in the water. Lakeside is planning to replace this system with automated aeration at the plant. The utility is currently ordering the equipment and plans to install these in the near future.

Several customers observed "milky" or "cloudy" water as a result. One customers contacted the Florida Health Department and FDEP concerning the air in the water. The Lake County Health Department came out and tested the customer's water. These results were forwarded to you the President. In addition, below is the FDEP summary:

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I've attached the bacteriological test results collected by the Department of Health last week. The test is absent for bacteria and the disinfectant residual is well above the minimum required residual.

As we discussed over the phone, your water distribution lines are under pressure and it is not uncommon to have some air in the lines. In this situation, a malfunction at the water plant caused extra air to be released into the lines. When there is excessive air trapped in your water, millions of very tiny bubbles will appear when the pressure is released, giving the water a cloudy or white, milky appearance. They're harmless and not a health concern, and they will not damage your plumbing or appliances. Although you've been experiencing more air in the lines than normal, the reading on the water meter should not be affected.

Water Pressure

Lakeside has not received any pressure related calls which were not related to the main breaks discussed above. There have been no high pressure calls received. There were a few low pressure questions which were investigated and resolved. If specific customers have pressure concerns they should call the customer service toll free number so a technician can come to their homes and investigate. Also, we would place data loggers at specific sites to record the water pressure over an extended period of time.

Several customer complaints have been received stating that the pressure and air is "erratic" and makes the pipes bang and rumble. In your letter you state that some customers have had to replace plumbing lines due to the sudden pressure bursts.

This may be caused by various normal operating issues. Air trapped in household plumbing is a relatively common issue. The following website has useful and helpful information and recommendations: http://homeguides.sfgate.com/troubleshoot-air-plumbing-pipes-67797.html

In addition, several customers questioned whether the recent air in the lines will affect their water meter readings. As stated above from the Florida Department of Environmental Protection, *"Although you've been experiencing more air in the lines than normal, the reading on the water meter should not be affected."*

Billing Errors

Lakeside has reviewed its billing records to analyze adjustments made to customers' bills. There have been 50 error driven adjustments on 28 individual accounts since 1/11/2013. This represents an average of 0.73 error driven billing adjustments per month since 2013. For the past two years, it has been around 10 adjustments for the entire year. The majority of these were related to the wrong meter readings being entered and for adjustments related to move outs of customers. In each instance adjustments were made to customers' accounts to correct the errors.

The most recent error was related to a prorated billing of the base facility charge to Residential Irrigation Customers. As you are aware, the FPSC has established that the Residential Irrigation Customers are only to be billed for the gallonage used. The most recent customer notice for Phase II rates indicated that all irrigation customers would be billed the base facility charge. This was not caught by either the FPSC or Lakeside. Unfortunately, for the first month Lakeside billed these customers in error. There was a \$6.77 charge for the prorated period. However, this was caught when customers contacted the utility and it was addressed immediately. All the customers received a credit on the March bill and we included a bill message on the bills explaining the error. All customers that contacted the utility were satisfied with this resolution.

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Also, when rate increases/decreases are implemented, a proration of the charge is necessary. This is due to the fact that the rate change occurs sometime within the billing period. Therefore, the old rates are to be charged for the period of time prior to the effective date and the new rates are charge only for the period of time subsequent to the effective date. Unfortunately, this sometimes causes confusion with the customers when they see multiple charges on the bills for the month the rates go into effect. However, this is the most efficient and appropriate method to ensure the customers are billed correctly and are appropriately charged the correct rates during the period the rates are in effect. This only occurs when the rate changes.

As far as notification of rate changes and rate case applications, Lakeside follows all FPSC requirements contained in their rules and regulations. Lakeside works cooperatively with the FPSC to ensure that all required notices are first approved by the FPSC and are mailed out at the prescribed times as required by rule. When both the Phase I and Phase II rates were implemented, the FPSC approved the customer notice prior to mailing. For the most recent Phase II rate increase, the customer notice was mailed to all of Lakeside customers on January 5, 2016. All customers were mailed this FPSC approved customer notice prior to the implementation of the rates.

Lakeside intends to file for a SARC this year. This will be addressed further in this letter.

Irrigation Meter Removal

Lakeside is unaware of any instance where a customer's request to remove an irrigation meter has not been honored. The subject of residential irrigation meters has previously been addressed by the FPSC. In Order No. PSC-00-0259-PAA-WS, issued February 8, 2000, the FPSC stated:

The majority of Shangri-La's customers have in-ground irrigation systems. Specifically, 107 of the utility's 134 customers have an in-ground irrigation system. As of July, 1999, 92 customers obtained their irrigation water from the utility, 12 obtained irrigation water from canals located behind their homes, two had disconnected their irrigation systems, and one obtained irrigation from a private well. During installation of the water meters in the mobile home park, it was discovered that of the 92 customers who obtain their irrigation water from the utility, 68 customers' irrigation systems are connected directly to the utility's water distribution main.

This presents two problems - a health hazard and a lack of metering for water usage. An irrigation system connected directly to a public water system without an appropriate backflow prevention device is considered a health hazard and is prohibited by the Florida Department of Environmental Protection (DEP). The utility has an obligation pursuant to DEP rules to remove the hazard once identified.

The order continued as follows:

Therefore, the utility is required to meter all water sold. At present, the 68 customers discussed above are not properly connected, and thus, their water consumption for irrigation purposes is not being metered or billed. In addition to being a violation of DEP rules and Rule 25-30.255(1), Florida Administrative Code, this situation is unequitable to the 24 customers who are connected properly and are being billed for all water usage.

Rule 25-30.320(2)(h), Florida Administrative Code, states that the utility may discontinue service "without notice in the event of a condition known to the utility to be hazardous." Accordingly, the utility is authorized to disconnect the improperly connected irrigation systems from its water distribution main without notifying the customers. The utility indicated, however, that it would be more appropriate to give the customers an opportunity to choose which method they preferred to use to correct the hazard.

Consequently, on July 8, 1999, the utility issued a notice to all of the customers with improperly connected irrigation systems. The customers were given three options to correct the cross-

connection hazard. First, a customer may repipe his or her irrigation system to connect to the potable water line behind their existing water meter. The water meters installed by the utility contain a backflow prevention device. Therefore, disconnecting the irrigation system from the utility's main and reconnecting it behind the existing meter solves both the cross-connection hazard and lack of metering concern. Second, the customers may request that the utility install a separate water meter on the irrigation line. The utility's currently approved meter installation fee is \$125. The customers were informed that they would be required to pay the approved meter installation fee prior to installation of the separate water meter. Third, the customers may disconnect their irrigation system from the utility's main. The customers were also notified that if they failed to notify the utility of their desired course of action within 40 days, the utility would disconnect their irrigation system from its water distribution main.

The customers who obtain a separate irrigation meter and use less than 6,000 gallons of water inside their homes will receive the benefit of a lower wastewater bill, because they will not be assessed wastewater charges on the portion of their water usage which is strictly for irrigation purposes. The customers who do not obtain a separate irrigation meter will not receive that benefit.

Further the FPSC stated:

The developer of the mobile home park did not purchase or install the irrigation systems. Inasmuch as the customers made the decision to install in-ground irrigation systems, we believe that it is the responsibility of the customers to correct the cross-connection hazard.

The FPSC concluded that for these Residential Irrigation customers it was appropriate to only charge the gallonage charge and no base facility charge. These meters were required to correct the cross connection hazard and properly meter all water consumption.

There is a benefit to the customers in that no wastewater charges will be applied to the irrigation water used. However, if a customer wishes to remove the irrigation meter Lakeside is not opposed. The irrigation systems must be physically disconnected from the utility's water system in order to meet the FDEP rules concerning the cross connection policy. The customers would then have the option of either utilizing potable water to use lawn sprinklers for irrigation or not have any irrigation water at their residence. Please be aware that there are no base facility charges for these meters, only gallonage is charged if there is usage. Each irrigation customer should contact Lakeside if they wish for their irrigation meter removed. Lakeside will need to ensure that these irrigation systems are physically disconnected from the utility's main to protect its customers from cross connection hazards.

Upcoming SARC – 2016

As previously discussed, Lakeside has no alternative then proceeding forward with a Staff Assisted Rate Case this coming year. This was addressed previously with the customers at the 2013 meeting. There are two main reasons for the necessity to file for a subsequent SARC. The first deals with the replacement of the water well. In April 2014 we received an emergency call at 12:30 a.m. concerning discolored water. Upon arrival to the site and futher investigation, it was found that the North well was not pumping to capacity and was believed to have callapsed. The well was taken out of service. Lakeside contacted an outside well drilling company to investigate and potentially rehab the well. The drilling company made several attempts to resolve the issue in the well. Unfortunately, the well could not be rehabilitated and was found to have collapse and could not be used. There was no alternative then to drill a new water well for the system. Lakeside has spent over \$93,000 on the replacement of this well. We have sent all required documentation and testing to the FDEP and are awaiting final approval and clearance to place this new well into service.

The second items that requires the filing of a SARC is the replacement of the wastewater treatment plant. The existing wastewater treatment plant is physically in a deteriorated state. Lakeside has been attempting to utilize the plant without making major repairs in order to prolong the necessity of replacing

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the plant. However, in the last FDEP inspection on October 13, 2015, the FDEP has directed Lakeside to address the issues at the wastewater treatment plant.

In its compliance evaluation inspection e-mail to Lakeside, FDEP stated:

Per Chapter 62-620.610(7): The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit.

b. The catwalk was observed to be corroded in places.

c. The Bulkhead between the aeration tanks and the digestor tank is bowed and separated from the supports. A transfer pipe between the aeration tank and the digestor is loose and much of the wall holding it has corroded away.

d. Many of the tanks cross beam supports are corroded. Much of the tanks upper structure is heavily corroded.

In its response to FDEP, Lakeside stated that the structural issues regarding support beams and bulkhead will be addressed by the Owner, FPSC and customers to determine the repairs or replacement of the plants structures. Lakeside has no alternative then to move forward with the replacement of the wastewater treatment plant. The utility has engineered and designed the new wastewater treatment plant and has sent it to the FDEP for permitting. Lakeside will move forward with obtaining bids for this replacement. This involves replacing the aeration tank and digester tank, as well as replacing the necessary components for proper wastewater treatment.

In the last SARC order, the PSC stated:

Although this facility appears to have no current compliance issues with DEP, Lakeside had initially sought recovery of several pro forma items in this proceeding to cover needed repairs to the system. During our site visit we observed that the condition of the aging system appears to warrant the repairs contemplated by Lakeside. However, Lakeside elected to withdraw the request for recovery of these particular repair costs from this proceeding. We also observed that Lakeside is actively monitoring the condition of the system, and making temporary repairs, as necessary, to ensure the continued safe operation of the WWTP until permanent measures can be completed. Lakeside intends to proceed with the repairs and seek recovery in a future proceeding. Based on Lakeside's status with DEP, we find the operation of the system now and in the future, and on Lakeside's status with DEP, we find the operational condition of the WWTP to be satisfactory.

The inspection cited above was subsequent to this FPSC order and now Lakeside is out of compliance with the FDEP rules. We are moving forward with this replacement in order to bring the plant back into compliance. Lakeside is considering all viable options in order to keep the cost of this replacement at a minimum. This includes re-permitting the plant to a smaller size. The current plant is oversized and over permitted. We are also considering utilizing some used tanks to keep costs down. It is estimated that this replacement may cost between \$60,000 to \$80,000. All costs will be reviewed by the FPSC in the upcoming SARC.

Lakeside has worked diligently to lower the operating costs, as well as the capital needs in order to delay the need for rate relief. The decision to seek rate relief is not one that the utility has taken lightly. However, Lakeside's current revenues are simply insufficient to continue to meet its utility responsibilities in the manner that the Commission and our customers expect.

Due to the number of letters received and concerns expressed, Lakeside Waterworks, Inc. is extending an offer to come meet with its customers and the homeowners association. If the

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residents wish to accept this offer, please contact me at the number below to make arrangements for the next homeowners association meeting.

If you have any further questions or concerns, please do not hesitate to contact me at either trendell@uswatercorp.net or (727) 848-8292, ext. 245.

Sincerely 2

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

Cc: Andrew Maurey, Division Director, Florida Public Service Commission Tom Ballinger, Division Director, Florida Public Service Commission



Department of Environmental Protection

Central District

PWS ID #: 3354028

PWS NAME: SHANGRI LA BY THE LAKE

POPULATION: 328

2016 DRINKING WATER MONITORING REQUIREMENTS

| MONITORING & REPORTS | DUE | COMMENTS |
|---|-----------------------------------|---|
| Microbiological ("Bacte") | Monthly | Disinfectant residuals must be reported individually and averaged on bacte reports. Compliance for maximum disinfectant residual level is based on a running annual average. |
| Monthly Operation Reports (MORs) | Monthly | Include information about maintenance and/or abnormal occurrences & CT calcs. if required. |
| Nitrate and Nitrite | 2016 | Sample at each POE* every year. |
| Primary Inorganics | 2018 | Sample at each POE every 3 years. |
| Secondaries | 2018 | Sample at each POE every 3 years. |
| Radiologicals (Gross Alpha & Radium 228) | 2018 | Sample at each POE every 3 years. |
| Volatile Organic Contaminants (VOCs) | 2018 | Sample at each POE every 3 years. |
| Synthetic Organic Contaminants (SOCs) | 2018 | Sample at each POE every 3 years. |
| Stage 2 Disinfection Byproducts (DBPs) and Disinfection Byproduct Reports <i>Total Trihalomethanes & Haloacetic Acids (5)</i> | July – Sept. 2018 | Begin <u>reduced</u> (triennial) testing July – Sept. 2015. Collect 1 TTHM sample from the highest TTHM site and 1 HAA5 sample from the highest HAA5 site. If your highest TTHM and HAA5 sites are at the same location, you may collect 1 dual sample. Report disinfectant residuals. |
| Asbestos | 2020-2021 | Certification or results due every 9 years. Use Form 62-555.900(10), F.A.C., Asbestos Free Certification or Asbestos Sampling Plan |
| Lead and Copper (Tap Sampling) | June – Sept. 2018 | Test in accordance with the most recently approved sampling plan. |
| Consumer Confidence Report (CCR) & CCR Certification of Delivery | July 1, 2016 & August 10, 2016 | Data for CCR can be obtained at: <u>http://www.dep.state.fl.us/central/Home/Drinking</u> <u>Water/Compliance/CCR/default.htm</u> |

*POE = Point of entry to the distribution system. Sample at each POE that is representative of each source after treatment.

**MRT+ Maximum residence time. Sample at one designated MRT distribution location per plant in accordance with the Stage 1 D/DBP Monitoring Plan.

This is a good faith assessment of monitoring requirements for the above-referenced public water system for calendar year 2016 and may not include additional sampling required during the year due to special circumstances. If you have questions, please contact Andrea Aviles at (407) 897-4141 or (407) 897-4100. This chart shall not relieve any person from any requirement of Florida law.

This schedule and state forms can be found at <u>http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm</u> on the Central District's website. Click on "Monitoring Schedules and Forms" under "Highlights" in the right-hand column.

- > It is important for you to provide this information to your operator and/or sampler.
- It is strongly recommended that testing be conducted early in the monitoring period to allow time for retests due to possible sampling or lab errors. Annual and triennial sampling should be completed by

SYNTHETIC ORGANICS 62-550.310(4)(b)

Report Number / Job ID: A1600548001

PWS ID (From Page 1): 3354028

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | RDL | Extraction Date | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------------|---------------------------|-----|-------|--------------------|------------|----------------------|------------|-----|--------------------|------------------|------------------|----------------------------|
| 2031 | Dalapon | 200 | ug/L_ | 1.3 | 1 | EPA 515.3 | 1.0 | 1 | 01/26/2016 | 01/27/2016 | 00:02 | E82574 |
| 2042 | Hexachlorocyclopentadiene | 50 | ug/L | 0.012 | U | EPA 508 | 0.012 | 0.1 | 01/26/2016 | 01/27/2016 | 00:56 | E82574 |

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

Reporting Format 62-550.730 Effective January 1995, Revised February 2010

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

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| Sample | ibution Routine rance Replaceme Collection Date: | 1-7-16 | of sample bi | eing repla | <u>iced)</u> <u>LI B</u> a | oll Wate | ar No DC | 01108 🔲 :N4: AD-0045 | Olher: | ive 01/95, Revised 09/ | 19/2012 | | |
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| □ 6681 8 □ 4965 9 □ 10200 □ 9810 9 □ 528 9 | KING WATER MICROBIAL SAN & LABORATORY REPORTIN Southpoint Pkwy. • Jacksonville, FL 32216 • 90 SW 41st BMd • Galnesville, Fl 32608 • 552,377 USA Today Way • Miramar, FL 33025 • 954,8 Princess Palm Ave. • Tampa, FL 33619 • 813.6 Northlake Blvd., Sto. 1016 • Altamonte Spring Dedar Center Drive, Talfahassee, FL 32301• 8 | G FORMA 14.363.9350 · F 12349 · Fax 35 89.2288 · Fax 30.9616 · Fax 19. FL 32701 · 4 | | · · · · · · · · · · · · · · · · · · · | - | A1(| 50100 | 56 | | | |
|--|---|---|------------------------------|---|---|--|-------------------------|---|--|--------------------|---------------|
| Report | Advanced Environmental L | | | | | Lab Receipt Date & Time: $28/16$ 1520 Analysis Date & Time: $2-8-16$ $7/8$ Sample Acceptance Criteria: Sample Preservation: O on Ice \Box Not On Ice \Box $4^{\circ}C$ Disinfectant Check: \Box Not Detected \Box This Sample does not meet the following NELAC requirements: | | | | | |
| Apalysi <u>N</u> Total Public V PWS Ac PWS or Collecto Type of <u>M</u> Comm <u>Limith</u> Reason <u>M</u> Distri <u>Clear</u> | s Requested: (check all that apply) <u>Colliform/E. coli</u> <u>Total Colliform/Fec</u> Nater System (PWS) Name: <u>Shan</u> Idress: <u>100 Sharryor</u> <u>C</u> PWS Owner's Phone #: <u>227 - 34</u> pr: <u>Sol</u> <u>Ch</u> <u>By/</u> Supply: (check only one) munity Water System <u>Non-Transien</u> ad Use System <u>Bottled Water</u> <u>F</u> for Sampling: (check all that apply) button Routine <u>Distribution Repea</u> ance <u>Replacement (also check type</u> Collection Date: <u>2-8-16</u> | al \Box Enterc s r = R s = R s = R $t Non-communications Private Well t \Box Baw (Ir$ | unity Wate | r System Ting Pool assessmen | iax #: Collector Tran Othe Othe | PW City 227 's Ph sient sient aw (tr Notic | /S I.D.:_ : <u> </u> | 335 P - 421 mmunity Wa or assessme Diher: | ter System |] Well Surve | |
| | To be completed by | | | | | | AD-0045 | | e completed by lab. | | |
| Sample # | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type ¹ | Disin- fectant Residual (mg/L) | pH Street | | Non- Ioliform | athod(s) ² Total Coliform | MGZLZB Fecal, E, coli, Enterococci, or Coliphage ³ | Data Qualifier⁴ | Lab Sample |
| / | South Well 35100 Formast Lake | 1130 | R | 0.0 | 1200 - 220 Marson | | | A | Compriage | | # |
| 3 | Top at Club house | 1145 | D | 1.3 | | | ······ | A | | | 3 |
| | | | | | | | | | | | |
| | | | | | A STATE SECTION | E2720 (* 14) | | | | | |
| Average of disinfectant residuals for distribution routine & repeat samples. ⁵ Free chlorine or Total chlorine (circle one). 1.3 Diginfectant Residual Analysis Method: DPD Calorimetric Other: 1.3 Person performing disinfectant analysis is (Check one of below): R A certified operator (#) 1.3 Supervised by certified operator (#) 1.3 Employed by a certified tab Employed by DEP or DOH Authorized representative of supplier of water | | | | | | Unless otherwise noted, all tests are preformed 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:AAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | | | | | |
| INSERTNAME AND MALLING ADDRESS OF PERSON TO RECEIVE REPORT: USWATER 4939 CROSS BAYOU BLUD Wew PONT Rich FK. | | | | | | Satisfactory DEP/DOH USE ONLY Incomplete Collection Information Repeat Samples Required Replacement Samples Required Date Reviewed by DEP/DOH: DEP/DOH Reviewing Øficial: | | | | | |
| (routine Tap, S = 2. Lab cert 3. Picase c 4. Defined 5. Comple and incl Results Key | the sample type for each sample collected. Sample type for compliance), $C = Repeat/Check, R = Raw, N = Batry PoinSpecial (clearace, etc.),ification number for the listed method is included at top wi-irde appropriate selection.In Plorida Administrative Code Rute 62-160, Table 1,te for community & non-transient non-community systemsuding 4,900. Do not include raw or plant samples in the aver: A = Collforms are absent; P = Collforms are present; C =rous to count (62-510.730 Reporting Format.$ | 1 to Distribution, P th the laboratory ad serving population range. | = Plani Idress s up to | | quish By Date: Ived By: Date: | r: | 2-8 2-8 2445 | -14 wmaG | _Time: _1300 | | |

| □ 6681 □ 4965 □ 10200 □ 9010 □ 528 S | KING WATER MICROBIAL SAN & LABORATORY REPORTIN Southpoint Pkwy. • Jacksonville, FL 32216 • 91 SW 41st BNd • Gainesville, Fl 32608 • 352.377 USA Today Way • Miramar, FL 33025 • 954.8 Princess Palm Ave. • Tampa, FL 33619 • 813. • Northlake Blvd., Ste. 1016 • Atlamonte Sprin Cedar Center Orive, Tallahassee, FL 32301 • 8 | IG FORMA 04.363.9350 • F 7.2349 • Fax 35 389.2288 • Fax 630.9616 • Fax | | - | A1 | 6018 | 808 | | | |
|---|---|--|-----------------------------------|------------------------------|---|---|---|---|--------------------------------|-------------------|
| Benort | Advanced Environmental L | | | | | Analysis Da Sample Ac Sample Pre Disinfectan | ite & Time: ceptance Criti iservation: 20 C | $\frac{3 9 16}{3-9-16}$ erta: In Ice \Box Not On Ice t Detected \Box et the following NELA | - - - | 15: |
| Analysi Public V PWS Ac PWS or Collecto | s Requested: (check all that apply) <u>Collform/E. coli</u> <u>Total Collform/Fec</u> Nater System (PWS) Name: <u>Shan</u> Idress: <u>100 Shan(R.1</u> PWS Owner's Phone #: <u>727</u> pr: <u>Cocph</u> Byk | al DEnterc JRI L SYS-S | 2 <u>00000i</u> 1 2 2.92 | F | ax #: | PWS I.D.: City: 1- | 335 :csbor 849- | 4028 p-la- 4219 | | |
| Com Limit Reason Distri | Supply: (check only one) munity Water System Non-Translen ad Use System Bottled Water I for Sampling: (check all that apply) bution Routine Distribution Repea rance Replacement (also check type Collection Date: 3-9-16 | i <u>t Non-commi</u> Private Well .t DI Raw (tri | unity Wate | <u>n System</u> ming Pool | Tran Othe t) Ra ti Water | <u>sient Non-co</u> <u>r:</u> | ommunity Wa d or assessm Other: | iler System |] Well Surve | |
| Realized by These a | | | 2012 | | | | | | | |
| Sample | To be completed by Sample Point | | | | | | To | be completed by lab. | | |
| 36/10/10 # | (Location or Specific Address) | Sampte Collection | Sample Type | Disin- fectant | pH M | Analysis M | Aelhod(s)* S | Mazzze | | |
| | | Time | | Residual (mg/L) | 100 | Non- Coliform | Total Collform | Fecal, E. coli, Enterococci, or | Data Qualifier⁴ | Lab Sample |
| 1 | well Not in sinvice | | | | | | | Coliphage ³ | | # |
| 2 | will 2 | 1000 | R | 0.0 | | | A | | | |
| 3_ | 35210 Forest Lake | 1610 | D | 1.5 | | | <u>A</u> | | | 2 |
| <u> </u> | 35115 Format Lake | 1015 | D | 1.8 | | | A | | | 3 |
| | | | | - | | | - | | | |
| Averano | of disinfectant residuals for distribution ro | uting & rangel | | | | | | | | |
| samples | ³ Free chlorine or Total chlorine (circle one). ctant Residual Analysis Method: | | • | 1.5 | _ Unle N | ess otherwis IELAC stand | e noted, all ti lards, and th | ests are preformed e results relate on | l in accordar ly to the sam | tce with ples. |
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| Person Thac | performing disinfectant analysis is (Check entitled operator (# | : one of below |): | | | eport issued: | | y lab of positive resui | IS: | |
| | vervised by certified operator (# |) | | | Daten | opon issued. | AA II | TT 11/ | | |
| 🗆 Err | ployed by a certified lab Employed by DE | P or DOH | | | Lab S | Ignature: / | VI/att | FILA | | |
| 🗆 Au | thorized representative of supplier of water | | | | Title: | | An | aluct | | |
| | NAME AND MAILING ADDRESS | | | | | | ····· | | | |
| | ON TO RECEIVE REPORTS | | | | | isfactory | ction Informatio | | DEP/DOH L | JSE ONLY |
| | 1.5 uster 740000 | 26-01 | | | | peat Samples | Citon Informatic Required | n . | | |
| 4 | 1939 CROSS 134700 12 | // 0 | | | | | mples Require | d | | |
| A | vew port Richy 1 | 2/4 | | | | leviewed by D | | | | |
| | | | | | DEP/D | OH Reviewin | official: | 1 | | |
| (routine | the sample type for each sample collected. Sample type co- compliance), $C = Repeat/Check$, $R = Raw$, $N = Entry Point$ | des are: D = Distri 1 to Distribution, P | bution = Plant | D ~1/- | quish By | OK | , K | | | |
| 1 ap, S = 2. Lub cert | Special (clearance, etc.). ification number for the listed method is included at top with | | | កមាជង | | | | | () | |
| Please c Defined | urie appropriate sciention. Ils Porida Administrative Code Rula 67-160 Table 1 | | | | Date | 23-9 | -16 | | $\nu_{}$ | |
| Comple and inc | te for community & non-transient non-community systems luding 4,900, Do not include raw or plant samples in the sys | (T) 1 MP | | Rece | ived By: | PIA | 1 mma | $\gamma \lambda$ | | |
| Results Key | x: A = Collforms are absent; P = Collforms are present; C = rous to count (62-550,730 Reporting Format. | confluent growth; | TNTC | | , | 21- | 1.1 | | | |
| | | | | | Date: | | 116 | _ Time: _////2 |) | |

OTHER CONTAMINANTS

Report Number / Job ID: A1601062001

PWS ID (From Page 1): 3354078

| ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|---------------------------------------|-------------------|-----|-------|--------------------|------------|----------------------|------------|------------------|------------------|----------------------------|
| | Sulfide | | mg/L | 1.6 | | SM 4500-S D | 0.012 | 02/12/2016 | 14:46 | E84589 |
| | Alkalinity, Total | | mg/L | 130 | | SM 2320B | 5.0 | 02/15/2016 | 16:12 | E84589 |
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Reporting Format 62-550.730 Effective January 1995, Revised February 2010

Page 3 of 3

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



Department of Environmental Protection

Central District

PWS ID # 3354028

PWS NAME: SHANGRI LA BY THE LAKE

POPULATION: 328

2015 DRINKING WATER MONITORING REQUIREMENTS

| MONITORING & REPORTS | DUE | COMMENTS |
|---|-----------------------------------|--|
| Microbiological ("Bacte") | Monthly | Disinfectant residuals must be reported individually and averaged on bacte reports. Compliance for maximum disinfectant residual level is based on a running annual average. |
| Monthly Operation Reports (MORs) | Monthly | Include information about maintenance and/or abnormal occurrences & CT cales. if required. |
| Nitrate and Nitrite | 2015 | Sample at each POE* every year. |
| Primary Inorganics | 2015 | Sample at each POE every 3 years. |
| Secondaries | 2015 | Sample at each POE every 3 years. |
| Radiologicals (Gross Alpha & Radium 228) | 2018 | Sample at each POE every 3 years. |
| Volatile Organic Contaminants (VOCs) | 2015 | Sample at each POE every 3 years. |
| Synthetic Organic Contaminants (SOCs) | 2015 | Sample at each POE every 3 years. |
| Stage 2 Disinfection Byproducts (DBPs) and Disinfection Byproduct Reports Total Trihalomethanes & Haloacetic Acids (5) Gewer Plant | July - Sept. 2015 (wh 3/Aug) | Begin <u>reduced</u> (triennial) testing July – Sept. 2015. Collect 1 TTHM sample from the highest TTHM site and 1 HAA5 sample from the highest HAA5 site If your highest TTHM and HAA5 sites are at the same location, you may collect 1 dual sample. Report disinfectant residuals. |
| Asbestos | 2020-2021 | Certification or results due every 9 years. Use Form 62-555.900(10), F.A.C., Asbestos Free Certification or Asbestos Sampling Plan |
| Lead and Copper (Tap Sampling) | June – Sept. 2015 | Test in accordance with the most recently approved sampling plan. |
| Consumer Confidence Report (CCR) & CCR Certification of Delivery | July 1, 2015 & August 10, 2015 | Data for CCR can be obtained at: <u>http://www.dep.state.fl.us/central/Home/Drinking</u> <u>Water/Compliance/CCR/default.htm</u> |

*POE = Point of entry to the distribution system. Sample at each POE that is representative of each source after treatment.

**MRT= Maximum residence time Sample at one designated MRT distribution location per plant in accordance with the Stage 1 D/DBP Monitoring Plan

This is a good faith assessment of monitoring requirements for the above-referenced public water system for calendar year 2015 and may not include additional sampling required during the year due to special circumstances. If you have questions, please contact Andrea Aviles at (407) 897-4141 or (407) 897-4100. This chart shall not relieve any person from any requirement of Florida law.

This schedule and state forms can be found at <u>http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm</u> on the Central District's website. Click on "Monitoring Schedules and Forms" under "Highlights" in the right-hand column.

- > It is important for you to provide this information to your operator and/or sampler.
- It is strongly recommended that testing be conducted early in the monitoring period to allow time for retests due to possible sampling or lab errors. Annual and triennial sampling should be completed by

| PLANT P. O. B Office: | NG WATER MICROBIAL SAMPLE CO & LABORATORY REPORTING FOI (82.460.730 Reporting Format Effective 01/1035, Revised 02/2 TECHNICIANS, INC. LAB ID#: E83 OX 447, FRUITLAND PARK, FL 347 352-787-2944 Lab:352-787-6112 F erson: John Fredock | RMAT ²⁰¹⁰⁾ 141 QA# 731 | : 87025 | | Analy Samp Samp Disinf | sis D Ile A Ile Pi iecta | cceptanc reservatio nt Check: | re: (/ \$/) e Criteria n: SelOn I fc/Not De | 15 1177 | lce | -Z-+∕ ∫ ∘c mg/L ments: |
|-----------------------------|--|--|-----------|-------------------------|---------------------------------|-----------------------------------|--|---|--|--------------------|--|
| Analysis XTotal C | umber: Sub-Contract L 3 Requested: (check all that apply) ioliform/E. coli ZTotal Coliform/Fecal E | Enterocacci | | phage 🗌 |]HPC | | | | | | |
| Public V | Vater System (PWS) Name: <u>SHAA</u> A | KgR1-L | A/L | ANCE | 5/705 | PW | /S I.D. | 33 | 54 | 02 | 8 |
| DING AND | HASS 100 SHAALLARD-L | ABL | ND. | | | City | <i>r</i> : | LEE | ESBURK | 1 | |
| FWS or F | WS Owner's Phone #: | 53.8 | 292 | Fi | ax #: | | | | | | |
| Collecto | or: B. SMITH | | | c | ollector | в Pł | ione #: | 40 | 7.712. | 5498 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Type of | Supply: (check only one) unity Water SystemNon-Transient Non-c I Use SystemBottled WaterPrivate V | ommunity V | vater Svs | tem 🗔 Ti | ransien | l No: | n-commur | ilty Water | System | | |
| Cleara | for Sampling: (check all that apply) ution Routine Distribution Repeat An nce Replacement (also check type of sam Collection Date: | ple being re | placed) | ssment) ∐Boil W |]Raw ater No | (trigg tice | jered or a ∏Other | ssessme : | nt) additional | ∐Well Sur | vey |
| Sample | To be completed by collecto | | 040893 | | a Asian | <u>(</u> | | | be completed b | Vilab 3 3 3 | |
| Sample | Sample Point | Sample Collection | Sample | Disin- fectant | рH | | Analysis N | | : 5m922 | ~ | |
| # | (Location or Specific Address) | Time | Туре' | Residual (mg/L) | | | Non- Conliform | Total Coliform | Fecal, E. ccil, Enterococci, or Collphage ³ | Data Qualifier* | Lab Sample # |
| / | WELL #1 WELL #2 | 1000 | Ø | R | | f_{i}^{\pm} | A | A | | 150 | 1-667 |
| 2 | WELL #2 | 0955 | Ø | R | | | A | Á | | | 613 |
| 3 | 35147 FORESTLAKE | 0950 | 1.6 | D | | | _A_ | A | | | -by |
| 4 | OFFICE OSHB | 0915 | 1.8 | D | | | A | A | | | Zed |
| | | | | | | | | | | | |
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| samples | of distinfectant residuals for distribution ro , free chlorine or Total chlorine (circle one), tant Residual Analysis Method: | outine & rep |)oat | 1.7 | | | | | ests are perform re results relate | | |
| | D Colorimetric Other: | | | | Date a | nd Urr | ie PWS noti | fied by lab | of positive results: | | - |
| Person | performing disinfectant analysis is (see ins | tructions c | n revers | c): | ſ | | | | / lab of positive resu | i | <u>n/</u> |
| | ertified operator (# <u>C13525</u> | | | | Date F | lepor | t leaued' | A | 161- | <u> </u> | 415 |
| | ervised by certified operator (# ployed by a certified lab □Employed by DE | |) | | Lab | Sigi | nature: _ | / | <u>y</u> | | |
| 1 | ployed by a certified labEmployed by DE horized representative of supplier of water | PORDUR | | | Title | | | J | QH / | my | - |
| C L M | LS WATER 1939 CROSS BAYOU NEW POTET RICHTE, 34 | BL (12 FZ 653 | ν. | ∏inco □Repi ⊡Repi | eat San Iaceme | Colle npie: nt Si | action Info s Require amples Re ing Officia | d aquíre\ | Date | | |

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For Sample Types as instructions item (16. Pege 1 Of 1
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|--|---|---|---|--|-------------------------------------|--|--|--|--------------------------------|-----------------------|
| ☐ 6681 Sc □ 4965 SV □ 10200 U □ 9610 Pi | ING WATER MICROBIAL SAMP & LABORATORY REPORTING outpoint Pkwy. • Jacksonville, FL 32216 • 904. N 41st Blvd • Galnesville, Fl 32608 • 352.377.2 JSA Today Way • Miramar, FL 33025 • 954.886 rincess Palm Ave. • Tampa, FL 33619 • 813.63 Northlake Blvd., Ste. 1016 • Altamonte Springs edar Center Drive, Tallahassee, FL 32301• 850 | FORMA 363.9350 • Fa 349 • Fax 352 9.2288 • Fax 9 0.9616 • Fax 8 FL 32701 • 40 | T ax 904.363.9 2.395.6639 • 54.889.228 313.630.432 07.937.1594 | 9354 · E82574 E82001 1 · E82535 27 · E84589 | | | | 440 | ; | |
| Ç | Advanced Environmental La | | | | | Analysis Dat Sample Acc Sample Pres | te & Time: ceptance Crite servation: Q O Check: Q Not | 3-5-15 rta: n loe 	Dot On loe Detected 	D t the following NELA | | ls: |
| Analysis | umber: Sub-Continues Requested: (check all that apply) Colliform/F. coll Total Colliform/Feca /ater System (PWS) Name: SHPCAL dress: 106 SHPCAL PWS Owner's Phone #: SLL SLL r: SRULE SML SML Construction SML SML | | | | - <u>HPC</u> SIDE ax #: | 2 Dother PWS I.D.:_ City: | 3 | 35 402 Buteg | 8 | |
| Comn Limite Reason | r: <u><u><u><u></u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u> | <u>Non-commu</u> rivate Well X Raw (tri | inity Water Swimn iggered or | <u>r System</u> ning Pool assessmen | | sient Non-co r: aw (triggerec Notice DCN#: AD-0045 | ommunity Wa I or assessme Other: Ettectiv | ter System ent) additional [we 01/95, Revised 09/15 | Uell Surve | <u></u> |
| 988 S.C. | | | | | | | Aethod(s) ² | ie completed by lab | | 1.5 <u>5 - 37 - 1</u> |
| Sample # | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type ¹ | Disin- fectant Residual (mg/L) | pH Manual | Non- Coliform | Total Collform | Fecal, E. <i>coli</i> , Enterococci, or Coliphage ³ | Data Qualifier ⁴ | Lab Sample # |
| i | WELE #1 | 1350 | R | Ø | 1 | 1000 | A | | | (|
| 2 | WEL #2 | 1355 | R | ß | + | | A | | | Z |
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| | of disinfectant residuals for distribution rou Free chlorine or Total chlorine (circle one). | itine & repeat | t | 1.4 | Unie | ess otherwis | e noted, all te | ests are preformed | d in accordan | nce with |
| Person Q A c DSup D Em | ctant Residual Analysis Method: D Colorimetric □ Other: performing disinfectant analysis is (Check ertified operator (#3 52.5 ervised by certified operator (# ployed by a certified lab □ Employed by DEf horized representative of supplier of water | | i): | | Date a Date a Date R Lab S | nd time PWS | notified by lab | e results relate on of positive results:y y lab of positive resu | - | |
| OF PERSO | NAME AND MAILING ADDRESS IN TO RECEIVE REPORT 4939 CROSS BAY NEW PORT RICHTE, P | ore B = 34 | KrD Krz | | ☐ Inα ☐ Rep ☐ Rep Date P | ceat Samples placement Sa leviewed by D | mples Required EP/DOH: | 1 | DEP/DOH L | JSE ONLY |
| 1. Indicate | the sample type for each sample collected. Sample type coc compliance), C = Repeat/Check, R = Raw, N = Entry Point | les ure: D = Distri | bution | - ·· | | | g Official: | | | J |
| Tap, S = 2. Lab certi 3. Please ci 4. Defined i 5. Complete and inclu | Special (clearance, etc.), fication number for the listed method is included at top with rele appropriate selection, in Florida Administrative Code Rule 62-160, Table 1, i for community & non-transient non-community systems a ding 4.900. Do not include raw or plant samples in the aver | h the laboratory ac erving population age. | ldi c ss. 5 up 10 | | quish By Date: ived By:, | - N- | 4 Ka | Jime: | | |
| Results Key: | A = Coliforms are absent; P = Coliforms are present; C = 6 bus to count (62-550.730 Reporting Format. | | TNTC | | Date: | 3-5-1 | 5 | _ Time: _/ | <i>C</i> | |

| □ 6681 9 □ 4965 9 □ 10200 □ 9610 F ≫ 528 S. | KING WATER MICROBIAL SAN & LABORATORY REPORTIN Southpoint Pkwy. • Jacksonville, FL 32216 • 96 SW 41st Blvd • Gainesville, Fl 32608 • 352.37 USA Today Way • Miramar, FL 33025 • 954.6 Princess Palm Ava. • Tampa, FL 33619 • 613.0 Northlake Blvd., Ste. 1016 • Altamonte Spring Cedar Center Drive, Tallahassee, FL 32301 • 8 | IG FORMAT 04.363.9350 · Fa 7.2349 · Fax 352, 389.2288 · Fax 93 530.9616 · Fax 8 15. FL 32701 · 40 | T 1395,6639 54,889,221 13,630,43 17,937,159 | .9354 • E8257 • E82001 81 • E82535 27 • E84589 4 • E53076 | | ŀ | A15 | 023(|)8 | , |
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| Ģ | Advanced Environmental L | , | | | | Analysis Dat Sample Acc Sample Pres Disinfectant | Chack: 🖸 Not | 4 8 15 | | ls; |
| Analysis <u>STotal</u> Public V PWS Ad PWS or I Collecto | Jumber: | al Enteroc ANSGR/ 21 24 · 348. 7 | BUL 829 | 10 10 77- F | ax #: | PWS I.D.: City: s Phone #: | 33 LEC: 4 | | 5798 | |
| Reason Beason Distril | nunity Water System Non-Transier 2d Use System Bottled Water I for Sampling: (check all that apply) bution Routine Distribution Repea ance Replacement (also check type Collection Date: | <u>Private Well</u> | Swimr | ning Pool assessmen ced) | □ Other) □ Ra I Water I f | w (triggered Notice □ C DCN#: AD-D045 | or assessmi <u>Diher</u> : Elfoctiv | ant) additional (| 9/2012 | |
| Sample # | Sample Point Sample Point (Location or Specific Address) | collectorol sam Sample Collection Time | Samplə Typə' | Disln- fectant Residual (mg/L) | рН | Analysis M Non- Collform | | Steening at the By lab SM9233 Fecal, E. coll, Enterococci, or Coliphage ³ | | Lab Sample # |
| 1 | WELEH! | 1235 | R | Ø | 1 | | A | | | l |
| 2 | walt | 1240 | R | ß | | | <u>A</u> | | | 2 |
| 3 | 35147 FOREST LAKE | 12.98 | <u> </u> | 1.5 | | | A | | | 3 |
| 4 | DEFICE GSHB | 1250 | ρ | 1.1 | | | A | | | <u> 4</u> |
| | | | | | | | | | | |
| | | + | | | | | | | | |
| | of disinfectant residuals for distribution ro | | | 1.3 | | ä | [|] | <u> </u> | <u> </u> |
| Disjoit Pi DF Pergor VI Art U Sur D En | Frée chloring or Total chlorine (circle one) contant Residual Analysis Method: D Colorimetric Other: performing disinfectant analysis is (Chock certified operator (# | - k one of below): _)) | : | 17. J | N Date a Date a Date R Lab S | ELAC stand nd time PWS r nd time DEP/D leport Issued: ignature: | ards, and the notified by lab DOH notified b KKed | ests are preforme o results relate on of positive results: _ y tab of positive results: Why Reflect | ults: | iplas. |
| CIE PERES | NAME AND MAJLING ADDRESS ON TO RECEIVE REPORT 5 CUMPER 1939 CK D-5 BAY 1939 BRT RICHT | pok f | 3L U - 31 | D 46372 | Sat Inco Rep Rep Date P | isfactory omplete Collectoration beat Samples I blacement San tevlewed by Di | tion Informatio Required nples Required EP/DOH: | J | DEP/DOH I | JSE ONLY |
| 1. Indicate frontine Tap. S = 2. Lab cer | the sample type for each sample collected. Sample type compliance), $C = Repeat/Check$, $R = Raw$, $N \Rightarrow Entry Poir = Special (clearance, etc.), ification animber for the listed method is included at top w$ | ndes are: D = Distribu at to Distribution, P = | ution Plant | | quish By | e: | | _ Time: | | |
| Defined Completing and inclusion | circle appropriate selection.) in Florida Administrative Code Rule 52-160, Table 1, te for community & non-transfert non-community systems leding 4,900. Do not include mw or plant samples in the av- formation of the same short B = College are same as an | erage. | | Rece | ived By: | Mott A | oyla | | • | |
| | y: A = Colliforms are absent; P = Colliforms are present; C rous to count (62-550.730 Reporting Format. | a confluent growth; T | DINIC | | Date: | 4/8/1 | 5 | | 5 | |

= ton numerous to count (62-550.730 Reporting Format.

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| 10200 10200 9610 F | & LABORATORY REPORTIN Southpoint Pkwy. • Jacksonville, FL 32216 • 90 SW Archer Road • Gaineaville, Fl 32608 • 362, USA Today Way • Miramar, FL 33025 • 954,8 Princess Palm Ave. • Tampa, FL 33619 • 813,6 North Lake Blvd., Ste. 1016 • Altamonte Sprin | 14.363.9350 • F 377.2349 • Fax 89.2288 • Fax 1 30.9618 • Fax | ax 904.363 352,395,66 954,889,22 | 639 · E82001 81 · E82535 | 74 | | A1 | 5029 | 966 | |
|--|---|---|--|---|---|--|--|---|-------------------|---------------|
| C a a | Advanced Environmental Labora | · | | | | Analysis D Samplo A Sample Pr Disinfectar | it Check: 🔲 No | $\frac{S-S-1S}{2}$ | | |
| Inalysis | lumber: Sub-Con Requested: (check all that apply) | | | | | · | | | | <u>-</u> |
| ⊠Total (| Coliform/E. coli Total Coliform/Feca | Enterod | cocci 🗌 |]Coliphage | HP(| C Othe | r: | | | |
| | Vater System (PWS) Name: Shangr | i La | | | | PWS I.D. | 33540 | 28 | | |
| | dress:100 Shangri La Blvd | | | | | | burg, Fl 3478 | 8 | | |
| | PWS Owner's Phone #:727-848-8 | 292 | | | | 727-849-42 | | | | |
| | or: <u>B_Smith</u> Supply: (check only one) | | | (| Collecto | or's Phone | #: 407 | 712.5 | 498 | |
| _Limite Reason Distrib Cleara | Iunity Water System DNon-Transient d Use System Bottled Water Pr for Sampling: (check all that apply) ution Routine Distribution Repeat ince Replacement (also check type of Colloction Date: <u>5.4.15</u> | ivate Well | Swimm | ning Pool | ☐Othe) □Ra I Water | r: aw (triggered Notice 🏾 | Other: | ent) additional | | у |
| | | | 1 | | | DCN#: AD-D04 | | ive 01/95, Revised 05/2 | | |
| <u></u> | To be completed by c | ollector of sam | iple in the | 1 | and the set | | To Method(s) ² | ~ | | |
| Sample # | Sample Point (Location or Specific Address) | Sampla Collection Time | Sample Type ¹ | Disin- fectant Residual (mg/L) | pН | Non- Coliform | Total Coliform | Fecal, E. coll, Enterococci, or | Data Qualifier | Lab Sample |
| , | WELL # / | 15-10 | 2 | d | x | | | Coliphage ³ | | # |
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| 2 | | 1500 | | ø | | · · · | A | | | 1 A |
| | OFF LINE WELLAS | | $\overline{\Lambda}$ | 18 | | | A / / | · · · · · · · · · · · · · · · · · · · | | 7 |
| 3 | (OFFLINE) WELL#2 35700 FOREST CARE | 1570 | | 0.8 | | | A / A | | | 7 |
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| 3 4 Average c samples | (OFF LINE) WELLAN 35700 FUREST CARE CLUBHOUSE OSHB | 1570 1575 | D | /. 0 | h N | NELAC stan | se noted, all te dards, and the | e results relate or | ly to the sam | ples. |
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| □ 6681 9 <i>□ 4965 5</i> □ 10200 □ 9610 P □ 528 S. | ING WATER MICROBIAL SAM & LABORATORY REPORTIN Southpoint Pkwy. • Jacksonville, FL 32216 • 90 W 41st BNd • Gainesville, Fl 32608 • 352.377 USA Today Way • Miramar, FL 33025 • 954.8 rincess Palm Ave. • Tampa, FL 33619 • 813.6 Northlake Blvd., Ste. 1016 • Altamonte Spring Jedar Center Drive, Tallahassee, FL 32301• 8 | G FORMA 4.363.9350 • Fa .2349 • Fax 352 89.2288 • Fax 9 30.9616 • Fax 8 s, FL 32701 • 40 | T 3x 904.363 2.395.6639 54.889.22 313.630.43 07.937.159 | 1.9354 • E8257 • E82001 81 • E82535 327 • E84589 94 • E53076 | | · · · · · · · | | 50374 | and they | |
| C | Advanced Environmental L | aboratories | , Inc. | | | Analysis Dat Sample Acc Sample Pres Disinfectant | e & Time: eptance Crite servation: 200 Check: 🗆 Not | n Ice 🛛 Not On Ice | 1716 | |
| Report N | lumber: Sub-Con | tract Lab ID: | | | | | | | | |
| Total | Requested: (check all that apply) Coliform/E. coli Total Coliform/Feca Jater System (PWS) Name: 5/474 dress: 160 5/474 PWS Owner's Phone #: 7.2 r: B. SMITH | al <u>Enteroc</u> MGRI CI LA 7 · 848 | LA/C LA/C BL | Coliphage | | C □ Other; PWS I.D.:_ City: | 33 LEE | 5-4628 -SBURG | | |
| Collecto | T: B. SMITH | | | <u> </u> | ax # Collector's | s Phone #1 | 407 | 7.712.5 | 5498 | |
| Type of DComm Limite | Supply: (check only one) nunity Water System Non-Transien d Use System Bottled Water P for Sampling: (check all that apply) | Non-commu | nity Wate | er System | | ient Non-cor | | | | |
| | Dution Routing Image: Check all trial apply) Dution Routing Image: Distribution Repeat ance Image: Replacement (also check type) Collection Date: Image: Collection Check type) | of sample bei | ing replac | assessmen ced) □ Bo | il Water | w (triggered Notice DC N#: AD-D045 | Other: | ent) additional [| | <u>97</u> |
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| Sampte # | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type' | Disin- lectant Residual (mg/L) | pH | Analysis M Non- Coliform | ethod(s)* Total Coliform | Fecal, E. <i>coli</i> , Enterococci, or Coliphage ³ | Data Qualifier* | Lab Sample |
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| 2 | 35210 FOREST LAK | | $\frac{1}{n}$ | | | | A | | | 2 |
| 3 | | | <u> </u> | 1.0 | in the second se | | | | | 2 |
| | 35115 FORESTLAR | 1500 | _D | 1.2 | | 3 | Π | | | |
| | WELL HOLFELINE) | | | | | | | | | |
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| Average samples. | of disinfectant residuals for distribution rou free chlorine or Total chlorine (circle one). | itine & repeat | | 1.1 | Unio | co othonulco | notod all to | sts are preformed | | |
| Disinte D'SP | ctant Residual Analysis Method: D Colodmetric D Other: | one of below): | | | Ni Date an | ELAC standa Id lime PWS n | ards, and the otified by lab o | results relate onl positive results: af positive results: | y to the sam | pləs. |
| D Sup D Emj | performing distniectant analysis is (Check entified operator (# |) | | | Lab SI | gnature: | Matt l | tel | | |
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| OFPERSC | US WATER 4939 CROSS & NEW PORT RIC | APXI Ltt / G | A | | Dinco Rep Rep Date Re | eat Samples F acement Sam aviewed by DE | ples Required | | | JSE ONLY |
| 1. Indicate | the sample type for each sample collected. Sample type cox | les are: D = Distribu | tion | <u>८</u> ० ८ | DEP/DO | OH Reviewing | Official: | | | |
| (routine Tap, S = | compliance), C = Repeat/Check, R = Raw, N = Entry Point Special (clearance, etc.). | to Distribution, P = 1 | Plant | Relind | quish By: | | | | * | |
| 3 Picase ci | fication number for the listed method is included at top with rele appropriate selection. In Florida Administrative Code Rule 62-160, Table 1. | n the laboratory addr | CIS. | | Date: | 1 | | Time: | | |
| Complete and inclusion | e for community & non-transient non-community systems s ding 4.900. Do not include raw or plant samples in the aver | age, | - | Recei | ived By: _ | Matt | , 'toyl | Ч | ······ | |
| Results Key: | A = Coliforms are absent; P = Coliforms are present; C = us to count (62-550.730 Reporting Format. | confluent grawth; T | NTC | | Date: | 6/3/1 | 5 | Time: 1350 |) | |

| □ 6681 5 □ 4965 5 □ 10200 □ 9610 F □ 528 S. | ING WATER MICROBIAL SAM & LABORATORY REPORTINI iouthpoint Pkwy. • Jacksonville, FL 32216 • 90 W 41st Blvd • Gainesville, FL 32608 • 352.377 USA Today Way • Miramar, FL 33025 • 954.8 rincess Palm Ave. • Tampa, FL 33619 • 813.6 Northlake Blvd., Ste. 1016 • Altamonie Spring Sedar Center Drive, Tallahassee, FL 32301• 85 | G FORMA 4.363.9350 · F .2349 · Fax 35 39.2288 · Fax 30.9616 · Fax 5. FL 32701 · 4 | T ax 904.363 2.395.6639 954.889.228 813.630.43 07.937.159 | .9354 • E8257 • E82001 81 • E82535 27 • E84589 4 • E53076 | | | | | 0463 | | ····· |
|---|--|--|--|---|-----------------|--------------|--|--|---|-----------------------|---------------|
| | Advanced Environmental L | | | | | | Analysis Date & Sample Accepta Sarnple Preserva Disinfectant Cher | Time: ance Criter ation: D Or ck: D Not I | $\frac{7-7-15}{1-7-15}$ ia: lice \Box Not On lice Detected \Box the following NELA | 1836 0 <u>4</u> .0 | |
| | lumber: Sub-Con | tract Lab ID; | | | ~ | Ľ | | | | | |
| Analysi: | s Requested: (check all that apply) Collform/ <i>E. coll</i> D Total Collform/Fec | al 🗌 Enterr | neocci E | Coliphage | П на | 20 | Other | | | | |
| Bublic V | Vator System (PM/S) Name: SAG A (C | | 14-10 | -as JP | | <u>- </u> | | 26 4 | 57 X | | |
| | Collform/E. coli D Total Collform/Feci Vater System (PWS) Name: <u>Shang</u> dress: <u>100 Shangr/ h</u> PWS Owner's Phone #: or: <u>T506 h</u> Powe | $c \sim r l$ | 1 den | <u>, () / ()</u> | | ז _ | -wsi.u.: <u> </u> | / 5 /. | 2_0 | | |
| PWG AU | DVC Outputs Discussion | a_121 | U a | | | . 0 | ny: <u>~~~~</u> <u>~</u> | ucg | | | |
| PWS or | PWS Owner's Phone #: | 1)) | | ۲ | ax #: | | - . | 5 | 10 400 | <i>C</i> , | |
| Collecto | $\frac{1}{2} \frac{1}{2} \frac{1}$ | 4 | | (| Collecto | r's : | Phone #: <u>55</u> | | 12 4/9 | -1 | |
| CEL Com | Supply: (check only one) munity Water System Non-Transien ad Use System Bottled Water F | | | | □ Trar □ Oth | nsie ier: | ent Non-commi | unity Wat | er System | | |
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| | bution Routine Distribution Repea | <u>I LI Raw (tr</u> | iggered or | assessmen | t) <u> </u> | Raw | (triggered or a | assessme | nt) additional | Well Surve | <u>ev</u> |
| | Collection Date: $7 - 7 - 15$ | or sample of | eing replac | <u>cea) (190</u> | ii watei | | | | | | |
| Sample | | | | | | DC | N#: AD-D045 | Effectiv | e 01/95, Revised 09/19 | /2012 | |
| Constant | To be completed by | | | | | 7 | | | e ∞mpleted by lab | | |
| Sample ∦ | Sample Point (Location or Specific Address) | Sample Collection | Sample Type ¹ | Disin- fectant | pH | | Analysis Metho | ^{od(s)"} 51 | N 9222B | | |
| - | | Time | | Residual (mg/L) | | | | Total Coliform | Fecal, E. <i>coli</i> , Enterococci, or Coliphage ³ | Data Qualifier' | Lab Sample |
| | Well #2 35210 Forest LN | 11:00 | Ŕ | | | | | A | | | |
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| 3 | 3>113 Fally L1 | 61:15 | 5 | 1,6 | | |] | <u>†1</u> | | | 1-5- |
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| | of disinfectant residuals for distribution ro | utine & repea | t | 1.6 | | لندغا | · | | | | 1 |
| samples | . Free chloring or Total chlorine (circle one). | | | 1116 | | | | | sts are preformed results relate onl | | |
| | ctant Residual Analysis Method: | | | | | | | | | | |
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| | ployed by a certified tab | | ſ | | Lab | Sig | nature: | Mat | TIGE | jen _ | |
| 🗆 Au | Ihorized representative of supplier of water | | | | Title | : : | Analys | 54- | | | |
| (INSERT | NAME AND MAILING ADDRESS | _1 . | / - | - ^ | <u> </u> | | | | | | |
| | ON TO RECEIVE REPORT COS | Wa | ter c | .000 | | | factory oplete Collection | Informatio | n | DEP/DOH (| JSE ONLY |
| 1493 | 9 Cross Bayou | BNd | | | 1 | | at Samples Requ | | | | |
| 110 | LI P.J. A. | | | | - | | cement Samples | | | | |
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| | the sample type for each sample collected. Sample type co | | | | DEP/ | /DO | H Reviewing Offi | icial: | | | |
| (routine | compliance), C = RepeauCheck, R = Raw, N = Entry Point Special (clearance, etc.). | | | Relin | quish B | Зу: . | | | | | |
| Lab cert | ification number for the listed method is included at top wil include appropriate selection. | h the taboratory ar | tidress. | | Date | | | | Time: | | |
| Defined | in Florida Administrative Code Rule 62-160, Table 1 | | | | | _ | non H- | N | . / | | |
| and incl | to for community & non-transient non-community systems riding 4,900. Do not include raw or plant samples in the ave | ruge. | | Rece | ived By | y: | Mhall, | HO | in | | |
| | * A = Coliforms are obsent. P = Coliforms are present; C = rous to count (62-550.730 Reporting Format. | confluent growth; | TNTC | | Date | e:_ | 7-7- | 15 | Time: 13 | 50 | |

| & LABORATORY REPORTING FORMAT 0601 Southpoint Pkwy, - Jacksonville, FL 32216 - 1904, 353, 39350 - Fax 504, 363, 0354 - E82574 4965 SW 418 BW - Galesville, FL 3200 - 552, 377, 2449 - Fax 353, 3036, 427 - E84599 0510 Pitnoss Plan Ave, - Tampe, FL 3305 - 053, 409, 2201 - Fax 504, 309, 2201 - E82535 0510 Pitnoss Plan Ave, - Tampe, FL 3306 - Fax 403, 304, 27 - E84599 01282 Codar Conter Drive, Tallahassee, FL 32301 - 050, 219, 8274 - Fax 55, 300, 427 - E84599 01282 Codar Conter Drive, Tallahassee, FL 32301 - 050, 219, 8274 - Fax 55, 200, 219, 6275 - 6311095 Lab Roceligt Date & Time: £15115 _ 160 5 Advanced Environmential Laboratories, Inc. Analysis Date & Time: £15115 _ 160 5 Analysis Requested: (check all that apply) Multe Water System (PWS) Name: \$Advass colspan= |
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| Lab Rocalpt Date & Time: DLSUID: Construction |
| Agalysis Requested: (check all that apply) I Total Coliform/E, coli Total Coliform/Fecal Enterococci Coliphage HPC Other: Public Water System (PWS) Name: Shanscride Blbd PWS I.D.: 335 9028 PWS Address: Shanscride Blbd City: Lessbodd 2000000000000000000000000000000000000 |
| Type of Supply: (check only one) Community Water System Non-Translent Non-community Water System Translent Non-community Water System Limited Use System Bottled Water Private Well Swimming Pool Other: Reason for Sampling: (check all that apply) ADistribution Routing Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) Well Survey |
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| |
| Sample Collection Date: <u>8-9-15</u> DCN#: AD-D045 Ellective 01/95, Revised 09/19/2012 |
| Sample Sample Point Sample Sample Disin- fectant pH Analysis Method(s)* SM SA SA |
| Time Residual Non- Total Fecal, E. coll, Data Lab (mg/L) Collform Collform Collphage ³ H |
| 1 Well #2 3:00 R A I |
| 2 35210 Forest lake 3:10 D 113 A 2 |
| 3 35/15 Forest lake 3:15 D 1.3 A 3 |
| Well #1 offine - |
| |
| |
| |
| Avarage of diginfectant, residuals for distribution routine & repeat / 3 Liness otherwise noted all tests are preformed in accordance with |
| NELAC standards, and the results relate only to the samples. |
| Disinfectant Residual Analysis Method: CIX.DPD Colorimetric D Other: Date and time PWS notified by lab of positive results: |
| Parson performing disinfectant analysis is (Check one of below): |
| Date Report Issued: |
| Smpleyed by a certified lab Employed by DEP or DOH Lab Signature //// (2004 (2005)) |
| Authorized representative of supplier of water Title: |
| ENSERT NAME AND MAILING ADDRESS US Water Corp Satisfactory DEP/DOH USE CINLY |
| 4939 CCOSS Bayon Blud Bread Samples Required |
| ENSERT NAME AND MARING ADDRESS US Water Corp Satisfactory DEP/DOH USE CINLY OF PERSON TO RECEIVE REPORT US Water Corp Incomplete Collection Information DEP/DOH USE CINLY 4939 Cross 1340 Bepeat Samples Required DEP/DOH USE CINLY New Port Right Gold 34652 Defended by DEP/DOH: Defended by DEP/DOH: |
| DEP/DOH Roviewing Official: 1 Indicate the sample collected. Samples of evelopment in the Distribution (could e compliance), C = Repeat/Check, R = Row, N = Empirication (could e compliance), C = Repeat/Check, R = Row, N = Empirication (could e compliance). |
| Tap. S = Special (clearance, etc.). |
| 3. Mease circle appropriate selection. |
| Defined in Planda Administrative Code Rale 62-169, Table 1. Complete for community & and-transient non-community systems any ingrit relations up to and including 4,000. Do not include raw or plant samples in the average of the sample systems are present; C Fourities' TNTC Even sum (62-550.730 Reporting Format, Signature of the sample systems are present; C Fourities' TNTC Even sum (62-550.730 Reporting Format, Signature of the sample systems are present; C Fourities' TNTC |
| Date: |
| |

| ☐ 6881 S ☐ 4965 S ☐ 10200 ☐ 9610 F ☐ 528 S. | ING WATER MICROBIAL SAN & LABORATORY REPORTIN southpoint Pkwy. • Jacksonville, FL 32216 • 9 W 41st Bhd • Gainesville, Fl 32608 • 352.37 USA Today Way • Miramar, FL 33025 • 954.4 Princess Palm Ave. • Tampa, FL 33619 • 813. Northlake Blvd., Ste. 1018 • Attamonte Sprin tedar Center Drive, Tallahassee, FL 32301 • 8 | G FORMA 04,363,9350 • 1 7.2349 • Fax 35 389,2268 • Fax 630,9618 • Fax gs, FL 32701• • | T Fax 904.3 52.395.66 954.889 6 813.630 407.937.1 | 863.9354 • E826 339 • E82001 2281 • E82535 .4327 • E84589 1594 • E53076 | | | A1 | .5064 | 19 | |
|---|---|--|---|---|-------------------------|---|--|---|--|-------------------------|
| C | Rdvanced Environmental La | | | | | Analysis Dat Sample Acc Sample Pres Disinfectant | e & Time: eptance Crite ervation: 日で Check: □ Not | $\frac{9/31.5}{9-3-15}$ pria: In Ice \Box Not On Ice Detected \Box at the following NELA | | |
| | lumber: Sub-Col | ntract Lab ID: | | a | | | | ······ | | |
| | Requested: (check all that apply) Coliform/E. coli Total Coliform/Fee | al 🗌 Enter | ncocci | | | C Other | | | | |
| | Vater System (PWS) Name:Shangri La | | 00000 | 1 | | PWS I.D.: <u>3</u> | | | | |
| | dress:100 Shangri La Blvd. | | | | | lity: Leesbu | | | | |
| | PWS Owner's Phone #: | | | | | | | | | |
| | pr:Todd W. Powell | | | | | | 52-286-316- | 4 | | |
| | Supply: (check only one) | | | | | | | - | | |
| 🛛 Comr | nunity Water System DNon-Transier | | | | | ent Non-co | mmunity Wa | iter System | | |
| | ed Use System Bottled Water | Private Well | <mark>□ \$w</mark> | imming Pool | Other: | | | | | |
| | for Sampling: (check all that apply) bution Routine Distribution Repea | | ria a const | | -1) 🗖 🗖 | (links a so al | | | | |
| | ance Replacement (also check type | | | | | | | ent) additional [| T Mail Sulve | <u>əy</u> |
| | Collection Date:9/2/15 | | | | | N#: AD-D045 | | - ve 01/95, Electronic Re | dision 11/04/2012 | 2 |
| ารสมาริการสมาริ | To be completed by | collector of an | molo T/ | | | hanna companya | a zan derene Ta n | be completed by lab. | Zinetzenoten (na | (7))(7)) (7))(7))(7) |
| Sample | Sample Point | Sample | Sam | Disin- | рН | รพาว | | Anatysis Method(s) ² | n an | 18112-12126-14-1211 |
| # | (Location or Specific Address) | Collection Time (24 | ple Type | fectant Residual | | Non- Coliform | Total Coliform | Fecal, E. coll, Enterococci, or | Data Qualifier | Lab Sample |
| | | hr clock) | 1 | (mg/L) | 10/30 12/20 22/20 | | | Coliphage ³ | | # |
| 1 | Well #1 | 2:10 | R | | | | A | | | 1 |
| 2 | Off Line Well #2 | | | | 譅 | | | | | |
| 3 | 35210 Forest Lake | 2:20 | D | 1.5 | | | Δ | | | |
| | | | | | | | <u> </u> | | | 2 |
| 4 | 35115 Forest Lake | 2:30 | D | 1.5 | | | A | | | 3 |
| | | | 1 | | Ŵ | | | | | |
| | | | | | luik Luisi | | | | | |
| | | | ļ | | | | | | | |
| | | | | | | | | | | |
| Average | of disinfectant residuals for distribution re | outino & ropoa | it | 1.5 | 1,004 | | 1 | 1 | L | |
| samples. | ⁵ ØFree chlorine or Total chlorine (check | one). | | 1 | | | | sts are preformed results relate only | | |
| | ctant Residual Analysis Method: D Colorimetric DOther. | | | | | | | • | | |
| | | | | | | | | positive results: to of positive results: | | |
| | performing disinfectant analysis is (Chec ertified operator (# C-21032) | K ONG OF DELOA | v): | | Date Repor | | r nounce by n | to of positive results. | | |
| - | pervised by certified operator (#) | | | | | | Mar | <u>11 11 91</u> | | |
| Επ | ployed by a cartified lab 🛛 Employed by Di | EP or DOH | | | Lab Signa | | The | W less | | |
| □Aut | horized representative of supplier of water | | | | Title: | An | <u>=175+</u> | - | | |
| | NAME AND MAILING ADDRESS ON TO RECEIVE REPORT[| | | | Satisfac | tory | | ······ | DEP/DOH US | EONLY |
| | ller Corp. | | | | | | n Information | | | |
| 4939 (| ross Bayou Blvd. | | | | | Samples Rei ment Sampl | quired es Required | | | |
| | | | | | | | | | | |
| | ort Richie, FL. 34852 | | | | Date Revie | weatoy der | | | | |
| New Po | | | | | | • | | | | |
| New Po | the sample type for each sample collected. Sample type is compliance), C = Repeat/Check, R = Raw, N = Entry Poi | codes are: D = Distri in to Distribution, F | nbution P = Plant | Dal | DEP/DOH | Reviewing O | fficial: | | | |
| I. Indicate (rotation Tsp, S) 2. Lab cor | the sample type for each sample collected. Sample type of compliance), C = Repeat/Check, R = Raw, N = Entry Poi = Special (clearmon, etc.). infraction sumber for the lined method is included at top w | at to Distribution, F | Р⊐Рыл | Rel | DEP/DOH | Reviewing O | fficial: | | | |
| I. Indicato (routine Tap, S) 2. Lab cer 3. Please c | the sample type for each sample collected. Sample type (compliance), C = Repeat/Check, R = Raw, N = Entry Poi = Special (clearance, etc.). | at to Distribution, F | Р⊐Рыл | Rel | DEP/DOH | Reviewing O | fficial: | | | |
| I. Indicate (routing Tap, S) 2. Lab or 3. Please of 4. Deflace 5. Comple and ind | the sample type for each sample collected. Sample type is compliance), C = Repeat/Check, R = Raw, N = Entry Poi = Special (clearance, etc.), infection samber for the lined method is included at top w infect spropriate selection. | nt to Distribution, F with the laboratory a a serving population renge. | P = Plani uddress. es up to | | DEP/DOH | Reviewing O | fficial: | | | |

| □ 6681 S □ 4965 S □ 10200 □ 9810 P □ 528 S. | CING WATER MICROBIAL SAM & LABORATORY REPORTING louthpoint Pkwy. • Jacksonville, FL 32216 • 904 W 41st Blvd • Gainesville, FL 32608 • 352.377. USA Today Way • Miramar, FL 33050 • 954.88 rincoss Palm Ave. • Tampa, FL 33619 • 813.65 Northiake Blvd., Ste. 1016 • Altamonte Springs Jedar Center Drive, Tallahassee, FL 32301• 85 | G FORMA 1.363.9350 • F 2349 • Fax 35 9.2288 • Fax 3 30.9616 • Fax 5, FL 32701 • 4 | T ax 904.363. 2.395.6639 954.889.228 813.630.43 07.937.159 | .9354 • E8257 • E82001 81 • E82535 27 • E84589 4 • E53076 | | A1 | .50 | 7306 | e - | |
|---|---|---|---|---|--|--|--|--|--------------------|--------------------|
| Benort | Advanced Environmental La | | , | | | Analysis Da Sample Acc Sample Pre Disinfectant | Check: 🖾 Nol | 10-6-15 | | |
| Analysi Analysi Public V PWS Ad PWS or Collecto Type of | s Requested: (check all that apply) <u>Coliform/F. coll</u> <u>Total Coliform/Feca</u> Vater System (PWS) Name: <u>Sharn</u> dress: <u>IOD</u> <u>Sharn</u> <u>Ecc</u> PWS Owner's Phone #: <u>IS66</u> or: <u>DS20h</u> <u>By/C</u> Supply: (check only one) <u>munity Water System</u> <u>Non-Translent</u> ed Use System Bottled Water <u>P</u> | I Enterc Rala LA B | icocci By the SZ9 Z | F | ax #: C | PWS I.D.:_ Dity: <u> </u> | 335-4 csbuey 49-42 | 49 | | |
| Reason M.Distri Clear Sample | for Sampling: (check all that apply) bution Routine ☐ Distribution Repeat ance ☐ Replacement (also check type Collection Date: <u>10-6-15</u> | Raw (tri of sample be collector of sam | iggered or aing replac | assessmen ced) 🔲 Bo — | I) 🗌 Raw Il Water N | / (triggered otice () ON#: AD-0045 | <u>Other:</u> Efisci | ent) additional [ve 01/95, Revised 09/15 be completed, by/lab | 1/2012 | |
| Sample ∦ | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type' | Disln- fectant Residual (mg/L) | pH e | Analysis M Non- Coliform | Total Coliform | Fecal, E. <i>coll</i> , Enterococci, or Collphage ³ | Data Qualifier* | Lab Sample # |
| 1 | well # 2.0.0.5 | 1045 | R R | 0.0 | | | A | | | 1 |
| 3 | 35/47 Forest Lake Office outside Hose Bills | 1050 1100 | Q Q | 1.2 | | | A A | | | 2 3 |
| | | | | | | | | | | |
| samples Disinfe □ DF | of disInfectant residuals for distribution rou .* Free chlorine or Total chlorine (circle ane). ctant Residual Analysis Method: D Colorimetric | | | 1.2 | NE Date and | LAC stanc 1 time PWS | lards, and th notified by lab | ests are preforme e results relate on of positive results: y lab of positive resu | ly to the sam | nples. |
| □ A c □Su; □ En □ Au | i performing disinfectant analysis is (Check pertified operator (# |) | | | Date Re | port Issued: | | F166 | its: | |
| OF PERS | NAME AND MAILING ADDRESS ON TO RECEIVE REPORT US WATAK 939 CLOSS BAYOU BL Vew Point Richay E | | | | C Repe Repl Date Re | nplete Colle- lat Samples acement Sal viewed by D | ction Informati Required mples Require EP/DOH: g Official: | d | DEP/DOH I | USE ONLY |
| (routine Tap, S 2. Lab cer 3. Please c 4. Definec 5. Comple and incl Results Key | the sample type for each sample collected. Sample type cov compliance), C = Repeat/Check, R = Raw, N = Entry Phint Special (clearance, etc.), tiffication number for the listed method is included at top wit- sincle appropriate selection. In Florida Administrative Code Rufe 62-160, Table 1, te for community & non-transient non-community systems s huding 4.900. Do not include raw or plant samples in the aver y: A = Collforms are absent. P = Collforms are present: C = rous to count (52-550.730 Reporting Format. | to Distribution, P h die laboratory au erving population mee | = Plann Idress. s up to | | quish By: Date:2 ived By; _ Date: _ | 110-1 Pu | inma | _ Time: <u>/24</u>]ha/ _ Time:/34 | | |
| | | | | | | | | 104 | | |

| □ 4960 □ 1020 □ 3610 □ 3610 | IKING WATER MICROBIAL SA & LABORATORY REPORT 1 Southpoint Pkwy. • Jacksonville, FL 32216 • 5 SW 41st Blvd • Gainesville, FL 32608 • 352.3 00 USA Today Way • Miramar, FL 33025 • 950 0 Princess Palm Ave. • Tampa, FL 33619 • 81 S. Northlake Blvd., Ste. 1016 • Altamonte Spr 8 Cadar Center Drive, Tailahassee, FL 32301• | NG FORM) 904.363.9350 • 377.2349 • Fax 3 4.889.2288 • Fax 3.630.9616 • Fax | AT Fax 904.36 52.395.663 < 954.889.2 × 813.630.4 | 3.9354 • E826 9 • E82001 281 • E82535 327 • E84589 | ł | · · | A1. | 5081 | 81 | |
|--|--|--|---|---|--|--|--|--|--------------------|--|
| | Rdvanced Environmental | Laboratorie | es, Inc. | | | Analysis Da Sample Acc Sample Pres Disinfectant | ceptance Cri servation: 🖬 Chack: 🗆 No | 11-5-15 | | |
| Report | Number: Sub-C | ontract Lab ID | | | | | | | AC requirement | 1(5) |
| D Tota | sis Requested: (check all that apply) al Coliform/F. coli | acal DEnter | ococci Sur H | Coliphage | <u>е Пнр</u> | C Other: | 435-11 | 1078 | | |
| PWS A | iddress: 100 Shanki La | Blud | 27-1 K | <u></u> | / | City: | | | | |
| ⊇WS o | r PWS Owner's Phone #: | •••• | | | Fax #: | 127-849 | -4219 | | | |
| | tor:SOSePhByt f Supply: (check only one) | | | | | | | | | |
| Limi Reasor XI Distr Licea | amunity Water System Ited Use System of for Sampling: (check all that apply) ribution Routine arance Replacement (also check type Collection Date: | <u>Private Well</u> at □ Raw (tr | <u>Swim</u> | iming Pool | Othe <u> Othe</u> <u> Othe</u> | aw (triggered Notice 🔲 C | or assessm Other: | ent) additional | | <u><u>з</u>у</u> |
| 12000 | Td baccomplated b | CANID-CARGO CONTRACTOR | 222.0000 | | | DCN#: AD-D045 | | ive 01/95, Revised 09/1 | | |
| Sampte | Sample Point (Locallon or Specific Address) | Sample Collection | Sample | Disln | <u>рн 6</u> | Analysis Mi | | be completed by lab | | |
| | | | | | | 101 | | | | |
| # | | Time | Туре' | fectant Residual (mg/L) | | Non- Coliform | Total Collform | Fecal, E. coll, Enterococci, or | Data Qualifier* | |
| | I will 1 | | R | Residual (mg/L) | | Non- | Total | Fecal, E. coll, | | |
| # | Will 1 Will 2. Out of Spiner | Time | | Residual | | Non- | Total | Fecal, E. coll, Enterococci, or | | Sample |
| ł | Will 1 Will 2 out of Spince 35700 Forcest Iske | Time 09.30 | | Residual (mg/L) | | Non- | Total | Fecal, E. coll, Enterococci, or | | Sampl # |
| 1 | Will 1 Will 2 out of Server 35700 Forest Iske | Time | R | Residual (mg/L) | | Non- | Total | Fecal, E. coll, Enterococci, or | | Sampl |
| 1 | Will 1 Will 2 out of Spine 35700 Forest Iske Clubhouse Hose Bill | Time 09.30 | R | Residual (mg/L) | | Non- | Total | Fecal, E. coll, Enterococci, or | | Sample # 1 2_ |
| 1 | Will 1 Will 2 out of Server 35700 Forest Iske | Time 09.30 | R | Residual (mg/L) | | Non- | Total | Fecal, E. coll, Enterococci, or | | Sampl # 1 2_ |
| 1 | Will 1 Will 2 out of Server 35700 Forest Iske | Time 09.30 | R | Residual (mg/L) | | Non- | Total | Fecal, E. coll, Enterococci, or | | Sample # 1 2_ |
| 1 2 3 4 | Will 1 Will 2 Oct of Spinic 35700 Foxost Iske Clubhouse Itose Bills | Time 09.30 09.40 09.50 | RDD | Residual (mg/L) | | Non- | Total | Fecal, E. coll, Enterococci, or | | Sample # 1 2_ |
| 2 3 4 Verage amples Disprife | Will 1 Will 2 out of Service 35700 Forest Lake Clubhouse Hose Bill | Time 09.30 09.40 09.50 09.50 | RDD | Residual (mg/L) | N Date ar | Non- Coliform | Total Collform A A A A A A C A C C C C C C C C C C C | Fecal, E. coll, Enterococci, or Coliphage ³ | Qualifier* | Sampl # 2 3 ce with ples. |
| 2 3 4 Usynte Disynte Disynte Disynte Disynte Disynte Disynte Disynte Disynte Disynte | $\frac{Well}{200000000000000000000000000000000000$ | Time 09.30 09.40 09.50 04.50 outline & repeat k one of bolow) | RDD | Residual (mg/L) | N Date ar Date ar Date Re | Non- Coliform | Total Collform A A A A A A C A C C C C C C C C C C C | Fecal, E. coll, Enterococci, or Coliphage ³ | Qualifier* | Sampl # 2 3 ce with ples. |
| 2 3 y y verage amples Disprife Disprif | Will | Time 09.30 09.40 09.50 04.50 outline & repeat k one of bolow) | RDD | Residual (mg/L) | N Date ar Date ar Date Ro Lab S | Non- Coliform | Total Collform A A A A A A C A C C C C C C C C C C C | Fecal, E. coll, Enterococci, or Coliphage ³ | Qualifier* | Sample # 2 3 ce with ples. |
| Verage amples Disinfe Disinfe Disinfe Disinfe Disinfe Disinfe Disinfe Disinfe Disinfe Disinfe Disinfe | Will 2. Ort of Servic 357100 Foxest Lake 357100 Foxest Lake Clubboxsc Itosc Bills of disinfectant residuals for distribution resolutions Stree chlorine or Total chlorine (circle one) ectant Residual Analysis Method: 20 Cotorimetric Other: performing disinfectant analysis is (Checcordified operator (# C-SH2Y) Streed by certified operator (# C-SH2Y) prived by a certified lab Employed by Dilthorized representative of supplier of water XATE AND MALLING ADDRESS | Time CA3D CA CA CA CA CA CA CA CA CA CA | RDD | Residual (mg/L) | N Date ar Date ar Date Re Lab SI Title: Date Rep Date Re | Non- Coliform Coliform | Total Collform A A A A A A A A A A A A A A A A A A A | Fecal, E. coll, Enterococci, or Coliphage ³ | Qualifier* | Sample |
| L Z J J Verage amples amples Disjnte Dis | Will 2. Ort of Servic 357100 Forcest Lake 357100 Forcest Lake Clubbrase Itose Itose Clubbrase Itose Itose Clubbrase Itose Itose Clubbrase Itose Itose Stree chlorine or Total chlorine (circle one) Itose Itose Stree chlorine or Total chlorine (circle one) Itose Itose Stree chlorine or Total chlorine (circle one) Itose Itose Stree chlorine or Total chlorine (circle one) Itose Itose Stree chlorine or Total chlorine (circle one) Itose Itose Stree chlorine or Total chlorine (circle one) Itose Itose Stree chlorine or Total chlorine (circle one) Itose Itose Stree chlorine or Total chlorine (circle one) Itose Itose Stree chlorine or Total chlorine (circle one) Itose Itose Stree chlorine or Conservice Itose Itose Stree chlorine or Conservice Itose Itose Stree chlorine or Conservice Itose Itose Stree chlorine or C | Time CA30 CA CA30 CA CA30 CA CA CA CA CA CA CA CA30 CA CA CA CA CA CA CA CA CA CA | R D | Residual (mg/L) D-D J. 6 J. 6 | N Date ar Date ar Date Re Lab SI Title: Date Satti Rep Date Re DEP/DC | Non- Coliform Coliform | Total Collform A A A A A A A A A A A A A A A A A A A | Fecal, E. coll, Enterococci, or Coliphage ³ | Qualifier* | Sample 1 2 3 ce with ples. SE ONLY |

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 = 100 numerous to count (62.550.730 Reporting Format.

Date: 1/5/15____Time: 1340_____

| | | | | | | | THE REAL PROPERTY AND INCOMENTS OF | | ····· | |
|---|---|---|--|---|-----------------|---|---|--|--------------------|--------------------|
| □ 6631 □ 4965 □ 10200 □ 9640 □ 9640 □ 9640 | KING WATER MICROBIAL SAN & LABORATORY REPORTIN Southpolnt Pkwy. • Jacksonville, FL 32216 • 94 SW 41st Blvd • Galnesville, Fl 32608 • 352.377 USA Today Way • Miramar, FL 33025 • 954.8 Princess Palm Ave. • Tampa, FL 33019 • 813.4 Northlake Blvd., Ste. 1016 • Altamonte Sprin Cedar Center Drive, Tallahassee, FL 32301 • 8 | G FORM. 04.363.9350 • 7.2349 • Fax 3 89.2288 • Fax 330.9616 • Fax 330.9616 • Fax | AT Fax 904.363 52.395.6633 954.889.22 813.630.43 407.937.15 | 3.9354 • E8257 9 • E82001 281 • E82535 327 • E84589 94 • E52075 | | ······ | | 5089 | 79 | |
| Bonor | Advanced Environmental L | | • | | | Analysis Di Sample Ac Sample Pro Disinfectan | ate & Time: ceptance Crit servation: 🗗 t Check: 🗐 No | 12 - 8-15 12 - 8-15 eria: Do ice □ Not On ice t Detected □ at the following NEU | | ; |
| Analysi | s Requested: (check all that apply) | | | | l | ······· | | | | |
| 171 Taka | Colleman C coll Tatal Colleann / Con | al CEnter | acocci [| Coliphage | | C Othe | | | ····· | |
| Public V | Vater System (PWS) Name: <u>Shonga</u> Idress: <u>100 Shonga</u> Lo PWS Owner's Phone #: | <u>i La</u> | | | | PWS 1.D.: | 335-4 | 028 | | |
| PWS AC | PWS Owner's Phone #: | 5 400 | | r | | City: <u>C</u> | G- UNIS | JEIL F | | |
| Collecto | pr: Joseph Byt | | | r | -ax #: <u> </u> | Phone # | 1 /0/ | L | | |
| Type of | Supply: (check only one) | | | | | | | | | |
| Com | munity Water System Non-Transien ed Use System Bottled Water F | I Non-comm | unity Wate | er System | | | ommunity Wa | ler System | | |
| | for Sampling: (check all that apply) | mvate well | | iming Pool | Olher Olher | | | | · | |
| 🕺 Distri | bution Routine Distribution Repea | t 🗹 Raw (t | riggered o | <u>r assessmen</u> | t) 🛛 Bay | v (triggered | <u>l or assessm</u> | ent) additional | U Well Surve | ev |
| | ance I Replacement (also check type Collection Date: 12-8-15 | of sample b | eing repla | <u>ced)</u> 080 | | | | | | |
| | • | | | | | CN#: AD-D048 | | va 01/95, Revised 09/19 | | |
| Sample | To be completed by Sample Point | collector of sa Sample | mple. Sample | Disin- | an Ha | Analysis M | Inthad(a)? | be completed by tab | | |
| # | (Location or Specific Address) | Collection | Туре' | foctant Residual | | Non- | Total | Marzz | | |
| | | | | (mg/L) | | Caliform | Coliform | Fecal, E. <i>coll</i> , Enterococci, or Coliphage ³ | Data Qualifier* | Lab Sample # |
| | well +1 | 1000 | R | 0.0 | | | A | | | 1 |
| 5 | Well #2 Off Line | 1 | R | | | | 1 | | | 2 |
| 3 | | 10.10 | D | 1.6 | 8 | | A | | | 2 |
| | 35210 Forest Jake | | | 1.6 | | | | | | 3 |
| <u> </u> | 35115 Forart Lake | 1020 | $\downarrow D$ | 1.6 | | | | | | 1 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Average | of disinfectant residuals for distribution rol Free chloring or Total chloring (circle one). | utine & repea | 1 | 11 | <u></u> | d | | · · · · | 1 | |
| | | | | <u> / </u> | | | | ests are preformed results relate on | | |
| | ctant Residual Analysis Method: D Colorimetric D Other: | | | | Date an | d time PWS | notified by lab | of positive results; | | • |
| | performing disinfectant analysis is (Check | one of below | <i>/</i>): | | | | - | / lab of positive resu | | |
| QÕAc | ertifled operator (# <u>C-5934</u> |) | | | Date Re | port issued: | | <u>, , , , , , , , , , , , , , , , , , , </u> | | |
| | ervised by certified operator (# | |) | | Lab Si | gnature: | Mas | 6 leth | | |
| 🗆 Aut | horized representativo of supplier of water | | | | Title: | Avi | a 1754 | | | |
| | NAME AND MAILING ADDRESS ON TO RECEIVE REPORT[| | | | Satis | factory | • | | DEP/DOH (| JSE ONLY |
| | a contral | Λ | | | ! _ | • | ction Informatio | п | | |
| Ŭ Ŭ | 1939 CROSS BAYOU BI | -0 | | | · _ · | iat Samples acement Sa | nequirea nplas Requirea | t | | |
| ĺ | 1939 CROSS BAYOU BI Jew Port Richy PI | \sim | | | Dato Re | viewed by D | EP/DOH: | | | |
| L | the sample type for each sample collected. Sample type co | | ibulioa | | DEP/DC |)H Reviewin | g Officialy | | | |
| (routine Tup, S = | compliance), C = Repeat/Check, R = Raw, N = Entry Point Special (clearance, etc.), | to Distribution, P | a Plani | Relin | quish By: | -JA | ph_ | | | |
| J. Please ci | fication number for the listed method is included at top wit releappropriate selection. | h the laboratory a | ldress. | | Date | <u>/ 18-</u> | 8-15 | _Time: _//3(| 2 | |
| Complet | in Florida Administrative Code Rule 62-160, Table 1. e for community & non-transferit non-community systems is iding 4 900. Do not include raw or alapt samples in the aver- | | ւս որ էս | Rece | ived By; _ | Der | nima | Lat | | |
| Repults Key | uling 4,900. Do not include raw or plant samples in the ave: : $\Lambda = \text{Coliforms are absent; } P = \text{Coliforms are present; } C = ous to count (62:550.730 Reporting Format.$ | | TNTC | | Date: | 1210 | 115 | _Time: | 5 | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | 1 | | | |
| | | | | | | | | | | |

| INORGA 62-550.31 | ANIC CONTA 10(1) | τs | | Re | port Number | 1501-1771 | | | | | | | |
|---------------------|---------------------|-----|-------|--------------------|-------------|----------------------|-------------------------------|------------------|------------------|-----------------|--|--|--|
| | | | | | | | PWS 10 (From Page 1): 3354028 | | | | | | |
| Contam ID | Contam Name | MCL | Units | Analysis Regult | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | Certification # | | | |
| 1040 | Nitrate (as N) | 10 | mg/L | 0.01 | U | SM4500N03E | 0.01 | 1/22/15 | 1450HR | E 83141 | | | |
| 1041 | Nitrite (as N) | 1 | mg/L | 0.01 | Ų | SM4500NO3E | 0.01 | 1/22/15 | 1422HR | E 83141 | | | |

sporting Format 82-550.730 Yootive January 1995. Revised Fabruary 2010

Page 3 of

'esulte must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, D, T, Z, 7, *, are unacceptable for mpliance with 62-550. Resulte qualified with a J. D, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To evold a monitoring violation, unacceptable suits must be replaced with acceptable results from samples collected during the same monitoring partice.

Report Number / Job ID: A1502695001

INORGANIC CONTAMINANTS

| 62-550.310(1) | | | | | PWS ID (From Page 1): | | | | | | |
|---------------|----------------|-------|-------|--------------------|-----------------------|----------------------|------------|------------------|------------------|--------------------------|--|
| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification | |
| 1040 | Nitrate | 10 | mg/L | 0.051 | υ | EPA 300.0 | 0.051 | 04/23/2015 | 19:47 | E53076 | |
| 1041 | Nitrite | 1 | mg/L | 0.053 | U | EPA 300.0 | 0.053 | 04/23/2015 | 19:47 | E53076 | |
| 1005 | Arsenic | 0.010 | mg/L | 0.00039 | υ | EPA 200.8 | 0.00039 | 04/28/2015 | 16:20 | E82574 | |
| 1010 | Barium | 2 | mg/L | 0.011 | | EPA 200.7 | 0.00028 | 05/04/2015 | 13:48 | E82574 | |
| 1015 | Cadmium | 0.005 | mg/L | 0.00014 | υ | EPA 200.8 | 0.00014 | 04/28/2015 | 16:20 | E82574 | |
| 1020 | Chromium | 0.1 | mg/L | 0.00053 | U | EPA 200.8 | 0.00053 | 04/28/2015 | 16:20 | E82574 | |
| 1024 | Cyanide | 0.2 | mg/L | 0.020 | U | SM 4500-CN-E | 0.020 | 05/02/2015 | 14:40 | E87688 | |
| 1025 | Fluoride | 4.0 | тgД | 0.16 | I | EPA 300.0 | 0.075 | 04/23/2015 | 19:47 | E53076 | |
| <u>)</u> 1030 | Lead | 0.015 | mg/L | 0.0012 | U | EPA 200.8 | 0.0012 | 04/28/2015 | 16:20 | E82574 | |
| 1035 | Mercury | 0.002 | mg/L | 0.000010 | U | EPA 245.1 | 0.000010 | 05/04/2015 | 11:59 | E82574 | |
| 1036 | Nickel | 0.1 | mg/L | 0.00054 | U | EPA 200.8 | 0.00054 | 04/28/2015 | 16:20 | E82574 | |
| 1045 | Selenium | 0.05 | mg/L | 0.0029 | U | EPA 200.8 | 0.0029 | 04/28/2015 | 16:20 | E82574 | |
| 1052 | Sodium | 160 | mg/L | 7.7 | | EPA 200.7 | 0.026 | 05/04/2015 | 13:48 | E82574 | |
| 1074 | Antimony | 0.005 | mg/L | 0.00023 | υ | EPA 200.8 | 0.00023 | 04/28/2015 | 16:20 | E82574 | |
| 1075 | Beryllium | 0.004 | mg/L | 0.00013 | U | EPA 200.7 | 0.00013 | 05/04/2015 | 13:48 | E82574 | |
| 1085 | Thallium | 0.002 | mg/L | 0.00028 | υ | EPA 200.8 | 0.00028 | 04/28/2015 | 16:20 | E82574 | |

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: A1502695001

PWS ID (From Page 1):

| Contam | | ······ | | | ł | PWS ID (From | Page 1): | | | |
|------------|------------------------|-----------|-------|--------------------|------------|----------------------|------------|------------------|------------------|-------------------------|
| ID 1002 | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab |
| | Aluminum | 0.2 | mg/L | 0.061 | U | EPA 200,7 | 0.061 | 05/04/2015 | 13:48 | Certification E82574 |
| 1017 | Chloride | 250 | mg/L | 11 | | EPA 300.0 | 0.78 | | | |
| 1022 | Copper | 1 | mg/L | 0.00054 | U | | | 04/23/2015 | 19:47 | E53076 |
| 1025 | Fluoride | 2.0 | 1 | | 0 | EPA 200.8 | 0.00054 | 04/28/2015 | 16:20 | E82574 |
| 1028 | Iron | | mg/L | 0.16 | 1 | EPA 300.0 | 0.075 | 04/23/2015 | 19:47 | E53076 |
| 1032 | · | 0.3 | mg/L | 0.038 | U | EPA 200.7 | 0.038 | 05/04/2015 | 13:48 | E82574 |
| | Manganese | 0.05 | mg/L | 0.0013 | 1 | EPA 200.8 | 0.00028 | 04/28/2015 | 16:20 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.00013 | U | EPA 200.8 | 0.00013 | | | |
| 1055 | Sulfate | 250 | mġ/L | 16 | | | | 04/28/2015 | 16:20 | E82574 |
| 1095 | Zīnc | 5 | mg/L | | | EPA 300.0 | 0.52 | 04/23/2015 | 19:47 | E53076 |
| 1905 | Color | | | 0.016 | | EPA 200.7 | 0.0020 | 05/04/2015 | 13:48 | E82574 |
| | Odor | 15 | PCU | 5.0 | U | SM 2120 B | 5.0 | 04/23/2015 | 16:40 | E53076 |
| | | 3 | TON | 1.0 | U | SM 2150 B | 1.0 | 04/23/2015 | | E53076 |
| 1925 | pH | 6.5 - 8.5 | SU | 8.0 | Q | SM 4500H+B | | ······ | 08:46 | |
| 1930 | Total Dissolved Solids | 500 | mg/L | 190 | | | | 04/22/2015 | 17:15 | E53076 |
| 2905 | Foaming Agents | 0.5 | | | | SM 2540 C | 10 | 04/23/2015 | 08:14 | E53076 |
| L | | 0.5 | mg/L | 0.038 | U | SM 5540 C | 0.038 | 04/24/2015 | 10:45 | E82001 |

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

VOLATILE ORGANICS

62-550.310(4)(a)

Report Number / Job ID: A1502695001

PWS ID (From Page 1): _____

| Contam | | | | | | | | | _ / | | |
|---------------------------------------|----------------------------|-------------------|-------|--------------------|------------|----------------------|------------|-----|------------------|------------------|---------------------------|
| ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | RDL | Analysis Date | Analysis Time | DOH Lab |
| 2378 | 1,2,4-Trichlorobenzene | 70 | ug/L | 0.21 | U | EPA 524.2 | 0.21 | 0.5 | 04/29/2015 | 13:49 | Certification : E84589 |
| 2380 | cis-1,2-Dichloroethylene | 70 | ug/L | 0.45 | U | EPA 524.2 | 0.45 | 0.5 | 04/29/2015 | | E84589 |
| 2955 | Xylenes (lotal) | 10,000 | ug/L | 0.48 | U | EPA 524.2 | 0.48 | 0.5 | | 13:49 | E84589 |
| 2964 | Dichloromethane | 5 | ug/L | 0.20 | U | EPA 524.2 | 0.20 | | 04/29/2015 | 13:49 | |
| 2968 | o-Dichlorobenzene | 600 | ug/L | 0.26 | U U | EPA 524.2 | + | 0.5 | 04/29/2015 | 13:49 | E84589 |
| 2969 | para-Dichlorobenzene | 75 | ug/L | 0.19 | | | 0.26 | 0.5 | 04/29/2015 | 13:49 | E84589 |
| 2976 | Vinyl Chloride | 1 | ug/L | | U | EPA 524.2 | 0.19 | 0.5 | 04/29/2015 | 13:49 | E84589 |
| 2977 | 1,1-Dichloroethylene | 7 | + | 0.32 | U | EPA 524.2 | 0.32 | 0.5 | 04/29/2015 | 13:49 | E84589 |
| 2979 | trans-1,2-Dichloroethylene | | ug/L | 0.24 | U | EPA 524.2 | 0.24 | 0.5 | 04/29/2015 | 13:49 | E84589 |
| 2980 | 1,2-Dichloroétháne | 100 | ug/L. | 0.34 | U | EPA 524.2 | 0.34 | 0.5 | 04/29/2015 | 13:49 | E84589 |
| 2981 | | 3 | ug/L | 0.21 | U | EPA 524.2 | 0.21 | 0.5 | 04/29/2015 | 13:49 | E84589 |
| · · · · · · · · · · · · · · · · · · · | 1,1,1-Trichloroethane | 200 | ug/L | 0.32 | U | EPA 524.2 | 0.32 | 0.5 | 04/29/2015 | 13:49 | E84589 |
| | Carbon tetrachloride | 3 | ug/L | 0.27 | U | EPA 524.2 | 0.27 | 0.5 | 04/29/2015 | | E84589 |
| 2983 | 1,2-Dichloropropane | 5 | ug/L | 0.46 | U | EPA 524.2 | 0.46 | 0.5 | | 13:49 | |
| 2984 | Trichloroethylene | 3 | ug/L | 0.25 | U | EPA 524.2 | | | 04/29/2015 | 13:49 | E84589 |
| 2985 | 1,1,2-Trichloroethane | 5 | ug/L | 0.39 | U | | 0.25 | 0.5 | 04/29/2015 | 13:49 | E84589 |
| 2987 | Tetrachloroethylene | 3 | ug/L | | | EPA 524.2 | 0.39 | 0.5 | 04/29/2015 | 13:49 | E84589 |
| 2989 | Chlorobenzene | 100 | | 0.25 | U | EPA 524.2 | 0.25 | 0.5 | 04/29/2015 | 13:49 | E84589 |
| 2990 | Benzene | | ug/L | 0.35 | U | EPA 524.2 | 0.35 | 0.5 | 04/29/2015 | 13:49 | E84589 |
| | Foluene | 1 | ug/L | 0.15 | U | EPA 524.2 | 0.15 | 0.5 | 04/29/2015 | 13:49 | E84589 |
| | | 1,000 | ug/L. | 0.20 | U | EPA 524.2 | 0.20 | 0.5 | 04/29/2015 | 13:49 | E84589 |
| | Ethylbenzene | 700 | ug/L | 0.20 | υ | EPA 524.2 | 0.20 | 0.5 | 04/29/2015 | | E84589 |
| 2996 5 | Styrene | 100 | ug/L | 0.21 | U | EPA 524.2 | 0.21 | 0.5 | | 13:49 | |
| | NOTE: Pag | ults indicating r | · · | | | | 0.21 | 0.5 | 04/29/2015 | 13:49 | E84589 |

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

Reporting Format 62-550.730

Effective January 1995. Revised February 2010

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"Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160. Table 1. Results qualified with A. F. H. N. O. T. Z. ?. ", are unacceptable for compliance with 62-550. Results qualified with a J. Q. R. or Y must be accompanied by written justification and will be evaluated on a case by case basis." To avoid a monitoring violation, unacceptable for results must be replaced with acceptable results from samples collected during the same monitoring period.

Ron Derossett

From:Aviles, AndreaSent:Monday, April 20, 2015 10:32 AMTo:Diane KibitlewskiSubject:RE: 2015 SOC Waivers

Diane -

These waivers are approved.

Thank you.

Andrea

From: Diane Kibitlewski [mailto:dkibitlewski@uswatercorp.net] Sent: Wednesday, January 28, 2015 10:37 AM To: Aviles, Andrea Subject: 2015 SOC Waivers

Good Morning,

Attached are a few 2015 SOC Waivers for the following systems for your review:

Brendenwood – PWS# 335-4043 Harbor Hills – PWS# 335-4781 Lake Idlewild Estates – PWS# 335-4656 Shangri La – PWS# 335-4028

Please let me know if these are approved or we are required to continue with the sampling.

Thank you Diane M Kibitlewski Compliance Coordinator 727-848-8292 Ext. 244



DISINFECTION BYPRODUCTS

62-550.310(3)

Report Number / Job ID: A1505909001

Disinfectant Residual (mg/L)

PWS ID (From Page 1): 3354028

| Contam | Contam Name | MCL | Linita | Analysis | Qualifiert | Analytical | Lab | Regulatory | Analysis | Analysis | DOH Lab |
|--------|-------------|-------|--------|----------|------------|------------|-----|------------|----------|----------|-----------------|
| ID | Contam Name | IVICL | Units | Result | Qualifier* | Method | MDL | MRĹ** | Date | Time | Certification # |

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab • MDL | Regulatory MRL** | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------------|-------------------------------|-----|-------|--------------------|------------|----------------------|--------------|---------------------|------------------|------------------|----------------------------|
| 2450 | Moriochloroacetic Acid | N/A | ug/L | 3.85 | | EPA 552.2 | 0.89 | 2 | 08/24/2015 | 17:47 | E82574 |
| 2451 | Dichloroacelic Acid | N/A | ug/L | 39.85 | | EPA 552.2 | 0.89 | 1 | 08/24/2015 | 17:47 | E82574 |
| 2452 | Trichloroacetic Acid | N/A | ug/L | 29.45 | J4 | EPA 552.2 | 0.67 | 1 | 08/24/2015 | 17:47 | E82574 |
| 2453 | Bromoacetic Acid | N/A | ug/L | 0.52 | U | EPA 552.2 | 0.52 | 1 | 08/24/2015 | 17:47 | E82574 |
| 2454 | Dibromoacetic Acid | N/A | ug/L | 0.73 | U | EPA 552.2 | 0.73 | 1 | 08/24/2015 | 17:47 | E82574 |
| 2456 | Total Haloacetic Acids (HAA5) | 60 | ug/L | 73.15 | | EPA 552.2 | 0.52 | | 08/24/2015 | 17:47 | E82574 |

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Regulatory MRL** | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------------|-----------------------|-----|-------|--------------------|------------|----------------------|------------|---------------------|------------------|------------------|----------------------------|
| 2941 | Chloroform | N/A | ug/L | 103.23 | | EPA 524.2 | 0.31 | 1 | 08/27/2015 | 09:25 | E84589 |
| 2942 | Bromoform | N/A | ug/L | D.45 | υ | EPA 524.2 | 0.45 | 1 | 08/27/2015 | 09:25 | E84589 |
| 2943 | Bromodichloromethane | N/A | ug/L | 18.76 | | EPA 524.2 | 0.49 | 1 | 08/27/2015 | 09:25 | E84589 |
| 2944 | Dibromochloromethane | N/A | ug/L | 2.93 | | EPA 524.2 | 0.56 | 1 | 08/27/2015 | 09:25 | E84589 |
| 2950 | Total Trihalomathanes | 80 | ug/L | 124.92 | | EPA 524.2 | 0.31 | | 08/27/2015 | 09:25 | E84589 |

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

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

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

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

Reporting Format 62-550,730 Effective January 1995, Revised February 2010

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

Lead and Copper Tap Sample Analysis And Result Ranking Report

j, la

Reporting Format 62-550.730(4)(a)

| PW Lab Lab | tem Nami S-ID: oratory N oratory C Phone N | ame: ontact | | Brand | | | Rej Lea | te Submitted to L port Date: ad or Copper: h Percentile Valu | J O : | Septer Lead 0.0012 | | | |
|------------------|--|----------------|--------|-------|----------------------|---------------|------------|---|------------------|--------------------------|-----------|------------------|--------|
| | | LOC | CATION | [| CLIENT SAMPLE | LAB SAMPLE ID | DATE SITE | LEAD (mg/L) | QUAL. | MDL (mg/L) | METHOD | ANALYSIS DATE | LAB ID |
| A | RANK | NO | TIER | D | SITE | | | ··· | | | | | |
| | 1 | | | 13 | 176 Taiwan Island | A1506378004 | 09/01/2015 | 0.0012 | U | 0.0012 | EPA 200.8 | 09/20/2015 | E82574 |
| | 2 | | | 11 | 127 Burma Island | A1505378002 | 09/01/2015 | 0.0012 | U | 0.0012 | EPA 200.8 | 09/20/2015 | E82574 |
| | - | | | 12 | 247 Taipel Island | A1506378003 | 09/01/2015 | 0.0012 | U | 0.0012 | EPA 200.8 | 09/20/2015 | E82574 |
| | | | | 1 | 106 China Ln | A1506378001 | 08/23/2015 | 0.0012 | U | 0.0012 | EPA 200.8 | 09/20/2015 | E82574 |
| - | 4 | | | 14 | 155 Formosa Island | A1506378005 | 09/01/2015 | 0.0012 | U | 0.0012 | EPA 200.8 | 09/20/2015 | E82574 |
| | 5 | | | 14 | 193 Singapore Island | A1506378006 | 09/01/2015 | 0.0019 | 1 | 0.0012 | EPA 200.8 | 09/20/2015 | E82574 |

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the abovePWS. Each sample container had one liter of solution (+/- 100mL). All samples were takenproperly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. Thereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: NAME: Brandon O'Hara Journ OAM TITLE and DATE: Client Services Manager 9/21/2015

Lead and Copper Tap Sample Analysis And Result Ranking Report

Reporting Format 62-550.730(4)(a)

| PW: Lab Lab | lem Nam S-ID: pratory N pratory C Phone N | ame: iontact | | Brand | | | Rej Lea | te Submitted to L port Date: ad or Copper: h Percentite Valu | | September 21, 2015 Copper a: 0.010 | | | |
|-------------------|---|-----------------|--------|-------|----------------------|-------------|------------|---|-------|--|-----------|------------------|--------|
| Γ. | - | LOC | CATION | | CLIENT SAMPLE | | DATE SITE | COPPER (mg/L) | QUAL. | MDL (mg/L) | METHOD | ANALYSIS DATE | LAB ID |
| ^ | RANK | NO | TIER | ID | SITE | | | (5) | | | | | |
| - | 1 | | | 13 | 176 Talwan Island | A1506378004 | 09/01/2015 | 0.0036 | | 0.00054 | EPA 200.8 | 09/20/2015 | E82574 |
| | 2 | | | 12 | 247 Taipei Island | A1506378003 | 09/01/2015 | 0.0046 | | 0.00054 | EPA 200.8 | 09/20/2015 | E82574 |
| | 3 | | | 1 | 106 China Ln | A1506378001 | 08/23/2015 | 0.0062 | | 0.00054 | EPA 200.8 | 09/20/2015 | E82574 |
| - | 4 | | | 14 | 155 Formosa Island | A1506378005 | 09/01/2015 | 0.0079 | | 0.00054 | EPA 200.8 | 09/20/2015 | E82574 |
| | 5 | | | 11 | 127 Burma Island | A1506378002 | 09/01/2015 | 0.010 | | 0.00054 | EPA 200.8 | 09/20/2015 | E82574 |
| | 6 | | | 15 | 193 Singapore Island | A1506378006 | 09/01/2015 | 0.019 | Ļ | 0.00054 | EPA 200.8 | 09/20/2015 | E82574 |

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/- 100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41,F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: NAME: Brandon O'Hara Brandon O'Hara

NAME: Brandon O'Hara DAMMAR UHU TITLE and DATE: Client Services Manager 9/21/2015



Summit Environmental Technologies, Inc. 3310 Win St. Cuyahoga Falls, Ohio 44223 TEL: (330) 253-8211 FAX: (330) 253-4489 Website: <u>http://www.settek.com</u>

QC SUMMARY REPORT

WO#: 15042571 04-May-15

| Client: Project: | Advanced E A1502695 | Environment | al Laborator | ies, Inc | | | | | E | BatchID: 6 | 36529 | | |
|---------------------|------------------------|------------------------|--------------|----------|-------------------------------|-----------------------|------|------------------------|-------------|-------------|-------------------------|----------|------|
| en onveren | MB-R36529 PBW | SampType: Batch ID: | | | de: Cyanide,1 No: A4500-CN | Fota Units: mg I+E | | Prep Da Analysis Da | | 15 | RunNo: 365 SegNo: 52 | | |
| Analyte | | | Result | PQL | SPK value | SPK Ref Val | %REC | LowLimit | HighLimit | RPD Ref Val | %RPD | RPDLimit | Qual |
| Cyanide, To | otal | | ND | 0.0200 | | | | | | | | | |
| | LCS-R36529 | SampType: | LCS | TestCo | de: Cyanide,1 | Fota Units: mg | /L | Prep Da | ite: | | RunNo: 36 | 529 | |
| Client (D) | LCSW | Batch ID: | R36529 | Test | No: A4500-CN | I-E | | Analysis Da | ite: 5/2/20 | 15 | SeqNo: 52: | 3354 | |
| Analyte | | | Result | PQL | SPK value | SPK Ref Val | %REC | LowLimit | HighLimit | RPD Ref Val | %RPD | RPDLImit | Qual |
| Cyanide, To | otal | | 0.0510 | 0.0200 | 0.05000 | 0 | 102 | 85 | 115 | | | | |
| Sample ID | 15042535-001AMS | SampType: | MS | TestCo | de: Cyanide,1 | fota Units: mg | /L | Prep Da | ile: | | RunNo: 36 | 529 | |
| Client ID: | BatchQC | Batch ID: | R36529 | Testi | No: A4500-CN | I-E | | Analysis Da | ite: 5/2/20 | 15 | SeqNo: 52 | 3356 | |
| Analyte | | | Result | PQL | SPK value | SPK Ref Val | %REC | LowLimit | HighLimit | RPD Ref Val | %RPD | RPDLimit | Qual |
| Cyanide, To | otal | | 0.0460 | 0.0200 | 0.05000 | 0 | 92.0 | 75 | 125 | | | | |
| Sample ID | 15042535-001AMSD | SampType: | MSD | TestCo | de: Cyanide,1 | fota Units: mg | /L | Prep Da | ile: | | RunNo: 36 | 529 | |
| Client ID: | BatchQC | Batch ID: | R36529 | Test | No: A4500-CN | I-E | | Analysis Da | ite: 5/2/20 | 15 | SeqNo: 52 | 3357 | |
| Analyte | | | Result | PQL | SPK value | SPK Ref Val | %REC | LowLimit | HighLimit | RPD Ref Val | %RPD | RPDLimit | Qual |
| Cyanide, To | otal | | 0.0490 | 0.0200 | 0.05000 | 0 | 98.0 | 75 | 125 | 0.04600 | 6.32 | 30 | |

11 Holding times for preparation or analysis exceeded

J Analyte detected below quantitation limits

M Manual Integration used to determine

O RSD is greater than RSDlimit Original

Page 8 of 9

R RPD outside accepted recovery limits

MC Value is below Minimum Compound Limit,

P Second column confirmation exceeds

ND Not Detected at the Reporting Limit PL Permit Limit



Department of Environmental Protection

Central District

PWS ID #: 3354028 PWS NAME: SHANGRI LA BY THE LAKE

POPULATION: 328

2014 DRINKING WATER MONITORING REQUIREMENTS

| MONITORING & REPORTS | DUE | COMMENTS |
|---|-----------------------------------|--|
| Microbiological ("Bacte") | Monthly | Disinfectant residuals must be reported individually and averaged on bacte reports. Compliance for maximum disinfectant residual level is based on a running annual average. |
| Monthly Operation Reports (MORs) | Monthly | Include information about maintenance and/or abnormal occurrences & CT cales. if required. |
| Nitrate and Nitrite | 2014 | Sample at each POE* every year. |
| Primary Inorganics | 2015 | Sample at each POE every 3 years. |
| Secondaries | 2015 | Sample at each POE every 3 years. |
| Radiologicals (Gross Alpha & Radium 228) | 2018 | Sample at each POE every 3 years. |
| Volatile Organic Contaminants (VOCs) | 2015 | Sample at each POE every 3 years. |
| Synthetic Organic Contaminants (SOCs) | 2015 | Sample at each POE every 3 years. |
| Stage 2 Disinfection Byproducts (DBPs) and Disinfection Byproduct Reports <i>Total Trihalomethanes & Haloacetic Acids (5)</i> | July – Sept. 2014 | System is on Schedule 4. Begin <u>routine</u> (annual) or <u>reduced</u> (triennial) testing July – Sept. 2014. Collect 1 TTHM sample from the highest TTHM site and 1 HAA5 sample from the highest HAA5 site. If your highest TTHM and HAA5 sites are at the same location, you may collect 1 dual sample. Report disinfectant residuals. Submit Stage 2 D/DBP Monitoring Plan by 5/31/14. |
| Asbestos | 2020-2021 | Certification or results due every 9 years. Use Form 62-555.900(10), F.A.C., Asbestos Free Certification or Asbestos Sampling Plan |
| Lead and Copper (Tap Sampling) | June – Sept. 2015 | Test in accordance with the most recently approved sampling plan. |
| Consumer Confidence Report (CCR) & CCR Certification of Delivery | July 1, 2014 & August 10, 2014 | Data for CCR can be obtained at: http://www.dep.state.fl.us/central/Home/DrinkingWate r/Compliance/CCR/default.htm |

*POE = Point of entry to the distribution system. Sample at each POE that is representative of each source after treatment.

**MRT= Maximum residence time. Sample at one designated MRT distribution location per plant in accordance with the Stage 1 D/DBP Monitoring Plan.

This is a good faith assessment of monitoring requirements for the above-referenced public water system for calendar year 2014 and may not include additional sampling required during the year due to special circumstances. If you have questions, please contact Andrea Aviles at (407) 897-4141 or (407) 897-4100. This chart shall not relieve any person from any requirement of Florida law.

This schedule and state forms can be found at <u>http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm</u> on the Central District's website. Click on "Monitoring Schedules and Forms" under "Highlights" in the right-hand column.

> It is important for you to provide this information to your operator and/or sampler.

| PLANT P. O. E Office: | KING WATER MICROBIAL SAMPLE C & LABORATORY REPORTING FC (62-550.700 Reporting Format Effective 01/1996, Revised 02 T TECHNICIANS, INC. LAB ID#: E8 BOX 447, FRUITLAND PARK, FL 34 : 352-787-2944 Lab:352-787-6112 H Person: John Fredock | DRMAT 22010) 3141 QA; \$731 | #: 8702 | | Analy Samp Samp Disinf | ectant Chec | ime: // 9 nce Critei tion: // 0r k: // Not I | 1/4 /300 | 7 | → °C mg/L ements: |
|--|--|---|-------------------------------|---------------------------|---|---|---|---|--------------------------------|----------------------------|
| Analysi Ptotal of Public V PWS Ad PWS or I Collector | lumber: Sub-Contract is Requested: (check all that apply) Coliform/E. coli Total Coliform/Fecal Watar System (PWS) Name: $Sthreet Micro R$ dress: 1° C $Sthreet Micro R$ PWS Owner's Phone #: $72.7 \cdot 8$ or: B $Sthreet 7th$ | Enterococci RI LIA | - <i>B</i> 47 - <i>B</i> 2 | liphage THE C | L <u>IAK</u> E | PWS I.D. | 33 LFE | JBAR4 | 02 | 8 |
| Reason | f Supply: (check only one) bunity Water System Non-Transient Non-o d Use System Bottled Water Private N for Sampling: (check all that apply) ution Routine Distribution Repeat Replacement (also check type of sam Collection Date: | Well S aw (triggere nple being re | wimming d or asse | Pool [|]Other: _ Raw (| triggered or ice ⊡Othe | assessme er: Tr | ent) additional o be completed b | | -vey |
| Sample # | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type ¹ | Residual (mg/L) | pН | Analysis Non- Conliform | Method(s) [;] Total Coliform | Fecal, E, <i>coli</i> , Enterococci, or Coliphage ³ | Data Qualifier ⁴ | Lab Sample # |
| / | WELL #1 | 1110 | R | \square | | A_ | A | | 140 | 1-719 |
| 2 | WELL H2 | 1115 | R | Ø | · | | A | | | 770 |
| 3 | 35147 FOREST LAKE | 1055 | D | 1.4 | | A_ | - 4- | | | 771 |
| 4 | OFFICE OSHB | 1100 | | 1.6 | | <u>A</u> | <u>A</u> | | | 772 |
| Samples Disinfect DPD Person p A ce Supe Emp Auth | of disinfectant residuals for distribution rol Free chlorine or Total chlorine (circle one). tant Residual Analysis Method: O Colorimetric Other: | ructions or or DOH | 1 reversa |). Z =): | NEL Date and Date and Date Rep Lab Si | _AC standar time PWS noti | ds, and th fied by lab o H notified by | ests are performe e results relate of f positive results: lab of positive result Concentration QAA A | only to the s | |
| 49 12 | SWATER 39 CLOSS BAYOL & 20 PORT RICHIE, 3 | 3wo A | Z | ☐Incor ☐Repe ☐Repla | at Sampl | llection Info es Requirec Samples Re wing Official | quire\ | Date | | |

For Sample Types see Instructions nem 116 Page 1 Of 1 For Analysis Methods see Instructions item 116 Places curks appropriate selection Defined in Florids Administrative Code Rules 62-160, Table 1. Complete for community & non-transition non-community systems serving populations up to and including 4500. Do not include rew or plant samples in the average.

| DRINKING WATER MICROBIAL SAMPLE & LABORATORY REPORTING F (\$2.50.750 Reporting Format Effoctive 01/1998, Revised PLANT TECHNICIANS, INC. LAB ID#: Ef P. O. BOX 447, FRUITLAND PARK, FL 3 Office: 362-787-2944 Lab:352-787-6112 Contact Person; John Fredock | ORMAT 02/2010) 83141 QA# 14731 | ¢: 8702 | | Ana San San Disi | iysis n ple 1 iple F nfecti | Date & T Acceptar Preservat ant Checl | ime: <u>7</u> ice Criter ion: HOn c: KiNot I | 2 6 / 4 5 / 4 / 30 fa: Ice Not On Detected the following NE | 0/3e | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
|---|---|----------------------|--|----------------------------|---|--|--|--|-------------------|--|
| Report Number: Sub-Contrac | t Lab ID; | | | | | | | | | |
| Analysis Requested: (check all that apply) |]Enterococci | []Col | phage [|]нрс | | Other: | | | | |
| Public Water System (PWS) Name: Stra | UGR1 | LA | | | P¥ | NS I.D. | 33 | 54 | 02 | . 8 |
| PWS Address: 100 SHANGRI | LA BC | ND. | | | Cit | γ: | LEC | =5"Burg | | |
| PWS or PWS Owner's Phone #: 727-8 Collector: <u><u>B</u>-Smil 111</u> | 48.8. | 292 | F | ax #: _ | | | | | | |
| | | | C | ollacto | r'a P | hone #: _ | - 70 | 7-7/2. | 3793 | £ |
| Type of Supply: (check only one) Community Water System Non-Transient Non Climited Use System Bottled Water Private | e Well ⊡Sv | wimming | Pool 🔲 | Other: | | | | | | |
| Beason for Sampling: (oheck all that apply) Distribution Routine Distribution Repeat Clearance Replacement (also check type of sa | Raw (triggere | d or asse placed) | aamant) ∐Boil W | □Raw ater No | r (trig otice | gered or | assessme r: | ent) additional | ∏Well Sur | -vey - |
| Sample Collection Date: 2 - C - 1 | | | | | | | | | | |
| elles, via to be completed by collect | lop of sample | | | | | in the first state of the second | and the second | والشافة المتحاط بالمتحاط بالرغي وكالشنبا وكالمسال ومعالمه وتشر | y jab | |
| Sample Sample Point # (Location or Specific Address) | Sample Collection Time | Sample Type1 | Disin- fectant Residual (mg/L) | рН | | Analysis Non- Conliform | ے ے Total Coliform | Fecal, E. coli, Enterocccci, or Coliphage ³ | Data Qualifier | Lab Sample # |
| 1 WELL #1 | 1000 | R | ø | 12m_ | | A | A | | 140 | 2-64 |
| 2 WELL #2- | 1005 | R | Ø | ****** | | A | A | | | 6245 |
| 3 35160FOREST LAKE | 1010 | \square | 0.9 | | | A | A | | | 648 |
| 4 Courset 03143 | 1015 | カ | 1.0 | <i>"</i> | 100 - 20 100 - 20 100 - 20 | À | A | | | 649 |
| | | | | | 199 (A. | 1 | / / | | | |
| | | | | | 1934 | | 1 | | | |
| | | | | | 20 | | <u> </u> | | <u> </u> | |
| | | | | | | | | | | |
| Average of disinfectant residuals for distribution routine & repeat samples { Free chloring or Total chlorine (circle one) 7.5 | | | | | s off | envise n | oted all t | ests are perform | ed in accord | dance with |
| Disinfectant Residual Analysis Method: | | | | | | | | ne results relate | | |
| DPD Colorimetric Other: | | Dale a | nd Um | ie PWS not | ified by lab | of positive results: | | | | |
| Person performing disinfectant analysis is (see in A certified operator (# $2/3525$ | a): | | | | • | r lab of positive reau | its: | Istu | | |
| Supervised by certified operator (# | | | | t Issued: | | NA | | | | |
| Employed by a certified lab Employed by DI | | | Lab Signature: Image: Comparison of the second | | | | | | | |
| Authorized representative of supplier of water | | | | Title | · | | | Chit p | 1 mgt | |
| US WATER 4939 CROSS BAYOU'S NEW PORT RICHTE, F 346 | | | Repe Repla | nplete at San acemei | Colle iples it Sa | ection Info Require mples Re ng Officia | đ | Date | , | |

Por Sample Types we instructions item 116. Page 1 Of 1 Typ Analysis Methods zes instructions item 116. Types on the synophies exections Defined in Prices Attributions item 2 Code Rule 62-150, Table 1. Defined in Prices Attributions ite Code Rule 62-150, Table 1. Complese for somework & wei-institution non-excountity systems serving payakdians up to and balleding 4,500. Do not include rev or plant samples in the average.

| Report Number: Sub-Contract Lab ID: Apalysis Requested: (check all that apply) Qitatal Collform/E.coll Stotal Collform/Feed Public Water System (PWS) Name: Stotal Collform/Feed Pws Addross: ID: Pws Add | PLAN1 P. O. E Office: | (ING WATER MICROBIAL SAMPLE C & LABORATORY REPORTING FO (62-650.730 Reporting Format Effective 01/1996, Revised 02 TECHNICIANS, INC. LAB ID#; E83 BOX 447, FRUITLAND PARK, FL 34 352-787-2944 Lab:352-787-6112 F Person: John Fredock | RMAT 2010) 3141 QA# 731 | #: 8702 | | Ana San San Disi | lysis n ple nple nfec | Date & Ti Acceptan Preservati tant Check | me: <u>3</u> ce Criter on: <u>ZIO</u> n :: [X]Not E | 3/5/L4 HAY (325 Ice □Not On Detected □ the following NE | <u>5-/33</u> Ico 🗆_ | Zma/L |
|---|---|---|----------------------------------|--|------------------------------------|--|---|---|--|---|------------------------|--------------------|
| Applysis Requested: (chock all that apply) Enterocooci Coliphage HPC Other: Public Water System (PWS) Name: S //// Apply / Apply | Report N | lumber: Sub-Contract I | _ab ID: | | | | ····· | | <u>/</u> | | | |
| Sommunity Water System Non-Transient Non-community Water System □Transient Non-community Water System Character ©Sommunity Water System □Distribution Sample Check all that apply Check and the apply ©Sommunity Water System □Distribution Repeat Sample Check all that apply Check and the apply ©Sommunity Water System □Other: Sample Collection Date: 3.5 · / // Sample Collection or Specific Address) Sample Sample Sample Relation or Specific Address Time Time Disinfectant period // WEELL #/2 ////5 //2 //2 //2 //2 //2 //2 //2 //2 // | Analysi ØTotal (| Is Requested: (check all that apply) Coliform/E. co// ⊠Jotal Coliform/Fecal □ | Interococci | ٦¢٥ | liohage (| | |]Other: | | | | |
| Sommunity Water System Non-Translert Non-community Water System □Translert Non-community Water System Charting Defined Other: □Defined Clarance Replacement (also check type of sample scill) Boll Water Notice Other: □Defined Sample Collection Date: 3 : //V To the complated by collected by collected by collected or assessment) Mark (tiggered or assessment) Analysis Method(s): Sample | Public ' | Water System (PWS) Name: S/HAA | KgR.1 | LA | 1. | | P | WS 1.D. | 33 | 54 | 02 | 8 |
| Germanity Water System Non-Transient Non-community Water System Transient Non-community Water System Unified Use System Bottled Water System Other: Germanical Weil Sampling: (check all that apply) Distribution Routine Obstribution Repeat Raw (triggered or assessment) additional Weil Survey Chearance Replacement (also check type of sample baing replaced) Boil Water Notice Other: Analysis Method(s)? Sample Collection Date: 3 - / // Analysis Method(s)? Analysis Method(s)? Sample Sample Collection of Specific Address) Collection Time Disinfactant period // Use: Use: // Analysis Method(s)? Analysis Method(s)? // Use: // Date Lab // Use: // // Date Lab // Use: // // // Date Lab // Use: // // // // Date Lab // Sample Sample Sample Sample Contion Collighteeee // A | PWS Ad | dress: 100 SHANGRI CA | BUV | D | | | с | ty: | Lt | EBBUS | ely - | المتعما |
| Germanity Water System Non-Transient Non-community Water System Transient Non-community Water System Unified Use System Bottled Water System Other: Germanical Weil Sampling: (check all that apply) Distribution Routine Obstribution Repeat Raw (triggered or assessment) additional Weil Survey Chearance Replacement (also check type of sample baing replaced) Boil Water Notice Other: Analysis Method(s)? Sample Collection Date: 3 - / // Analysis Method(s)? Analysis Method(s)? Sample Sample Collection of Specific Address) Collection Time Disinfactant period // Use: Use: // Analysis Method(s)? Analysis Method(s)? // Use: // Date Lab // Use: // // Date Lab // Use: // // // Date Lab // Use: // // // // Date Lab // Sample Sample Sample Sample Contion Collighteeee // A | PWS or I | PWS Owner's Phone #: 727. | 848- | 829 | <u>2</u> F | 'ax #: _ | | | | 7 | | |
| Germanity Water System Non-Transient Non-community Water System Transient Non-community Water System Unified Use System Bottled Water System Other: Germanical Weil Sampling: (check all that apply) Distribution Routine Obstribution Repeat Raw (triggered or assessment) additional Weil Survey Chearance Replacement (also check type of sample baing replaced) Boil Water Notice Other: Analysis Method(s)? Sample Collection Date: 3 - / // Analysis Method(s)? Analysis Method(s)? Sample Sample Collection of Specific Address) Collection Time Disinfactant period // Use: Use: // Analysis Method(s)? Analysis Method(s)? // Use: // Date Lab // Use: // // Date Lab // Use: // // // Date Lab // Use: // // // // Date Lab // Sample Sample Sample Sample Contion Collighteeee // A | Collect | or:7, 3-74(774 | | | (| Collecto | or's f | 'hone #: | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 167 - 7/2 | . 54 | 15 |
| ☐Distribution Routine ☐Distribution Ro | []Gomm | unity Water System | ommunity V | Vater Sys | stem 🔲 1 | Transle | nt N | on-commu | nity Wate | r System | | |
| To the completed by called of of sample Sample Sample Point (Location or Specific Address) Sample Collection Time Sample Point (Location or Specific Address) Sample Collection Time Disin- feature (mg/L) Analysis Method(s)? // //////////////////////////////////// | []Distrib []Cleara | ution Routine Distribution Repeat IXR Ince Replacement (also check type of sam | ple being re | d or asse placed) | essment) ∐Boll W | ∏Rav ∕ater N | v (trij otice | gered or a | 199885m6 r: | ent) additional | ∐Well Su | ~ey |
| Sample Sample Point (Location or Specific Address) Sample Collection Time Disin- fectant Type! Disin- fectant Residual (mgL) Analysis Method(s)? // UE2L_H// // // // Data Lab // UE2L_H// // // // // // // // Data Lab 2 UVEZL_H/2 // | Sample | To be completed by collector | of santhis | en e | <u></u> | | rite A | ৰ্যন্দৰ্ভ দিনগৰা | a she are | Section 1.124 | Nicialization of the | 44-20-10-00-00-00- |
| Sample Sample fount Sample folic Sample folic Sample folic Sample folic Facilitating for the sample for the same for the sample for the same for the sample for the same fo | دد د م | | ALCOUNTRY. | <u></u> | | <u> </u> | 1.5 | | | | унар | <u>9898000.</u> |
| # (LDEBUDI OF SPECIIC Address) Time Type* Residual (mg/L) Non- Colliform Total Colliform Feace E. coli, Colliform Data Qualifier Lab Sample # / UE2LH// /6 / 0 R P A /4 /4 / 0 / 5 2 2 UE2LH/2 /0 / 5 R P A A /4 / 0 / 5 So 3 352/0 ForeEST LAKE /6 / 25 D /.0 A So So 4 357/15 ForEEST LAKE /0 / 20 D 9 A A So So 44 357/15 ForEEST LAKE /0 / 20 D 9 A A So | 1 1 | | | Sample | | ᆔ | | | | | 2B | |
| 2 UVELL#2 1015 R A A 51 3 35210 FOREST LAKE /b 25 D 1.0 A 51 4 35715 FOREST LAKE /b 20 D 0.9 A A 51 4 35715 FOREST LAKE /b 20 D 0.9 A A 51 4 35715 FOREST LAKE /b 20 D 0.9 A A 51 4 35715 FOREST LAKE /b 20 D 0.9 A A 51 4 35715 FOREST LAKE /b 20 D 0.9 A A 51 4 35715 FOREST LAKE /b 20 D 0.9 A A 51 4 35715 FOREST LAKE /b 20 D 0.9 A A 51 5 Disinfectant.pesiduals for distribution routine & repeat 0.95 Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples. CDPD Colorimetric Other: Date and time PWS notified by lab of positive results: Date and time DEP/DOH notified by lab of positive results: Date and time DEP/DOH notified by a certified operator (# | # | (Location or Specific Address) | | Туре' | 1 | - P11 | | | | Enterococci, or | | 1 |
| 3 3.52/0 FOREST CAKE /0.25 0 1.0 A 51.1 4 3.57/15 FOREST CAKE /0.20 0.9 A A 51.1 4 3.57/15 FOREST CAKE /0.20 0.9 A A 51.1 4 3.57/15 FOREST CAKE /0.20 0.9 A A 51.1 4 3.57/15 FOREST CAKE /0.20 0.9 A A 51.1 4 3.57/15 FOREST CAKE /0.20 0.9 A A 51.1 4 3.57/15 FOREST CAKE /0.20 0.9 A A 51.1 4 3.57/15 FOREST CAKE /0.20 0.9 A A 51.1 4 John /0.10 Interso of the structure of the structur | | / | | R | Ø | | | A | A- | | 140 | - 50 |
| 4 357/15F6EBT LAKE 1020 D 0.9 A 512 Average of disinfectant-residuals for distribution routine & repeat samples. ⁴ Free chlorine or Total chlorine (circle one). 0.95 Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: 0.95 Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples. Borner or ming disinfectant analysis is (see instructions on reverse): Date and time PWS notified by lab of positive results: Date and time DEP/DOH notified by lab of positive results: 0.4/4 Bup or tified operator (# | 2 | WELL #2 | 1015 | R | Ø | | | A | A | | | Sid |
| Average of disinfectant-residuals for distribution routine & repeat samples. ⁴ Free chlorine or Total chlorine (circle one). 0 7 5 Disinfectant Residual Analysis Method: 0 15 Comparison performing disinfectant analysis is (see instructions on reverse): 0 25 A certified operator (# | 3 | 35210 FOREST LAKE | 1025 | D | 1.0 | | - | A | Â | | | 511 |
| samples. ^a Free chloring or Total chlorine (circle one). 0 93 Disinfectant Residual Analysis Method: 0 93 CDPD Colorimetric Other: Person performing disinfectant analysis is (see instructions on reverse): Date and time DEP/DOH notified by lab of positive results: Date Roport Issued: 0 6/3 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 Roport Issued: 0 6/14 Lab Signature: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 4 | 35715 FORBT LAKE | 1020 | D | 0.9 | | | A | Ą | | | 5,2 |
| samples. ^a Free chloring or Total chlorine (circle one). 0 93 Disinfectant Residual Analysis Method: 0 93 CDPD Colorimetric Other: Person performing disinfectant analysis is (see instructions on reverse): Date and time DEP/DOH notified by lab of positive results: Date Roport Issued: 0 6/3 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 Roport Issued: 0 6/14 Lab Signature: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | | | | | | | |
| samples. ^a Free chloring or Total chlorine (circle one). 0 13 Disinfectant Residual Analysis Method: 0 13 CDPD Colorimetric Other: Person performing disinfectant analysis is (see instructions on reverse): Date and time DEP/DOH notified by lab of positive results: Date Roport Isqued: 0 14 Cartified operator (# 0 13 Cartified operator (# 0 13 Cartified operator (# 0 13 Cartified by a certified operator (# 0 100H Cartified lab Employed by DEP or DOH | | | | | | | | | | | | |
| Disinfectant Residual Analysis Method: NELAC standards, and the results relate only to the samples, DPD Colorimetric Other: Date and time PWs notified by lab of positive results: Person performing disinfectant analysis is (see instructions on reverse): Date and time DEP/DOH notified by lab of positive results: Date and time DEP/DOH notified by lab of positive results: Date and time DEP/DOH notified by lab of positive results: Date and time DEP/DOH notified by lab of positive results: Date and time DEP/DOH notified by lab of positive results: Date and time DEP/DOH notified by lab of positive results: Date and time DEP/DOH notified by lab of positive results: Date and time DEP/DOH notified by lab of positive results: Date and time DEP/DOH notified by lab of positive results: Date Roport Issued: Date Roport Issued: Date and time DEP/DOH notified by lab of positive results: Date Roport Issued: Date Roport Issued: Date and time DEP/DOH notified by lab of positive results: Date Roport Issued: Date Roport Issued: Date Analysis Date Analysis Date Analysis Date Analysis Date Roport Issued: Date Analysis Date Analysis Date Analysis Date Analysis Date Analysis Date Analysis Date Analysis Date Analysis <td< td=""><td>Average samples</td><td>of disinfectant residuals for distribution rol Free chloring or Total chloring (circle one).</td><td>itine & rep</td><td>eat</td><td>095</td><td>Unles</td><td>e of</td><td>hanuisa na</td><td>tad all to</td><td>oto aro porform</td><td></td><td>kan a suith</td></td<> | Average samples | of disinfectant residuals for distribution rol Free chloring or Total chloring (circle one). | itine & rep | eat | 095 | Unles | e of | hanuisa na | tad all to | oto aro porform | | kan a suith |
| LAuthorized representative of supplier of water | Person J Person J A ce DSup Emp | D Colorimetric Other: performing disinfectant analysis is (see inst ertified operator (#35235 ervised by certified operator (# | | 1 revers:)) | e): | N Date a Date a Date f Lab | ELA nd tir nd tir Rapo Sig: | C standard ne PWS notif ne DEP/DOF t issued: | ds, and th Ned by lab o | le results relate | only to the s | |
| US WATTER Satisfactory 4939 CR.035 BAYOUBLUD Incomplete Collection Information Repeat Samples Required Repeat Samples Required MBU BETRICHTE, FC E 3446572 DeP/DOH Reviewing Official: Incomminity A continuous rise script populations up to sed including 4900. Do not include ruy to plant samples in the average. | Por Sampla Tyy Por Sampla Tyy Por Analysis Mi Plesse circla typ Defund in Flori | 939 CR-035 BAPOCH 200 PORTRICHTE, P 3 100 100 115. 100 100 100 100 100 100 100 100 100 100 | 1011 | d | □Incor □Repe □Repl DEP/D(| nplete at San acenne OH Rev | Collinple: nt Sa /lewi | s Required Imples Re | l quire\ | Date | | |

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| DRINK | ING WATER MICROBIAL SAMPLE C & LABORATORY REPORTING FO | RMAT | ION | | | acciet Data 8 | | 1/2/10 | | |
|---------------------------|--|-------------------------|----------------------|-------------------------------|-------------------------------------|--|--|--|---|-------------------------------|
| P. O. B Office: | (82-550.730 Reporting Format Effective 01/1995, Revised 02/ TECHNICIANS, INC. LAB ID#: E83 OX 447, FRUITLAND PARK, FL 34 352-787-2944 Lab:352-787-6112 F Person: John Fredock | 1141 QA# 731 | | | Analys Sampl Sampl Disinfe | sis Date & Tir le Acceptan le Preservatio ectant Check | ne: <u>7/ -</u> ce Criteria on: Díón I NZNot De | <u>1 4 72/b</u> i: | lce 🔲 _ | / /_∘c / mg/L ments: |
| Report N | umber: Sub-Contract L | ab ID; | | | | (| | | | |
| Analysi | s Requested: (check all that apply) | | | | . | | | | | |
| Total | Coliform/E. coli | | | | | □Other: | | | | ·1 |
| Public V | Nater System (PWS) Name: <u>5477</u> | SGR/ IA | -C | t 70 | | PWS I.D. | 33 | 5 4 | 02 | 8 |
| PVVS Add | Tress: 700 771777 | - 040 | 172 | 47 | | City: | | - ATC/C | 9 | |
| Collecto | $\frac{1}{2} \frac{1}{2} \frac{1}$ | - 0 / 1 | | | ax #: ollector's | s Phone #: | 4c | >7 - 712 | - 54 | 98 |
| []Comm | Supply: (check only one) unity Water System | ommunity V Vell 🔲 Sv | Vater Sys wimming | tem 🔲 Pool 🔲 | ransient Other: | Non-commu | nity Water | System | | |
| Distribution Distribution | for Sampling: (check all that apply) ution Routine Distribution Repeat Re nce Replacement (also check type of sam Collection Date: | ple beina re | d or asse placed) | essment) | 🗌 Raw (I | triggered or a | issessmer | nt) additional | ∐Well Sur | vey |
| Sample | | | | | | | | | | |
| | To be completed by collector | r of sample | | | } | Analysis | Nethod(s) ² : | be completed b | y lab | |
| Sample # | Sample Point (Location or Specific Address) | Sample Collection | Sample Type1 | Disin- fectant Residual | pН | Non- | Total | Sv~92 Fecal, E. coli. | LLB Data | Lab |
| | | Time | | (mg/L) | | Conliform | Coliform | Enterococci, or Coliphage ³ | Qualifier ⁴ | Sample # |
| | WELL #1 | 1045 | R | Ø | ****** | R | A | | 140 | Y-240 |
| 2 | WELL #2 | 1040 | R | Ų. | | A | A | | | 24 |
| 3 | 35147 FOREST LAKE | 1035 | 1 | 1.0 | + | 2 | A | | | 242 |
| •4 | OFFICE OSHB | 1030 | D | 1.2 | | À | A | | | 23 |
| | | | | | | | | | | |
| Averano | of disinfectant residuals for distribution ro | | | | | | | and an a provide a state of the state and a state of the | | |
| sampies | Free chlorine or Total chlorine (circle one). | uune oi tep | neat | 1.1 | Unless | othenvise or | sted all te | sts are performe | ad in accord | lanaa with |
| Disinfac | tant Residual Analysis Method: | | | | | | | e results relate | | |
| Y DPC |) Colorimetric | | | | Date and | l time PWS noti | fied by lab of | positive results; | | |
| Person | performing disinfectant analysis is (see inst artified operator (# -273525 | ructions o | n revers | e): | Date and | time DEP/DOH | I notified by | ab of positive resul | its: | 1-1- |
| | ervised by certified operator (# | |) | | Date Re | port issued: | -01 | | <u> </u> | JJ.J |
| 1 | ervised by certified operator (# | |) | | Lab Si | ignature: _ | K | -0 | | • |
| []Auth | norized representative of supplier of water | | | | Title: | | <u>ح</u> | <u>-A /.</u> | Nuy | |
| L | 6 11. AJ777 | | | | | V | | | / | 7 |
| $ \mathcal{U} $ | D action PAGE | Re | 2p) | ☐ Satis | | ollection Info | malias | | | |
| 49 | 39 CROSS BATTON | - Int | | Repe | at Samp | les Required | 1 | | | |
| NE | 5 WATER 39 CRUSS BAYOU 20 PORT RICHIE, FC 34 | - / 6 5 3 | 2 | DEP/D | acement DH Revie | Samples Re wing Official | quire\ I: | Date | ar I (that i main company the contract of the | (Wilson |
| L | ۔ - ۱۹۰۰ - ۱۹۰۰ - ۱۹۰۰ - ۱۹۹۹ | •• ••• •••• | | L | | | | an Maria a Maria a Barra a Maria Mandra a Maria Mandra da Maria da Maria da Maria da Maria da Maria da Maria d | ومورد المراجع ا | |

Por Sample Types see Instructions atem 116
 Pege 1 Of 1
 Por Analysis Methods see Instructions atem 116
 Please circle appropriate selection
 Please circle appropriate selection
 Defined in Planta Administrative Code Rule \$2-169, Yable 1
 Complian for community & neuf-constent network carring populations up to extinctuding 4,050. Do not make a work or plant samples of the average

| & L ۱ ۹ ۹ PLANT TE ۹. O. BOX | WATER MICROBIAL SAMPLE (ABORATORY REPORTING F(2650.730 Reporting Formal Effective 01/1995, Revised 0 CHNICIANS, INC. LAB ID#: E5 447, FRUITLAND PARK, FL 3 | | Lab Receipt Date & Time: 2/7/(4//22) Analysis Date & Time: 5/5/10//3//-132//- Sample Acceptance Criteria: | | | | | | | |
|---|--|---------------|---|---------------------|----------------------|---|---------------------------------------|---|------------------------|-----------------|
| | -787-2944 Lab:352-787-6112 n: John Fredock | Fax:352-7 | 787-319 | 96 | Samp Disinf | le Preserva ectant Chec | tion; []Or k: [X]Not I | tice Not On Detected the following NE | | /mg/l |
| Report Numbe | r: Sub-Contract | Lab ID: | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Tetal Colifo | quested: (check all that apply) m/E. coli Total Coliform/Fecal | | | | | | | | | |
| Public Wate | r System (PWS) Name: <u>514AN</u> | KESIG | Œ | PWS I.D. | 3 | 3 5 4 | 02 | 8 | | |
| PWS Address: | $\frac{100 \text{SHANGRI L}}{R}$ $\frac{100 \text{SHANGRI L}}{R}$ $\frac{100 \text{SHANGRI L}}{R}$ $\frac{100 \text{SHANGRI L}}{R}$ | 4 BCU | Ď | | | City: | , I | مماليت الشفيا | | / └─── / |
| PWS or PWS | Owner's Phone #: | 74-8- | 829 | 72 1 | ax #: | | | | | |
| Collector: _ | K. Sul MA | | | | Collectors | s Phone #: | 40 | -7-712 | -549 | 8 |
| Community | ply: (check only one) Water SystemNon-Transient Non- SystemBottled WaterPrivate | community | Nater Sv | stem 🗔 | fransient | Non-comm | unity Wate | ar Svetam | | |
| Distribution | Sampling: (check all that apply) Routine Distribution Repeat R Replacement (also check type of sar | nple being re | ed or asso eplaced) | ∋əsment) ⊟Boil V | □Raw (/ater Noti | triggered or ce 🗍 Oth | assessme er: | ent) additional | ∐Well Sur | rvey |
| Sample Coll | ection Date: 5.2 | 2-14- | | | | | | | | _ |
| <u> 2017 - 2017 (2018)</u> | To be completed by collect | or or samply | <u>983398</u> | <u> (383)</u> I | | | | | y lab | |
| Sample # | (Location or Specific Address) Collection Type | | | | | Non- | Method(s) | 5 7 22 Fecal, E. coli, | Bata | Lab |
| | | Time | | (mg/L) | | Conliform | | Enterococci, cr Coliphage ³ | Qualifier ¹ | Lab Sample # |
| 1 U | EL #1 | 1155 | R | ø | ~~~ | A | A | ounpringo | 1405 | - 255 |
| 2 4 | DEU #2 | 1200 | R | D | · | | A | | | 7.57 |
| 3 3. | 5700 FOREST LAKE | 1845 | D | 1.0 | | A | A | | | 257 |
| 4 c | LUB HOUSE 65HB | 1150 | \mathcal{D} | 1.4 | | A | Á. | | | 258 |
| | | | <u> </u> | | | £ | <u> </u> | | | |
| | | | | | | | | | | |
| | | | | | | | | | | + |
| Average of di samples. Fre | sinfectant residuals for distribution ro e chloring or Total chlorine (circle one). | utine & rep | leat | 1.2 | Unless | otherwise n | oted, all to | ests are performe | d in accorr | dance with |
| | lesidual Analysis Method: | | | | NEL | AC standa | rds, and th | ne results relate o | only to the s | samples. |
| | rimetric Other: | | | | Date and | lime PWS no | ified by lab a | of positive results: | | |
| KA certified | ming disinfectant analysis is (see ins operator (# $C(3525)$ | tructions of | n reverse | e): | | | | lab of positive result | la: | tita |
| Supervise | | | oort issued: | | H C | _ 2(| 917 | | | |
| Employed | | Lab Si | gnature; | Ľ | 4 | | | | | |
| Authorize | representative of supplier of water | | | | Title: | { | Ţ | QA, | Muy | <u> </u> |
| 4939 CROSS/SAZOURSLUD | | | | | | ellection Info les Require Samples Re wing Officie | d auire\ | Date | _/ | |
| Por Sample Types see in Por Analysis Methods see | notions item 116. Pag Instructions item 116. | 10f1 | | | | | | | | |

n of rough as sources and unsurpose and no. "Jeans of the typopratice stelefoxt "Defined in Plockin Administrative Code Rule 62-160, Table J. "Complete for community & non-tensioni acco-constantity systems serving populations up to and including 4960. Do not include new or plant subjets in the systems."

FORD PRESS LEESBURG, FL 34743

| | | | | | | | | | | | |
|---|--|---------------|-----------------|---------------------------------------|---|--|---|--|--|--|--|
| DRIN | KING WATER MICROBIAL SAMPLE | COLLEC | TION | | | | | | | | |
| PLAN P. O. Office | & LABORATORY REPORTING F (62 550.730 Reporting Format Effective 01/1995, Reviewd IT TECHNICIANS, INC. LAB ID#: E BOX 447, FRUITLAND PARK, FL 3 9: 352-787-2944 Lab:352-787-6112 t Person: John Fredock | \#: 870 | | Án Sa Sa Dis | nalysis (Imple A Imple P sinfecta | Date & T Accepta reserval nt Chec | ime:/// nce Crité líon: 120 ku 12Not | n lce - ∏Not O Detected - □ | 5-145 n Ice | ∑ ior | |
| | | | | | Th | is samp | ole does | not mee | t the following Ni | ELAC requi | rements; |
| | Number: Sub-Contrac | t Lab ID; | | · · · · · · · · · · · · · · · · · · · | | | · · · · · · · · · · · · · · · · · · · | / | | | |
| Analy: Thotal | s is Requested: (check all that apply) Collform/ <i>E. coli</i> [Colal Coliform/Fecal [|]Enterococc | ai ⊡Co | oliphage | □нрс | | l Dther: | | | | |
| Public | Water System (PWS) Name: <u>SHAN</u> | GRI-L | A/ | LAKE | <u>35 17</u> | DEPW | (S I.D. | 3 - | 354 | 02 | 8 |
| PWS A | dress: 160 3HAGRI LA | BLID | | 00 | | City | : | EES | BURY | | |
| PWS or | $\begin{array}{c c} \text{ddress:} & \underline{\ \ } & \underline{\ \ \ } & \underline{\ \ } & \underline{\ \ } & \underline{\ \ } & \underline{\ \ \ \ } & \underline{\ \ \ \ } & \underline{\ \ \ \ \ \ } & \underline{\ \ \ \ \ \ \ } & \underline{\ \ \ \ \ \ \ \ } & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | 748- | - 22 | 42 | Fax #: | ····· | | 1/- | | | 7 |
| Type o | f Supply: (check only one) | | | | Collect | or's Ph | one #: | 0 | 7-7/2 | 5498 | |
|)©Comr []]Limite | nunity Water System | Well US | wimming | Pool (| _Qther: | : | | | | | |
| Reason | n for Sampling: (check all that apply) Dution Routine Distribution Repeat X ance Replacement (also check type of/sar | Raw (fringere | d or ase | acemant | | v (trian | or of the | | 2.45 mind | | гиву |
| Sample | Collection Date: 6 - 3 . (| ¥ | | | | | | | | | |
| <u> </u> | To be completed by collect | of of sample | | | | | | | o be completed t | oy lab | |
| | | Sampie | | Disin- | | | | vlethod(s) | | 1 | |
| Sample # | Sample Point (Location or Specific Address) | Collection | Sample Typer | fectant Residual | pH | | | · · · · · · · · · · · · · · · · · · · | SM 72 | 22/2 | |
| | | Time | 1700 | (mg/L) | | C | Non- onliform | Total Ccliform | Fecal, É. coli, Enterococci, or | Dala Qualifiert | Lab Sample # |
| 1 | WELL# 1 | 1130 | R | Ø | | | A | A | Coliphage ³ | | 6-444 |
| 2 | WELL # 2 | 1135 | R | Ø | | | A | 6 | | | 445 |
| 3. | 35210 FOREST LAKE | 1120 | D | 1.0 | | | A | A | | | 441 |
| $ \psi $ | 35/15 FOREST LAKE | 1125 | \mathcal{T} | 0.9 | - | | Á | A | | | 1047 |
| | | 11 2- 3 | | <u> </u> | - | | (| | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | .0.95 | 1 | | | | | | |
| Average | of disinfectant residuals for distribution rol Free chloring of Total chloring (circle one). | utine & repe | eat | | | 148.54 | | NAMES OF A DESCRIPTION OF | an wat to be a state of the sta | In Martin California des Carros | and a second |
| | ant Residual Analysis Method: | | | | Unless | s othen | wise not | ed, all te | sts are performe | d in accord | ance with |
| | Colorimetric Other: | | | | | | | | e results relate o | 4 | amples. |
| Person p | erforming disinfectant analysis is (see Inst | ructions on | reverse |): | Date an Date an | id Uma P id Uma D | WS notifit EP/DOH | ed by lab of notified by i | positive results; lab of positive result | q. | 7 / |
| | tilified operator (# $\underline{C13525}$ | |) | | | | | | A L Me | 01 | YTTY |
| | rvised by certified operator (# loyed by a certified labEmployed by DEP | | > | | Lab S | Signati | ure: | l | 190 | - 1 | |
| | orized representative of supplier of water | U DOM | | | Title: | | | | Q.A. | M | hy |
| [] . | S WATER | | | | | | | <u></u> | , | ······································ | A |
| 40 | TO a hor human | 0 0 | | □Satis □Incor | nplete C | olíectio | n Infern | nation | | / | |
| 17 | 07 CRESS MAYOR B | うしいひ | | Repe | epeat Samples Required eplacement Samples Require\ | | | | | | |
| 165 WATER BAPPOLA BLUD BLUD BAUSTA 1939 CASS BAPPOLA BLUD Repeat NEW RORT RICHTE, FR DEP/DOI- 34652 | | | | | | VDOH Reviewing Official: Date | | | | | |
| | 399e | 1 2 | Í | 1 | | | | | | | |

| PLANT P. O. B Office: | ING WATER MICROBIAL SAMPLE O & LABORATORY REPORTING FO (62-860.730 Reporting Format Effective 01/1926, Revised 02 TECHNICIANS, INC. LAB ID#: E8 IOX 447, FRUITLAND PARK, FL 34 352-787-2944 Lab:352-787-6112 I Person; John Fredock | Analysis Sample , Sample F Disinfect | Date & T Acceptar Preservati ant Checi | ime: nce Criter ion: []On <: XNot [| | | TOSI / mg/L | | | |
|--|---|---|---|---|--|--|-----------------------------|--|---------------------------------------|------------------------|
| | umber: Sub-Contract | Lab ID: | | | | | | | | |
| Analysi | s Requested: (check all that apply) coliform/E. coli | Enterococci | | llphage [|]нрс -[] | Olher: | | | | |
| Public V | Nater System (PWS) Name: 57447 | UGRI. | - 2/4 | } | PV | vs 1.D. | 3 3 | 354 | 02 | 8 |
| PWS Add | tress: $162 - 56797 \sqrt{6} - 6$ PWS Owner's Phone #: $727 - 6$ pr: $8 - 5777$ | 54 BC | <u>. (1)</u> | 97- | Cit | y: | _CE | ESBUI | <u> </u> | |
| Collectr | Similar Similar | 015 | -0 % | - / 4 F | ax#: | | tufe | | | 100 |
| Reason | Supply: (check only one) unity Water System INon-Transient Non-o I Use System IBottled Water IPrivate 1 for Sampling: (check all that apply) ution Routine IDistribution Receat | ommunity V Vell []S aw.(triagere | Water Sys wimming | stem []]] Pool [] | ranslent No Other: | | inity Wate | er System | | |
| L]Cleara | nce – LIReplacement (also check type of sam | iple being re | eplaced) | Boll W | ater Notice | □Othe | er; | | · | |
| | Collection Date: 7.8 | | | | | | | | | |
| | To be completed by collecto | r of sample | | | <u>कर्ड स्टे</u> क्ट्र विश्वी | | | | by lab - | |
| Sample # | Sample Point (Localion or Specific Address) | Sample Collection Time | Sample Type' | Disin- fectant Residual (mg/L) | ρH | Analysis Non- Conliform | Total C. | 2: 520922 Fecal, E. coli, Enterococci, or Collphage ³ | Data | Lab Sample # |
| 1 | WELL#1 | 1105 | R | ß | upton appr | A | Ą | eenpridge | 140 | 7-863 |
| 2 | WELLAT | 1110 | R | Ø | | Å | A | | | kil |
| 3 | 3.5/47 FOREST CALKE | 1100 | D | 1.3 | p | A | A | | | 5665 |
| 4 | GFFICE (SHB | 1055 | Ď_ | 1. (| - | Å | A | | | 856 |
| | | | <u> </u> | | | | , | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Averago samples. | of disinfectant residuals for distribution ro | utine & rep | eat | 1.2 | Linkoon ath | | | | | |
| Disinfect DØPD Person p XA cel DSupc | ant Residual Analysis Method; Colorimetric Other: enforming disinfectant analysis is (see Inst rtified operator (#525 ervised by certified operator (# loyed by a certified lab DEmployed by DEF prized representative of supplier of water | ructions or | n reversi)) | | NELAC Date and ilm | Standar PWS noti: DEP/DOF Issued: ature: | ds, and th fied by lab c | ests are perform re results relate of positivo results: lab of positive res CA | only to the | dance with samples. |
| 14. 14. | 5 WHTER 939 CROSS DAGOD W PRT RICHIE, FE 34 | BCU 4.57 | ð | Repe Repla | actory iplete Collec at Samples cement Sar iH Reviewin | Required noles Re | auire\ | Date | , , , , , , , , , , , , , , , , , , , | |

Por Sample Types res instructions item (16). Por Analysis Melhods are instructions item (16). Por Analysis Melhods are instructions item (16). Porto sitult partyristic selection. Dational in Plastic Administrative Occle Rule S2-160, Table 1. Complete for community A masterificial remeasurably systems serving populations up to and including 4900. Do not balade new or plant samples in the sverage

| PLAN ⁻ P. O. E Office | (ING WATER MICROBIAL SAMPLE C & LABORATORY REPORTING FC (92-550.750 Reporting Format Effective 01/1996), Revised 02 T TECHNICIANS, INC. LAB ID#: E8. BOX 447, FRUITLAND PARK, FL 34 : 352-787-2944 Lab:352-787-6112 F Person: John Fredock | | Lab Receipt Date & Time: Analysis Date & Time: Sample Acceptance Criteria: Sample Preservation: Disinfectant Check: Not Detected This sample does not meet the following NELAC requirements: | | | | | | | | |
|--|--|------------------------------|--|--------------------|--|----------------|--|-------------------|------------------------------------|--------------------------------|-----------------|
| Report N | lumber: Sub-Contract | Lab ID: | | | | •••••• | | | | | |
| Analys | is Requested: (check all that apply) Collform/E. coli XTotal Collform/Fecal | | | | | C |]Other: | | | | ****** |
| Public 1 | Water System (PWS) Name: <u>574410</u> | GRIN | All | upro) | 17- | | | 20 | 5-11 | 0 7 | 8 |
| PWS Ad | dress: 100 Stor Kerl | ZA | BUI | 5) | | r | **3 I.U. [** | | ESBIN PL | 0 a | |
| PWS or | PWS Owner's Phone #: 727- | 548- | 928 | 22 1 | ax #; _ | U | | | | | |
| Collect | dress: 100 SHOTO QRI PWS Owner's Phone #: $727 - 30$ or: B , $SmITH$ | | | (| Collecto | r's F | 'hone #: | 40 | 7.712 | - 549 | 8 |
| Ivpe of ⊠Comm | f Supply: (check only one) nunity Water System □Non-Transient Non-c d Use System □Bottled Water □Private \ | ommunity V | Vater Sve | stem 🗔 | Translei | nt No | an-commu | nify Wate | r Svetam | | |
| Reason DDistrib DCleara | n for Sampling: (check all that apply) ution Routine □Distribution Repeat □R ince □Replacement (also check type of sam Collection Date: アック・ | aw (triggere ple being re | d or asse | easment) | | / (tria | idered or a | RRASSMI | ant) additional | □Well Sur | vey |
| | To be opmpletail by collector | | | | 243.43 | <u>.</u> | | | Sha bamulatada | SING SE | 84854 1252 1 |
| | | | | Disin- | Carlos de la carlo | | Analysis M | | | // // | |
| Sample | Sample Point | Sample Collection | Sample | fectant | ρН | | | _ | Im grr | <u>, ()</u> | |
| # | (Location or Specific Address) | Time | Type' | Residual (mg/L) | | | Non- Conliform | Total Coliform | Fecal, E. coll, Enterococci, or | Data Qualifier ⁴ | Lab Sample # |
| 2 | WELL #1 | 1250 | R | Ø | | | | | | | |
| 2 | WERE HZ | 1255 | R | CA | | 10.00 | A | A | | | 434 |
| r N | 35100 FOREST LAKE | ··· | | 1.2 | | | A | A | | | 440 |
| 4 | CLUB HOUSE OSHB | 1310 | D | 1.0 | v~~. | North Co | A | A | | | 441 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Average samples | of distribution residuals for distribution rol. | utine & rep | eat | Nel | Unles | s of | ierwise bo | ted all te | ests are performe | d in accord | anna with |
| | tant Residual Analysis Method: | | | | N | ĒĻA | C standard | ls, and th | e results relate | only to the s | amples, |
| ROPE |) Colorimetric Other: performing disinfectant analysis is (see Inst | | | | | | | | uf positive results: | | |
| | ertified operator (# <u>CJ-3 57</u> | ruçuons di | i reverse) | e}: | | | ie DEP/DOH t (sauod; | notified by | lab of positive resul | 18: | tott |
| | ervised by certified operator (# | |) | | | | ature: | V | 5/ | | |
| 1 | ployed by a certified labEmployed by DEF norized representative of supplier of water | or DOH | | | Title: | | 1 | <u>rse</u> | ALA , | 11. | |
| | | | | | True, | | | | | 10 mg | ······ |
| 44 14 14 | 45 WARTL 939 CLESS BAYOU EW BRT RICHTE 34 | BL11 1 - K. 1453 | ^ | ☐Repe ☐Repla | nplete (at Sam icemer | iples it Sa | ction Infor Required mples Rec ng Official; | ulre\ | Date | | |
| Por Analysis M: Please circle app Dofned in Pipeld | es soo instructions item 1.16. Page :flords see insurations item 1.16 manutes selection. A Administructive Good Julie 52-150, Table 1. manumity & non-ransient non-community systems serving populations up to end e | 1001) acluding 4,900. Dat | Not include new | or pour employ i | n ino svenig | £. | | | | | |

| | | | | | | | | | /] | | |
|---|---|------------------------------|-----------------------------|---|----------------------------|----------------|--|----------------|--|--------------------------------|------------------------|
| PLAN [®] P. O. E Office: Contact | ING WATER MICROBIAL SAMPLE C & LABORATORY REPORTING FO (02.550.700 Reporting Format Effective 01/1995, Revised 02. TECHNICIANS, INC. LAB ID#: E8: BOX 447, FRUITLAND PARK, FL 34 352-787-2944 Lab:352-787-6112 F Person: John Fredock | 96 | Analysis Date & Time: | | | | | | | | |
| Analysi | s Requested: (check all that apply) Coliform/E. coli _ M Total Coliform/Fecal _ 1 | | | |]HPC | | Other: | | | | |
| Public | Water System (PWS) Name: | 16R1- | LA | No. 19 | <u> </u> | P١ | NS 1.D. | 33 | 5 24 | 02 | 8 |
| PWS Ad | dress: 100 SHANGEL- | LA. | BUND | <u> </u> | | Ci | iy: Z | LEE | SBURG, | · | |
| PWS or I | dress: 100 5H740GCl - PWS Owner's Phone #: 727-84 | 8.82 | 92 | F | ax#:_ | | | | | | |
| Collect | or: RISMITH | | | (| ollecto | r's P | hone #: | 40 | 7-712 | 549 | 8 |
| Comm | ^I Supply: (check only one) unity Water System □Non-Translent Non-c d Use System □Bottled Water □Private V | ommunity V Vell S | Vater Sys wimming | stem []T Pool [] | ransier Other: | nt No | n-commu | nity Wate | r System | | |
| ⊠Distrib □Cleara | for Sampling: (check all that apply) ution Routine Distribution Repeat Rep nce Replacement (also check type of sam | ple being re | d or asse splaced) | essment) ∏Boll W | ∏Raw ater No | (trig stice | gered or a ∏Other | issessme r: | nt) additional | []Well Su | Irvey |
| Sample | Collection Date: <u>9.3</u> | 14- | | | | | | | | | |
| | To ba campleted by collecto | orsample | | | | | | | | oy lab | |
| Sample # | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type ¹ | Disin- fectant Residual (mg/L) | рΗ | | Analysis M Non- Conliform | | Fecal, E. coll, Enterococci, or Coliphage ⁹ | Dala Qualifier ⁱ | Lab Sample # |
| / | WEZL #/ | 1220 | R | Ø | ···· | 1999 1999 | A | A | | | 1491-26 |
| 2 | WELLTh_ | 1225 | $\frac{1}{2}$ | Ø | ~ | | A | A | | | _257 |
| 3 | 35276 FOREST LAKE | | \overline{D} | 1.4 | | | A | A | | | -258 |
| 4 | 35/15 FOREST CAKE | 1215 | ,ð | 1.0 | | | A | A | | | 1 259 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| A 110 100 100 | | | | | | | | | | | |
| Disinfec | of disinfactant residuals for distribution ro Free chlorine or Total chlorine (circle one). tant Residual Analysis Method: Colorimetric [Other: | | ••at | 1.2 | N | ELA | C standard | is, and th | ests are perform le results relate | only to the | dance with samples, |
| Person 1 | performing disinfectant analysis is (see inst intified operator (# | ructions o | n revers | e): | Date a | nd tim | | | of positive results; lab of positive resu | | 114 |
| ∐Em‡ | oloyed by a certified lab Employed by DEF orized representative of supplier of water | P or DOH | | | Lab Title | | nature: | M) O | LP M | wy | |
| | LS WATER 4939 CROSS BAYELL NEW DORT RICHTE, 2 345 | BUN =C 6372 | >, | Repe Repla | nplete at Sam icemer | iples it Sa | ction Infor Required mples Rei og Official: | auire\ | Date | / | |
| ' Per Analysis Me ' Please of vie app ' Defined in Florie | es 450 Instructions dann († 16.) Block as a Instructions dann († 6.) Crynite scheelich A Administrature Code Rule 62-160, Twild 1. Innonnity & non-bastelant non-conscionidy systems serving populations op to and i | FOF 1 nebuding 4,300, Do | no) juojujo nev | r an birut nambiru | bi the sverag | ς. | | | | | J |

| PLAN P. O. E Office | (ING WATER MICROBIAL SAMPLE C & LABORATORY REPORTING FC (62-550.730 Reporting Format Effective 01/1995, Revised 02 TECHNICIANS, INC. LAB ID#: E8 30X 447, FRUITLAND PARK, FL 34 352-787-2944 Lab:352-787-6112 I Person: John Fredock | | Lab Receipt Date & Time: $0/2/17/00$ Analysis Date & Time: $0/2/14/00$ Sample Acceptance Criteria: Sample Preservation: [2]On Ice [] Not On Ice [] -0° C Disinfectant Check: [2]Not Detected [] mg/L This sample does not meet the following NELAC requirements: | | | | | | | | |
|---|---|--------------------------------|--|--|----------------|--------------|---|--|--|-----------------------------|-------------------|
| Report N | lumber: Sub-Contract | Lab ID: | | | | | | | , | | |
| Analys | is Requested: (check all that apply) Collform/E. coll Storal Collform/Fecal | | | | | | Other: | | | | |
| B 1 (| Water System (PWS) Name: 5141770 | I. RIJ | all | Alto | | • | | 20 | | | |
| Public | Water System (PWS) Name: 277777 | <u>gric</u> | 0.10 | TKE? | IDE | P١ | NS 1.D. | 2 3 | 3 4- | 00 | 8 |
| PWS Ad | dress: $100 SHANGR/$ PWS Owner's Phone #: $727 - 8$ or: $23 SW 17W$ | 248- | 928 | 10. 2-2 | | Ci | γ: | | BURG | | |
| Collect | or:63. 5m 1711 | | | ······································ | Collector | r's P | hone #' | efc: | 7-7/2 | .54 | 78 |
| Type of | f Supply: (check only one) nunity Water System □Non-Translent Non-c d Use System □Bottled Water □Private | community V | Natar Svi | stem 🗔 | Fransier | t Mo | പഹാനസവ | nthy Miste | v Svetem | | |
| , Reason ⊠Distrib ⊡Cleara | I for Sampling: (check all that apply) ution Routine 回Distribution Repeat 区R Ince 回Replacement (also check type of sam Collection Date:/ の・ム | aw (triggere | d or assi eplaced) | essment) ∐Boil W | □Raw | (trin | nered or a | lsseactur | ent) additional | Noll Sur | |
| Sample | To be completed by collector | r of samele | i ne ann | | | | A 995-12 Aug | 800.6.495 7 | - hold characteristic | alah tahun | |
| <u>Antin Antin A</u> | | 1.01.04(1)EIG. | 1 | | <u>9.49879</u> | | Analysis I | | | y lan series in | <u>a Bernas</u> r |
| Sample | Sample Point | Sample Collection | Sample | Disin• fectant | рH | | | | Sn9ur | 2B | |
| # | (Location or Specific Address) | Time Type' R | | Residual (mg/L) | μı | | Non- Coniiform | Total Coliform | Fecal, E. coll, Enterococci, or Collohage ³ | Data Qualifie <i>r</i> ª | Lab Sample # |
| / | WEZL #// | 1535 | R | Ø | | | A | A | | 1 4/0 | -578 |
| æ | WEZE #2 | 1540 | Ř | B | | | A | A | | x | 578 |
| 3 | 35147 FORESTLARE | 1525 | 10 | 0.8 | | | 4 | A | | | Ser |
| 4 | OFFICE OSHB | 1530 | D | 1.0 | | | A | A | | | 58 |
| | | | | | | | |) | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | THE WEATHING THE PARTY OF | | |
| samples | of disinfectant residuals for distribution ro | utine & rep | eat | 0.9 | Linies | : ofb | anuica na | عفرا مالغة | ests are performe | d in genera | lanaa with |
| | tant Residual Analysis Method: | | | | NE | ELA | C standar | ds, and th | e results relate | only to the s | samples. |
| | Colorimetric Other: | | | | | | | | f positiva results: _ | | ····· |
| D'A ce | performing disinfectant analysis is (see inst ertified operator (# 3525 | ructions of | n revers) | e}: | 1 | | e DEP/DOH : Issued: | I notified by | lab of positive resul | 13:/ | 'ot atr |
| Sup | ervised by certified operator (# | |) | | | , | | | TEC | | -1-41 |
| | ployed by a certified lab Employed by DEF porized representative of supplier of water | or DOH | | | | | ature: _ | | DA | nn. | |
| | ionzeu representative of supprier of water | 5 ⁴ | | | Title: | | | | | | |
| 4 14 1 | 1 S WATER BAYOU. 939 CROSS BAYOU. E ON POWER RECHIE, 1 | -BL V 1 zc. 34655 | 2 | ∏Incor ∏Repe ∏Repla | at Sam | ples t Sa | ction Info Required mples Re ng Official | auire\ | Date | | |
| Por Analysis Mi Please olicie ap; 'Dafined hi Plane | es see instructions (2m) 116. Page Shods see instructions (2m) 116. Source (2m) Sandar see instruction GAUMMINGAUTA (Colo Ruly 62-15), With 1, GAUMMINGAUTA (Colo Ruly | n Of including (90), Do | not include ray | v or plant semples | ה the sverage | | An of South Control of Sou | an a | | | |

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| P. O. E Office: | & LABORATORY REPORTING F (62-550.730 Reporting Format Effective 01/1696, Revised TECHNICIANS, INC. LAB ID#: E BOX 447, FRUITLAND PARK, FL 3 352-787-2944 Lab:352-787-6112 Person: John Fredock | ^{02/2010)} 83141 QA 14731 | | | Sar Sar Disi | Lab Receipt Date & Time: 1/15 0 10 100 Analysis Date & Time: | | | | | | |
|------------------------------|---|--|-----------------|-------------------------------|--------------------|---|--------------------------------|---|---------------------------------------|---------------------------------------|--|--|
| Report N | umber: Sub-Contrac | t Lab ID: | | | | | / | | | · · · · · · · · · · · · · · · · · · · | | |
| Analysi | s Requested: (check all that apply) Coliform/ <i>E. coli D</i> Fotal Coliform/Fecal [| | | | ∐HPC | Other | | | | | | |
| Public V | Nator System (PWS) Name: SHAA | CRI-1 | alas | 12516 | 2000 | DWO L | 37 | 5 20 | 22 | 5- | | |
| PWS Ad | Nater System (PWS) Name: SHMA tress: <u>100</u> SHMANGR1-L, PWS Owner's Phone #: <u>727-5</u> Dr: <u>A</u> Suc 1774 | 4 Re | (m). | | | PV01. | | 5 01.0 | | | | |
| PWS or F | PWS Owner's Phone #: 727 - 5 | -48-9 | 287 | | Fax #· | Uny: | | - s purce | | | | |
| Collecto | pr: B Sucht | | | | Collecto | r's Phone | #: 40 | 7-212. | -549 | 5 | | |
| Type of ⊠Comm | Supply: (check only one) unity Water System | -community \ | Natar Sv | stem 🖂 | Transia | nt Non-con | munity Mat | ar Svetom | | | | |
| Reason Distribu Cleara | for Sampling: (check all that apply) ution Routine | Raw (triggere | d or ass | essment) | []Rav | / (Irignered | Ar acceccin | ent) additional | | | | |
| | To be completed by collect | of of sample | <u>encera</u> | <u> 260317</u> - | | | •Second | o ba completed l | oy lab 🖂 🔅 | N. HER | | |
| Sample # | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type' | Disin- fectant Residual | pН | Analy | sis Method(s) | <u>Smqu-</u> Fecal, E. coll, | Data | Lab | | |
| | /1 months 1 - mature / | | 0 | (mg/L) | | Conlin | | Enlerococci, or Coliphage ³ | Qualifier | Sample | | |
| / | WELLHY WELLHY | 1240 | <u> </u> | 10 | | ₿₽₽ | 114 | | 141 | 1-) | | |
| 21 | | 12.45 | R | Ø | | | 1 A | | | 51. | | |
| 3 | 35100 FORETLAK | 1255 | 17 | 1.5 | | | A | | | 5 | | |
| 4 | CLUB HEARSE CONTR | 1300 | 75 | 1.3 | | | - A | | | 5) | | |
| | | | | | | | , | | | | | |
| | | | | | | | | | | | | |
| | | | | | <u> </u> | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Average | of disinfectant residuals for distribution r | Outine & ren | aat | | | | | <u> </u> | | | | |
| samptes, | ⁶ Free chloring or Total chlorine (circle one). ant Residual Analysis Method: | | | 1.4 | Unles N | s otherwis ELAC stan | e noted, all t dards, and t | ests are perform ne results relate | ed in accord only to the : | lance wi samples | | |
| | Colorimetric Other: | | | | Date a | nd time PWS | notified by lab | of positive results: _ | - | | | |
| Person p | erforming disinfectant analysis is (see in tified operator (# $C/3525$ | structions of | n revers | e}: | 1 | | | / lab of positive resu | its: | 1-1 | | |
| | rvised by certified operator (# | |) | | | leport Issuer | A | 107 | | | | |
| []Empl | loyed by a certified lab | | | | | Signature | | | Δ | | | |
| | prized representative of supplier of water | | | | Title | | | QUT / | Nun | | | |
| U. | 5 ANTRER 239 CROSS BAYOU, W PORT RICITO | Reo | | Repe | nplete at Sarr | ples Requ | nformation ired Require\ | | | | | |

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| PLAN P. O. E Office | (ING WATER MICROBIAL SAMPLE (& LABORATORY REPORTING F((62-550.730 Reporting Farmat Effective 01/1095, Revised 0 T TECHNICIANS, INC. LAB ID#: E6 BOX 447, FRUITLAND PARK, FL 3- 352-787-2944 Lab:352-787-6112 Person: John Fredook | | Lab Receipt Date & Time: <u>JU/4/14_133</u> Analysis Date & Time: <u>JU/4/14_14_37</u> Sample Acceptance Criteria: Sample Preservation: Sign Ice Not On Ice°C Disinfectant Check: [K]On IceNot On Icemg/L This sample does not meet the following NELAC requirements: | | | | | | | | |
|---------------------------|---|-------------------------------|--|---------------------------------|----------------------------|--|--|-------------------|--|---------------------------------------|---------------------------------------|
| Report N | lumber: Sub-Contract | Lab ID: | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Análys | is Requested: (check all that apply) | | | | | | | | | | |
| XITotal | Coliform/E. coli |]Enterococo | | liphage | ПНЬС | | Other: | + | | | |
| Public | Water System (PWS) Name: 5/4/4/1 | 16R1- | LA | | | р | WS I.D. | 33 | 54 | 0 2 | . 8 |
| PWS Ad | dress: 100 SHALARI- | CA R | 94.10 |) | | Ci | tv: | ĒU | 5775 | L | |
| PWS or I | PWS Owner's Phone #:7273 | 48.9 | 282 | - 1 | ax #: | | | | | | ••• • • • • • • • • • • • • • • • • • |
| Collect | or: R. Sturtt | | | (| Collecto | r's F | 'hone #: | | | | |
| | Supply: (check only one) nunity Water System | community \ Well ⊟S | Nater Sy wimming | stem [] ⁻ Pool [] | ransier Other: | nt No | -n-commu | nity Wate | r Syslem | | **** |
| Distrib | I for Sampling: (oheck all that apply) ution Routine Distribution Repeat 図 ince Replacement (also check type of san Collection Date:/ン・チー | law (triggere nple being r | ed or ass eplaced) | | | | | | | | rvey |
| Sample | To be completed by collection | | usse and | | F15112-1 | | | | | | |
| 1020405040 | | UN DESCUTIVE | and the second secon | | | | Analysis I | | | iy lan 1 | |
| Sample | Sample Point | Sample | Sample | Disin- fectant | 3.1 | 調査 | · · · · , - · · · | | × . | 224 | B |
| # | (Location or Specific Address) | Collection Time | Type ¹ | Residual (mg/L) | pН | a a chair a chuir a ch | Non- Conliform | Total Coliform | Fecal, E. coli, Enterococci, or Coliphage ³ | Data Qualifiert | Lab Sample # |
| 1 | WERL #1/ | 1300 | R | Ø | لعيوميدمد | | A | A | | 141 | - 167 |
| 2 | WELL #2 | 1305 | R | 6 | 1 9 | 6125 | A | | | <u></u> | 675 |
| 3 | 37210 FOREST LAKE | 1250 | カ | 1.1 | | 199 | A | A | | | 679 |
| 4 | 35715 FOREST LAKE | 1255 | 2 | 0.9 | 1797 boxed | | A | A | | | 650 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| samples | of disinfectant residuals for distribution ro Frite chlorine or Total chlorine (circle one). tant Residual Analysis Method; | utine & rep | vat | 1.0 | Unless | s of | erwise no | ted, all te | sts are performe | ed in accord | lance with |
| | Colorimetric Other: | | | | | | | | e results relate o | | samples. |
| Person p | performing disinfectant analysis is (see insi | ructions o | n roverse | e): | | | | | f positive regults: leb of positive resul | | T.t |
| | rtified operator (#525 | | } | | | | :bauad: | AF | G | 14 | 5/19 |
| | loyed by a certified lab | or DOH |) | | Lab S | Sign | ature: 🚽 | <u>p</u> | | | i |
| | orized representative of supplier of water | | | | Title: | | _/ | C | 24 M | | |
| 49 49 NET | 5 UNATER 139 CROSS BAYOU W RORT RICHIE, R. | B< V2 346 572 | 0 | ☐Repe ☐Repla | plete C at Sam cemen | ples t Sai | ction infor Required mples Red ig Official: | ulre\ | Dute | | |

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* For Analysis Artifices are instrument user at 0.
* Place of the suppressive acceleration.
* Detailed in Monita Articipational control of the superscription of the superscription of the suppressive acceleration.
* Detailed in Monita Articipation of the superscription of the superscription of the superscription.
* Complete for contentionity & non-intensing mon-contentiaty systems arrying populations up to and including 4,900. Do not include raw or plant samples in the systems.

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: 1402-635

PWS ID (From Page 1): 3354028

| | E Contam | Contam | | | A. 1. T. | | | | | | | |
|---|----------|----------------|-----|-------|--------------------|------------|----------------------|---------|---------------------------|----------|--------------------|-----|
| | ID | Name | MCL | Units | Analysis Rosuit | Qualifier* | Anälylical Method | Lab MDL | Analysia Date | Analysis | DOH Lab | |
| • | 1040 | Nifrate (as M) | 10 | mg/L | 0.01 | F1 | SM4500NO3F | n n1 | | Time | Carilfication # | |
| | 1041 | Nitrite (as N) | -1 | mg/L | 0.01 | FT FT | SM4500R03F | | | | E 83141 E 83141 | |
| | | | | | | | DUADOUNDE | 0,01 | <i>~</i> / <i>00</i> / 11 | LZJOHK | [L UD14] | i i |

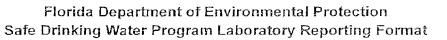
Reporting Format 62-550,730 Effective January 1995, Revised February 2010

Page 3 of 4

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Gode Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, 7, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To svold a monitoring violation, unacceptable for results must be replaced with acceptable results from samples collected during the same monitoring period.

· SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-655-1844 FAX 813-865-2218



Plant Technicians Inc. Shangri-La 1408 m-f f WWTP OHB 1908-1802 DISINFECTION BYPRODUCTS 62-550.310(3)

 Report Number / Job (D: 1409036-01

 Disinfectant Residual (mg/L) (From Page 1): 0.6

 PWS ID (From Page 1): 3354028

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Reg MRL** | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------------|-------------------------------|-----|-------|--------------------|------------|----------------------|------------|--------------|------------------|------------------|----------------------------|
| 2450 | Monochloroacetic Acid | N/A | ug/L | 0.78 | บ | EPA 552.2 | 0.78 | 2.0 | 9/5/14 | 4:56 | E84129 |
| 2451 | Dichloroacetic Acid | N/A | ug/L | 9.8 | [| EPA 552.2 | 0.70 | 1.0 | 9/5/14 | 4:56 | E84129 |
| 2452 | Trichloroacetic Acid | N/A | ug/L | 10 | 1 | EPA 552.2 | 0.35 | 1.0 | 9/5/14 | 4:56 | E84129 |
| 2453 | Monobromoacetic Acid | N/A | ug/L | 0.34 | U | EPA 552.2 | 0.34 | 1.0 | 9/5/14 | 4:56 | E84129 |
| 2454 | Dibromoacetic Acid | N/A | ug/L | 0.27 | U | EPA 552.2 | 0.27 | 1.0 | 9/5/14 | 4:56 | E84129 |
| 2456 | Total Haloacetic Acids (HAA5) | 60 | ug/L | 19.80 | | EPA 552_2 | 0.27 | | 9/5/14 | 4:56 | E84129 |
| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Reg MRL** | Analysis Date | Analysis Time | DOH Lab Certification # |
| 2941 | Chloroform | N/A | ug/L | 41 | | EPA 524.2 | 0.2 | 1.0 | 8/26/14 | 22:22 | E84129 |
| 2942 | Bromoform | N/A | ug/L | 0.2 | U | EPA 524.2 | 0.2 | 1.0 | 8/26/14 | 22:22 | E84129 |
| 2943 | Bromodichloromethane | N/A | ug/L | 10 | | EPA 524.2 | 0.2 | 1.0 | 8/26/14 | 22:22 | E84129 |
| 2944 | Dibromochloromethane | N/A | ug/L | 2.0 | | EPA 524.2 | 0.1 | 1.0 | 8/26/14 | 22:22 | E84129 |
| 2950 | Total Trihalomethanes (TTHM) | 80 | ug/L | 53.0 | | EPA 524.2 | 0.1 | | 8/26/14 | 22:22 | E84129 |

Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
 Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(i).
 Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

"Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

30/95 Page 2 of 3



| PUBLIC WATER SYSTEM INFORMATION (to be comp | leted by sampler - please type or print legibly |) |
|---|--|--|
| | | PWS I.D. #: <u>335 4028</u> |
| System Type (check one): | Nontransient Noncommunity | Tropping Man |
| Address: 100 Shanger La Blud | - | - |
| City: <u>Cresbury</u> Fla | ZIP Code: | |
| Phone # Fax #: | E-Mail Address: | |
| SAMPLE INFORMATION (to be completed by sampler) | | , |
| Sample Number A1509454001 Same | nle Date: 12-29-15 | $2 + \pi - 2 \rho \rho$ |
| Sample Location (be specific) : | M | _Sample Time:AM_PM (Circle One) |
| Disinfectant Residual (Reguled when reporting regults for tribal | | Location Code: |
| Disinfectant Residual (Required when reporting results for trihal Sample Type (Check Only One) | | |
| | | e (Check all that apply) |
| Entry Point (to Distribution) | Routine Compliance with 62-550 | Replacement (of Invalidated Sample) |
| Plant Tap (not for compliance with 62-550) | Confirmation of MCL Exceedance* | Special (not for compliance with 62-550) |
| Raw (at well or intake) | Composite of Multiple Sites** | Clearance (permitting) |
| Max Residence Time | and the second sec | DAMAles |
| Ave Residence Time | Sampling Procedure Used or Other Comme | nts: |
| Near First Customer | | |
| • | *See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedance | es. attach a results page for each site. |
| 1, <u>Soscph Byk</u> (Print Name) | (Print In | <u>Openation</u> , do HEREBY CERTIFY |
| that the above public water system and sample collection infor | mation is complete and correct. | |
| Signature: Cr. A. M. | Date: | 12-29-15 |
| Certified Operator #:Phone #: | Sampler | 's Fax #: |
| Sampler's E-mail: | | |

| LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly) |
|--|
| Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E53076 Certification Expiration Date: 06/30/2016 |
| ATTACH CURRENT DOH ANALYTE * |
| Address: 380 Northlake Blvd., Suite 1048 Altamonte Payments: P.O. Box Phone #: (407)937-1594 |
| Were any analyses subcontracted? X Yes No If yes, please provide DOH certification numbers: E82001, E82574, E84589, E84025 |
| ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED * |
| ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: <u>12/29/2015</u> |
| PWS ID (From Page 1): 3354028 Sample Number (From Page 1): A1509454001 Lab Assigned Report # or Job A1509454 |
| Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply): |
| Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Trihalomethanes All 30 All 14 Partial All Except Dioxin Partial Haloacetic Acids Othly Composite** All 14 Nitrate Partial Chlorite Othly Partial Partial Partial Nitrite Dioxin Only Bromate Bromate Partial Partial Partial |
| LAB CERTIFICATION |
| I, Brandon O'Hara , Client Services Manager , do HEREBY CERTIFY |
| (Print Name) (Print Title) |
| that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Signature: B_{1} |
| * Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services. ** Please provide radiological sample dates & locations for each quarter. |
| CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.) |
| COMPLIANCE DETERMINATION (to be completed by DEP or DOH attach notes as necessary) |
| Sample Collection & Analysis Satisfactory: 🗌 Yes 🔲 No 🛛 Replacement Sample or Report Requested: 🔲 Yes 📋 No 🖉 (circle or highlight group(s) above) |
| Person Notified: Date Notified: DEP/DOH Reviewing Official: |

| INORGAN | NIC CONTAN | INANTS | 5 | | | Report Number / Job ID: A1509454001 | | | | | |
|--------------|----------------|--------|-------|--------------------|------------|-------------------------------------|------------|------------------|------------------|--------------------------|--|
| 62-550.310 | (1) | | | | | PWS IC | (From Page | 1): 335 | 5402 | 8 | |
| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification | |
| 1040 | Nitrate | 10 | mg/L | 0.051 | U,J4 | EPA 300.0 | 0.051 | 12/30/2015 | 17:36 | E53076 | |
| 1041 | Nitrite | 1 | mg/L | 0.053 | U,J4 | EPA 300.0 | 0.053 | 12/30/2015 | 17:36 | E53076 | |
| 1005 | Arsenic | 0.010 | mg/L | 0.00039 | U | EPA 200.8 | 0.00039 | 01/04/2016 | 12:17 | E82574 | |
| 1010 | Barium | 2 | mg/L | 0.030 | | EPA 200.7 | 0.00028 | 12/31/2015 | 14:29 | E82574 | |
| 1015 | Cadmium | 0.005 | mg/L | 0.00032 | U | EPA 200.7 | 0.00032 | 12/31/2015 | 14:29 | E82574 | |
| 1020 | Chromium | 0.1 | mg/L | 0.00050 | U | EPA 200.7 | 0.00050 | 12/31/2015 | 14:29 | E82574 | |
| 1024 | Cyanide | 0.2 | mg/L | 0.0048 | U | SM 4500-CN-E | 0.0048 | 12/31/2015 | 11:00 | E84589 | |
| 1025 | Fluoride | 4.0 | mg/L | 0.21 | 1,J4 | EPA 300.0 | 0.075 | 12/30/2015 | 17:36 | E53076 | |
| 1030 | Lead | 0.015 | mg/L | 0.0012 | U | EPA 200.8 | 0.0012 | 01/04/2016 | 12:17 | E82574 | |
| 1035 | Mercury | 0.002 | mg/L | 0.000011 | U | EPA 245.1 | 0.000011 | 01/05/2016 | 15:56 | E82574 | |
| 1036 | Nickel | 0.1 | mg/L | 0.0011 | U | EPA 200.7 | 0.0011 | 12/31/2015 | 14:29 | E82574 | |
| 1045 | Selenium | 0.05 | mg/L | 0.0029 | U | EPA 200.8 | 0.0029 | 01/04/2016 | 12:17 | E82574 | |
| 1052 | Sodium | 160 | mg/L | 17 | | EPA 200.7 | 0.16 | 12/31/2015 | 14:29 | E82574 | |
| 1074 | Antimony | 0.006 | mg/L | 0.00023 | U | EPA 200.8 | 0.00023 | 01/04/2016 | 12:17 | E82574 | |
| 1075 | Beryllium | 0.004 | mg/L | 0.00013 | U | EPA 200.7 | 0.00013 | 12/31/2015 | 14:29 | E82574 | |
| 1085 | Thallium | 0.002 | mg/L | 0.00028 | Ų | EPA 200.8 | 0.00028 | 01/04/2016 | 12:17 | E82574 | |

Reporting Format 62-550.730 Effective January 1995, Revised February 2010

Page 3 of 6

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

| SECON | DARY CONTAMINANTS | | | | Rep | oort Number / | Job ID: 1 | A1509454001 | <u> </u> | | |
|--------------|------------------------|-----------|-------|--------------------|-------------------------------|----------------------|------------|------------------|------------------|----------------------------|--|
| 62-550.32 | 0 | | | | PWS ID (From Page 1): 3354028 | | | | | | |
| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # | |
| 1002 | Aluminum | 0.2 | mg/L | 0.061 | U | EPA 200.7 | 0.061 | 12/31/2015 | 14:29 | E82574 | |
| 1017 | Chloride | 250 | mg/L | 29 | | EPA 300.0 | 0.78 | 12/30/2015 | 17:36 | E53076 | |
| 1022 | Copper | 1 | mg/L | 0.0025 | U | EPA 200.7 | 0.0025 | 12/31/2015 | 14:29 | E82574 | |
| 1025 | Fluoride | 2.0 | mg/L | 0.21 | I,J4 | EPA 300.0 | 0.075 | 12/30/2015 | 17:36 | E53076 | |
| 1028 | Iron | 0.3 | mg/L | 0.065 | 1 | EPA 200.7 | 0.030 | 12/31/2015 | 14:29 | E82574 | |
| 1032 | Manganese | 0.05 | mg/L | 0.0025 | | EPA 200.7 | 0.00024 | 12/31/2015 | 14:29 | E82574 | |
| 1050 | Silver | 0.1 | mg/L | 0.00064 | I | EPA 200.8 | 0.00013 | 01/04/2016 | 12:17 | E82574 | |
| 1055 | Sulfate | 250 | mg/L | 15 | | EPA 300.0 | 0.52 | 12/30/2015 | 17:36 | E53076 | |
| 1095 | Zinc | 5 | mg/L. | 0.0091 | 1 | EPA 200.7 | 0.0020 | 12/31/2015 | 14:29 | E82574 | |
| 1905 | Color | 15 | PCU | 5.0 | U | SM 2120 B | 5.0 | 12/30/2015 | 14:08 | E53076 | |
| 1920 | Odor | 3 | TON | 1.0 | U | SM 2150 B | 1.0 | 12/29/2015 | 16:00 | E53076 | |
| 1925 | рН | 6.5 - 8.5 | SU | 8.325 | Q | SM 4500H+B | | 12/29/2015 | 15:07 | E53076 | |
| 1930 | Total Dissolved Solids | 500 | mg/L | 210 | | SM 2540 C | 10 | 12/29/2015 | 15:10 | E53076 | |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.20 | 1 | SM 5540 C | 0.040 | 12/30/2015 | 14:20 | E82001 | |

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

VOLATILE ORGANICS 62-550.310(4)(a)

Report Number / Job ID: A1509454001

PWS ID (From Page 1): 3354028

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | RDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------------|----------------------------|--------|-------|--------------------|------------|----------------------|------------|-----|------------------|------------------|----------------------------|
| 2378 | 1,2,4-Trichlorobenzene | 70 | ug/L | 0.21 | U | EPA 524.2 | 0.21 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2380 | cis-1,2-Dichloroethylene | 70 | ug/L | 0.45 | U | EPA 524.2 | 0.45 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2955 | Xylenes (total) | 10,000 | ug/L | 0.48 | U | EPA 524.2 | 0.48 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2964 | Dichloromethane | 5 | ug/L | 0.20 | U | EPA 524.2 | 0.20 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2968 | o-Dichlorobenzene | 600 | ug/L | 0.26 | U | EPA 524.2 | 0.26 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2969 | para-Dichlorobenzene | 75 | ug/L | 0.19 | υ | EPA 524.2 | 0.19 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2976 | Vinyl Chloride | 1 | ug/L | 0.32 | U | EPA 524.2 | 0.32 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2977 | 1,1-Dichloroethylene | 7 | ug/L | 0.24 | U | EPA 524.2 | 0.24 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2979 | trans-1,2-Dichloroethylene | 100 | ug/L | 0.34 | U | EPA 524.2 | 0.34 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2980 | 1,2-Dichloroethane | 3 | ug/L | 0.21 | U | EPA 524.2 | 0.21 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2981 | 1,1,1-Trichloroethane | 200 | ug/L | 0.32 | U | EPA 524.2 | 0.32 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2982 | Carbon tetrachloride | 3 | ug/L | 0.27 | U | EPA 524.2 | 0.27 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2983 | 1,2-Dichloropropane | 5 | ug/L | 0.46 | U | EPA 524.2 | 0.46 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2984 | Trichloroethylene | 3 | ug/L | 0.25 | U | EPA 524.2 | 0.25 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2985 | 1,1,2-Trichloroethane | 5 | ug/L | 0.39 | U | EPA 524.2 | 0.39 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2987 | Tetrachloroethylene | 3 | ug/L | 0.25 | U | EPA 524.2 | 0.25 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2989 | Chlorobenzene | 100 | ug/L | 0.35 | U | EPA 524.2 | 0.35 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2990 | Benzene | 1 | ug/L | 0.15 | υ | EPA 524.2 | 0.15 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2991 | Toluene | 1,000 | ug/L | 0.20 | U | EPA 524.2 | 0.20 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2992 | Ethylbenzene | 700 | ug/L | 0.20 | U | EPA 524.2 | 0.20 | 0.5 | 01/04/2016 | 16:58 | E84589 |
| 2996 | Styrene | 100 | ug/L | 0.21 | U | EPA 524.2 | 0.21 | 0.5 | 01/04/2016 | 16:58 | E84589 |

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

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

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

SYNTHETIC ORGANICS 62-550.310(4)(b)

Report Number / Job ID: A1509454001

PWS ID (From Page 1): 3354028

| | | | | | | | | | · | | | |
|--------|-----------------------------|------|-------|----------|------------|------------|--------|------|------------|------------|----------|-----------------|
| Contam | | | | Analysis | | Analytical | Lab | 001 | Extraction | Analysis | Analysis | DOH Lab |
| ID | Contam Name | MCL | Units | Result | Qualifier* | Method | MDL | RDL | Date | Date | Time | Certification # |
| 2005 | Endrin | 2 | ug/L | 0.0069 | U | EPA 508 | 0.0069 | 0.01 | 01/04/2016 | 01/04/2016 | 18:38 | E82574 |
| 2010 | gamma-BHC (Lindane) | 0.2 | ug/L | 0.0071 | U | EPA 508 | 0.0071 | 0.02 | 01/04/2016 | 01/04/2016 | 18:38 | E82574 |
| 2015 | Methoxychlor | 40 | ug/L. | 0.0068 | U | EPA 508 | 0.0068 | 0.1 | 01/04/2016 | 01/04/2016 | 18:38 | E82574 |
| 2020 | Toxaphene | 3 | ug/L | 0.12 | U | EPA 508 | 0.12 | 1 | 01/04/2016 | 01/04/2016 | 18:38 | E82574 |
| 2031 | Dalapon | 200 | ug/L | 2.2 | 1 | EPA 515.3 | 1.0 | 1 | 12/30/2015 | 12/31/2015 | 03:14 | E82574 |
| 2032 | Diquat | 20 | ug/L | 7.6 | U | EPA 549.2 | 7.6 | 0.4 | 01/05/2016 | 01/05/2016 | 11:09 | E82574 |
| 2033 | Endothall | 100 | ug/L | 1.2 | U | EPA 548.1 | 1.2 | 9 | 12/31/2015 | 01/04/2016 | 12:15 | E82574 |
| 2034 | Glyphosate | 700 | ug/L | 6.5 | U | EPA 547 | 6.5 | 6 | 01/04/2016 | 01/04/2016 | 17:33 | E82574 |
| 2035 | Di(2-ethylhexyl) adipate | 400 | ug/L | 0.95 | υ | EPA 525.2 | 0.95 | 0.6 | 01/04/2016 | 01/04/2016 | 18:58 | E82574 |
| 2036 | Oxamyt | 200 | ug/L | 0.57 | U | EPA 531.1 | 0.57 | 2 | 01/06/2016 | 01/06/2016 | 18:22 | E82574 |
| 2037 | Simazine | 4 | ug/L | 0.19 | U | EPA 525.2 | 0.19 | 0.07 | 01/04/2016 | 01/04/2016 | 18:58 | E82574 |
| 2039 | Di(2-Ethylhexyl)phthalate | 6 | ug/L | 1.5 | U | EPA 525.2 | 1.5 | 0.6 | 01/04/2016 | 01/04/2016 | 18:58 | E82574 |
| 2040 | Picloram | 500 | ug/L | 0.23 | U | EPA 515.3 | 0.23 | 0.1 | 12/30/2015 | 12/31/2015 | 03:14 | E82574 |
| 2041 | Dinoseb | 7 | ug/L | 0.86 | U | EPA 515.3 | 0.86 | 0.2 | 12/30/2015 | 12/31/2015 | 03:14 | E82574 |
| 2042 | Hexachlorocyclopentadiene | 50 | ug/L | 0.014 | 1 | EPA 508 | 0.012 | 0.1 | 01/04/2016 | 01/04/2016 | 18:38 | E82574 |
| 2046 | Carbofuran | 40 | ug/L | 0.28 | U | EPA 531.1 | 0.28 | 0.9 | 01/06/2016 | 01/06/2016 | 18:22 | E82574 |
| 2050 | Atrazine | 3 | ug/L | 0.16 | U | EPA 525.2 | 0.16 | 0.1 | 01/04/2016 | 01/04/2016 | 18:58 | E82574 |
| 2051 | Alachlor | 2 | ug/L | 0.26 | U | EPA 525.2 | 0.26 | 0.2 | 01/04/2016 | 01/04/2016 | 18:58 | E82574 |
| 2065 | Heptachlor | 0.4 | ug/L | 0.0060 | U | EPA 508 | 0.0060 | 0.04 | 01/04/2016 | 01/04/2016 | 18:38 | E82574 |
| 2067 | Heptachlor Epoxide | 0.2 | ug/L | 0.0052 | U | EPA 508 | 0.0052 | 0.02 | 01/04/2016 | 01/04/2016 | 18:38 | E82574 |
| 2105 | 2,4-D | 70 | ug/L | 1.5 | U | EPA 515.3 | 1.5 | 0.1 | 12/30/2015 | 12/31/2015 | 03:14 | E82574 |
| 2110 | Silvex (2,4,5-TP) | 50 | ug/L | 0.32 | U | EPA 515.3 | 0.32 | 0.2 | 12/30/2015 | 12/31/2015 | 03:14 | E82574 |
| 2274 | Hexachlorobenzene | 1 | ug/L | 0.0053 | U | EPA 508 | 0.0063 | 0.1 | 01/04/2016 | 01/04/2016 | 18:38 | E82574 |
| 2306 | Benzo[a]pyrene | 0.2 | ug/L | 0.096 | U | EPA 525.2 | 0.096 | 0.02 | 01/04/2016 | 01/04/2016 | 18:58 | E82574 |
| 2326 | Pentachlorophenol | 1 | ug/L | 0.069 | U | EPA 515.3 | 0.069 | 0.04 | 12/30/2015 | 12/31/2015 | 03:14 | E82574 |
| 2383 | PCBs | 0.5 | ug/L | 0.11 | U | EPA 508 | 0.11 | 0.1 | 01/04/2016 | 01/04/2016 | 18:38 | E82574 |
| 2931 | 1,2-Dibromo-3-Chloropropane | 0.2 | ug/L | 0.0098 | U | EPA 504.1 | 0.0098 | 0.02 | 01/11/2016 | 01/11/2016 | 22:30 | E84589 |
| 2946 | Ethylene Dibromide (EDB) | 0.02 | ug/L | 0.0070 | U | EPA 504.1 | 0.0070 | 0.01 | 01/11/2016 | 01/11/2016 | 22:30 | E84589 |
| 2959 | Chlordane (technical) | 2 | ug/L | 0.053 | U | EPA 508 | 0.053 | 0.2 | 01/04/2016 | 01/04/2016 | 18:38 | E82574 |
| | | | | | | | | | | | | |

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

Reporting Format 62-550.730 Effective January 1995, Revised February 2010

Page 6 of 6

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

PWS ID(From Page 1): 3359028

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

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format KNL Report Number/Job ID: 15.13588

RADIONUCLIDES

62-550.310(6)

Client ID: AEL Altamonte Springs A1509454001

Contam Name Oualifier Analytical Contam MCL Units Analysis Lab RDL Analysis Analysis Analysis DOH Lab Result * ID Method MDL Date Error Time Certification # Gross Alpha 2.2 ł EPA 900.0 4000 pCi/L 3 15 1.6 1.1 1-4-16 1600 E84025 (excl.Uranium) ** Gross Alpha *** EPA 900.0 4002 3.3 1 3 pCi/L 1.6 1.1 1-4-16 1600 E84025 (incl Uranium) EPA 908.0 0.67 20 pCi/L 1.1 1 .67 0.5 1-7-16 1533 E84025 Combined Uranium 4006 (U-234, U-235 & U-238) 30 ug/L 1.6 1 Calc 1.0 1 0.7 Calc 'Calc E84025 **** Radium-226 pCi/L 1.9 EPA 903.0 0.3 1 1-7-16 4020 0.4 1120 E84025 5 U 0.8 EPA Ra-05 0.8 4030 Radium-228 pCi/L 1 0.6 1-8-16 1036 E84025

Reporting Format 62-550.730

Effective January 1995, Revised February 2010.

* Qualifier Codes: U = indicates that the compound was analyzed for but not detected.

I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl.U) of 15 pCi/L. If the result for ID 4002 Gross Alpha (incl.Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.

**** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

Page of

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

Janu W. Hages

Approved by:

James W. Hayes Laboratory Director

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| Average o samples. | f disinfectsot residuals for distribution ro (Free chlorine or Total chlorine (circle one) | utine & repeat | | Ø | | ss otherwis | e poted all t | asts are preformed | t in accordan | |
| samples, | Free chloring or Total chlorine (circle one) | outine & repeat | | Ø | | | | ests are preformed e results relate on | | |
| samples, | f disihfectsqt residuals for distribution ro Free chloring or Total chlorine (circle one) lant Residual Analysis Mothod: Colorimetric | 2 | | Ø | NI | ELAC stand | lards, and th | e results relate on | ly to the sam | ples, |
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| & LABORATORY REPORTIN 6651 Southpoint Pkwy, • Jacksonville, FL 32216 • 90 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.37 10200 USA Today Way • Miramar, FL 33025 • 954.8 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.6 96300 Northiake Blvd, Suite 1048 • Altamonte Springs | DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT \[| | | | | | | 9 | and the second |
| Advanced Environmental I | | | | I | Analysis Da Sample Acc Sample Pres Disinfectant | te & Time: reptance Cri servation: @ Check: © No | | | 2 |
| Report Number; Sub-Cor Analysis Requested; (check all that apply) Total Coliform/Feca U Total Coliform/F. coli Total Coliform/Feca Public Water System (PWS) Name: Socration PWS Address: Socration | 1 <u>8 🗌 HPC</u> | C Other | PWS I.D | 335 40 | 528 | | | | |
| PWS Address: | | City: Lees Lang Fax #: | | | | | | | |
| Community Water System Non-Transien Limited Use System Bottled Water F Reason for Sampling: (check all that apply) Distribution Routine Distribution Repea | Private Well | □ Sw | imming Pool | Other | | | ater System | | D V |
| M Clearance C Replacement (also check type Sample Collection Date: しょうししょ | of sample b | ieing rei | olaced) | Boll Water I c | <u>Votice</u> <u>(</u>)cn#: ad-d045 | <u>Dther</u> : Effec | | lsion 04/30/2015 | |
| Sample Sample Point # (Location or Specific Address) | Sample Collection Time (24 hr clock) | Sam ple Type | Disin- fectant Residual (mg/L) | ρH | Non- Coliform | 78 Total Collform | Analysis Method(s) ² Fecal, E. <i>coll</i> , Enterococci, or Collphage ³ | | Lab Sampla # |
| 55 Death Werk (Dew) Se D-alle Lappin (N. P.) | 630 1235 | n n | CS CS | | | <u>A</u> | | | 2 |
| | | <u> </u> | | | | | | | |
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| | | | | | | | | | |
| Average of d)sinfectant residuals for distribution re samples. ⁵ OFree chlorine or OTotal chlorine (check | utine & repaa | t | | | | | | | |
| Diginfectant Residual Analysis Method: | | | 1 | NE | LAC standar | ds, and the | sts are preformed results relate only positive results; | to the samp | oles, |
| Person performing disinfectant analysis is (Check | cone of below | v): | | Date and t Date Repo | ime DEP/DOF ert Issued: | I notified by I | ab of positive results: | | |
| Employed by a certified lab Employed by DE Authorized representative of supplier of water | | | | | ature: <u>A</u> Anal | | Hall | | |
| UNSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT Satisfact US hit Surves Incomple US 24 Cross Dupon Und US 24 Cross Dupon Und Dep Replace Dep Review | | | | | | ulred Is Required | | DEP/DOH US | EONLY |
| Indicate the sample type for each sample collected. Sample ty Distribution (routine compliance), C = Repeat/Check, R = Ray | Pe codes are: D w, N = Entry Pol | = nt to | an ya gunga a shak ku ku gungaya ang diki ku ku | DEP/DOH | Reviewing Of | ficial: | | | |
| Distribution, P = Plant Tup, S = Special (clearunce, etc.). Lub certification number for the listed method is included at to address. Please circle appropriate selection. | op with the labor | | Re | | | | Time: | | |
| Defined in Florida Administrative Code Rule 62-160, Table 1 Complete for community & non-transient non-community sys up to and including 4,900. Do not include raw or plant sample Results Key: A = Coliforms are absent; P = Coliforms are presen TNTC = too numerous to count (62-550.730 Reporting Format. | tems serving pop s in the average. | | Re | | <u>Pera</u> 13/16 | | J. <u></u> Time: /4/ | , <u> </u> | st |

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| □ 6681 S □ 4965 S □ 10200 □ <i>p</i> 610 P ▽ 528 S. | ING WATER MICROBIAL SAMI & LABORATORY REPORTING outhpoint Pkwy. • Jacksonville, FL 32216 • 904 W 41st Blvd • Gainesville, FI 32608 • 352.377.4 USA Today Way • Miramar, FL 33025 • 954.88 incess Palm Ave. • Tampa, FL 33619 • 813.63 Northlake Blvd., Ste. 1016 • Altamonte Springs edar Center Drive, Tallahassee, FL 32301• 850 | G FORMA 1.363.9350 · F 2349 · Fax 35 9.2288 · Fax 30,9516 · Fax | T ax 904.363 2.395.6539 954.889.228 813.630.43 07 937 159 | .9354 • E8257 • E82001 31 • E82535 27 • E84589 4 • E83076 | | A | 150 | 9282 | | |
|--|---|--|--|---|----------------------------------|---|--|---|--------------------|--------------------|
| C | Advanced Environmental La | | , | | | Analysis Da Sample Ac Sample Pre Disinfectan | ate & Time: ceptance Crit sservation:21 (t Check: D No | $\frac{12 17 15}{12-17-15}$ erla: Dn Ice \Box Not On Ict t Detected \Box et the following NEL4 | | |
| Analysis 19 Total Public W PWS Ad | Iumber:Sub-Cont Requested: (check all that apply) Coliform/E. coli | | <u>cocci</u> | 25.Jc) | | PWS I.D.; | 335 | -4028 4 | | |
| Collecto Týpe of : | r: Nicher Foster Supply: (check only one) | | | C | Collector's | Phone #: | 352 | 455-8547 | | |
| Limite Reason Distrit | unity Water System Non-Transient d Use System Bottled Water Pr for Sampling: (check all that apply) wition Routine Distribution Repeat ance Replacement (also check type r | <u>ivate Well</u> □ Raw (tr of sample be | Swimr | <u>ning Pool</u> assessmen | □ Other t) □ Ra il Water N | :: w (triggered Notice | Other: | ient) additional | Well Surve | <u>9</u> Y |
| Sample | Collection Date: 12/17/ | | | | D | IGN#: AD-D04 | | lve 01/95, Revised 09/19 | | 1 |
| Sample | Jo de completet by o Sample Point | Sample | sample | Disin- | DH ISS | | 4-4 | be completed by lab | - | <u> 2016 202</u> |
| # | (Location or Specific Address) | Collection Time | Type' | fectant Røsldual (mg/L) | | Nan- Collform | Total Colliorm | Fecal, E. coli, Enterococci, or Collphage ³ | Data Qualifier* | Lab Sample # |
| 57 | Nowth Led (Wew) | 6.30 | n | Ø | | 14 | A | | | 1 |
| 58 | Dartha Well (Mira) | 1300 | R | ø | | | A | | | 2 |
| | | <u>\</u> | , | | | | | | | |
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| Average | of disinfectant residuals for distribution rou | ilne & ropea | lt | Ð | | | | | <u> </u> | 1 |
| | * free chlorine or Total chlorine (circle one). | | | | | | | ests are preformed e results relate on | | |
| | stant Residual Analysis Method: D Colorimetric D Other: | | | | | | | of positive results: | | |
| Person | performing disinfectant analysis is (Check | one of below | <i>י</i> }: | | Date an | nd time DEP/ | DOH notified b | y lab of positive resu | | 1 |
| □Sup | ertified operator (# <u>Chlac</u>) ervised by certified operator (#) |) | 1 | | | eport issued: | | 1110(2 | | |
| | ployed by a certified lab | P or DOH | | | | Ignature: - | alvst | + lesh | | |
| | NAME AND MAILING ADDRESS | | | | Title: | | TIVST | | | |
| OF PLRS(| IN TO RECEIVE REPORTE | | | | | sfactory implete Colle | ection Information | on | DEP/DOH (| JSE ONLY |
| | 5 Wester Services | | | | 🗌 🗆 Rep | eat Samples | | | | |
| n N | 535 cross Buyon dud Jow Parthedron FL 3405 | | | | Date Re | eviewed by D | DEP/DOH: | | | |
| I. Indicate | the sample type for each sample collected. Sample type cor |). ies are: D = Distri | ibation | | DEP/D(| OH Reviewin | ig Official: | | | |
| Tap,S≃ | compliance), C = Repeat/Check, R = Raw, N = Entry Point Special (clearance, etc.). fication number for the listed method is included at top with | | | Relin | | | | | | <u>.</u> |
| Please ci Defined | rele appropriate selection, in Florida Administrative Code Rule 62-160, Table 1, | | | | Date: | | | _ Time: | | |
| Complex and inclu | e for community & non-transient non-community systems s iding 4,900. Do not include raw or plant samples in the over | nge, | | Rece | ived By: | All | loungo | Jul_ | | |
| | : A = Coliforms are absent; P = Coliforms are present; C = : uus to count (62-550.730 Reporting Formut. | confluent growth; | TNTC | | Date: | 12/1 | 7/15 | | 5 | |

| ☐ 5681 S ☐ 4965 S ☐ 10200 ☐ 9610 P ⊡ 528 S, | ING WATER MICROBIAL SAM & LABORATORY REPORTING outhpoint Pkwy. + Jacksonville, FL 32216 + 904 W 41st Blvd - Gainesville, Fl 32608 + 352,377. USA Today Way - Miramar, FL 33025 + 954.86 rincess Palm Ave. + Tampa, FL 33619 + 813.67 Northlake Blvd., Ste. 1016 + Altamonte Springs edar Center Drive, Tallahassee, FL 32301+ 85 | G FORMA 4.363.9350 · F 2349 · Fax 35 39.2268 · Fax 30.9616 · Fax 5 E) 32701 · A | T Fax 904.363 52.395.6639 954.889.22 813.630.43 | .9354 · E8257 • E82001 81 • E82535 127 • E84589 | | · · · · · · · · · · · · · · · · · · · | A1 | 5092 | .96 | |
|--|---|---|---|--|--|--|--|---|--------------------|--------------------------|
| Report N | Advanced Environmental La | | | | | Analysis Da Sample Ac Sample Pre Disinfectant | ceptanco Crit servation: 🖬 (Check: 🗖 No | 12-18-1 | 7 | . <u>00</u> 2 nts: |
| Analysis <u>M Total</u> Public W PWS Ad PWS or I | Requested: (check all that apply) <u>Coliform/E. coli</u> <u>Total Coliform/Feca</u> /ater System (PWS) Name: <u>Soco</u> dress: <u>(OC Soco</u> PWS Owner's Phone #: <u>72</u> , 54 | 1 [Entero 1912 6 (1920) (4920) | | | C | PWS I.D.:_ Dity: ーユ | 339 Leedo 7-844.1 | 1715 1716 24028 | | |
| Comn Limite Reason Distril | r: | Non-commu rivate Well | unity Wate | r System ming Pool | □ Transie □ Other: 1) □ Baw II Water Ne | ant Non-co | mmunity Wa or assessm Other: | | | <u></u> |
| | To be completed by c | | | | | | | | | |
| Sample | Sample Point | Sample | Sample | Disin- | рН | Analysis M | other is a | be completed by lab | | |
| # | (Location or Specific Address) | Collection Time | Туре | fectant Residual (mg/L) | | Non- Coilform | د Total Coliform | Fecal, E. coli, Enterococci, or Coliphage ³ | Data Qualifier* | Lab Sampie # |
| 59 | North Well (Alen) | (135 | n | Ø | E See | | A | | | 1 |
| 510 | Marthe 1 Jell (Mb. 2) | 1255 | a | .05 | | | iA | | | 2 |
| | 100/HIL MOVI (1100) | 1010 | 1~ | - 7 | | ····· | | | | |
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| Average | of distribution rou | ting & report | | | 瀫 | ····· | | | | |
| Disinfe | Free chloring or Total chloring (circle one). clant Restoual Analysis Method: D Colorimetric | | | Ø | NE | LAC stand | ards, and the | ests are preformed a results relate on of positive results: _ | ly to the sam | ice with ples. |
| A STAC | performing disinfectant analysis is (Check i ertified operator (#) ervised by certified operator (#) | |): | | Date and | | OH notified b | y lab of positive resu | | 7 |
| 🗆 Em 🗆 Aut | ployed by a certified lab Employed by DEF horized representative of supplier of water |) ' or DOH | | | Lab Sig Title: | nature; | Atel | | | |
| OF PERSU | AME AND MAILING ADDRESS IN TO RECEIVE REPORT IS WILL IN Services 1934 Cross Bryon NOW Port The by P | B1~2 FL-34 | (5) | | D Repea Repla Date Rev | iplete Collec at Samples F cement Sam lewed by DE | ples Required | | DEP/DOH L | |
| (reutine i | the sample type for each sample collected. Sample type cod compliance), C = Repeat/Check, R = Raw, N = Entry Point t Special (clearance, etc.). | es we: D = Distri o Distribution, P | bution 🗢 Plant | Bello | uish By: | | | | | |
| Lab certi J. Please ci | fication number for the listed method is included at top with rele appropriate selection. | the laboratory ad | hirexv. | (TON) | Date: | | 7 | Timed 14 | | |
| Defined Completion | h Rorida Administrative Code Rule 62-160, Table 1. • for community & non-transient non-community systems so ding 4,900. Do not include raw or plant samples in the avert | aving population | s up (n | Rece | ived By: | 101 | 11 8 | March | / | |

and increasing erson, on normatione ray or primt samples in our average. Reutits Key: A e Colliforms are shown? P e Colliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reparting Format,

Cate: ______18/ISTime: ______100

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Name CARL FIEDLER Account# 54797787 Service Type Irrigation at Service Location 223 Malaysia Island Lane From: 06/01/2014 To: 06/05/2017

| Bill Date 08/24/2015 09/23/2015 10/21/2015 12/24/2015 01/22/2016 02/23/2016 02/23/2016 03/21/2016 03/21/2016 05/24/2016 05/24/2016 07/21/2016 08/23/2016 09/22/2016 10/24/2016 | Bill Days 4 30 30 31 32 29 12 15 33 30 32 30 29 31 30 30 30 | Consumption 0.0000 40.0000 0.0000 0.0000 0.0000 0.0000 0.0000 1.0000 0.0000 0.0000 1.0000 0.0000 1.0000 1.0000 1.0000 1.0000 1.0000 | Total Charges 0.00 160.64 0.00 9.51 0.00 0.00 0.00 6.77 3.47 0.00 18.37 6.94 10.41 3.47 10.41 3.47 |
|---|--|--|--|
| 11/21/2016 | 31 | 3.0000 | 10.41 |
| 12/23/2016 | 29 | 1.0000 | 3.47 |
| 01/20/2017 | 34 | 2.0000 | 6.94 |
| 02/22/2017 | 28 | 0.0000 | 0.00 |
| 03/22/2017 | 28 | 0.0000 | 0.00 |
| 04/24/2017 | 31 | 1.0000 | 3.47 |
| 05/23/2017 | 28 | 2.0000 | 6.94 |
| Totals | 637 | 68.0000 | 264.69 |
| Averages | | 3.0909 | 12.03 |

Name CARL FIEDLER Account# 54797787 Service Type Water at Service Location 223 Malaysia Island Lane From: 06/01/2014 To: 06/05/2017

| Bill Date 08/24/2015 | Bill Days 4 | Consumption 0.0000 | Total Charges 1.66 |
|-------------------------|----------------|-----------------------|-----------------------|
| 09/23/2015 | 30 | 0.0000 | 12.59 |
| 10/21/2015 | 30 | 1.0000 | 15.76 |
| 12/04/2015 | 31 | 0.0000 | 12.59 |
| 12/24/2015 | 32 | 0.0000 | 12.59 |
| 01/22/2016 | 2.9 | 1.0000 | 12.39 |
| 02/23/2016 | 1.5 | 1.0000 | 10.24 |
| 02/23/2016 | 12 | 0.0000 | 4.95 |
| 03/21/2016 | 33 | 6.0000 | 36.62 |
| 04/22/2016 | 30 | 1.0000 | 17.23 |
| 05/24/2016 | 32 | 1.0000 | 17.23 |
| 06/24/2016 | 30 | 1.0000 | 17.23 |
| 07/21/2016 | 29 | 0.0000 | 13.76 |
| 08/23/2016 | 31 | 2.0000 | 20.70 |
| 09/22/2016 | 30 | 1.0000 | 17.23 |
| 10/24/2016 | 30 | 1.0000 | 17.23 |
| 11/21/2016 | 31 | 0.0000 | 13.76 |
| 12/23/2016 | 29 | 1.0000 | 17.23 |
| 01/20/2017 | 34 | 2.0000 | 20.70 |
| 02/22/2017 | 28 | 1.0000 | 17.23 |
| 03/22/2017 | 29 | 0.0000 | 17.23 |
| 04/24/2017 | 30 | 0.0000 | 13.76 |
| 05/23/2017 | 28 | 1.0000 | 17.23 |
| Totals | C27 | | 1,.20 |
| 101013 | 637 | 21.0000 | 357.04 |
| Averages | | 0.9545 | 16.23 |

Troy Rendell

From: Sent: To: Subject: Troy Rendell Monday, February 06, 2017 2:23 PM 'Shonna McCray'; 'pscreply@psc.state.fl.us' PSC Request 1232745W - Janet Righter

We went out on Friday and met with the customer and irrigation company. The re-read on the meter confirmed that the meter reading and consumption was correct for the irrigation water.

However, I discussed further with Ms. Righter today, February 6th and agreed to apply her requested adjustment o f \$62.86 to her account.

She agreed and said that she was satisfied with the resolution. She said she would call you and let you know that it had been resolved satisfactorily.

Troy Rendell U.S. Water Services Corporation U.S. Water Services Corporation Services Comparents

4939 Cross Bayou Boulevard New Port Richey, FL 34652 (Office) 727-848-8292 x245 (Mobile) 727-777-2508 (Fax) 727-848-7701 (E-Mail) <u>trendell@uswatercorp.net</u>

LAKESIDE WATERWORKS, INC.

January 23, 2017

Janet Righter 159 Formosa Island Rd. Leesburg, FL 34788

RE: Request No 1232745W – Mr. Janet Righer – Account #1195174

Dear Ms. Righter:

As you are aware, after several attempts to contact you, we finally discussed your FPSC complaint – Request No. 1232745W on January 13, 2017. During our discussions, I explained that your meter was a newly installed water meter which was installed in March 2016. I also discussed with you that the contested irrigation water usage of 18,000 gallons was not out of line with your past irrigation consumption over the past several months.

At that time, I did offer you a credit adjustment equal to ½ of the consumption or for 9,000 gallons. This would have been an adjustment of \$45.51 to your account. At that time you refused the credit adjustment and requested that all of the consumption for that month be credited. As I previously explained, this was a new meter and we couldn't offer an adjustment of the entire amount.

I offered to have our technician come out on a service order to re-read the meter and to perform a field bucket test in your presence. At that time, you agreed to have the bucket test performed with you and your irrigation company present. We schedule a service order to be completed on Monday, January 16, 2017. When the technician contacted you on the way to perform the re-read and bucket test, you indicated that you wanted to wait for a date when your irrigation company could be present. At which time, we cancelled the requested service order.

We have attempted to follow up with you and have attempted to call you several times since that date. As of today, January 23rd, you have not returned any of our phone calls or responded to any of the voicemails left for you.

Since the FPSC has requested Lakeside Waterworks to respond to their request by January 31, 2017, I'm requesting that you contact our customer service at 888-228-2134 or myself at (727) 848-8292, ext, 245.

4939 Cross Bayou Boulevard, New Port Richey, FL 34652 Tel: (866) 753-8292 Fax: (727) 848-7701 Page 2 of 2 Ms. Righter

I am still amenable to apply the credit previously offered to you. Unless we hear back from you, we will not be able to complete the requested service order to perform a bucket test in your precense.

Sincerely,

n, Kendell

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

Cc: Ron DeRossett, Util Mngr USW

LAKESIDE WATERWORKS, INC.

January 30, 2017

Shona McCray Florida Public Service Commission 2540 Shumard Oak Blvd Tallahassee, FL 32399-850

RE: Request No 1232745W – Ms. Janet Righter – Account 1195174

Dear Ms. McCray:

Per your request please find attached the twenty-four (24) month usage history for Irrigation Water Service on Account 1195174. This Billing History supports the fact that her usage history is consistent.

I spoke with Ms. Righter today concerning a field bucket test. She has a very hectic schedule due to her medical conditions. She agreed to call me back once she can re-schedule the field bucket test with her irrigation company present.

Concerning your request to replace the irrigation meter. Lakeside Waterworks believes this is an unreasonable request. At this time the utility does not intend to replace the irrigation meter. This would come at a cost to the utility and would ultimately be borne by the ratepayers.

Lakeside Waterworks offered a bench test pursuant to Rule No. 25-30.266, Florida Administrative Code, which was refused by the customer. The utility does not believe it is reasonable to replace every customer meter who files a complaint with the FPSC. This would be cost prohibitive and would ultimately result in increased rates to the customers.

If you have any questions or concerns please contact me at (727) 848-8292 ext. 245. Thank you

Sincerely,

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

Cc: Ron DeRossett, Util Mngr USW

4939 Cross Bayou Boulevard, New Port Richey, FL 34652 Tel: (866) 753-8292 Fax: (727) 848-7701

Billing History Report

| From: 01/01/2015 To: 01/30/2017 | tion at service focation iss formosa is | ang koag | |
|------------------------------------|---|-----------------------|-----------------------|
| Bill Date 01/22/2015 | Bill Days 31 | Consumption 0.0000 | Total Charges 0.00 |
| 02/20/2015 | 29 | 0.0000 | 0.00 |
| 03/20/2015 | 31 | 0.0000 | |
| 04/21/2015 | 31 | 1,0000 | 0.00 |
| 05/21/2015 | 32 | 37.0000 | 3.13 |
| 07/01/2015 | 28 | | 146.50 |
| 07/21/2015 | 20 | 49.0000 | 195.22 |
| 08/21/2015 | 33 | 29.0000 | 115.83 |
| | 30 30 | 30.0000 | 119.54 |
| 09/21/2015 | | 36.0000 | 144.20 |
| 10/21/2015 | 30 | 22.0000 | 86.66 |
| 11/25/2015 | 31 | 8.0000 | 29.12 |
| 12/23/2015 | 32 | 1.0000 | 3.17 |
| 01/22/2016 | 29 | 0.0000 | 0.00 |
| 02/23/2016 | 12 | 0.0000 | 0.00 |
| 02/23/2016 | 15 | 0.0000 | 6.77 |
| 03/21/2016 | 33 | 2,0000 | 6.94 |
| 04/22/2016 | 30 | 1.0000 | 3.47 |
| 05/24/2016 | 32 | 16.0000 | 67.76 |
| 06/24/2016 | 30 | 12.0000 | 49.80 |
| 07/21/2016 | 29 | 12.0000 | 49.80 |
| 08/23/2016 | 31 | 9.0000 | 36.33 |
| 09/22/2016 | 30 | 5.0000 | 18.37 |
| 10/24/2016 | 30 | 0.0000 | 0.00 |
| 11/21/2016 | 31 | 0.0000 | 0.00 |
| 12/23/2016 | 29 | 18.0000 | 76.74 |
| 01/20/2017 | 34 | 1.0000 | 3.47 |
| Totals | 763 | 289.0000 | 1,162.82 |
| Averages | | 11.5600 | 46.51 |

Name JANET RIGHTER Account# 1195174 Service Type Irrigation at Service Location 159 Formosa Island Road From: 01/01/2015 To: 01/30/2017



Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 Rick Scott Governor

Carlos Lopez-Cantera Lt. Governor

Jonathan P. Steverson Secretary

April 15, 2016 Sent by Email

Ron Derossett, Facility Manager Lakeside Waterworks, Inc 4939 Cross Bayou Boulevard New Port Richey, FL 34652 rderossett@uswatercorp.net DEP File No. 0080550-006-WC County: Lake Lakeside Waterworks, Inc PWS ID 3354028 Total clearance for: <u>Lakeside Waterworks</u> <u>Replacement Well WR-1-Equip and Connect</u>

Dear Mr. Derossett:

This letter acknowledges receipt of your engineer's March 21, 2016 certification that the subject water treatment plant modification is completed in accordance with the FDEP Permit Number 0080550-006-WC dated February 4, 2016, and the related plans and materials. The engineer submitted information to demonstrate that satisfactory pressure and bacteriological tests were conducted for the system in accordance with the AWWA Standards. The utility and/or the owner/operator of the system is entirely responsible for the water's microbiological quality at the point and time it reaches the consumer's meter, and must ensure the water quality is representative of these certified bacteriological test results. The project is located at 100 Shangri-La Boulevard in Leesburg, Florida.

This clearance is to equip and connect replacement Well WR1 to the Shangri-La by the Lake Utilities, Inc. Water Treatment Plant (WTP). This new well replace existing Well No. 1.

The rated design capacity of the water treatment plant will not change. The plant is Category V Class D WTP with a rated design capacity of 180,000 GPD. Accordingly, staffing is by Class D or higher operator: 3 visits per week on nonconsecutive days for a total of 0.3 hour/week. [F.A.C. Rule 62-699.310].

• An 8-inch Well No.WR1 completed on September 24, 2015 under Permit Number 142708 from SJRWMD by the rotary method to a depth of 397 feet, with 12-inch black steel surface casing to from 0 feet to 222 feet, 8-inch primary black steel casing from 0 feet to 247 feet and open hole from 247 feet to 397 feet. Static water level was reported at 11 pumping water level was reported at 31 feet after 0ne hour at 450 gallons per minute (GPM)

As per the well completion report the well location coordinates are: Latitude 28°51'43.71" N., Longitude 81°45'09.15"W.

Clearance Letter Page 2 April 11, 2016

DEP File No. 0080550-006-WC

Components Included in this Clearance:

- An existing 10 horsepower (HP) submersible pump with a rated design capacity of 280 GPM at 130 feet Total Dynamic Head (TDH)
- The above-ground installation piping and piping to the first isolation valve.
- Associated six-inch raw water main from Well WR1 with valves, fittings, controls and appurtenances to the existing 6-inch raw water main connected to the water treatment plant.
- A six-foot security fence.

This constitutes the total clearance for Permit No. 0080550-006-WC. No additional clearances or construction activities are allowed under this permit. This letter of clearance does not preclude your need to obtain approvals as required by other entities.

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

awine share

Caroline Shine, Environmental Administrator Drinking Water/Environmental Resource Permitting Permitting and Waste Cleanup Program FDEP, Central District (407) 897-2927

CDS/jym

cc: Mohammed Y Kader., P. E., U.S. Water Services Corporation [mkader@uswatercorp.net] Wanda Parker-Garvin, FDEP [Wanda.Parker@dep.state.fl.us] Jill Farris, FDEP, [jill.farris@dep.state.fl.us] Shabbir Rizvi, FDEP [shabbir.rizvi@dep.state.fl.us] Javed Mayet, FDEP [javed.mayet@dep.state.fl.us] Mala Choksi, FDEP [Mala.Choksi@dep.state.fl.us]



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

CENTRAL DISTRICT 3319 MAGUIRE BOULEVARD, SUITE 232 ORLANDO, FLORIDA 32803 RICK SCOTT GOVERNOR

HERSCHEL T. VINYARD JR. SECRETARY

November 26, 2013

Ms. Robin Higgins, Compliance Manager US Water Corporation 4939 Cross Bayou Blvd. New Port Richey, FL 34652 rhiggins@uswatercorp.com

Re: Shangri-La by the Lake Utilities, Inc. PW 3354028 Lake County OCD-CAP-13-4646

Dear Ms. Higgins:

Department personnel conducted a sanitary survey of the above-referenced facility on October 30, 2013. Based on the information provided during the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records, and any non-compliance items which may have been identified at the time of the inspection have been corrected.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Chris Rossing at 407-897-4172 or via e-mail at <u>chris.rossing@dep.state.fl.us</u>.

Sincerely,

Wanda Larker Kawie

Wanda Parker-Garvin, Environmental Manager Central District Florida Department of Environmental Protection

Enclosures: Inspection Report (with attachments)

State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

| Plant Name SHANGRI-LA BY THE LAKE UTILITIES, INC | <u>C.</u> Coun | ity | Lake | PWS ID # _ | 3354028 |
|--|----------------|-------------|------------------------|----------------------|--|
| Plant Location <u>100 Shangri-La Blvd., Leesburg, FL 34788</u> | *** | | | | 352/589-7744 |
| Owner Name US Water Corporation | | | | Phone | 727/848-8292 |
| Owner Address 4939 Cross Bayou Blvd., New Port Richey, Fl | <u>L 34652</u> | 2 | | ~ . | |
| Contact Person Robin Higgins Tit This Survey Date 10/30/13 Last Survey Date 9/7/10 | the O_{I} | perations | <u>s/Complian</u> | <u>ce</u> Phone | 727/848-8292 |
| This Survey Date $10/30/15$ Last Survey Date $9/7/10$ | L | ast Cor | npliance ir | ispection Date | <u> 5/29/12</u> |
| PWS TYPE: Community | | | | | |
| PLANT CATEGORY & CLASS: 5D | GI GI | ROUNE |); Number | of Wells | 2 |
| MAX-DAY DESIGN CAPACITY: 180,000 gpd | | JRCHA | SED from | PWS ID # Source | |
| PWS STATUS: Approved | Er | nergen | cy Water C | Capacity | |
| | | | | | |
| | | | | URCE: Yes | DG 15 |
| TREATMENT PROCESSES IN USE | Conoc | e <u>Ge</u> | tondby (1) | <u>el no. SG015E</u> | 20 |
| Hypochlorination, aeration | Switch | Day or S | tanuby (Kv ⊠ Automa | V) itic 🔲 Manua | 20 |
| | | | | ad | |
| SERVICE AREA CHARACTERISTICS | What | equipm | ent does it | operate? | <u>1 III/WK.</u> |
| Mobile home park | | | imps <u>W</u> | | |
| Food Service: Yes No N/A | Π I | Hiah Se | ervice Pum | ps HSP #1 | |
| | | | | nent All | |
| Number of Service Connections168 | | | | | No Unknown |
| Population Served 328 Basis Operator | | | alarm? 🗋` | | |
| OPERATION & MAINTENANCE LOG: Yes | Comm | nents | | | |
| LocationPlant | | | | | |
| Comments | | | MAPS | | |
| | | | | 🛛 Yes | 🗌 No 🥅 N/A |
| | | P Monite | nring Plan | | \square No \square N/A |
| CERTIFIED OPERATOR: Yes | Lead | and Cor | oper Plan | X Yes | \square No \square N/A |
| Operator(s) & Certification Class-Number: | Distrib | ution S | vstem Mai | D Yes | □ No □ N/A □ No □ N/A □ No □ N/A □ No ⊠ N/A |
| Bruce Smith C-13525 | Emerg | gency F | Response | Plan 🗍 Yes | 🗌 No 🖾 N/A |
| | | | | | |
| Hrs/day: RequiredVisit*ActualVisit* | | | | | |
| Days/wk: Required 3 Actual 5 | | | | | |
| Non-consecutive Days? | | | | ENANCE/O& | |
| Comments <u>*Visits must add up to a cumulative total</u> | | | | ce Manual 🔀 | |
| of at least 0.3 hr/week. | | | | e Program 🔯 | |
| MONTHLY OPERATION REPORTS (MORs) | ГЦ | - | ⊃rogram Records | | |
| MORs submitted regularly? 🛛 Yes 🗍 No 🗍 N/A | Isc | | √alve Exer | | |
| Data missing from MORs? 🛛 No 🗍 Yes 🗍 N/A | 100 | | Records | | |
| Average Day (from MORs) <u>26,770 gpd</u> | Comm | | | | |
| Maximum Day (from MORs) <u>51,700 gpd 3/13</u> | | | | | AND 2 |
| Comments | | | | | |
| | | | | N CONTROL | |
| Flow Measuring Device Flow Meter | # BFP | | | ested 1 | |
| Meter Size & Type4" McCrometer/6" Water Spec. | | P RPZ | | Date Test | ed <u>2009</u> |
| Date Last Calibrated Unknown | | n Plan | Yes | Date <u>2007</u> | |
| | Comm | ients | | | |

Collapsed Collapsed Vereplaced

| PWS ID # _ | 3354028 | |
|------------|----------|--|
| Date | 10/30/13 | |

GROUND WATER SOURCE

| and the second second second | ber (Florida Unique Well ID #) | 1 (AAH6720) | 2 (AAH6721) | |
|---------------------------------|--------------------------------------|---------------|---------------|--|
| Year Drille | <u> </u> | 1975 | 1999 | |
| Depth Dril | | 340' | 330' | |
| Drilling Me | | Cable tool | Cable tool | |
| Type of G | | Unknown | Neat cement | |
| Static Wa | | 14' | 12' | |
| Pumping | Water Level | Unknown | 12' | |
| Design W | | 250 | 850 | |
| Test Yield | | Unknown | 1,200 gpm | |
| Actual Yie | d (if different than rated capacity) | Unknown | Unknown | |
| Strainer | | Unknown | Open hole | |
| | utside casing) | 200' | 191' | |
| | (outside casing) | 6" | 8" | |
| | outside casing) | Black steel | Black steel | |
| Well Contamination History | | None | None | |
| Is inundation of well possible? | | No | No | |
| | " Concrete Pad | Yes | Yes | |
| | Septic Tank | N/A | N/A | |
| SET | Reuse Water | N/A | N/A | |
| BACKS | WW Plumbing | >200' | >200' | |
| | Other Sanitary Hazard | None observed | None observed | |
| | Туре | Submersible | Submersible | |
| | Manufacturer Name | Unknown | Unknown | |
| PUMP | Model Number | Unknown | 30NSBYCZ-T | |
| | Rated Capacity (gpm) | 270 | 850 | |
| | Motor Horsepower | 3 | 30 | |
| Well casing 12" above grade? | | Yes | Yes | |
| Well Casing Sanitary Seal | | OK | OK | |
| Raw Wate | er Sampling Tap | Yes | Yes | |
| Above Gro | ound Check Valve | Yes | Yes | |
| Security | | Yes | Yes | |
| Well Vent Protection | | N/A | Yes | |

COMMENTS

| PWS ID # | 3354028 |
|----------|----------|
| Date | 10/30/13 |

CHLORINATION (Disinfection)

| Type: 🔲 Gas 🖾 Hypo | | | | |
|--|--|--|--|--|
| Make <u>Stenner (4)</u> Capacity <u>17 gpd</u> | | | | |
| Chlorine Feed Rate | | | | |
| Avg. Amount of Cl ₂ gas used N/A | | | | |
| Chlorine Residuals: Plant <u>N/A</u> Remote <u>1.3</u> | | | | |
| Remote tap location <u>WWTF</u> | | | | |
| DPD Test Kit: On-site 🛛 With operator | | | | |
| 🗌 None 🔄 🗌 Not Used Daily | | | | |
| Injection Points Pre & post aeration | | | | |
| Booster Pump Info N/A | | | | |
| Comments | | | | |
| | | | | |

| Chlorine Gas Use Requirements | YES | NO | Comments |
|---|-----|--------|----------|
| Dual System | | | |
| Auto-switchover | | | |
| Alarms: Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection | | | |
| Scale | | | |
| Chained Cylinders | | | |
| Reserve Supply | Ŕ | | |
| Adequate Air-pak | | | |
| Sign of Leaks | | \Box | |
| Fresh Ammonia | | Ŋ | |
| Ventilation | | | |
| Room Lighting | | | |
| Warning Signs | | | |
| Repair Kits | | | |
| Fitted Wrench | | | |
| Housing/Protection | | | |

| AERATION (Gases, Fe, & Mn Removal) | | | | |
|------------------------------------|-----------------------|--|--|--|
| Type <u>Spray</u> | _ Capacity _1,100 gpm | | | |
| Aerator Condition <u>Good</u> | | | | |
| Visible Algae Growth <u>No</u> | | | | |
| Protective Screen Condition OK | | | | |
| Frequency of Cleaning As | needed | | | |
| Date Last Inspected/Cleaned 3/13 | | | | |
| Comments | | | | |
| | | | | |

STORAGE FACILITIES

| (G) Ground (C) Clearwell (E) Elevated (B) Bladder (H) Hydropneumatic / flow-through | | | | |
|--|----------|---------|---------------------------------------|--|
| Tank Type/Number | G | H1 | H2 | |
| Capacity (gal) | 20,000 | 3,000 | 5,000 | |
| Material | Concrete | Steel | Steel | |
| Gravity Drain | Yes | Yes | Yes | |
| By-Pass Piping | Yes | Yes | Yes | |
| Protected Openings | Yes | Yes | Yes | |
| Sight Glass or Level Indicator | N/A | Yes | Yes | |
| PRV/ARV | N/A | PRV | PRV | |
| Pressure Gauge | N/A | Yes | Yes | |
| On/Off Pressure | N/A | 35/55 | 35/55 | |
| Access Secured | Yes | Yes | Yes | |
| Access Manhole | Yes | Yes | Yes | |
| Tank Sample Tap Location | On tank | On tank | On tank | |
| Date of Inspection | N/A | 8/12 | 8/12 | |
| Date of Cleaning | N/A | 8/12 | 8/12 | |
| Comments | | • | · · · · · · · · · · · · · · · · · · · | |

HIGH SERVICE PUMPS

| Pump Number | 1 | 2 | 3 | 4 |
|----------------|--------|--------|---------|---------|
| Туре | | Centr | ifugal | |
| Make | Goulds | Goulds | Jacuzzi | Jacuzzi |
| Model | 3656 | 3656 | 20DC4 | 20DC4 |
| Capacity (gpm) | 125 | 125 | 545 | 545 |
| Motor HP | 7.5 | 7.5 | 20 | 20 |
| Date Installed | 1999 | 1999 | 2001 | 2001 |

Comments _____

| PWS ID # | 3354028 |
|----------|----------|
| Date | 10/30/13 |

DEFICIENCIES:

• No physical deficiencies were noted at the time of inspection.

REMINDERS:

Provide documentation that the finished-drinking-water meter has been calibrated.

Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, **checking the calibration of finished-drinking-water meters at treatment plants**, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly. [Rule 62-555.350(2), F.A.C.]

- For monitoring schedules and information about the Drinking Water Program, please visit the Central District's Drinking Water website at http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm
- Suppliers of water shall submit written notification to the Department before beginning work or alterations to the public water system. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office or Approved County Health Department and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required.
- Suppliers of water shall telephone the SWO at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system. [Rule 62-555.350(10)(a), F.A.C.]
- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office as soon as possible, but never later than noon of the next business day, in the event of any of the following emergency or abnormal operating conditions:

o Theoccurrenceofanyabnormalcolor, odor, ortasteinapublicwatersystem's raworfinishedwater;

 $o\ The failure of a public water system to comply with a pplicable disinfection requirements; or$

o The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]

• Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]

| PWS ID # | 3354028 |
|----------|----------|
| Date | 10/30/13 |

REMINDERS (continued):

• Suppliers of water shall issue precautionary "boil water" notices as required or recommended in the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(11), F.A.C.]

Che I Wanda Tarker Kawin Inspector

_____ Title <u>Env. Specialist II</u> Date <u>11/25/13</u> _____ Title <u>Environmental Manager</u> Date <u>11/26/13</u>

Approved by _

LAKESIDE WATERWORKS, INC

4939 Cross Bayou Boulevard New Port Richey, Florida 34652

DATE: May 30, 2017

TO: All Shareholders

Delivery Method: Email to EA SH

RE: Call for Capital

Dear Shareholders:

Please accept this brief letter as an official call for capital on behalf of **The Lakeside Utility System**. At this time the current status of the utility requires approximately **\$120,000.00** (**One Hundred Twenty Thousand Dollars**) in total - related to improvements and liabilities. Through the total number shares held by you individually, the needed contribution is noted below as the amount required of each shareholder at this time:

| SH % | SH Cont to Corp | \$120,000.00 |
|---------|-----------------|--------------|
| 59.00% | GD | 70,800.00 |
| 8.00% | VP | 9,600.00 |
| 33.00% | CD | 39,600.00 |
| 100.00% | | \$120,000.00 |

REASON FOR CALL: New WWTP and Payoff of USW Note Payable

Per our shareholder's agreement, I appreciate your quick response in this regard and look forward to hearing from you within the next 10 days. The capital contribution should be <u>made out to</u> **Lakeside Waterworks, Inc**. You can also <u>mail the contribution to</u> U.S. Water Services, 4939 Cross Bayou Boulevard, New Port Richey, Florida 34652 – Attn: Victoria Penick.

Pleased not hesitate to contact me if further review is needed.

Best Regards,

Gary Deremer President 727-919-0408