State of Florida



Public Service Commission

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

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

DATE:

September 21, 2017

TO:

Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk

FROM:

Clayton Lewis, U S Engineering Specialist, Division of Engineering

RE:

Docket No. 20160195-WS-Application for staff-assisted rate case in Lake County

by Lakeside Waterworks, Inc.

Please file the attached chemical analysis testing dated 8-14-17 in the above mentioned docket file.

Thank you

Terri Jones

From:

Clayton Lewis

Sent:

Thursday, September 21, 2017 11:53 AM

To:

Terri Jones

Cc: Subject: Laura King FW: Shangri La - 3Q2017 (August) DBP results

Attachments:

Shangri La 3Q2017 DBP 081417.pdf; Shangri La 3Q2017 DBP Summary Report

082517.pdf; scanner@uswatercorp.net_20170921_094314.pdf

Please file this email and attachments in the Docket File. Thank you

From: Troy Rendell [mailto:trendell@uswatercorp.net]

Sent: Thursday, September 21, 2017 10:46 AM

To: Clayton Lewis

Subject: FW: Shangri La - 3Q2017 (August) DBP results

See attached. Also the e-mail to FDEP requesting that we go to reduced monitoring.

From: Diane Kibitlewski [mailto:dkibitlewski@uswatercorp.net]

Sent: Thursday, September 21, 2017 10:43 AM

To: Troy Rendell

Subject: Shangri La - 3Q2017 (August) DBP results

Good Morning,

Attached are the 3Q2017 DBP sample results for Shangri La, I am also sending you the email that was sent to Monica Busam/ DEP on 8/25/2017.

We don't update OCULAS, DEP does this.

Thanks Diane

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

PUBLIC WATER SYSTEM INFORMATION (to be comple		PWS I.D. #: 335-4028
System Name: Shangri La (Lakeside Water Work	s)	
System Type (check one): Community	■Nontransient Noncommunity	Transient Noncommunity
Address: 100 Shangri La Boulevard		
City: Leesburg	ZIP Code:	34788
		eel@USWaterCorp.Net
Phone # <u>868-753-8292</u> Fax #: <u>727-849-4219</u>	E-Mail Address	
SAMPLE INFORMATION (to be completed by sampler)	0	Sample Time: /240AM (PM) Gircle One)
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 1 (+1736034001) Sample	le Date: 8-14-17	Sample I me:
Sample Location the specific: Wastewater Treatmer	nt Plant Tap	
Disinfectant Residual (Required when reporting results for trihalo	methanes and haloacetic acids): Q. 7 mg	//L Field pH: 8-84
Sample Type (Check Only One)	Reason(s) for San	TIBLE (CHECK BIT WIST ESPECT)
Sample (4) of the content of the Co	⊠Routine Compliance with 62-550	Replacement (of Invalidated Sample)
□ Entry Point (to Distribution)	☐Confirmation of MCL Exceedance*	☐Special (not for compliance with 62-550)
□Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Com	nments:
Ave Residence Time	20	2017- BBP3
□Near First Customer		
	*See 62-550.500(6) for requirements and res And 62-550.512(3) for ritrate or nitrite excee	shictions. **See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATIO	
Joseph Byk		Operator, do HEREBY CERTIFY
(Print Name)	v · ·	int Title)
that the above public water system and sample collection info	ormation is complete and correct.	
	Dal	te: 8-14-17
Signature:		
Certified Operator #	-8292 Sa	mpler's Fax #:
Sampler's E-mail: MRotteveel@USWaterCorp.Net		
Reporting Format 62-550,730 Effective January 1995 Revised December 2012	Page 1 of 9	

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

LABORATORY CERTIFICATION INFO	RMATION (to be completed by lab – Please	ype or print legibly)		
Lab Name: Advanced Environmental La	boratories, Inc Florida DOH Certification	n#: <u>E53076</u> Cer	tification Expiration Date: 0	6/30/2018
		ATTACH CURRENT DO	H ANALYTE *	
Address: 380 North Lake Blvd., Suite 1	1048Altamonte Payments: P.O. Bo	X Phone #: (407)937-1	594	
Were any analyses subcontracted? X	Yes No If yes, please provide DOH	certification numbers: E825	35, E84589	
		ATTACH DOH ANALYTE SH	EET FOR EACH SUBCONTRA	CTED .
ANALYSIS INFORMATION (to be com	pleted by lab) Date Sample(s) Rec	eived: <u>08/14/2017</u>		
PWS ID (From Page 1):	Sample Number (From Page 1):	A1706084001 Lab /	Assigned Report # or Job	1706084
Group(s) Analyzed & Results attached	for compliance with Chapter 62-550, F.A.C.	(Check all that apply):		
Inorganics Synthetic C	Organics Volatile Organics Disinfe	ction Byproducts	Radionuclides Seco	ondaries
All Except Asbestos All 30	☐ All 21 💢 Trit	alomethanes	Single Sample A	114
	ept Dioxin 🔲 Partial 💢 Hal	pacetic Acids	Qtrly Composite** P	artial
☐ Nitrate ☐ Partial	Chi	orite		
☐ Nitrite ☐ Dioxin C	Only Bro	mate		
Asbestos Only				
	LAB CERTI	FICATION		
I, Brandon O'Hara	, Client	Services Manager	, do HEREBY CER	RTIFY
(Print Nan	10)	(Print Title)		
that all attached analytical data are com	ect and unless noted meet all requirements	of the National Environments	al Laboratory Accreditation Co	onference
Signature: Brandon O'H	ara managara D	ite: 08/23/2017		
* Failure to provide a valid and current Flor	ida DOH lab certification number and a current public water system for failure to sample, and m	Analyte Sheet for the attached ar ay result in notification of the DO	nalysis results will result in rejecti H Bureau of Laboratory Services	ion of the s.
	ON & NOTIFICATION IS REQUIRED WITHIN			
NON-DETECTS ARE TO BE REPORT	ED AS THE MOL WITH A "U" QUALIFIER.	(Non-detects reported as "BD	L" or with a "<" are not accep	table.)
COMPLIANCE DETERMINATION (to I	be completed by DEP or DOH attach notes as nece	ssary)		
Sample Collection & Analysis Satisfacto	ry: Yes No Replacement Sample	or Report Requested: Y	BS No (circle or highlight grou	p(s) above)
Person Notified:	Date Notified:	DEP/DOH Re	viewing Official:	

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

DISINFECTION BYPRODUCTS

62-550.310(3)

Report Number / Job ID: A1706084001

Disinfectant Residual (mg/L) 0.9

PWS ID (From Page 1): 3354028

Contam Name MCL	Units Analysis Qualifier Ana	lytical Lab Regulatory / thod: MDL MRL**	Analysis Analysis DOH Lab Date Time Certification #
Contam Contam Name MCL			

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis. Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacettc Acid	#NA	ug/L	0.50	U	EPA 552.2	0.50	2	08/18/2017	05:19	E84589
2451	Dichloroacelic Acid	.NA	ug/L	10.48		EPA 552.2	0.81	1	08/18/2017	05:19	E84589
2452	Trichloroacetic Acid	NA.	ug/L	3.37		EPA 552.2	0.91	1	08/18/2017	05:19	E84589
2453	Bromoacetic Acid	NA.	ug/L	2.98		EPA 552.2	0.54	1.	08/18/2017	05:19	E84589
2454	Dibromoacetic Acid	NA	ug/L	0.54	U	EPA 552.2	0.54	1	08/18/2017	05:19	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	16.82		EPA 552.2	0.50	-	08/18/2017	05:19	E84589

Contam .	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	7.70		EPA 524.2	0.39	1	08/17/2017	17:50	E82535
2942	Bromoform	. NA	ug/L	0.26	U	EPA 524.2	0.26	1	08/17/2017	17:50	E82535
2943	Bromodichloromethane	N/A	ug/L	0.14	U	EPA 524.2	0.14	1	08/17/2017	17:50	E82535
2944	Dibromochloromethane	N/A	ug/L	0.32	U	EPA 524.2	0.32	1	08/17/2017	17:50	E82535
2950	Total Trihalomethanes	80	ug/L-	7.70		EPA 524.2	0.14		08/17/2017	17:50	E82535

- ** 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

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.

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	pOrt Richey, FI 34652	FDEP Faculty	No. 335-4)28						ì					_	•	- 1	ž
Phone:	866-753-8292	Project Addr	15E				REQUIRED				1	1	1	1	1	ı	1	9
FAX:	727-849-4219							·		1			- 1	- 1	- 1	- 1	- 1	≿
Contact	Melisa	Special Instruction	° ஒ.				စ္အ		i '		- 1	- 1		ł	- 1			2
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SAMPLE ID	SAMPLE DESCRIPTION	Gra Cor	י פו	TIME	MATRIX	COUNT	PRESER.	بنا	1			_						
1	Wastwater Treatment Plant	Гар б	874-1	7 /240	DW	6		X	X						{	\dashv		
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	N = wastewater SW = surface water GW = 0	round water 199	v s ddoldoo	wester O = c	A=atr	SO = sof	SL = sk	adge		rvation Co		loe H=(HC	3) S = (I	12504) N	= (HNO	3) 1 ª (S	Octor I	ces colciu
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Received on Ice			T	Device use	d for meast	uring Temp	by uniqu	e Identifie	(circle fi	temp gun	used)	J: 8A G	LT-1 L	1-2 1:1	w (A			
	m last revised 08/18/2014 Synquished by: Date Time		Received t		Date				FOR D	RINKIN	IG WA	TER U	3 E :					
1	Marine A.				15/11	1/2 5	~	1 2	WS (D:									

Sho-Address:



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 armual 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: 3Q2017		
ever	EM INFORMATION	
3131	ENTINFORMATION	
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:	☐ 250,000 - 999,999 ☐ 1,000,000 - 4,999,999 ☐ ≥ 5,000,000
Monitoring Mode*: ⊠Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: ⊠Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: 1 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.		



ТТН	M COMPLI	ANCE SU	MMARY F	OR SYSTEM	S MONITOR	ING QUART	ERLY		
Monitoring Location*	No. of TTHM Samples	Date Each TTHM Sample Taken	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	Previous Quarter TTHM Locational Quarterly Average (mg/L)	2 Quarters Ago TTHM Locational Quarterly Average (mg/L)	Quarterly Average (mg/L)	(mg/L)	TTHM OE Value (mg/l
·	Taken	(mo/da/yr)	Liveson (mg/L)	Α	В	С	D	(A+B+C+D)/4	(2A+B+C)/
WTP tap	1	08/14/2017	7.7	7.7	79.11 04/10/2017	72.37 02/02/2017	22.56 11/10/2016	45.44	41.72
· · · · · · · · · · · · · · · · · · ·									
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The second secon									
						 080 mg/L? (YES/N			NO
	Does the	TTHM OE value	e at any monito	ring location excee	d 0.080 mg/L? (Y)	ES/NO)**			NO

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 0.040 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.

PWS I	D Number	: 3354028
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HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY This Quarter Previous Quarter 2 Quarters Ago 3 Quarters Ago											
	Ma -		is Quarter	1114451	Previous Quarter HAA5 Locational			HAA5 LRAA	HAA5 OE		
Monitoring Location*	No. of HAA5 Samples	Date Each HAA5 Sample Taken	HAA5 Sample Result (mg/L)	Quarterly Average (mg/L) A	Quarterly Average (mg/L)	Quarterly Average (mg/L)	Quarterly Average (mg/L)	(mg/L)	Value (mg/L		
	Taken	(mo/da/yr)	Troopie (ingre)			C	D		(2A+B+C)/		
WVTP tap	1	08/14/2017	16.82	16.82	47.42 04/10/2017	48.15 02/02/2017	20.50 11/10/2016	33.22	32.30		
· · · · · · · · · · · · · · · · · · ·											
					HAA5 MCL of 0.0		0)		NO		
	Does the I	HAA5 OE value	at any monitor	ring location excee	d 0.060 mg/L? (YE	S/NO)**			NO		

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 HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.



Diane Kibitlewski <dkibitlewski@uswatercorp.net>

Shangri La - 3Q Stage II DBP results

1 message

Diane Kibitlewski <dkibitlewski@uswatercorp.net>
To: "Busam, Monica" <Monica.Busam@dep.state.fl.us>

Fri, Aug 25, 2017 at 3:48 PM

Good Afternoon.

Attached is the 3Q2017 Stage II DBP sample results for Shangri La, PWS# 335-4028, along with the 3Q Summary Report.

We would like to request for reduced monitoring on the Stage II DBP sampling, please review and let me know if you approve.

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

2 attachments

Shangri La 3Q2017 DBP 081417.pdf 1406K

Shangri La 3Q2017 DBP Summary Report 082517.pdf 930K