

October 10, 2017

Ms. Melinda Watts
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, Florida 32399-0850
Mwatts@PSC.STATE.FL.US

VIA EMAIL & US MAIL

Re: Docket No. 20170178-WS – Application for original certificates of authorization for existing utility currently charging for water and wastewater service in Polk County, by The Harbor.

Dear Ms. Watts:

Per your letter dated September 20, 2017, listing the deficiencies on the above referenced application, I am submitting the required information in item numbers 3 through 7 and number 9.

3. Utility Information

Proof of “The Harbor” registered as a fictitious name with the State of Corporations associated with the name provided Coastal Income Properties-The Harbor, LLC, the FEIN name was provided.

4. Utility Information (Fax Number)

There is no fax number at the Utility’s location.

5. Florida Department of State, Division of Corporations Documentation

Proof of “The Harbor” registered as a fictitious name with the State of Corporations associated with the name provided Coastal Income Properties-The Harbor, LLC.

6. Technical Ability – Permits

Current Florida Department of Environmental Protection permit for the wastewater treatment system is attached. Current permit from Florida Department of Health for the water treatment system is attached.

7. Technical Ability – FLDEP Reports

The most recent DEP compliance inspection report for the wastewater treatment plant dated August 31, 2017 is attached. The most recent secondary standards drinking water report from the DEP for the water treatment system is also attached.

9. Current Rates and Charges

Current rates and charges were established prior to our acquisition of the property. The previous owner’s bases for these rates is currently unknown.

RECEIVED-FPSC
2017 OCT 13 AM 8:46
COMMISSION
CLERK

Should you have any questions in regards to any of the information provided in this letter, please contact me at (727) 359-6881 or email me at kimw@coastalincomeproperties.com.

Sincerely,

Kimberly Whitt

Kimberly Whitt
Executive Assistant
Coastal Income Properties-The Harbor, LLC

Docket No. 20170178-WS

3. Utility Information

5. Florida Department of State, Division of Corporations

State of Florida

Department of State

I certify from the records of this office that THE HARBOR is a Fictitious Name registered with the Department of State on October 4, 2017.

The Registration Number of this Fictitious Name is G17000109884.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Fifth day of October, 2017

Ken DeFries

Secretary of State



Authentication ID: 800304214598-100517-G17000109884

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G17000109884

Fictitious Name to be Registered: THE HARBOR

Mailing Address of Business: 38573 US HIGHWAY 19 N
PALM HARBOR, FL 34684

Florida County of Principal Place of Business: MULTIPLE

FEI Number:

FILED
Oct 04, 2017
Secretary of State

Owner(s) of Fictitious Name:

COASTAL INCOME PROPERTIES-THE HARBOR, LLC
38573 US HIGHWAY 19 N
PALM HARBOR, FL 34684 US
Florida Document Number: L17000073515
FEI Number: 82-1058802

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

BRIAN R. KELLER

10/04/2017

Electronic Signature(s)

Date

Certificate of Status Requested (X)

Certified Copy Requested ()

Detail by Entity Name

Florida Limited Liability Company
COASTAL INCOME PROPERTIES-THE HARBOR, LLC

Filing Information

Document Number L17000073515
FEI/EIN Number 82-1058802
Date Filed 04/04/2017
State FL
Status ACTIVE

Principal Address

38573 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

Mailing Address

38573 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

Registered Agent Name & Address

OSADCHEY, MICHAEL B
38573 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

Authorized Person(s) Detail

Name & Address

Title MGR

OSADCHEY, MICHAEL B
38573 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

Title MGR

K4 INVESTMENTS, LLC
600 DRUID ROAD E.
CLEARWATER, FL 33756

Title MGR

KELLER, BRIAN R
600 DRUID ROAD E.
CLEARWATER, FL 33756

Annual Reports

No Annual Reports Filed

Document Images

04/04/2017 -- Florida Limited Liability

[View image in PDF format](#)

Docket No. 20170178-WS

6. Technical Ability - Permits



RECEIPT – PWS ANNUAL FEE

THIS DOCUMENT DOES NOT CERTIFY THAT THIS PWS IS IN COMPLIANCE WITH REGULATORY REQUIREMENTS

PWS Number: 3530736
Permit Year: 2017-2018

Location: THE HARBOR WATERFRONT RESORT
10511 MONROE COURT
LAKE WALES, FL 33853

Fee Amount: \$600.00
Receipt #: 00251
Date Paid: 6/30/2017
Issue Date: 7/01/2017
Expires: 6/30/2018

Issued To: COASTAL INCOME PROPERTIES - THE HARBOR LLC
2840 WEST BAY DRIVE #174
BELLEAIR BLUFFS, FL 33770

Ronald L. Stadelbacher

Florida Department of Health in Polk County
2090 East Clower Street, Bartow, Florida 33830

ORIGINAL - FACILITY



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BELLEAIR BLUFFS, FL 33770

Ronald L. Stadelbacher

Florida Department of Health in Polk County
2090 East Clower Street, Bartow, Florida 33830

COPY - OWNER



RECEIPT – PWS ANNUAL FEE

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BELLEAIR BLUFFS, FL 33770

Ronald L. Stadelbacher

Florida Department of Health in Polk County
2090 East Clower Street, Bartow, Florida 33830

DEPARTMENT COPY



Florida Department of Environmental Protection

Southwest District Office
13051 North Telecom Parkway, Suite 101
Temple Terrace, Florida 33637-0926

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Noah Valenstein
Secretary

July 10, 2017

PERMITTEE:

Coastal Income Properties-The Harbor, LLC.
Mr. Brian R. Keller, Manager
2840 West Bay Drive, #174
Belleair Bluffs, Florida 33770
bk@primeincome.properties

Re: Transfer of Permit
Harbor RV Resort & Marina WWTF
PA File No. FLA011041
Polk County

Dear Mr. Keller,

In accordance with Rule 62-620.325(2), Florida Administrative Code (F.A.C.), the Department received your request for the transfer of the above-referenced domestic wastewater treatment facility permit, FLA011041, which expires on June 8, 2021.

The permit was transferred from Robert Smith to Coastal Income Properties-The Harbor, LLC.

The revised permit and Discharge Monitoring Reports (DMR) are enclosed and replace the previous documents in their entirety.

You are authorized to operate the wastewater treatment facility and disposal system subject to all of the conditions and requirements specified in the permit and applicable Department rules. Please make note of the expiration date of the permit and your responsibility, under Rule 62-620.335(1), F.A.C., to apply for renewal of the permit at least 180 days before it expires.

If you have any questions, please contact Katie Castor at (813) 470-5733 or via email at Katie.Castor@dep.state.fl.us.

Sincerely,

A handwritten signature in blue ink that reads "Pamala Vazquez".

Pamala Vazquez
Program Administrator
Permitting & Waste Cleanup Program
Southwest District

Coastal Income Properties-The Harbor, LLC.

Page 2

July 10, 2017

Enclosures: Revised Permit
Revised DMRs

cc: Katie Castor, FDEP SWD, Katie.Castor@dep.state.fl.us
FDEP SWD Clerical Staff, SWD_Clerical@dep.state.fl.us
Bekkah Marshall, FDEP SWD, Bekkah.Marshall@dep.state.fl.us
Elaine Gracik, FDEP SWD, Elaine.Gracik@dep.state.fl.us

Docket No. 20170178-WS

6. Technical Ability – FLDEP Reports



Florida Department of Environmental Protection

Southwest District Office
13051 North Telecom Parkway, Suite 101
Temple Terrace, Florida 33637-0926

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Noah Valenstein
Secretary

August 31, 2017

Harbor RV Resort WWTF
Mr. Robert Smith, Owner
10511 Monroe Court, Lake Wales, FL 33898-6914
office@theharborwaterfrontresort.com

Re: Compliance Assistance Offer Closure Letter
Harbor RV Resort WWTF
Facility ID No. FLA011041
Polk County

Dear Mr. Smith:

Department personnel conducted a Reconnaissance Inspection of the above-referenced facility on April 7, 2017. Based on the information provided on June 28, 2017, the facility was determined to be in compliance. Any non-compliance items which may have been identified at the time of inspection have been corrected and no further response is required.

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 Bekkah Marshall at (813) 470-5861 or via e-mail at Bekkah.Marshall@dep.state.fl.us

Sincerely,

A handwritten signature in black ink, appearing to read "M. Lynch", with a long horizontal line extending to the right.

Mr. Michael Lynch
Environmental Manager
Compliance Assurance Program
Southwest District
Florida Department of Environmental Protection

cc: Michael Lynch, FDEP, Michael.Lynch@dep.state.fl.us
Bekkah Marshall, FDEP, Bekkah.Marshall@dep.state.fl.us
Jerry Torrance- Operator, [jetorrance@yahoo.com](mailto:jettorance@yahoo.com)



Vision: To be the Healthiest State in the Nation

Environmental Engineering
 2090 East Clower Street, Bartow, FL 33830
 Phone (863) 519-8330

SANITARY SURVEY REPORT

DATA INPUT	
Date:	<u>10/26/2016</u>
Initials:	<u>H-T</u>

COMPLIANCE RESULTS			
<input checked="" type="checkbox"/>	I	<input type="checkbox"/>	C
<input type="checkbox"/>	M	<input type="checkbox"/>	F
<input type="checkbox"/>	O		

System/Plant Name	<u>Harbor Campground</u>	County	<u>Polk</u>	PWS ID#	<u>3530736</u>
Plant Location	<u>10511 Monroe Court, Lake Wales, FL 33853</u>			Phone	<u>(863)696-1194</u>
Owner Name	<u>The Harbor Waterfront Resort</u>			Phone	<u>(863)696-1194</u>
Owner Address	<u>10511 Monroe Court, Lake Wales, FL 33898</u>			Cell	<u>n/a</u>
Owner Email	<u>office@theharborwaterfrontresort.com</u>			Fax	<u>(863)696-4000</u>
Contact Person	<u>Dale Mitchell</u>	Title	<u>Manager</u>	Email	<u>see above</u>
Operator Name	<u>Jerry Torrance</u>	Class & Certification Number	<u>B-20477</u>		
Operator Address	<u>6654 Cypress Drive, Lake Wales, FL 33898</u>			Phone	<u>n/a</u>
Operator Email	<u>jetorrance@yahoo.com</u>			Cell	<u>(863)605-8919</u>
Alternate Contact	<u>none</u>	Title	<u>n/a</u>	Email	<u>n/a</u>
This Survey Date	<u>10/26/2016</u>	Last Survey Date	<u>03/25/2015</u>		

PWS TYPE & CLASS Community Non-transient Non-Community Transient Non-Community

PWS STATUS Approved System Accepted System Unapproved System

SERVICE AREA CHARACTERISTICS

	Mobile Home Park
Food Service:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

TREATMENT PROCESSES IN USE

Is any additional treatment needed? _____ Hypochlorination
 For control of what deficiencies? _____ None at this time
 _____ N/A

GENERAL SURVEY COMMENTS

There is a second potable well (AAC6149) located in the park, this well is currently not connected to the water system. Well would have to be cleared before use.

A copy of this report will be sent to the system.

DEFICIENCIES

ACTION TAKEN:

Inspector Henry Taghiof Title Engineering Specialist III Forward Date 10/26/2016
 Reviewer Ron Stadelbacher Title Env. Supervisor II Review Date 10/26/16

System Name: Harbor Campground

PWS ID# 3530736
 Survey Date 03/25/2015

MONITORING COMPLIANCE DATA {Last Twelve Months}

COMPLIANCE GROUP	MONITORING	REPORTING	EXCEEDANCE	MCL
Chemical	compliant	compliant	none	none
Bacteriological	compliant	compliant	none	none

Items checked with an (x) are explained below.

COMMENTS

none

PERMITS/APPROVALS/ACCEPTANCES

Project Name	Approval Number	Approval Date	Connections Approved	Microfilm #
Harry,s Harbor	14520	5/19/72	n/a	
Harry,s Harbor Phase II	5378-14520-A	5/5/78	52	Scanned
Harry,s Harbor Phase II	5379-14520-B	9/27/79	27	Scanned

There are more permits/approvals/acceptances then can be listed here.

ENFORCEMENT HISTORY {Minimum Last Twenty-Four Months}

OGC Case Number	Referral Date	Resolution Date	Comments
06-353PW0736A	7/31/2006	10/26/2006	Various violations

DISTRIBUTION SYSTEM

Comments

Pipe Size Range/Type(s)	2" Pvc	
New/Altered Piping @ Plant(s) Color Coded & Labeled	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Flow Measuring Device Type/Size/Location	Inline/2"/After Tank	
Flow Measuring Device Reading	<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Hours	19,796.900
Point of Entry Tap/Location	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Backflow Prevention Devices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Cross-connections Observed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Bacteriological Sampling Plan Date		12/10/2001
Satisfactory Bacteriological Sampling Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
System Records Retention Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Lead & Copper Sampling Plan Date		11/01/1993 <input type="checkbox"/> N/A
Disinfection By-Products Sampling Plan Date		06/20/2014 <input type="checkbox"/> N/A
Cross-connection Control Program Plan Date		2008 <input type="checkbox"/> N/A
Satisfactory Cross-connection Control Program Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Asbestos Waiver or Plan Date	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Comments	none	

DISINFECTION RESIDUALS

Plant Residuals	[mg/l]	Free	0.69	Total	n/a	
Remote Residuals	[mg/l]	Free	0.35	Total	n/a	
DPD Test Kit		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Comments	none					

OPERATION & MAINTENANCE

Comments

Certified Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operation & Maintenance Log	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operation and Maintenance Manual	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operator Visitation Frequency → → → →	<i>Required</i>	<i>Actual</i>	
	Hrs/wk	0.3	0.5
	Days/wk	3	3
Non-consecutive Days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Monthly Operation Reports Submitted Regularly & Timely	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Data Missing From Monthly Operation Reports	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Plant Category - Class		V-D	
Number of Service Connections		119	
Present Population Served		211	
Population Basis		Manager	
Population Seasonal (Timeframes)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Water System Used Over 60 Days Per Year	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Number of Water Users 6 - 9 Months Per Year		120	
Number of Water Users Over 9 Months Per Year		25	Year Round
System Average Day Demand (Last 12 Months)		18,904	gpd
System Maximum Day Demand (Last 12 Months)		46,566	gpd
System Maximum Day Design Capacity		115,200	gpd
Adequate Flushing Program (Frequency)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Based on 24 Hour Pump Calculation no dead ends
Sufficient Valve Exercising	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		no isolation valves
Additional Comments			Permitted Capacity = 115,200 gpd

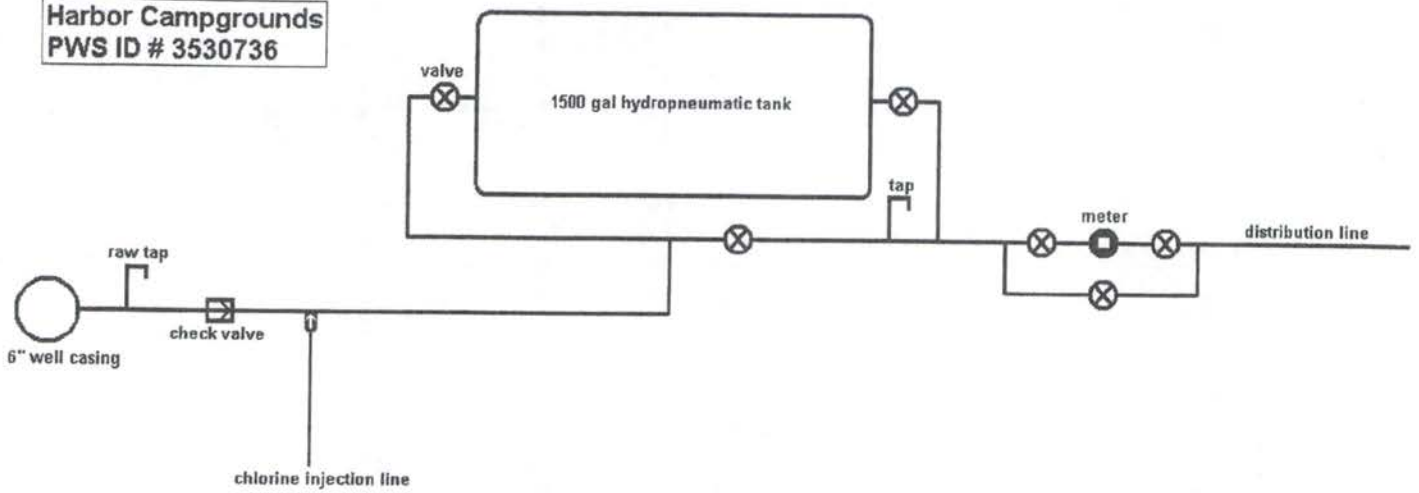
GROUND WATER SOURCES

STORAGE FACILITIES

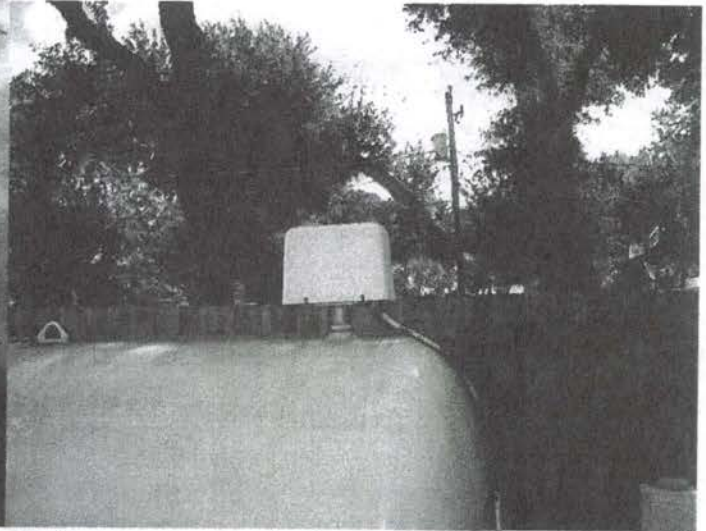
Well Number	1	
WMD Permit Number	unknown	
Florida Unique Well ID Number	AAC6150	
Grout Type	Cement	
Well Completion Date	1974	
6'x6'x4" Concrete Pad / Condition	Yes(ok)	
Depth Drilled (feet)	575'	
Well Contamination History	None	
Drilling Method	Cable	
Casing Material	B-Steel	
Casing Diameter (inches)	6"	
Casing Length (feet)	365'	
Well Inundation Possible	not likely	
SET BACKS (feet)	Septic Tank	N/A
	WW Plant	>250'
	WW Plumbing	30'
	Other Sanitary Hazard	Not Seen
PUMP	Type	submersible
	Manufacturer	unknown
	Model Number	unknown
	Rated Capacity (gpm)	80
MOTOR	Manufacturer	Franklin E
	Model Number	2821138110
	Horsepower	5
Well Casing 12" Above Pad	yes	
Well Casing Sanitary Seal	watertight	
Raw Water Sampling Tap	compliant	
Above Ground Check Valve	Yes	
Secured / Housed	Yes	
Well Vent Protected	Yes	
Comments	well equipped with access port	

(G) Ground (H) Hydro (E) Elevated (B) Bladder (C) Clearwell (R) Retention										
Y = Yes / N = No / I = Inapplicable					Y	N	I	Y	N	I
Tank Type/Number	H-1									
Capacity (gal)	1500									
Material	Steel									
Gravity Drain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
By-Pass Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protected Openings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Relief Valve	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sight Glass / Level Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fittings for Sight Glass	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
On/Off Pressure (PSI)	40/60									
Secured Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Height to Minimum Water Level	N/A									
Height to Maximum Water Level	N/A									
Tank Equipped With Access Manhole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank Inspection Report Date	4/19/2016									
Comments	NONE									
DISINFECTION					Hypochlorination					
Number of Feeders	1									
Injection Point Location(s)	Prior to Tank									
Capacity (gpd)	17									
Adequate Ventilation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No								
Safety Equipment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No								
Stroke (%)	40%									
Feeder(s) Manufacturer	Stenner									
Housed or Protected	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No								
Comments	none									

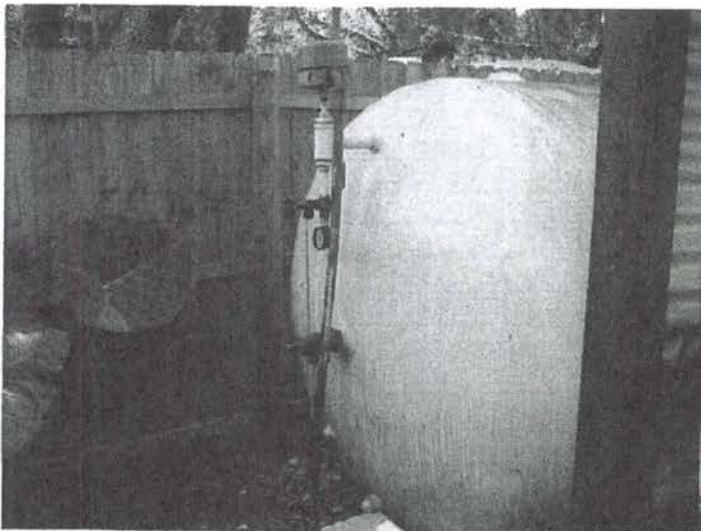
Harbor Campgrounds
PWS ID # 3530736



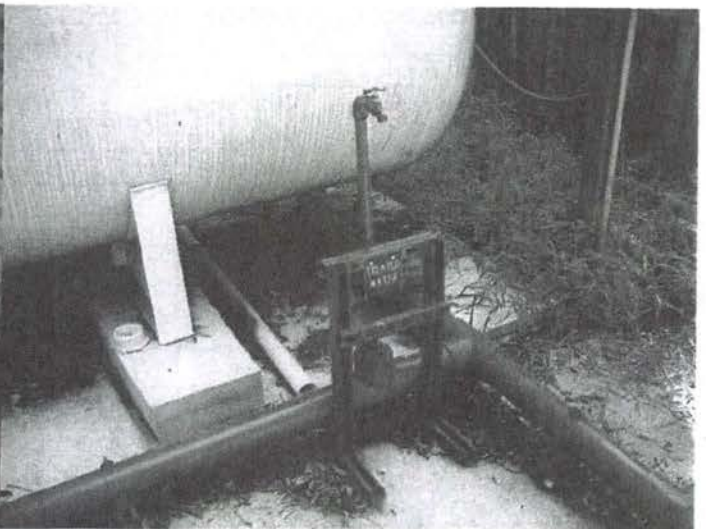
well AAC6150



air compressor on tank



hydropneumatic tank



point of entry tap

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2041

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

RECEIVED

OCT 28 2015



ENVIRONMENTAL ENGINEERING

Mid Florida Water Lab
Harbor Campground WTP

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

System Name: The Harbor Campground

PWS I.D. #:

3 5 3 0 7 3 6

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: 10511 Monroe Court

City: Lake Wales

Zip Code: 33853

Phone: (863) 696-1194

Fax:

E-Mail Address: harborrv@harbor-rv-marina.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1505279-01

Sample Date: 5/28/15

Sample Time: 6:00 am

AM

PM

(Circle One)

Sample Location (be specific): Point of Entry

Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids):

1.65 mg/L

Field pH: 7.12

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max. Residence Time
- Ave. Residence Time
- Near First Customer

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- Other: _____
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions.
And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and
attach a results page for each site

SAMPLER CERTIFICATION

I, J. Torrance
(Print Name)

DIRECTOR of OPERATIONS
(Print Title)

do HEREBY CERTIFY

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

Signature:

Date:

6/22/15

Certified Operator #:

320497

Phone #:

863.605.8919

Sampler's Fax #:

Sampler's E-Mail:

JETORRANCE@YAHOO.COM

Reporting Format 62-550-730

Effective January 1995. Revised February 2010

ENTERED

NOV 04 2015

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2210



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

Mid Florida Water Lab
Harbor Campground WTP

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 05/28/2015

PWS ID (From Page 1): 3530736 Sample Number (From Page 1): 1505279-01 Lab Assigned Report # or Job ID: 1505279-01

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

Inorganics

- All Except for Asbestos
 Partial
 Nitrate
 Nitrite
 Asbestos

Synthetic Organics

- All 30
 All Except Dioxin
 Partial
 Dioxin Only

Volatile Organics

- All 21
 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Chlorite
 Bromate

Radionuclides

- Single Sample
 Qtrly Composite

Secondaries

- All 14
 Partial

LAB CERTIFICATION

I, Francis I. Daniels Laboratory Director do HEREBY CERTIFY
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: *Francis I. Daniels* Date: 06/10/2015

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND 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 (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: *[Signature]*

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

10/29/15

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, C/O DSMAR, FL 34177 813-965-1844 FAX 813-965-0216



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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 1505279-01

PWS ID (From Page 1): 3530736

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.010	mg/L	0.00093	U	EPA 200.8	0.00093	6/1/15	13:35	E84129
1010	Barium	2	mg/L	0.025		EPA 200.8	0.00018	6/1/15	13:35	E84129
1015	Cadmium	0.005	mg/L	0.00027	U	EPA 200.8	0.00027	6/1/15	13:35	E84129
1020	Chromium	0.1	mg/L	0.0021	I	EPA 200.8	0.00035	6/1/15	13:35	E84129
1024	Cyanide	0.2	mg/L	0.0050	U	SM 4500CN-E	0.0050	6/4/15	14:08	E84129
1025	Fluoride	4.0	mg/L	0.14		EPA 300.0	0.010	6/2/15	20:25	E84129
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	6/1/15	13:35	E84129
1035	Mercury	0.002	mg/L	0.00010	U	EPA 245.1	0.00010	6/2/15	15:44	E84129
1036	Nickel	0.1	mg/L	0.00046	U	EPA 200.8	0.00046	6/1/15	13:35	E84129
1045	Selenium	0.05	mg/L	0.0016	I	EPA 200.8	0.00093	6/4/15	12:06	E84129
1052	Sodium	160	mg/L	18		EPA 200.7	0.13	6/2/15	16:11	E84129
1074	Antimony	0.006	mg/L	0.0024	I	EPA 200.8	0.0010	6/4/15	12:06	E84129
1075	Beryllium	0.004	mg/L	0.00045	U	EPA 200.7	0.00045	6/2/15	16:11	E84129
1085	Thallium	0.002	mg/L	0.00024	U	EPA 200.8	0.00024	6/1/15	13:35	E84129

*Qualifiers:

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

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

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34657 813-855-1844 FAX 813-855-0817



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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 1505279-01
PWS ID (From Page 1): 3530736

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	0.050	U	EPA 200.7	0.050	6/2/15	16:11	E84129
1017	Chloride	250	mg/L	21		EPA 300.0	0.050	6/2/15	20:25	E84129
1022	Copper	1	mg/L	0.0034		EPA 200.8	0.0001	6/1/15	13:35	E84129
1025	Fluoride	2.0	mg/L	0.14		EPA 300.0	0.010	6/2/15	20:25	E84129
1028	Iron	0.3	mg/L	0.020	U	EPA 200.7	0.020	6/2/15	16:11	E84129
1032	Manganese	0.05	mg/L	0.0010	U	EPA 200.7	0.0010	6/2/15	16:11	E84129
1050	Silver	0.1	mg/L	0.000069	U	EPA 200.8	0.000069	6/1/15	13:35	E84129
1055	Sulfate	250	mg/L	0.92		EPA 300.0	0.20	6/2/15	20:25	E84129
1095	Zinc	5	mg/L	0.0039	I	EPA 200.8	0.00088	6/1/15	13:35	E84129
1905	Color	15	CU	5		SM 2120B	5	5/29/15	14:01	E84129
1920	Odor, Dechlorinated @ 25C	3	TON	1	U	SM 2150B	1	5/28/15	17:00	E84129
1925	pH (field pH from page 1)	6.5-8.5		7.12						
1930	Total Dissolved Solids	500	mg/L	93		SM 2540C	10	6/2/15	13:28	E84129
2905	Foaming Agents	0.5	mg/L	0.24		SM 5540C	0.048	5/28/15	15:35	E84129

*Qualifiers:

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

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

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-833-1844 FAX 813-833-2219



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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: 1505279-01

PWS ID (From Page 1): 3530736

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	0.3	U	EPA 524.2	0.3	0.5	5/28/15	23:02	E84129
2380	cis-1,2-Dichloroethylene	70	ug/L	0.09	U	EPA 524.2	0.09	0.5	5/28/15	23:02	E84129
2955	Xylenes (total)	10,000	ug/L	0.1	U	EPA 524.2	0.1	0.5	5/28/15	23:02	E84129
2964	Dichloromethane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	5/28/15	23:02	E84129
2968	o-Dichlorobenzene	600	ug/L	0.1	U	EPA 524.2	0.1	0.5	5/28/15	23:02	E84129
2969	para-Dichlorobenzene	75	ug/L	0.2	U	EPA 524.2	0.2	0.5	5/28/15	23:02	E84129
2976	Vinyl chloride	1	ug/L	0.3	U	EPA 524.2	0.3	0.5	5/28/15	23:02	E84129
2977	1,1-Dichloroethylene	7	ug/L	0.2	U	EPA 524.2	0.2	0.5	5/28/15	23:02	E84129
2979	trans-1,2-Dichloroethylene	100	ug/L	0.2	U	EPA 524.2	0.2	0.5	5/28/15	23:02	E84129
2980	1,2-Dichloroethane	3	ug/L	0.1	U	EPA 524.2	0.1	0.5	5/28/15	23:02	E84129
2981	1,1,1-Trichloroethane	200	ug/L	0.2	U	EPA 524.2	0.2	0.5	5/28/15	23:02	E84129
2982	Carbon tetrachloride	3	ug/L	0.2	U	EPA 524.2	0.2	0.5	5/28/15	23:02	E84129
2983	1,2-Dichloropropane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	5/28/15	23:02	E84129
2984	Trichloroethylene	3	ug/L	0.2	U	EPA 524.2	0.2	0.5	5/28/15	23:02	E84129
2985	1,1,2-Trichloroethane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	5/28/15	23:02	E84129
2987	Tetrachloroethylene	3	ug/L	0.1	U	EPA 524.2	0.1	0.5	5/28/15	23:02	E84129
2989	Monochlorobenzene	100	ug/L	0.1	U	EPA 524.2	0.1	0.5	5/28/15	23:02	E84129
2990	Benzene	1	ug/L	0.1	U	EPA 524.2	0.1	0.5	5/28/15	23:02	E84129
2991	Toluene	1000	ug/L	0.09	U	EPA 524.2	0.09	0.5	5/28/15	23:02	E84129
2992	Ethylbenzene	700	ug/L	0.08	U	EPA 524.2	0.08	0.5	5/28/15	23:02	E84129
2996	Styrene	100	ug/L	0.05	U	EPA 524.2	0.05	0.5	5/28/15	23:02	E84129

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

*Qualifiers:

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

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, O. D. SMAR, FL 34077 813-855-1844 FAX 813-855-9218



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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: 1505279-01
PWS ID (From Page 1): 3530736

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.05	U	EPA 525.2	0.05	0.01	6/9/15	6/9/15	19:48	E84129
2010	Lindane	0.2	ug/L	0.02	U	EPA 525.2	0.02	0.02	6/9/15	6/9/15	19:48	E84129
2015	Methoxychlor	40	ug/L	0.02	U	EPA 525.2	0.02	0.1	6/9/15	6/9/15	19:48	E84129
2020	Toxaphene	3	ug/L	0.51	U	EPA 508.1	0.51	1	6/2/15	6/8/15	22:08	E84129
2031	Dalapon	200	ug/L	0.33	U	EPA 515.3	0.33	1	6/4/15	6/5/15	1:27	E84129
2032	Diquat	20	ug/L	0.42	U	EPA 549.2	0.42	0.4	6/1/15	6/5/15	15:55	E84129
2033	Endothall	100	ug/L	6.8	U	EPA 548.1	6.8	9	5/29/15	6/8/15	17:26	E84129
2034	Glyphosate	700	ug/L	2.7	U	EPA 547	2.7	6	6/4/15	6/4/15	17:32	E84129
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.07	U	EPA 525.2	0.07	0.6	6/9/15	6/9/15	19:48	E84129
2036	Oxamyl (Vydate)	200	ug/L	0.88	U	EPA 531.1	0.88	2	6/2/15	6/2/15	1:52	E84129
2037	Simazine	4	ug/L	0.03	U	EPA 525.2	0.03	0.07	6/9/15	6/9/15	19:48	E84129
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.7	U	EPA 525.2	0.7	0.6	6/9/15	6/9/15	19:48	E84129
2040	Picloram	500	ug/L	0.047	U	EPA 515.3	0.047	0.1	6/4/15	6/5/15	1:27	E84129
2041	Dinoseb	7	ug/L	0.15	U	EPA 515.3	0.15	0.2	6/4/15	6/5/15	1:27	E84129
2042	Hexachlorocyclopentadiene	50	ug/L	0.06	U	EPA 525.2	0.06	0.1	6/9/15	6/9/15	19:48	E84129
2046	Carbofuran	40	ug/L	0.60	U	EPA 531.1	0.60	0.9	6/2/15	6/2/15	1:52	E84129
2050	Atrazine	3	ug/L	0.02	U	EPA 525.2	0.02	0.1	6/9/15	6/9/15	19:48	E84129
2051	Alachlor	2	ug/L	0.03	U	EPA 525.2	0.03	0.2	6/9/15	6/9/15	19:48	E84129
2065	Heptachlor	0.4	ug/L	0.08	U	EPA 525.2	0.08	0.04	6/9/15	6/9/15	19:48	E84129
2067	Heptachlor epoxide	0.2	ug/L	0.08	U	EPA 525.2	0.08	0.02	6/9/15	6/9/15	19:48	E84129
2105	2,4-D	70	ug/L	0.099	U	EPA 515.3	0.099	0.1	6/4/15	6/5/15	1:27	E84129
2110	2,4,5-TP (Silvex)	50	ug/L	0.040	U	EPA 515.3	0.040	0.2	6/4/15	6/5/15	1:27	E84129
2274	Hexachlorobenzene	1	ug/L	0.04	U	EPA 525.2	0.04	0.1	6/9/15	6/9/15	19:48	E84129
2306	Benzo(a)pyrene	0.2	ug/L	0.02	U	EPA 525.2	0.02	0.02	6/9/15	6/9/15	19:48	E84129
2326	Pentachlorophenol	1	ug/L	0.014	U	EPA 515.3	0.014	0.04	6/4/15	6/5/15	1:27	E84129
2383	Polychlorinated biphenyls (PCBs)	0.5	ug/L	0.085	U	EPA 508.1	0.085	0.1	6/2/15	6/8/15	22:08	E84129
2931	Dibromochloropropane	0.2	ug/L	0.0054	U	EPA 504.1	0.0054	0.01	6/3/15	6/4/15	1:25	E84129
2946	Ethylene dibromide (EDB)	0.02	ug/L	0.0054	U	EPA 504.1	0.0054	0.02	6/3/15	6/4/15	1:25	E84129
2959	Chlordane	2	ug/L	0.045	U	EPA 508.1	0.045	0.2	6/2/15	6/8/15	22:08	E84129

*Qualifiers:

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b)

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

CHAIN OF CUSTODY

68702

PAGE ___ OF ___



MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

DHRS PERMIT #E84567

HRS - QA# 9710NC - 181

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

FOR LAB USE ONLY

RECEIVED

2015 MAY 28 A 11:01

PWS: 3530736

Client Name <u>HARBOR Campgrounds WTP</u>							TESTS REQUIRED													
Address <u>10511 MONROE COURT</u>							Analysis													
City: <u>LAKE WALES</u>		State: <u>FL</u>		ZIP: <u>33898</u>			C.B.O.D.	TSS	NITRATE	TOTAL	15 VOC'S		18 SOC'S		PRIMARY INORGANICS		SECONDARY INORGANICS		Remarks	
Phone # <u>863.696.1194</u>																				
FAX #																				
Collected by: <u>J. TOLLANCE</u>							State Collected From: <u>FL</u>													
Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location															
1	DW	5/28	0600	GRAB	POINT OF ENTRY						X	X	X	X						C12-1.65
2											X	X	X	X						Pt - 7.12
3					PWS 35 30736															
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				

CUSTODY TRANSFERS

Relinquished by [Signature] Date 5/28/15 Time 9:13 AM

Received by [Signature] Date 5/28/15 Time 11:01 AM

Laboratory Remarks _____

Delivered Directly to Lab Shipped

Method of Shipment On Site

Containers Received _____

MATRIX CODES

CW — GROUND WATER

SW — SURFACE WATER

SO — SOIL

SL — SLUDGE

WW — WASTE WATER