ROYAL WATERWORKS, INC.

November 26, 2019

Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: Docket No. 20190170-WS - Application for transfer of facilities Certificate Nos. 259-W and 199-S in Broward County from Royal Utility Company to Royal Waterworks, Inc. – Response to Staff Deficiency Letter

Dear Commission Clerk,

Royal Waterworks, Inc. (Royal) hereby submits its response to Staff's Deficiency Letter dated November 25, 2019 in the above referenced docket.

1. Corporation Documentation – attached hereto.

2. Ownership Address

Gary Deremer 8625 Seapointe Ct. Port Richey, FL 34668-6177	Cecil Delcher 11702 Forest Hills Dr. Tampa, FL 33612-512

3. Permits – Royal applied to the South Florida Water Management District (SFWMD) for a transfer of the consumptive use permit. However, the SFWMD will not process the request until such time as the Florida Public Service Commission (FPSC) issues an order transferring the certificate. See attached letter from the SFWMD dated July 23, 2019. Royal has informed the SFWMD that it has applied with the FPSC for the transfer but it may take several months.

4. Sanitary Survey – Secondary Water Testing – Attached hereto.

Respectfully submitted,

Troy Rendell
Vice President
Investor Owned Utilities

4939 Cross Bayou Boulevard ~ New Port Richey, Florida 34652
Tel: 727-848-8292

Detail by Entity Name

Florida Profit Corporation
ROYAL WATERWORKS, INC.

Filing Information

Document Number	P19000036483
FEI/EIN Number	NONE
Date Filed	04/24/2019
Effective Date	04/23/2019
State	FL
Status	ACTIVE

Principal Address

4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652

Mailing Address

4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652

Registered Agent Name & Address

RENDELL, WILLIAM T
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652

Officer/Director Detail

Name & Address

Title P, D

DEREMER, GARY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY, FL 34652

Title S, T

RENDELL, WILLIAM T
4939 CROSS BAYOU BLVD
NEW PORT RICHEY, FL 34652

Annual Reports

No Annual Reports Filed

Document Images

04/24/2019 – Domestic Profit | View image in PDF format

Electronic Articles of Incorporation For

ROYAL WATERWORKS, INC.

P19000036483
FILED
April 24, 2019
Sec. Of State
tburch

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

ROYAL WATERWORKS, INC.

Article II

The principal place of business address:

4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL. 34652

The mailing address of the corporation is:

4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL. 34652

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

1000

Article V

The name and Florida street address of the registered agent is:

WILLIAM T RENDELL
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL. 34652

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: WILLIAM T RENDELL

P19000036483
FILED
April 24, 2019
Sec. Of State
tburch

Article VI

The name and address of the incorporator is:

WILLIAM T RENDELL
4939 CROSS BAYOU BLVD

NEW PORT RICHEY, FL 34652

Electronic Signature of Incorporator: WILLIAM T RENDELL

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. 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, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P, D
GARY DEREMER
4939 CROSS BAYOU BLVD
NEW PORT RICHEY, FL. 34652

Title: S, T
WILLIAM T RENDELL
4939 CROSS BAYOU BLVD
NEW PORT RICHEY, FL. 34652

Article VIII

The effective date for this corporation shall be:

04/23/2019

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Application 190709-5
Permit 06-00003-W

July 23, 2019

US Water Services Corporation
4939 Cross Bayou Blvd
New Port Richey, FL 34652
mkader@uswatercorp.net

Dear Applicant:

Subject: **Request for Additional Information/Transfer of Permit**
Royal Waterworks, Inc.
Broward County, Section 15, Township 48 South, Range 41 East

Staff has completed a preliminary review of the request for permit transfer of the above referenced permit. The information received was incomplete. A review of the application cannot be completed without the following information:

1. Please provide documentation that demonstrates Royal Waterworks, Inc. is registered with the Florida Public Service Commission to operate the Public Water Supply, issued for this permit. [Rule 40E-1.6107(1), F.A.C]

Additional information should be submitted online by going to www.sfwmd.gov/ePermitting and selecting the "Additional Submittals" link. Enclosed please find further instructions for submitting your additional information electronically. Please note that the only electronic submittal the District officially recognizes is through the ePermitting website, not email attachments. If you have questions or need assistance, please contact Tammy Alonso at talonso@sfwmd.gov or (239) 338-2929, ext. 7758.

Sincerely,

Jennifer Krumlauf
Regulatory Specialist Supervisor
Regulation Division

JK/t

c: Gary Deremer - Royal Waterworks, Inc. (gderemer@uswatercorp.net)

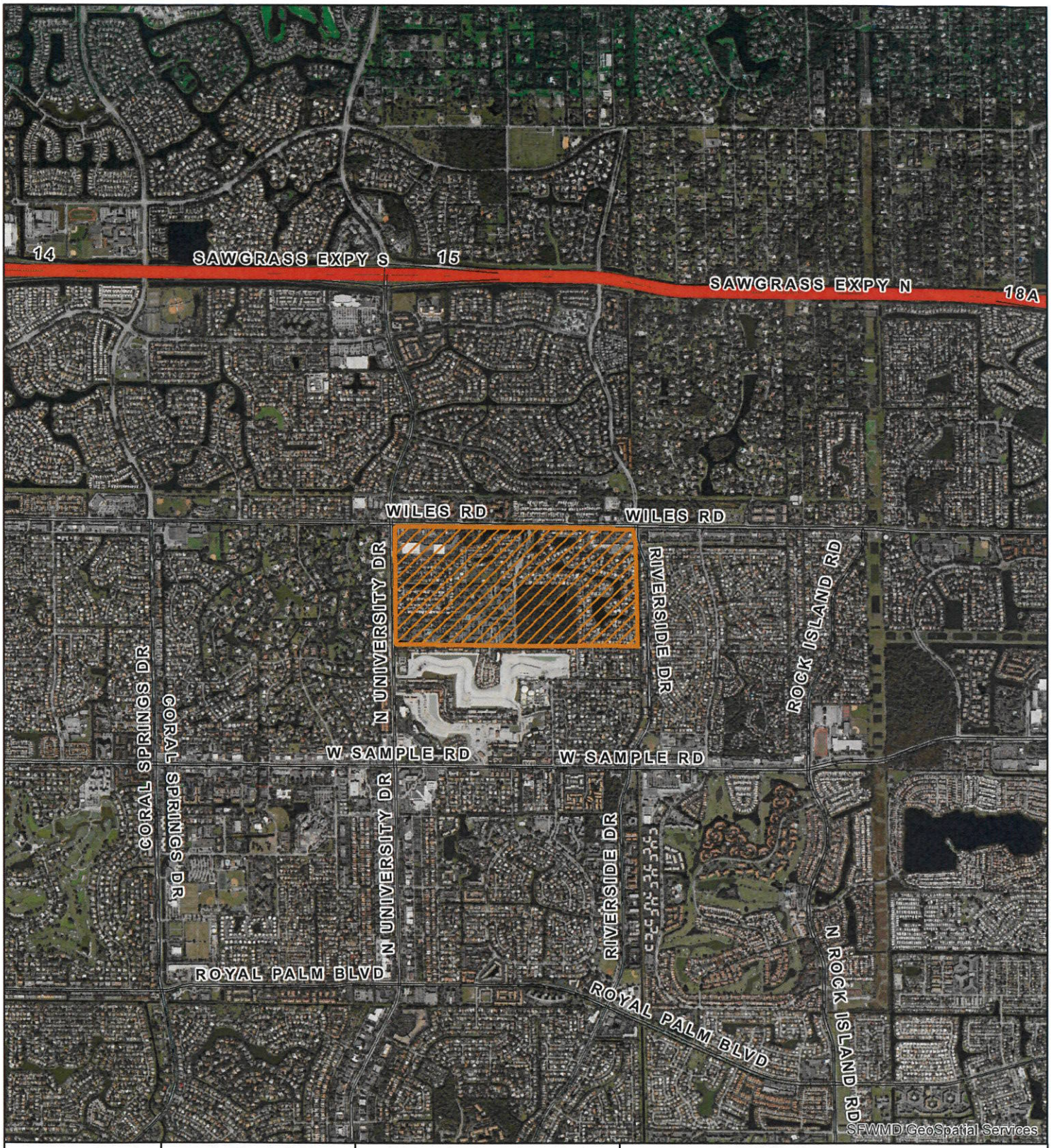


Exhibit No: 1	Exhibit Created On: 2019-07-23	COUNTY, FL

REGULATION DIVISION

Project Name: ROYAL WATERWORKS, INC.

sfwmd.gov

0 0.475 0.95 Miles

N

Application

Permit No: 06-00003-W

Application Number: 190709-5

Created by

IT GEOSPATIAL SERVICES

South Florida Water Management District

In PWS as "SS"
AF

Royal Utility Company
PWSID: 4061517
June 20, 2017

Royal Utility Company
c/o: Jock McCartney, President
8900 NW 44 Court
Coral Springs, FL 33065
jockm@royalutility.com

RE: 2017 Sanitary Survey – Royal Utility Co.

Mr. McCartney:

The Department would like to thank you and John McCartney for the assistance provided during the sanitary survey of the Royal Utility PWS conducted on March 30 and 31, 2017. *Please refer to the enclosed inspection report for a list of deficiencies found during the survey and subsequent records review.*

Please note that a significant deficiency was discovered during this inspection. For this reason, the system is considered out of compliance until this deficiency is addressed. A re-inspection of the system may be needed. Resolution 2009-706 Board of County Commissioners of Broward County Florida, Section 1, part VIII, 36.49, L.2. (Miscellaneous), establishes a re-inspection fee of $50.

You may wish to consult your agent and/or engineer to address the above referenced deficiencies. Please be aware that this letter does not supersede other Department correspondence, notification of deficiencies in other areas, enforcement action, etc.

The Department requests that deficiencies be corrected or that a schedule of corrective actions be received within 30 days of receipt of this letter. If the deficiencies are not resolved in a timely manner, the Department may initiate enforcement action.

Respectfully,

Andrew Frongello
Environmental Specialist III
Florida Department of Health in Broward County

cc:
John McCartney, Lead Operator, Royal Utility Co.
Maurice Tobon, P.E., Engineer of Record, Royal Utility Co.
Michele Piñeros, Environmental Specialist III, DOH-Broward
Rafael Reyes, Engineering Director, DOH-Broward

Sanitary Survey Form

BASIC SURVEY INFORMATION

Water System Name: Royal Utility Company

Date(s) Surveyed: May 30, 2017

Survey Inspector(s): Andrew Frongello, Michele Piñeros, Robyn James

Person(s) Contacted: Jock McCartney, John McCartney

CONTACT INFORMATION

PWS ID: 4061517 System (Office) Address: 8900 NW 44 Court, Coral Springs, FL 33065

Phone: (954) 344-9106 Cell: (954) 341-7417 Email/Fax: jockm@royalutility.com

OWNER

Owner Name: Jock McCartney Title: Facility Owner

Address: 8900 NW 44 Court City: Coral Springs State: FL Zip: 33065

Owner Phone: (954) 344-9106 Cell: (954) 341-7417 Email/Fax jockm@royalutlity.com

OPERATOR

Operator Name: John McCartney Lead Operator Class & Certification Number: DWC 0014368

Address: 8900 NW 44 Court City: Coral Springs State: FL Zip: 33065

Phone: (954) 344-9106 Cell: (954) 341-7417 Email/Fax: johnm@royalutility.com

SYSTEM CHARACTERISTICS SUMMARY

SOURCES

Ground Yes Surface No Name of Surface Source(s): N/A

TREATMENT

Number of Plants: 1

☐ Aeration ☒ Coagulation ☒ Disinfection ☒ Filtration ☒ Flocculation
☐ RO ☒ Softening ☐ Stabilization ☐ Corrosion Control

Comment

SERVICE AREA CHARACTERISTICS SUMMARY

Total service connections: 1,384 Population served: 4,481 Survey area characteristics : Community

TOTAL SYSTEM CAPACITY AND DEMAND

CAPACITY DATA

System Design: 1,000,000 GPD Primary Limiting Factor: Filters High Service Pumps: 400,000 GPD

Routinely utilized interconnections? ☐ Yes ☒ No If routinely used, what is hydraulic capacity? N/A GPD

Max: 479,000 GPD 25% Max: 119,750 GPD Average: 323,333 GPD Last survey max :577,000 GPD

CAPACITY COMPLIANCE

Max daily demand is less than 75% of design capacity? ☒ Yes ☐ No Comment None

Storage capacity more than 25% of max daily demand? ☒ Yes ☐ No Comment Storage capacity = 590,000 gal

Firm capacity more than average (avg) daily demand? ☒ Yes ☐ No Comment Firm capacity = 700 GPM

Standby/avg power capacity more than avg daily demand? ☒ Yes ☐ No Standby power capacity: 400,000 GPD

Comment

This system has two interconnections with the City of Coral Springs.

TREATMENT

CHEMICAL

Chemical storage appear to be compliant? ☒Yes ☐No
Are all chemical feed systems tied to flow? ☐Yes ☒No
Are dusty and dry chemicals and feed equipment housed separately? ☒Yes ☐No ☐N/A

Facilities & chemicals properly labeled? ☒Yes ☐No
Corrosive vapors properly controlled? ☒Yes ☐No

INJECTION POINTS

Location	Chemical	Purpose	NSF/ANSI?
Accelator ®	Lime	Water softener	☒Yes ☐No
Accelator ®	Wisprofloc	Coagulation	☒Yes ☐No
1) Prior to Accelator ® 2) Between clarifier and filter	Gas Chlorine	Disinfection	☒Yes ☐No
Clarifier header	Fluoride	Fluoridation	☒Yes ☐No
Before Ground Storage Tank	Ammonia (anhydrous)	Chloramine production (for disinfection)	☒Yes ☐No

Comment: None

DISINFECTION

Plant name	Royal Utility Company			
Type (gas/hypo/chloramination)	Gas			
Condition of Equipment	Good			
Feed Rate (PPD, GPD)	10 mg/L (est. 42 PPD)			
Manual or flow paced?	Manual			
Alarm testing frequency?	Quarterly			
Chlorine loss alarm functional?	Yes			
GAS CHLORINATION: 150 lb or Ton Cylinders?	Both			
GAS CHLORINATION: Automatic Switchover? (>10 PPD)	Yes			
GAS CHLORINATION: Scale compliant?	Yes			
GAS CHLORINATION: Chlorine feed rate?	10 mg/L (est. 42 PPD)			
GAS CHLORINATION: Cylinders restrained?	Yes			
GAS CHLORINATION: Ammonia bottle onsite?	Yes			
GAS CHLORINATION: Wrench in-place?	Yes			
GAS CHLORINATION: Panic hardware provided?	N/A (open room)			
GAS CHLORINATION: Storage & feed isolated?	Yes			
GAS CHLORINATION: Ventilation Compliant?	Yes			
GAS CHLORINATION: Vent switch on exterior?	No			
GAS CHLORINATION: Leak containment?	N/A			
GAS CHLORINATION: Leak detection & fix kit? (>1 ton)	Yes			
HYPOCHLORINATION: Typed used (sodium or calcium)				
HYPOCHLORINATION: Type of Feeder:				
HYPOCHLORINATION: Solution strength				
HYPOCHLORINATION: Solution tank compliant?				
HYPOCHLORINATION: Adequate spill containment?				
CHLORAMINATION: Chlorine to ammonia ratio?	4.5:1			
CHLORAMINATION: Ammonia flow-paced?	No (manual)			
CHLORAMINATION: Ammonia after chlorine?	Yes			
CHLORAMINATION: Free chlorine burn frequency?	Annually			

Comment: None

TREATMENT (Page 2)

DISINFECTANT RESIDUALS

Location of sampling (POE Plant 1, East Remote, etc.)?	Distribution	Distribution			
What test kit was used for the sampling?	Hach DPD	Hach PO4 (orthophosphate)			
Time sample was collected?	13:46	13:50			
Result? (note whether free or total)	1.62 mg/L (total)	0.3 mg/L			
Sampler Name? (if other than lead inspector)	MP	MP			

Are disinfectant residuals tested in the distribution system as established by rule? ☒ Yes ☐ No

Comment: Distribution sample location: 8260 Wiles Road. Test kit used: Hach Pocket Colorimeter II ™

4-LOG

Are injection points located in positions indicated in approved 4-log demonstration? ☐ Yes ☐ No

Are the minimum tank levels specified in approved 4-log demonstration maintained? ☐ Yes ☐ No

Continuous monitoring required? ☐ Yes ☐ No If so, are analyzers used? ☐ Yes ☐ No Analyzers calibrated? ☐ Yes ☐ No

Comment:

AERATION

Why is aeration used? Removal of halogens, sulfide

Type of aeration? Cascading Screening intact? N/A Mesh size #24? N/A

Aerator adequately protected from contaminants (covered, located properly)? ☒ Yes ☐ No

Comment: None

STABILIZATION

Why is stabilization practiced?

What chemicals are being used:

Comment:

FE/MN REMOVAL

What treatment process is used?

What chemicals are used?

Comment:

ACTIVATED CARBON

Why is activated carbon used?

GAC types used

PAC stored properly? ☐ Yes ☐ No ☐ N/A GAC backwash compliant? ☐ Yes ☐ No ☐ N/A

What testing is performed to determine effectiveness of activated carbon?

Comment:

SOFTENING

Why is softening being used? To reduce water hardness

Comment: None

FLUORIDATION

Proper fluoride concentration in distribution? ☒ Yes ☐ No

Are the fluoride concentrations consistent? ☒ Yes ☐ No Safety considerations compliant? ☒ Yes ☐ No

Comment: None

ION EXCHANGE

Why is ion exchange used?

Comment:

TREATMENT (PAGE 3)

CONVENTIONAL TREATMENT

List the type and combination of coagulants: Wisprofloc (potato starch)

List the types of coagulant aids being used: None

List flocculation facilities that are being used: Infilco Accelator ®

Rapid mix unit adequate? ☒Yes ☐No Flocculation adequate? ☒Yes ☐No Flocculation detention time? About 6 hours

Comment: None

FILTRATION

Types of filtration utilized: ☒ Gravity ☐Pressure ☐Constant ☐Declining rate Other: N/A

Types of media installed: ☐Mono ☐Dual ☒Multi ☒Other: anthracite, sand, and gravel

Filtration and related equipment operated properly and in good repair? ☒Yes ☐No Are mud balls / cracks prevented? ☒Yes ☐No

Filter gallery piping in good condition? ☒Yes ☐No Color coded? ☒Yes ☐No Filter gallery floor drained? ☒Yes ☐No

What initiates a backwash? Manual switch once per week or if high turbidity Backwash flow rate: 1,400 GPM

Is re-wash (filter-to-waste) capability available? ☒Yes ☐No If so, it is used? ☒Yes ☐No

Meters calibrated and/or checked for accuracy? ☒Yes ☐No How often? Bi-annually

Are the disinfection byproduct precursor removal requirements of the Stage 1 Disinfectants/Disinfection Byproducts Rule being met? ☒Yes ☐No

System required to prepare disinfection profile? ☐Yes ☒No Profile available for review? N/A

Any individual filter excursions occurred in past? ☒Yes ☐No If so, actions taken: Replaced all tiles and media, backwashed

Comment: Filter excursion occurred in 2011 in filter #3

BAG/CARTRIDGE

What are the shortest & average times between filter replacements? 8-10 years according to manufacturer

Comment: None

MEMBRANES

Type of membrane(s) used: _____ Safeguards in place to warn of membrane failure? ☐Yes ☐No

Type of pre-treatment used: _____ Date of membrane installation: _____

Fouling rate of membranes? _____ Expected life of membranes: _____

What's the percent recovery? Operating pressure:

Comment:

SEDIMENTATION

Types of sedimentation/clarification process & facilities being used? Infilco Accelator ®

Flow distributed evenly to basins? ☒Yes ☐No Mechanical equipment working? ☒Yes ☐No Settled water turbidity? 0.01 NTU

Indication of excess sludge in basin(s)? ☐Yes ☒No How often is sludge removed? After backwashes*

Comment: (*)Sludge is transferred from sludge collection tank to retention pond.

RO

Types of sedimentation/clarification process & facilities being used? _____

Where is treatment waste disposed? (i.e., RO concentrate, brine, etc.) _____

Frequency of cleaning and disposal of cleaning fluids and brines:

Comment:

OZONE

Is the dose utilized currently adequate? ☐Yes ☐No Is the equipment room kept clean and dry? ☐Yes ☐No

Comment:

SOURCE

GROUNDWATER QUANTITY, QUALITY, AND PROTECTION

Total Source Capacity exceeds Maximum Daily Demand? ☒ Yes ☐ No
Firm capacity exceeds Average Daily Demand? ☒ Yes ☐ No
Any unused or improperly abandoned wells within system? ☐ Yes ☒ No
System has a well head protection program? ☒ Yes ☐ No
Does the system have an emergency spill response plan? ☒ Yes ☐ No

Comment: None

GROUNDWATER WELLS

DATA	Well name	Well #1	Well #2	Well #3			
	FLUWID	AAI9419	AAI9418	AAL5110			
	Year well drilled	1974	1974	1974			
	Depth well drilled	140	165	138			
	Aquifer name	Biscayne	Biscayne	Biscayne			
	Depth of casing	127	140	132			
	Diameter of casing	Max=8 inches	Max=12 inches	Max=12 inches			
CAPACITIES	Pump type	Turbine	Turbine	Turbine			
	Horsepower	10	10	10			
	Rated capacity (GPM@PSI)	350 GPM	350 GPM	350 GPM			
	Observed Yield? (GPM@PSI)	Unknown	Unknown	Unknown			
SITE	Subject to flooding?	No	No	No			
	Setbacks compliant?	Yes	Yes	Yes			
	Any past contamination?	No	No	No			
APPURTENANCES	Raw water tap compliant?	Yes	Yes	Yes			
	Well head sealed?	Yes	Yes	Yes			
	Casing >12" above grade?	Yes	Yes	Yes			
	Casing vent compliant?	Yes	Yes	Yes			
	Check valve compliant?	Yes	Yes	Yes			
	Water meter compliant?	Yes	Yes	Yes			
	Air-relief valve installed?	N/A	N/A	N/A			
	Dumpline installed?	Yes	Yes	Yes			
	Stand-by Power?	Yes*	Yes*	Yes*			

Comment: (*)Each well pump house is fitted with quick electrical connections in case backup power is needed. Mobile generators must be brought to site.

SUBPART H ONLY

SURFACE SOURCES

Type of Source: ☐ River ☐ Stream ☐ Lake ☐ Spring ☐ Impoundment ☐ Other: _____
Name of source(a): _____

SOURCE QUALITY

Treatment provided in reservoir? ☐ Yes ☐ No
Algae blooms problematic? ☐ Yes ☐ No

PROTECTION
Watershed or aquifer-recharge area protected? ☐ Yes ☐ No
Protected area surveyed? ☐ Yes ☐ No
Size of the protected area: _____
Owner of protected area: _____
Nature of the protection area: ☐ Industrial ☐ Residential ☐ Agricultural ☐ Forest ☐ Other: _____
How is protection area controlled? ☐ Ownership ☐ Ordinances ☐ Other: _____
Intakes restricted for at least 200' radius? ☐ Yes ☐ No
If no, list pollution sources upstream from intake _____
Intakes vulnerable to disaster & terrorism? ☐ Yes ☐ No
If no, explain: _____

FACILITIES
Any alternate transmission lines sources? ☐ Yes ☐ No
How often are intakes inspected?
Multiple intakes at different levels used? ☐ Yes ☐ No
Minimum projected water level? _____
Can water be withdrawn during drought? ☐ Yes ☐ No
Level of the lowest withdrawal point? _____
Disinfection profile preparation required? ☐ Yes ☐ No
No Is disinfection profile available for review? ☐ Yes ☐ No
TOC removal requirements of Stage I DBP Rule met? ☐ Yes ☐ No
Any filter excursions occurred since last san survey? ☐ Yes ☐ No

Comment:

STORAGE FACILITIES

		Tank #1	Tank #2	Tank #3				
Tank Name or Number		Tank #1	Tank #2	Tank #3				
Storage type (ground, elevated, hydro, etc.)		Ground	Hydropneumatic	Clearwell				
Tank material (steel, concrete, etc.)		Concrete	Steel	Concrete				
Tank size (Gallons)		500,000	10,000	80,000				
COMPONENTS	Watertight roof/hatch?	Yes	Yes	Yes				
	Venting/screens compliant?	Yes	Yes	Yes				
	Overflow compliant?	Yes	Yes	Yes				
	Level/PSI indicator compliant?	Yes	Yes	Yes				
	Drain & bypass installed?	Drain w/o bypass	Yes	No (pump)				
	Interior coating meet NSF?	Yes	Yes	Yes				
INSPECT	Date of last annual inspection	2017	2017	2017				
	Year of last 5 year inspection	2014	2014	2014				
	Year of last 5 year washout	2014	2014	2014				
CONTROLS	On/Off pressure (PSI) settings	Unknown	Unknown	Unknown				
	Altitude valves present? (elevated)	N/A	N/A	N/A				
	Adequate turnover provided?	Yes	Yes	Yes				
	How are tanks levels controlled	☐ Manually ☒ Auto onsite ☐ SCADA	☒ Manually ☐ Auto onsite ☐ SCADA	☐ Manually ☒ Auto onsite ☐ SCADA	☐ Manually ☐ Auto onsite ☐ SCADA	☐ Manually ☐ Auto onsite ☐ SCADA	☐ Manually ☐ Auto onsite ☐ SCADA	☐ Manually ☐ Auto onsite ☐ SCADA

Comment: During the inspection, it was observed that the hydro tank vent line was partially covered with paint. On the second day of the inspection it was observed that the paint was removed.

MONITORING, REPORTING, & DATA VERIFICATION

PLANS: Written available required monitoring plans? ☒ Bacteriological ☒ DBP ☐ Pb/Cu and WQP ☐ Other: None

Monitoring program maintained and followed per rule? ☐ Yes ☒ No — Records retention compliant? ☒ Yes ☐ No

SOP: Is testing required monitoring equipment compliant? ☒ Yes ☐ No — Are the reagents in date? ☒ Yes ☐ No

Proper procedures for calibrating monitor equipment? ☒ Yes ☐ No — Are records maintained per the FDEP ☒ Yes ☐ No

PARAMETERS: Parameters currently monitored: ☒ Chlorine ☒ pH ☒ F ☐ PO4 ☒ Fe ☐ H2S ☒ Turbidity ☒ Other: Alkalinity, Color, Hardness, Temperature, Ammonia

Any monitoring & reporting, treatment techniques, or MCL problems? ☐ Yes ☒ No

Violation	Follow-up Date

Comment: System does not have approved Lead and Copper monitoring plan on-site and is not following approved plan.

OPERATOR STAFFING REQUIREMENTS

PLANT / DISTRIBUTION:

Plant Category/Class: Cat 1, Class C — Lead operator class compliant? ☒ Yes ☐ No — Number of plant operators: 2

Treatment O&M log type: In Plant Log Book — Approved for reduced staffing? ☐ Yes ☒ No

Distribution category: Category 1, Level 3

Distribution O&M log type: ☐ Paper ☐ Approved Electronic ☒ In Plant Log Book — It the log compliant? ☒ Yes ☐ No

Are all licenses valid? ☒ Yes ☐ No — Does staffing meet requirements of 62-699, FAC? ☒ Yes ☐ No

Comment: Plant requirements (0.3MGD to 1.0 MGD) staffing by Class C or higher operator: 6 hrs/day for 5 days/week and one visit on each weekend day.

Distribution requirements; lead/chief operator must be a level 3 or higher water distribution system operator or a class C or higher water treatment plant operator.

PUMPS AND CONTROLS

Pump Name	HS #1	HS #2 (Fire)	HS #4 (Jockey)	Transfer	
Pump Use	Service	Service	Service	Transfer to GST*	
Pump Type	Turbine	Turbine	Centrifugal	Turbine	
Horsepower	25	50	10	20	
Capacity (MGD)	500	1000	200	1500	
Lubricant NSF?	Yes	Yes	Yes	Yes	

Comment: (*)Ground Storage Tank

DISTRIBUTION

PUMPS

Flush Frequency: ☒ at least quarterly ☐ per written plan ☐ Other: None

Maximum Pressure 87 PSI Minimum Pressure: 65 PSI

Valve Maintenance Program Compliant? ☒ Yes ☐ No # of inline valves: Unknown How often exercised? Quarterly

Comment: None

SYSTEM MANAGEMENT AND OPERATION

ADMIN

Formal Org Chart: ☐ Available ☒ Not available Is there a Capital Improvement Plan or plan for system sustainability?: ☒ Yes ☐ No

Comment: None

INFO MANAGE

Are financial, operational data, and maintenance records maintained? ☒ Yes ☐ No

Are main breaks reported and recorded ☒ Yes ☐ No Are boil water notices issued when applicable? ☒ Yes ☐ No

Comment: Annual audits with Public Service Commission

ERP

Emergency response plan on-file? ☒ Yes ☐ No Compliant security in place (e.g. wells, plants, storage, pumps, etc.)? ☒ Yes ☐ No

Comment: None

PM's & SOP's

Preventative Maintenance Program in place? ☒ Yes ☐ No Maintenance & calibration records retained onsite since last survey? ☒ Yes ☐ No

Are written SOPs and O&M Manuals for: ☒ Flushing ☒ Valves ☒ Plants ☐ Clearances ☐ New Line Installations

Comment: Unidirectional flush quarterly and comprehensive flush annually with city during free chlorine burn

ENGINEERING

Maps Include: ☒ Lines (all) ☒ Valves ☒ Flush/Fire Hydrants ☐ Storage/Booster Pumps ☒ Interconnections
☒ Line Size ☒ Line Material ☒ Updates ☐ Air relief/Blow-off Valves ☐ Complaints

Comment: Other: service connections, well locations, sewer mains.

CROSS CONNECTION

Does the system have and implement a written cross connection control program? ☐ Yes ☒ No ☐ NA

Has the cross connection control annual report been submitted? ☐ Yes ☐ No ☒ NA

Do any of the past three years of annual reports indicate any deficiencies? ☐ Yes ☐ No ☒ NA

Are there any cross connections observed onsite or in the distribution system? ☐ Yes ☒ No

Comment: System does not have a cross connection control plan or records on file

PERSONNEL

Is continuous training provided? ☒ Yes ☐ No Does the system appear to have adequate staff to maintain compliance? ☒ Yes ☐ No

Comment: None

STANDBY POWER

Capacity of Standby Power Source: 268 kW

Hrs Operated Under Load: 2 weeks

Switchover: ☒ Automatic ☒ Manual

Is stand-by equipment exercised at least monthly? ☒ Yes ☐ No

Satisfy average daily demand? ☒ Yes ☐ No ☐ Unknown

What equipment does it operate? ☒ Well Pumps ☒ High Service Pumps ☒ Treatment Equipment

Audio-visual alarm? ☒ Yes ☐ No

Comment: None

DETERMINATIONS

Areas of Concern Noted? ☒ Yes ☐ No

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
Holes in roof of clearwell tank.	62-555.350(2)	Repair or contact the Department if replacement is necessary.		*Yes*
No cross-connection control program. No Cross-Connection Control Plan (CCCP) on file.	62-555.360(2)	Establish and implement a cross-connection control program. Submit a CCCP.		*No (Major)*
Leak observed at flush-line for well pump #1.	62-555.350(2)	Repair or replace.		*No (minor)*
Inadequate cross-connection control program records.	62-555.360(2)	Maintain a current inventory of backflow protection at service connections & maintain records of the installation, inspection/testing, and repair of backflow protection at service connections.		*No (minor)*
Lead and Copper Plan was not followed during last sampling event	62-550.800, 40 CFR 141, Subpart I (sections 80-91)	Follow approved Lead and Copper Plan for all future sampling events	Non-Compliance Letter sent	*No (minor)*
Several plant components are corroded.	62-555.350(2)	Refurbish or contact the Department if replacement is necessary.		*No (minor)*

Technical assistance providers recommended? ☐ Yes ☒ No

Inspector's Signature _____ Date: 06-20-2017

Inspector's Signature _____ Date: 06/20/2017

Reviewer's Signature _____ Date: 06/20/2017

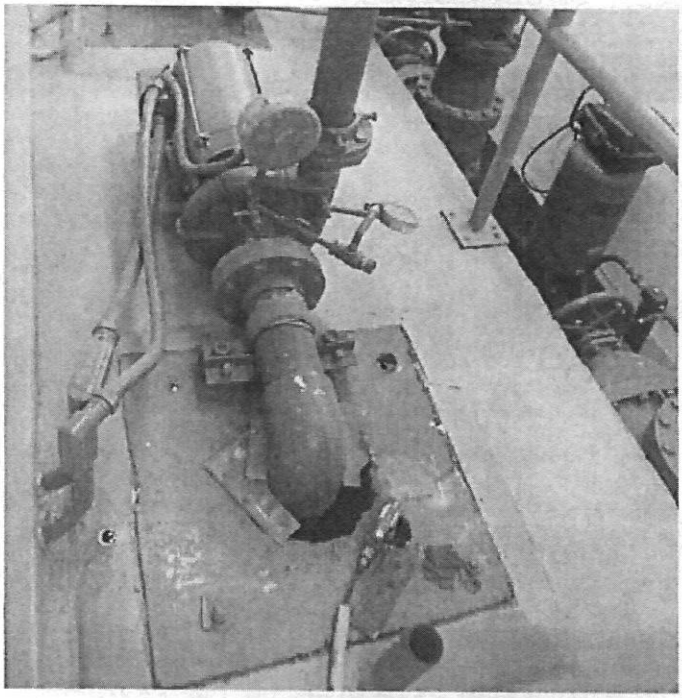


Figure 1. Hole observed in top of the clearwell.

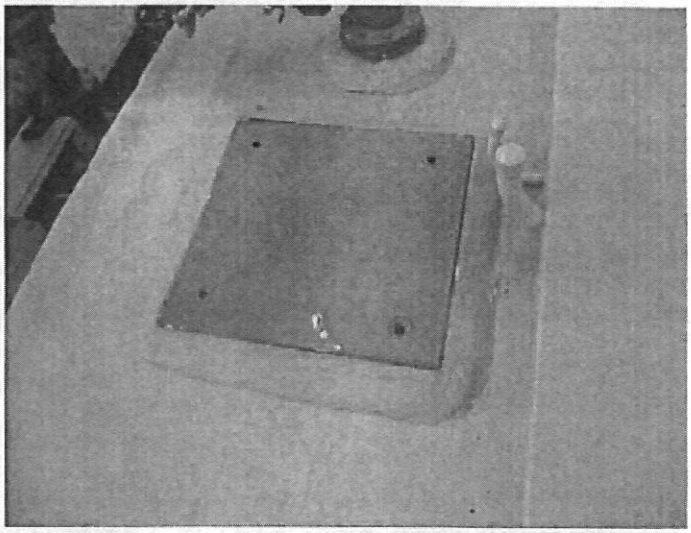


Figure 2. A plate with four (4) small holes was observed on top of the clearwell.

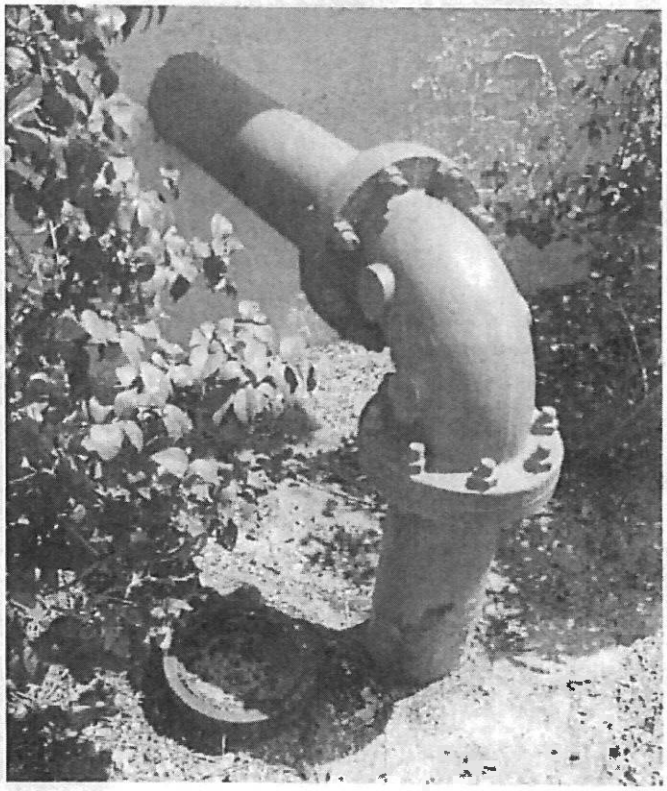


Figure 3. Corrosion observed on pipe leading from pump house for well#1.

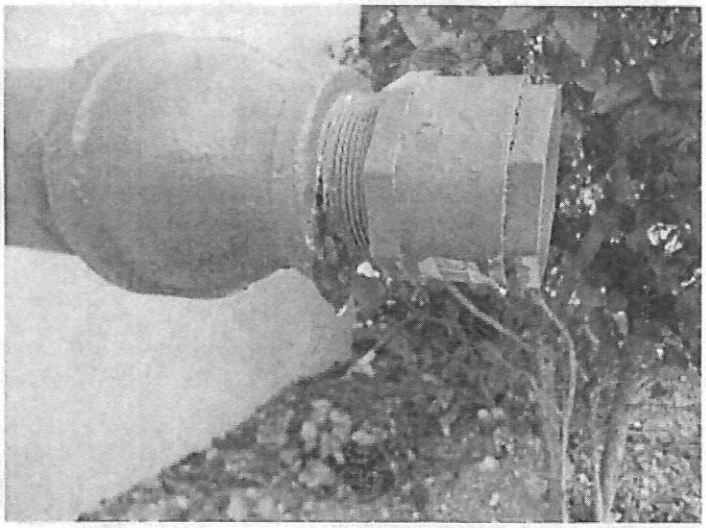


Figure 4. Corrosion and leak observed at the flush-line cap for well#1.

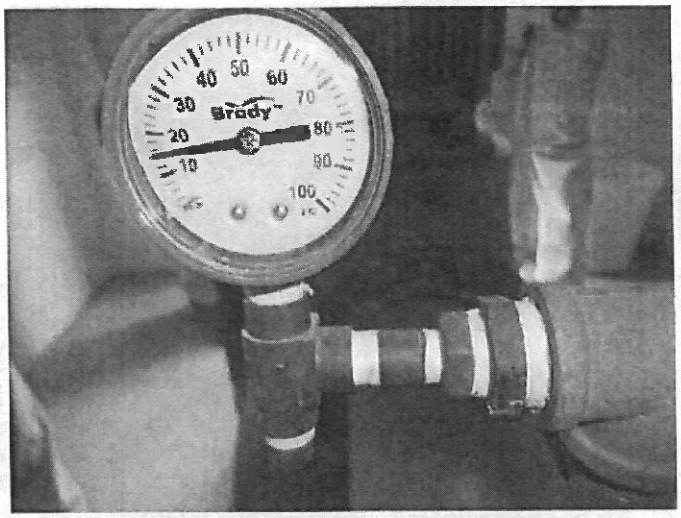


Figure 5. Broken pressure gauge at well#2 (corrected on site, see figure 6).

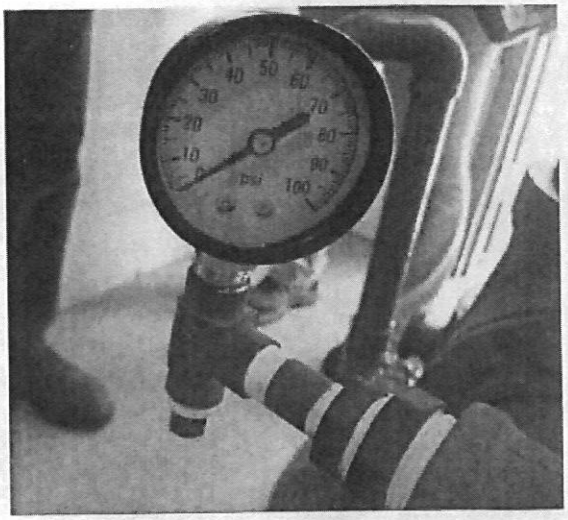


Figure 6. New pressure gauge installed at well#2.

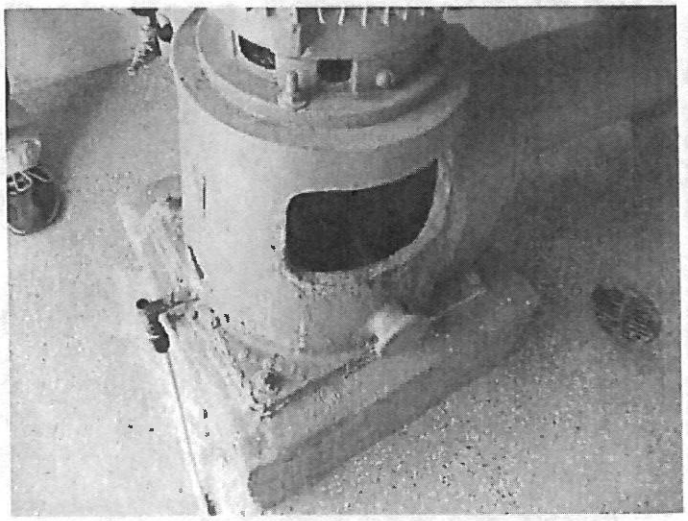


Figure 7. Corrosion observed at the head of well#3.

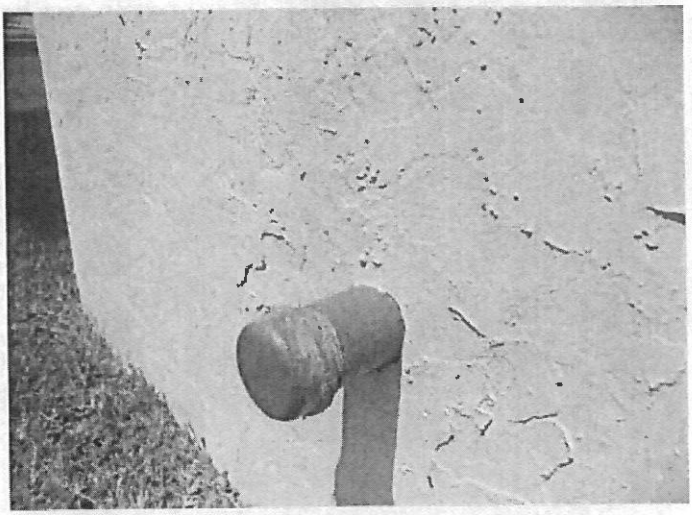


Figure 8. Corrosion on flush-line cap at well#3.

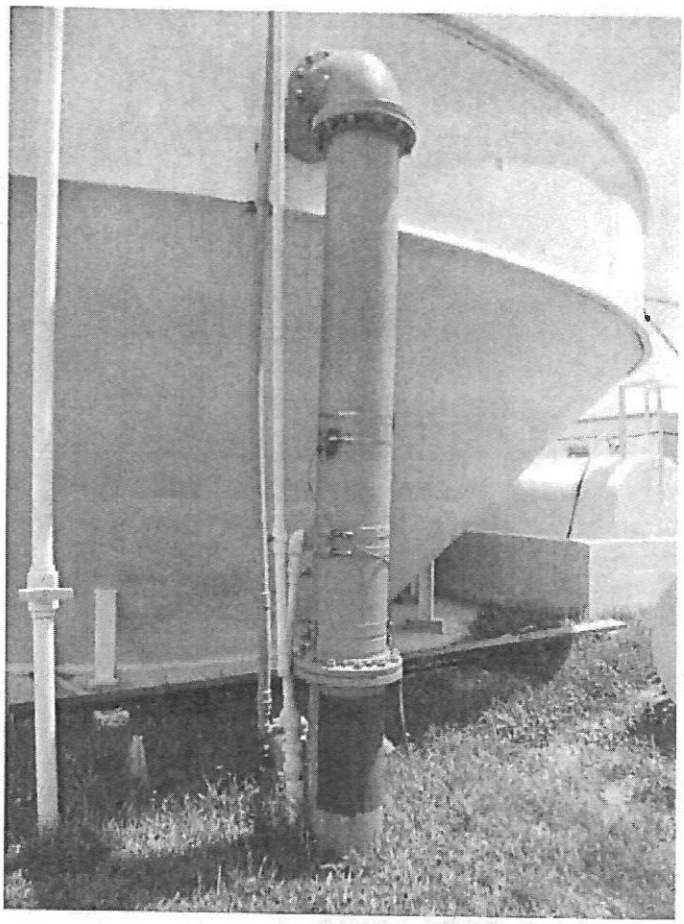


Figure 9. Corrosion on manifold pipe leading to Accelator.

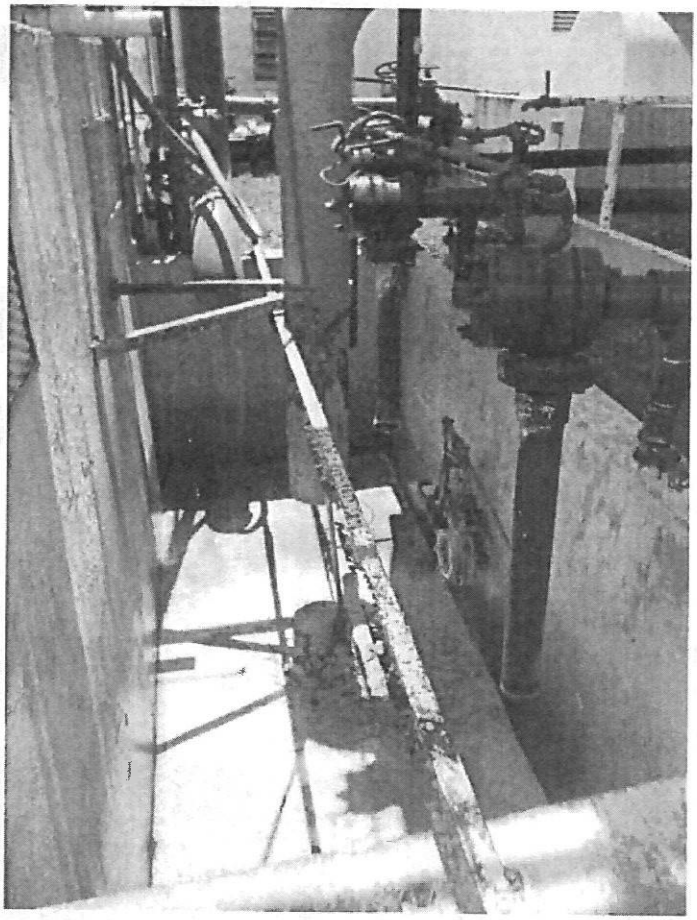


Figure 10. Corrosion on pipe at the sludge collector tank.

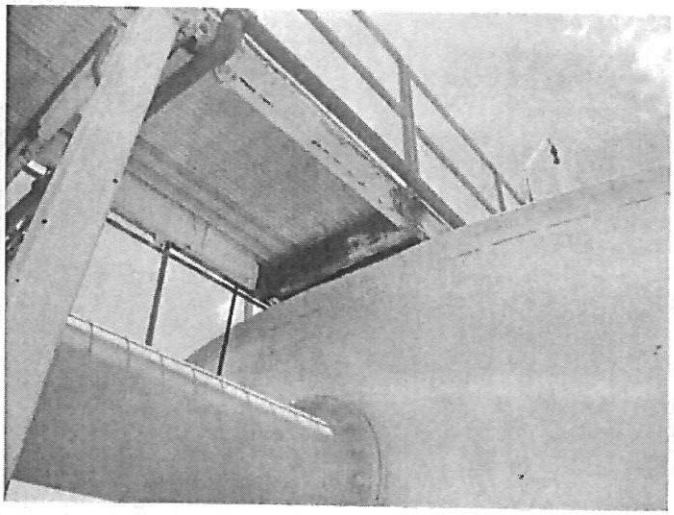


Figure 11. Corrosion on the underside of walkway leading to Accelator.

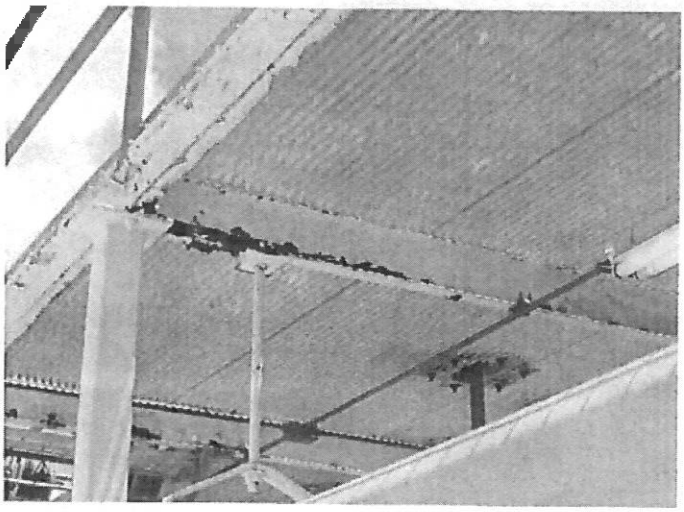


Figure 12. Corrosion on underside of walkway leading to Accelator.

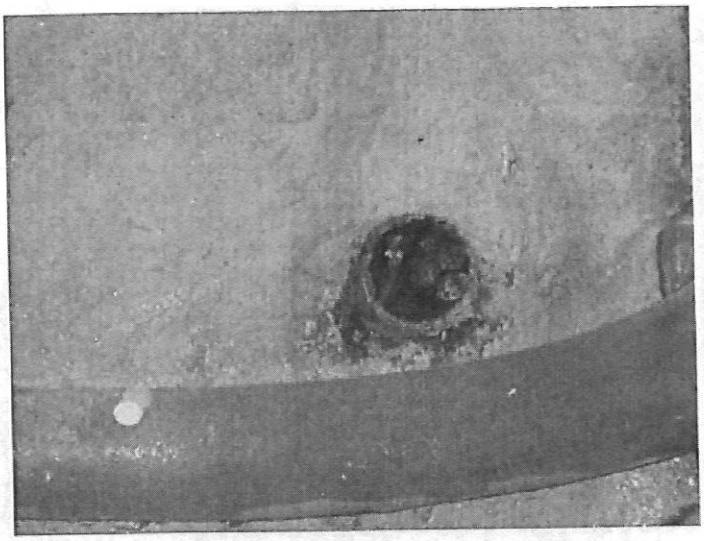


Figure 13. Exposed electrical wiring near the high service pumps. This is not found as a deficiency because they are not electrically active and the conduit is plugged; however, it is recommended to cap or otherwise cover the exposed wires.

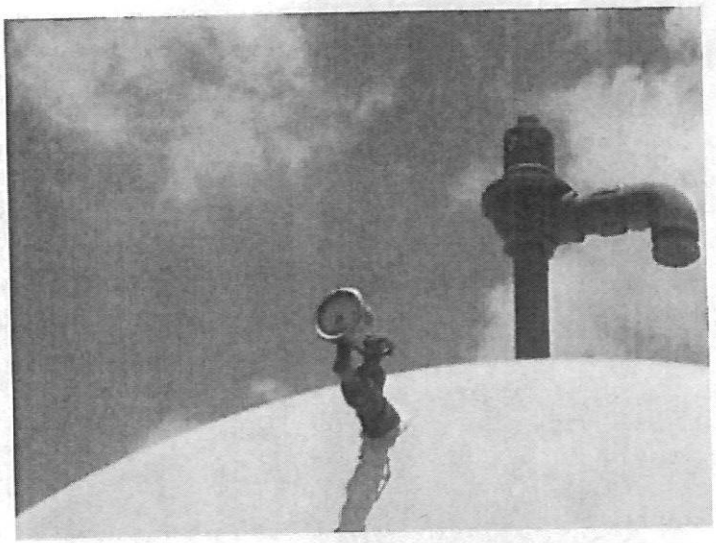


Figure 14. Broken pressure gauge on the hydro tank (Corrected next day, see figure 15).

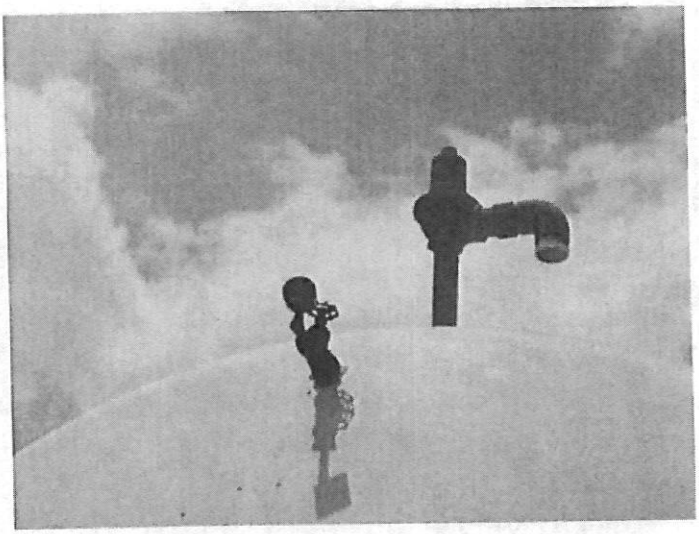


Figure 15. New pressure gauge installed on hydro tank.

COMMENTS/REQUEST FOR INFORMATION

1. Provide Department with the number of inline valves contained in the distribution system.
2. Provide *rated pressure capacity* for each well pump and the *observed yield and pressure* for each well pump.
3. Provide the *On/off pressure settings* for each tank if applicable.
4. Provide an updated system diagram.

Frongello, Andrew A

From: Maurice Tobon <toboneng@bellsouth.net>
Sent: Monday, August 07, 2017 3:40 PM
To: Frongello, Andrew A
Cc: DL CHD06 EH Water Program; jockm@royalutility.com; johnm@royalutility.com; Reyes, Rafael; Pineros, Michele E
Subject: RE: 2017 Sanitary Survey - Royal Utility
Attachments: royal utility ccc draft.doc

In PWS as "04" (AF) Plan saved in O:drive

Good afternoon Andrew, in reference to the email below attached is a draft Cross Connection Control Plan, please review and provide comment. In addition, Royal Utility is in the process of creating an inventory of existing backflow devices.

As per the repairs of the corroded plant components, Royal Utility is presently acquiring and evaluating quotes from various steel repair contractors. Based on the evaluation and availability of the selected contractor it is anticipated that the start of the repairs will occur in 2 to 3 weeks.

Please note I will be on vacation from August 11-19 with no access to email.

Thanks

From: Frongello, Andrew A [mailto:Andrew.Frongello@flhealth.gov]
Sent: Wednesday, July 19, 2017 2:55 PM
To: Maurice Tobon <toboneng@bellsouth.net>
Cc: DL CHD06 EH Water Program <DOHEngineeringWater@flhealth.gov>; jockm@royalutility.com; johnm@royalutility.com; Reyes, Rafael <Rafael.Reyes@flhealth.gov>; Pineros, Michele E <Michele.Pineros@flhealth.gov>
Subject: Re: 2017 Sanitary Survey - Royal Utility

Thank you for your diligent response to the 2017 Sanitary Survey.

The Department acknowledges correction of several deficiencies however, based on the information we've received thus far, three deficiencies remain uncorrected. Namely these are the two deficiencies related to the Cross-Connection Control Program and the one for corroded plant components.

The Department acknowledges an estimated timeframe of 30 days to complete and submit the CCC Plan. Please keep us informed of your progress.

Regarding the corroded plant components, could you please estimate a timeframe when the structural engineer will have the report ready? We will evaluate based on the report's findings and, if applicable, any corrective actions taken.

Please let us know if you have any questions and we look forward to hearing from you soon.

Best regards,

From: Maurice Tobon <toboneng@bellsouth.net>
Sent: Monday, July 24, 2017 2:54 PM
To: Frongello, Andrew A
Cc: Pineros, Michele E; Reyes, Rafael; 'Jock Mccartney'; 'Jose Vazquez'; johnm@royalutility.com
Subject: Royal Utility Report Structural Report

Andrew as requested attached is the structural report for the Royal Utility Company Water Treatment Plant. Only items identified in the sanitary survey were investigated. The next step is to meet with a metal fabricator and the structural engineer to develop repair methodology, specs, cost, schedule etc. We anticipate having this meeting in the next couple of weeks, at that time I will give the Health Department another update.

Thanks

In PWS as #4
07-25-2017
(AF)

Reports downloaded and saved in O: drive.

Maurice Tobon, P.E., PMP
President

Tobon Engineering
Engineering and Utility Management
5504 NW 86 Way
Coral Springs, FL 33067
(954) 415-5594

Toboneng@bellsouth.net

Re: Royal Utility Report Structural Report

Frongello, Andrew A

Tue 7/25/2017 11:53 AM

Sent Items

To:Maurice Tobon <toboneng@bellsouth.net>;

Cc:'Jock Mccartney' <jockm@royalutility.com>; 'Jose Vazquez' <jose.vazquez@mcengineers.com>; johnm@royalutility.com <johnm@royalutility.com>; DL CHD06 EH Water Program <DOHEngineeringWater@flhealth.gov>;

Thank you Maurice,

We will await further information regarding the follow-up meeting.

Best regards,

Andrew Frongello
Environmental Specialist III
Environmental Engineering Section
Florida Department of Health in Broward County
2421A SW 6th Street
Fort Lauderdale, FL 33315
Office: (954) 467-4700 ext. 4209
Cell: (954) 547-1630
Website: http://broward.floridahealth.gov

Florida Health: the first accredited public health system in the U.S.

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: To be the Healthiest State in the Nation

Values: (ICARE)

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals and solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers and engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

MASTER CONSULTING ENGINEERS, INC.
STRUCTURAL CONSULTANTS

5523 WEST CYPRESS ST., SUITE 200
TAMPA, FLORIDA 33607
P (813) 287-3600 F (813) 287-3622

4101 RAVENSWOOD RD., SUITE. 307
FT. LAUDERDALE, FLORIDA 33312
P (954) 210-7671 F (813) 287-3622

5950 LAKEHURST DR., SUITE. 183
ORLANDO, FLORIDA 32819
P (407) 351-2384 F (813) 287-3622
www.mcengineers.com

July 20, 2017

Mr. Jock McCartney
Royal Utility Company
8900 NW 44th Court
Coral Springs, FL 33065

RE: Royal Utility Company at 8900 NW 44th Court, Coral Springs, FL 33065
Upper Deck Structural Inspection

Mr. McCartney:
At your request, we visited the above property on June 30, 2017 at 8:00am. The primary purpose of our visit was to perform *a structural inspection and evaluation of the condition of the issues below* at the above site location. Jose F. Vazquez, P.E., and Cory Nelson, E.I. performed the inspection and Cory Nelson, E.I. completed the evaluation and letter.

Site Conditions:

Elevated steel deck platform approximately 8'x36' located along the west side of Filter No. 1 and other miscellaneous structures (e.g., stairs, walkways, grating deck, steel hardware/connections, pipe hangers, railing, equipment foundation, pipe support and concrete slabs. The elevated deck platform is supported by four 4"x4" steel columns and 6" steel channel framing. Typical industrial deck and cat walk design loadings.

Engineer's Evaluation:

Based on the visual inspection and construction practices, we have inspected the issues listed below only and the following are the findings. In general, the structures were found to be in fair condition and adequate to support the loads being applied. However, once the recommendations are completed as noted above, the structures will be adequate for the design loads as required by codes. Re-inspections is recommended as the work progresses and after all recommended repairs are completed in order to approve the framing and corresponding repairs.

Re: 2017 Sanitary Survey - Royal Utility

Maurice Tobon <toboneng@bellsouth.net>

Wed 7/19/2017 3:15 PM

To:Frongello, Andrew A <Andrew.Frongello@flhealth.gov>;

Cc:DL CHD06 EH Water Program <DOHEngineeringWater@flhealth.gov>; jockm@royalutility.com <jockm@royalutility.com>; johnm@royalutility.com <johnm@royalutility.com>; Reyes, Rafael <Rafael.Reyes@flhealth.gov>; Pineros, Michele E <Michele.Pineros@flhealth.gov>; Jose Vazquez <jose.vazquez@mcengineers.com>;

We anticipate having a draft of the structural engineers report this week at which time we will review and formulate a path forward for repairs. We
will keep you informed of our plans.

Thanks

On Jul 19, 2017, at 2:54 PM, Frongello, Andrew A <Andrew.Frongello@flhealth.gov> wrote:

> Thank you for your diligent response to the 2017 Sanitary Survey.
>
> The Department acknowledges correction of several deficiencies however, based on the information we've received thus far, three deficiencies remain uncorrected. Namely these are the two deficiencies related to the Cross-Connection Control Program and the one for corroded plant components.
>
> The Department acknowledges an estimated timeframe of 30 days to complete and submit the CCC Plan. Please keep us informed of your progress.
>
> Regarding the corroded plant components, could you please estimate a timeframe when the structural engineer will have the report ready? We will evaluate based on the report's findings and, if applicable, any corrective actions taken.
>
> Please let us know if you have any questions and we look forward to hearing from you soon.
>
> Best regards,
>
> **Andrew Frongello**
> Environmental Specialist III
> Environmental Engineering Section

2017 Sanitary Survey - Royal Utility

Maurice Tobon <toboneng@bellsouth.net>

Wed 7/19/2017 11:41 AM

To:Frongello, Andrew A <Andrew.Frongello@flhealth.gov>;

Cc:DL CHD06 EH Water Program <DOHEngineeringWater@flhealth.gov>; jockm@royalutility.com <jockm@royalutility.com>; johnm@royalutility.com <johnm@royalutility.com>; Reyes, Rafael <Rafael.Reyes@flhealth.gov>; Pineros, Michele E <Michele.Pineros@flhealth.gov>;

1 attachments (3 MB)

Response to HD Sanitary Survey.pdf;

Andrew, attached is the response from Royal Utility Company in refence to the correspondence dated June 20,2017 from the Health Department. Royal Utility Company and Tobon Engineering appreciates the efforts by the Health Department in helping to address the issues. In addition, we acknowledge the revised Annual Monitoring Schedule as shown in the July 18, 2017 Memorandum.

Let me know if you have any questions.

Thank You

Maurice Tobon, P.E., PMP
President

Tobon Engineering
Engineering and Utility Management
5504 NW 86 Way
Coral Springs, FL 33067
(954) 415-5594

Toboneng@bellsouth.net

In PWS as "04"
07-19-2017
AF

Tobon Engineering

Engineering and Utility Management

July 19, 2017

Andrew Frongello
Environmental Specialist III
Environmental Engineering Section
Florida Department of Health in Broward County
2421A S.W. 6th Avenue
Fort Lauderdale, FL 33315

RE: Royal Utility Company
2017 Sanitary Survey Response to Health Department Correspondence

Dear Mr. Frongello,

My client, Royal Utility Company, has asked me to respond to the above referenced letter as their Engineer-of-Record.

In reference to the correspondence dated June 20,2017 and the above subject matter the following items are a response to the deficiencies listed, other miscellaneous issue observed during the Sanitary Survey have also been addressed.

1. Holes in clearwell tank have been repaired and are as shown in Exhibit A, Figures 1 & 2.
2. No cross-connection control program. As discussed during our meeting of July 17, 2017 Royal Utility Company will submit a Cross Connection Control Plan, we anticipate submitting this plan within 30 days.
3. Leak observed at flush-line for well pump #1. The leak has been repaired, Exhibit A Figure 3 shows repaired corrosion and Figure 4 a repaired leak.
4. Inadequate cross connection control program records. The above reference Cross Connection Control Plan will be developed as per FAC 62-555.360(2) and will include inventory records, inspection/testing and all other requirements.
5. Lead and Copper Plan was not followed during last sampling event. As per the e-mail dated July 18th, 2017 from the Health Department (2017 Annual Monitoring Schedule for Royal Utility PMS Revised), Royal Utility Company is eligible for reduced lead and copper sampling interval. The next Lead & Copper Sampling will occur in 2019 at which time a revised sampling plan will also be submitted.
6. Several plant components are corroded. Exhibit A Figures 5-7 shows areas where corrosion has been removed and re-painted. Figure 8 shows the sealed penetration of an abandoned conduit which was noted in one of the photos in the Sanitary Survey. In addition, a structural engineer has been hired to prepare a report with recommendations relating to corrosion of other water plant structures. The structural engineer has inspected the plant and is in the process of preparing a draft report.

5504 NW 86 Way Coral Springs, Florida 33067
(954) 415-5594
Toboneng@bellsouth.net

Tobon Engineering

Engineering and Utility Management

Subject Royal Utility Company Health Department Response

On Page 13 of the Sanitary Survey under the Comments/Request for Information Section the following is the information is provided as requested:

1. Provide Department with number of inline valves contained in the distribution system. A schematic (Exhibit B) of the water distribution system in provided which also shows the location of water distribution valves.
2. Provide *rated pressure capacity* for each well pump and the *observed yield and pressure* for each well pump. Provided in Exhibit C.
3. Provide on/off pressures for each tank. Hydro-pneumatic tank on at 60 psi and off at 85 psi. Clearwell altitude valve from ground storage tank, on at 30 inches, off at 65 inches.
4. Provide an updated system diagram. A process flow diagram of the water treatment system is included as Exhibit D.

We trust that the above meets the approval of the Health Department. Please call or email me if you have any further questions.

Sincerely,

Maurice Tobon, P.E.

Cc: Jock McCartney, Royal Utility
John McCartney, Royal Utility
Michele Pinero, Environmental Specialist III
Rafael Reyes, Health Dept. of Broward County

Attachments

EXHIBIT A

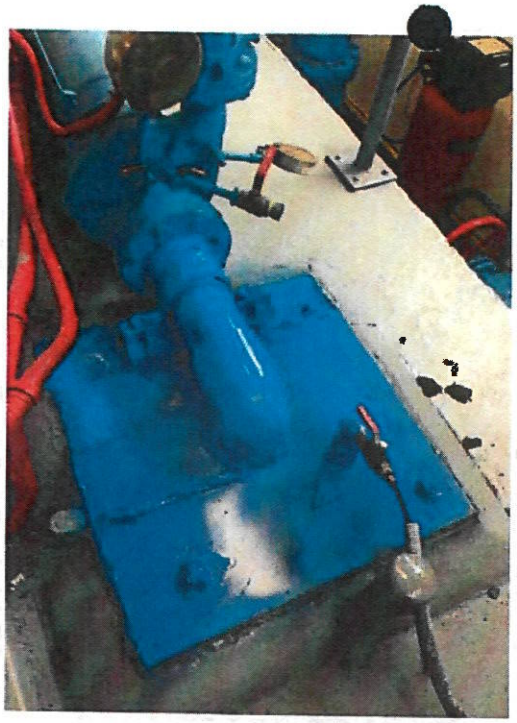


FIGURE 1. ALUMINUM PLATE SEALED OVER CLEARWELL ALL SEAMS/OPENINGS AND CAULKED WITH SILICOONE.

FIGURE 2. POSITION FOR FUTURE BWT #2 SEALED.

FIGURE 3. CORROSION ON WELL #1 DISCHARGE PIPE WIRE BRUSHED, ANTI CORROSION COATED.

FIGURE 4. CORROSION ON FLUSH-LINE WELL #1. FITTING TIGHTENED, WIRE BRUSHED, ANTI CORROSION COATED.

FIGURE 5. WELL #3 CORROSION AREAS WIRE BRUSHED, ANTI CORROSION COATED

FIGURE 6. WELL #3 FLUSH LINE CAP TIGHTENED, WIIRE BRUSHED, AND ANTI CORROSION COATED.

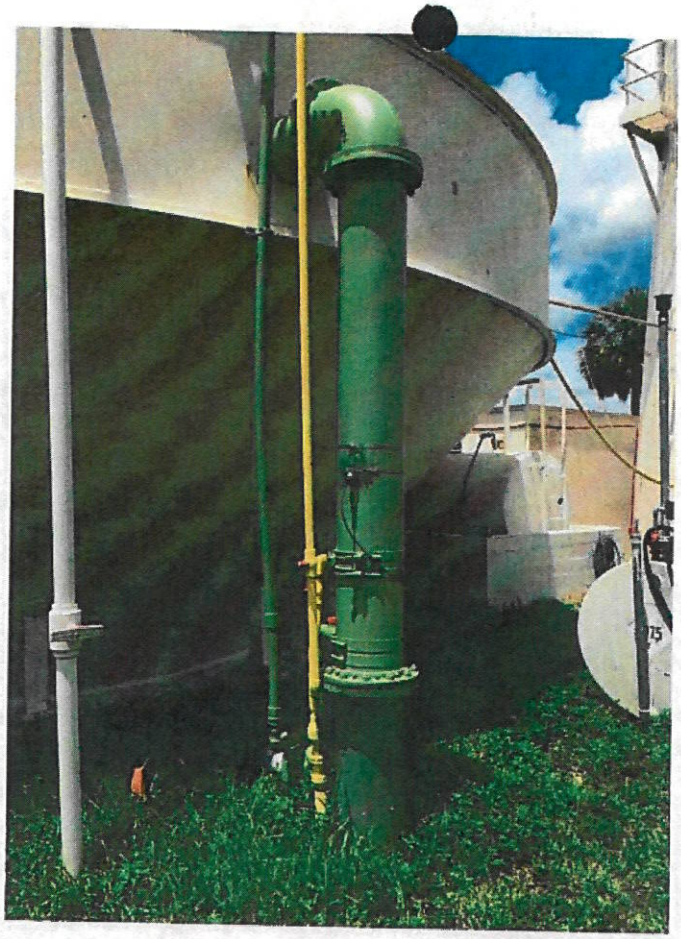
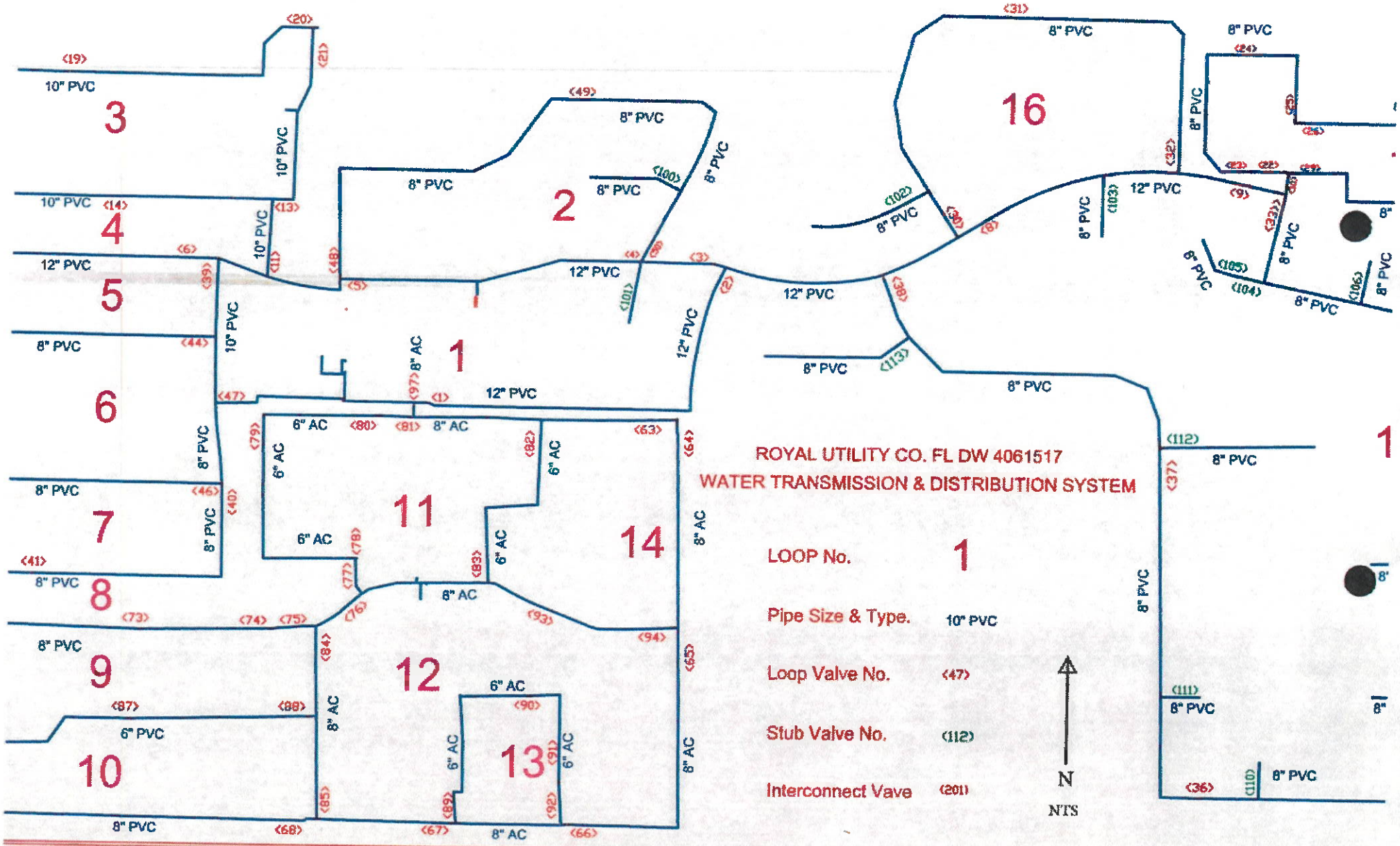


FIGURE 7. RAW WATER RISER METER TEST AREA WIRE BRUSHED AND ANTI CORROSION COATED.

FIGURE 8. HS PUMP #2 DEAD WIRES IN ABANDONED CONDUIT SEALED & COATED.

EXHIBIT "



"In Line Valves" = 83

EXHIBIT "C"

Royal Utility Co.

Test flow duration min = 5.0

RAW WATER WELL YIELD TEST

DATE 6/6/2017

WELL YIELD CONFIGURATION	TOTAL FLOWS GPM	Well #1 Meter Read Begin	Well #1 Meter Read End	Well #1 Flow	Well #1 GAUGE Pressure	Well #2 Meter Read Begin	Well #2 Meter Read End	Well #2 Flow	Well #2 GAUGE Pressure	Well #3 Meter Read Begin	Well #3 Meter Read End	Well #3 Flow	Well #3 GAUGE Pressure	NOTES!
#1-#2-#3 ON	672		760	152	20		1,300	260	21		1,300	260	24	ALL ON
#1 & #2 ON	492		900	180	16		1,560	312	16					#3 OFF
#1 & #3 ON	472		910	182	18						1,450	290	18	#2 OFF
#2 & #3 ON	556						1,430	286	20		1,350	270	22	#1 OFF
#1 ONLY ON	211		1,055	211	11									#2 & #3 OFF
#2 ONLY ON	328						1,640	328	15					#1 & #3 OFF
#3 ONLY ON	302										1,510	302	16	#1 & &2 OFF

Raw Water

H_2O Temp ^0F = 79

PSI~ft head

2.31

DESIGN CRITERIA VS MEASURED (THIS TEST)

measured pump head = gauge pressure @ pump discharge with other wells off.

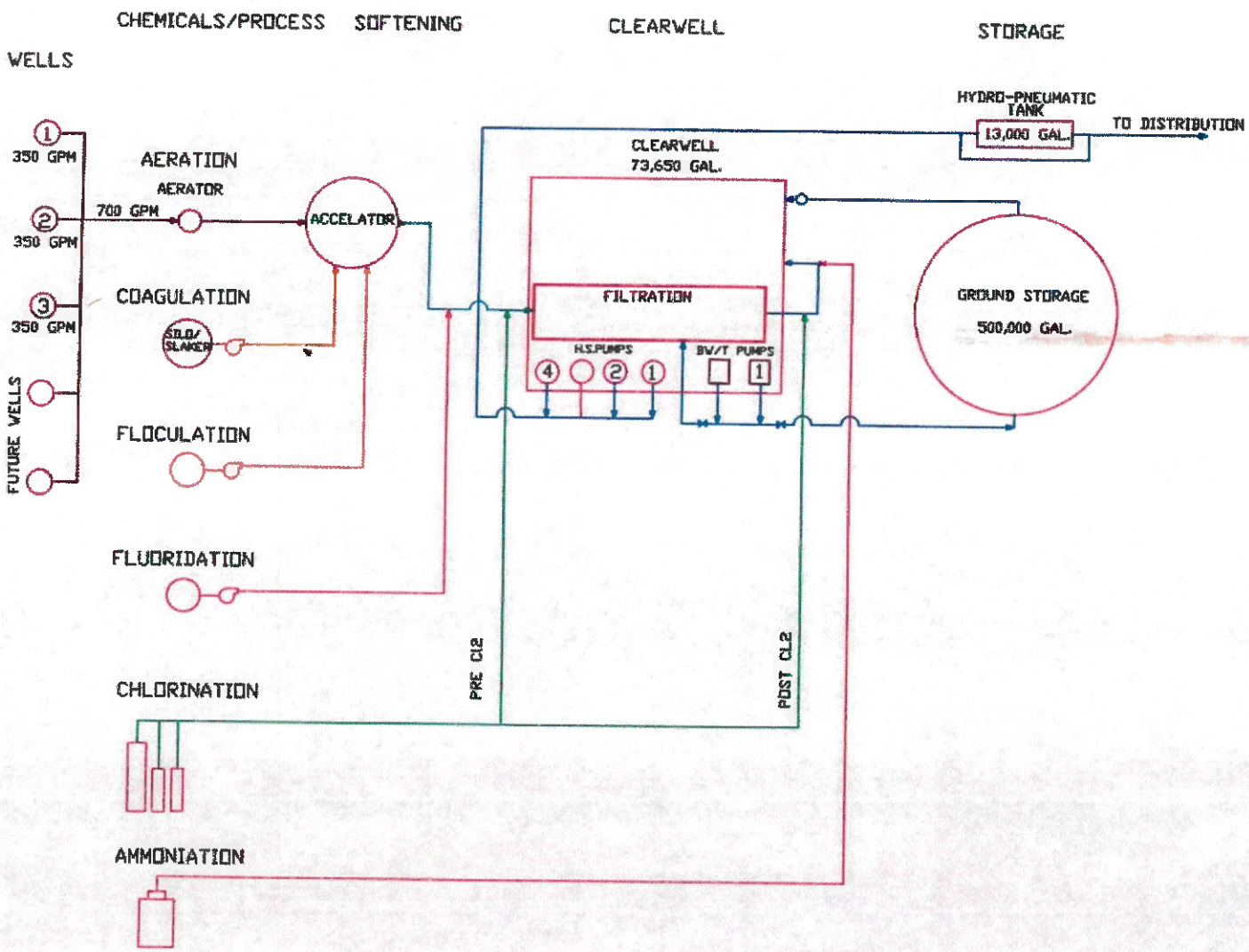
#	CRITERIA	WELL #1 2014 DESIGN	WELL #1 2014 MEASURED	
1	Well casing ID in	8	8	
2	Depth of Well ft	140	135	
3	Static H_2O Below pump discharge ft	7		
4	Pump Level below discharge at rated capacity ft	17	23	
5	Pumping head or pressutre above pump disch. ft	40		
6	Total design pumping head (4+5) ft	57		48
7	Capacity of pump (GPM)	350		211
8*	*WELL COLUMN LENGTH = PUMP + DISCHARGE PIPE ft*	50	55	

#	WELL #2 2015 DESIGN	WELL #2 2015 MEASURED	
1	12		
2	180		
3	7	11	
4	17	26	
5	45		
6	62		61
7	350		328
8*	40	45	

#	WELL #3 1974 DESIGN	WELL #3 1974 MEASURED	
1	12		
2	180		
3	7		
4	17		
5	47		
6	64		54
7	350		302
8*	40	7	

EXHIBIT "D"

4061517 FLOW DIAGRAM



ROYAL UTILITY COMPANY,
8900 NW 44 COURT, CORAL SPRINGS, FL 33065

RE: 2017 Sanitary Survey - Royal Utility

Jock McCartney <jockm@alstonmccartney.com>

Wed 6/21/2017 11:44 AM

To:Frongello, Andrew A <Andrew.Frongello@flhealth.gov>; jockm@royalutility.com <jockm@royalutility.com>; johnm@royalutility.com <johnm@royalutility.com>; toboneng@bellsouth.net <toboneng@bellsouth.net>;

Cc:DL CHD06 EH Water Program <DOHEngineeringWater@flhealth.gov>;

In PWS as "04" (AF)

Good Day Andrew,

We acknowledge receipt of the subject sanitary survey comments, the following comments are briefly addressed below, we may need to meet in order to address some of those issues noted before finalizing our response.

Areas of Concern

a) **Holes in roof of clearwell tank:** *This has been addressed and rectified.*
b) **No cross-cross connection control program.....:** *Royal is in compliance of own devices, all other devices are regulated by Florida Building Code and as such are outside of private utility regulatory/enforcement jurisdiction. Need to meet to address.*
c) **Leak observed at flush line Well Pump #1:** *This was fixed immediately*
d) **Inadequate cross-connection control program records:** *See b)*
e) **Lead and Copped plan was not followed during last sampling event:** *Need to meet to address.*
f) **Several plant components are corroded:** *We engoged the services of a professional structural engineering company to inspect and report on the concerns raised by your team relative to structure and corrosion, his report will form a part of the final response.*

We would like to arrange a meeting at your office to discuss b), d), and e), some date in early July so that we may comply with agreed resolution.

Kind regards,

Jock McCartney
President,
Royal Utility Company,
8900 Northwest 44th Court,
Coral Springs, FL., 33065.
jockm@royalutility.com
Web. RoyalUtility.com
Mobile (954) 341-7417
Office (954) 344-9106

From: Frongello, Andrew A [mailto:Andrew.Frongello@flhealth.gov]
Sent: Wednesday, June 21, 2017 09:43
To: jockm@royalutility.com; johnm@royalutility.com; toboneng@bellsouth.net
Cc: DL CHD06 EH Water Program
Subject: 2017 Sanitary Survey - Royal Utility

Good Morning ,

Please find attached the current Sanitary Survey Letter and Report for Royal Utility Company for your review. Please make sure to address all the comments and have a response to our Department within 30 days of this email.

Should you have any comments or questions, do not hesitate to contact me.

Regards,

Andrew Frongello
Environmental Specialist III
Environmental Engineering Section
Florida Department of Health in Broward County
2421A SW 6th Street
Fort Lauderdale, FL 33315
Office: (954) 467-4700 ext 4209
Cell: (954) 547-1630
Website: http://broward.floridahealth.gov

Florida Health: the first accredited public health system in the U.S.

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: To be the Healthiest State in the Nation

Values: (ICARE)

Innovation: We search for creative solutions and manage resources wisely.
Collaboration: We use teamwork to achieve common goals and solve problems.
Accountability: We perform with integrity & respect.
Responsiveness: We achieve our mission by serving our customers and engaging our partners.
Excellence: We promote quality outcomes through learning & continuous performance improvement.

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

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

System Name: Royal Utilities PWS I.D. #: 4061517

System Type (check one): [X] Community [ ] Non-transient Non-community [ ] Transient Non-community

Address: 8900 NW 44th Court

City: Pompano Beach, FL ZIP Code: 33065

Phone # 954-341-7417 Fax #: 954-341-0261 E-Mail Address: jockm@alstonmccartney.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35286259001 Sample Date: 12/30/2016 Sample Time: 3:00 AM (PM) (Circle One)

Sample Location (be specific): 8900 NW 44 Ct Location Code:

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.5 mg/L Field pH: 7.3

Sample Type (Check Only One)

- [ ] Distribution
- [X] 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)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Confirmation 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 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, John McCartney (Print Name), Operations Superintendent (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 20170117

Certified Operator #: 14368 Phone #: 954-650-1221 Sampler's Fax #:

Sampler's E-mail:

IN PWS 1/19/17 MP

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

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

Lab Name: Pace Analytical Services, Inc. Florida DOH Certification #: E83079 Certification Expiration Date: 6/30/2017

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 8 East Tower Circle, Ormond Beach, FL 32174 Phone # (386) 672-5668

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/30/2016

PWS ID (From Page1): 4061517 Sample Number (From Page1): 35286259001 Lab Assigned Report # or Job ID: 35286259

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	☐ Single Sample	☒ All 14
☐ Partial	☒ All Except Dioxin	☐ Partial	☐ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Tom Savarese (Print Name), Project Manager (Print Title), do HEREBY CERTIFY

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

Signature: _____ Date: 01/16/2017

* 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 (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35286259001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate as N	10	mg/L	0.054		EPA 353.2	0.025	12/31/2016	09:30	E83079
1041	Nitrite as N	1	mg/L	0.025	U	EPA 353.2	0.025	12/31/2016	09:30	E83079
1005	Arsenic	0.010	mg/L	0.00050	U	EPA 200.8	0.00050	01/09/2017	13:29	E83079
1010	Barium	2	mg/L	0.0105		EPA 200.8	0.00050	01/09/2017	13:29	E83079
1015	Cadmium	0.005	mg/L	0.00050	U	EPA 200.7	0.00050	01/05/2017	20:04	E83079
1020	Chromium	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	01/05/2017	20:04	E83079
1024	Cyanide	0.2	mg/L	0.0092	I	EPA 335.4	0.0050	01/03/2017	15:29	E83079
1025	Fluoride	4.0	mg/L	0.27		EPA 300.0	0.034	12/31/2016	20:42	E83079
1030	Lead	0.015	mg/L	0.00050	U	EPA 200.8	0.00050	01/09/2017	13:29	E83079
1035	Mercury	0.002	mg/L	0.00010	U	EPA 245.1	0.00010	01/06/2017	12:21	E83079
1036	Nickel	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	01/05/2017	20:04	E83079
1045	Selenium	0.05	mg/L	0.00050	U	EPA 200.8	0.00050	01/09/2017	13:29	E83079
1052	Sodium	160	mg/L	30.5		EPA 200.7	0.50	01/05/2017	20:04	E83079
1074	Antimony	0.006	mg/L	0.00050	U	EPA 200.8	0.00050	01/09/2017	13:29	E83079
1075	Beryllium	0.004	mg/L	0.000070	U	EPA 200.8	0.000070	01/09/2017	13:29	E83079
1085	Thallium	0.002	mg/L	0.00050	U	EPA 200.8	0.00050	01/09/2017	13:29	E83079
1094	Asbestos	7 MFL	MFL							

*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.

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35286259001

PWS ID (From Page 1): 4061517

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	0.0508	I	EPA 200.7	0.050	01/05/2017	20:04	E83079
1017	Chloride	250	mg/L	57.7		EPA 300.0	2.5	12/31/2016	20:42	E83079
1022	Copper	1	mg/L	0.0031		EPA 200.8	0.00093	01/09/2017	13:29	E83079
1025	Fluoride	2.0	mg/L	0.27		EPA 300.0	0.034	12/31/2016	20:42	E83079
1028	Iron	0.3	mg/L	0.0200	U	EPA 200.7	0.020	01/05/2017	20:04	E83079
1032	Manganese	0.05	mg/L	0.00069	U	EPA 200.8	0.00069	01/09/2017	13:29	E83079
1050	Silver	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	01/05/2017	20:04	E83079
1055	Sulfate	250	mg/L	30.2		EPA 300.0	2.5	12/31/2016	20:42	E83079
1095	Zinc	5	mg/L	0.0100	U	EPA 200.7	0.010	01/05/2017	20:04	E83079
1905	Color	15	units	10.0		SM 2120B	5.0	12/31/2016	14:32	E83079
1920	Odor	3	TON	1.0	U	SM 2150B	1.0	12/30/2016	16:40	E86240
1925	pH (field pH from page 1)	6.5 - 8.5	Std. Units	7.3				12/30/2016	15:00	E83079
1930	Total Dissolved Solids	500	mg/L	324		SM 2540C	5.0	01/04/2017	13:35	E86240
2905	Foaming Agents	0.5	mg/L	0.099	U	SM 5540C	0.099	12/31/2016	08:17	E83079

*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.