

HC Waterworks, Inc.

July 31, 2015

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

Re: Docket No. 140158-WS – Application for increase in water and wastewater rates in Highlands County by HC Waterworks, Inc. – Iron Test Results

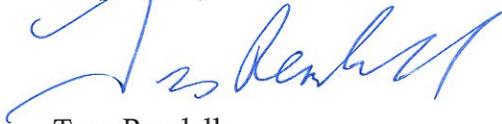
Dear Commission Clerk,

HC Waterworks, Inc. (HC Waterworks) hereby submits its test results for iron for Leisure Lakes pursuant to the Commission's Order.

Pursuant to Order No. PSC-15-0282-PAA-WS, issued July 8, 2015, "...pursuant to Section 367.0812, F.S., upon receipt of DEP's 2015 laboratory tests, the Utility shall promptly notify this Commission and OPC of the results."

The attached results dated July 31, 2015 indicate that the iron levels for Leisure Lakes are below the MCL. The results were 0.013 and the MCL is 0.30. Thus, this is below the secondary standard.

Respectfully submitted,



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

5320 Captains Court, New Port Richey, Florida 34652
Mailing: C/O 4939 Cross Bayou Boulevard, New Port Richey, Florida 34652
Tel: 727-848-8292



Report Cover Page

Client: **U.S. Water Services, Corp.** Report #: **2015070271**
 Address: 4939 Cross Bayou Blvd. Report Date: 7/31/2015
 City, State, Zip: New Port Richey, FL 34652
 Attention: Melisa Rotteveel
 Project: Leisure Lakes (Covered Bridge)
 Primary Inorganics & Secondaries
 Sample Date: 5/12/2015
 Sample Numbers: 449063

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

Contents	Item	Pages	Qualifier	Explanation
Cover Page:		1	U	Compound was analyzed for but not detected.
Report of Analysis:	DW Original	4	I	Result is between the MDL and the PQL.
Attachments:	Sampler Certification	1	Q	Sample was analyzed out of holding time.
	Chain of Custody	1	J	Estimated value; may not be accurate.
Total Pages:		7		

The results contained in the report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Respectfully Submitted,

Douglas Morton
 Project Manager
 Jul 31 2015 12:01 PM



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**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: Leisure Lakes PWS I.D. #: 6280064
System Type (check one): Community NonTransient Noncommunity Transient NonCommunity
Address: 140 Woodside Dr
City: Lake Placid State: Florida ZIP Code: 33852
Phone#: 727-848-8292 Fax #: _____ E-Mail Address: rderossett@uswatercorp.net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 449063 Sample Date: 5/12/2015 Sample Time: 1502
Sample Location (be specific): Point of Entry
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.6 mg/L Field pH: 8.0

Sample Type (Check Only One)

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which One?) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62.550) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions and 62-550.513(3) for nitrate or nitrite exceedances..

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

SAMPLER CERTIFICATION

I, Jack Williams, _____, Plant Operator _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____ Date: 05/12/2015
Certified Operator #: C-21440 Phone #: 352-342-4974 Sampler's FAX #: 727-849-4219
Sampler's E-mail: jwilliams@uswatercorp.net

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: Short Environmental Laboratories Florida DOH Certification # : E85458 Certification Expiration Date: 06/30/2016
 Address: 10405 US Highway 27 South Sebring, FL 33876 Phone # : (863) 655-4022
 Were any analyses subcontracted? Yes No If yes, please provide DOH certification Number(s): E84129
ATTACH CURRENT DOH ANALYTE SHEET*
ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received : 5/12/2015
 PWS ID (From Page 1): 6280064 Sample Number (From Page 1): 449063 Lab Assigned Report Number or Job ID: 449063
 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>	<u>Radionuclides</u>	<u>Secondaries</u>
<input checked="" type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input checked="" type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acid	<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate	<u>Miscellaneous</u>	<u>Lead & Copper</u>
<input type="checkbox"/> Asbestos				<input type="checkbox"/>	<input type="checkbox"/>

LAB CERTIFICATION

I, Douglas E. Morton, Project Manager do HEREBY CERTIFY
 (Print Name) (Print Title)
 that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).
 Signature:  Date: 7/31/2015
 Douglas Morton
 Project Manager
 Jul 31 2015 12:01 PM

* 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 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)

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: 449063

PWS ID (from page 1): 6280064

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.07	I	EPA 353.2	0.02	05/12/2015	1938	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	05/12/2015	1740	E85458
1005	Arsenic	0.01	mg/L	0.0011	I	EPA 200.8	0.0009	05/27/2015	1516	E84129
1010	Barium	2	mg/L	0.120		EPA 200.7	0.002	07/12/2015	1600	E85458
1015	Cadmium	0.005	mg/L	0.001	U	EPA 200.7	0.001	07/12/2015	1600	E85458
1020	Chromium	0.10	mg/L	0.001	U	EPA 200.7	0.001	07/12/2015	1600	E85458
1024	Cyanide	0.20	mg/L	0.0050	U	EPA 335.4	0.0050	05/26/2015	1615	E84129
1025	Fluoride	4.0	mg/L	0.28		SM 4500F C	0.05	05/22/2015	0752	E85458
1030	Lead	0.015	mg/L	0.001		SM 3113 B	0.001	06/14/2015	1306	E85458
1035	Mercury	0.002	mg/L	0.0001	U	EPA 245.1	0.0001	05/22/2015	1634	E84129
1036	Nickel	0.10	mg/L	0.002	U	EPA 200.7	0.002	07/12/2015	1600	E85458
1045	Selenium	0.05	mg/L	0.0009	U	EPA 200.8	0.0009	05/28/2015	1315	E84129
1052	Sodium	160	mg/L	29.4		SM 3111 B	1.0	07/19/2015	1315	E85458
1074	Antimony	0.006	mg/L	0.0010	U	EPA 200.8	0.0010	05/28/2015	1315	E84129
1075	Beryllium	0.004	mg/L	0.0005	U	EPA 200.7	0.0005	07/12/2015	1600	E85458
1085	Thallium	0.002	mg/L	0.0002	U	EPA 200.8	0.0002	05/27/2015	1516	E84129
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.

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

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

Secondary Contaminants

Report Number/Job ID: 449063

62-550.320

PWS ID (From Page 1): 6280064

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
1002	Aluminum	0.20	mg/L	0.02	U	EPA 200.7	0.02	07/12/2015	1600	E85458
1017	Chloride	250	mg/L	56.		SM 4500CIC	0.5	05/26/2015	0848	E85458
1022	Copper	1	mg/L	0.002	U	EPA 200.7	0.002	07/12/2015	1600	E85458
1025	Fluoride	2.0	mg/L	0.28		SM 4500F C	0.05	05/22/2015	0752	E85458
1028	Iron	0.30	mg/L	0.013	I	EPA 200.7	0.005	07/12/2015	1600	E85458
1032	Manganese	0.05	mg/L	0.0011	I	EPA 200.7	0.0005	07/12/2015	1600	E85458
1050	Silver	0.10	mg/L	0.001	I	EPA 200.7	0.001	07/12/2015	1600	E85458
1055	Sulfate	250	mg/L	45.		ASTMD51690	1.	05/28/2015	1002	E85458
1095	Zinc	5	mg/L	0.007	I	EPA 200.7	0.004	07/12/2015	1600	E85458
1905	Color	15	CU	3.		SM 2120 B	1.	05/14/2015	1100	E85458
1920	Odor	3	TON	0.	U	SM 2150	N/A	05/13/2015	1158	E85458
1925	pH	6.5 - 8.5	SU	7.67		SM4500H+ B		05/14/2015	1046	E85458
1930	Total Dissolved Solids	500	mg/L	326.		SM 2540C	10.	05/16/2015	0730	E85458
2905	Foaming Agents	0.50	mg/L	0.048	U	SM 5540 C	0.048	05/13/2015	1509	E84129

*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.

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

**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: Covered Bridge at Leisure Lakes PWS I.D. #: 628-0064
 System Type (check one): () Community () NonTransient Noncommunity () Transient NonCommunity
 Address: 140 Woodside Dr.
 City: Lake Placid State: Florida ZIP Code: 33852
 Phone#: 727-848-8292 Fax #: 727-849-4219 E-Mail Address: rdossett@uswatercorp.net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: L.L. 5 Sample Date: 5-12-15 Sample Time: 15:02
 Sample Location (be specific) P.O.E. - After distribution meter
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.6 mg/L Field pH: 8.0

Sample Type (Check Only One)

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which One?) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62.550) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

Sampling Procedure Used or other Comments: Inorganic Contaminants
62-550.513, Secondary Contaminants - 62-550.520

*See 62-550.500(6) for requirements and restrictions and 62-550.513(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Jack Williams, Plant operator, do HEREBY CERTIFY -
 (Print Name) (Print Title)

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

Signature: Jack Williams Date: 5-12-15
 Certified Operator #: C21440 Phone #: 352-342-4974 Sampler's FAX #: 727-849-4219
 Sampler's E-mail: jwilliams@uswatercorp.net

