

# LAKE SIDE WATERWORKS, INC.

FILED JUN 12, 2017  
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FPSC - COMMISSION CLERK

June 8, 2017

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

RECEIVED-FPSC  
2017 JUN 12 AM 8:34  
COMMISSION  
CLERK

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

Dear Commission Clerk,

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

## **Quality of Service**

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

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

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

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

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

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

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

The Order continued by stating:

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

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

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

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

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

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

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

- (1) a forced draft aeration system (200 gpm);
- (2) a filtration system including two (2) 100 gpm steel pressure filters;
- (3) additional caustic feed system;
- (4) additional acid feed system;
- (5) installation of a larger ground storage tank – (75,000 gallons);
- (6) necessary site work, excavation and restoration;
- (7) demolition of existing ground storage tank;
- (8) installation of transfer pumping system – (two (2) 10 HP high service pump and one 10,000 concrete tank ;
- (9) additional security fencing;
- (10) upsize the new wastewater treatment plant in order to accept the backwash water from the filters; and

- (11) installation of piping from the water treatment plant to the wastewater treatment plant for the reject water;
- (12) required power upgrades for aeration and filtration;
- (13) Roof/building structure for filtration and high service pumps
- (14) Odor control for sulfur removal – (5 HP blower).

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

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

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

### **Pressure Fluctuation**

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

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

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

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

### **Notice of DBP Exceedance**

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

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

### **Lift Station Rehabilitation**

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

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

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

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

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

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

**Specific Customer Comments:**

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

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

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

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

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

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

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

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

**Valerie Bland:** Ms. Bland stated that she had not been billed consumption and the meter reading was incorrect. A review of Ms. Bland's account indicates that she is a new customer starting service in January 2016. Ms. Bland was not billed for consumption in November 2016. Ms. Bland contacted Lakeside on November 23, 2016 indicating that she was not billed for consumption. A service order was issued on November 25, 2016 to obtain a meter reading. As a result of the meter reading, Ms. Bland was billed for 6,000 gallons of consumption in December 2016. An adjustment was made to the customer's account to bill the consumption at the lowest tier of the gallonage charge since the usage reflected two (2) months of consumption. The adjustment was made in the amount of (\$2.04) to reflect the lower tier gallonage charge. After several attempts were made to contact the customer, the customer was finally informed of the adjustment on December 28, 2016. Prior to this date, the customer's husband hung up on the CSR and did not return voice messages.

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

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

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

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

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

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

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



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

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

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

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

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

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

### **Comments on Staff Report**

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

### **Used and Useful**

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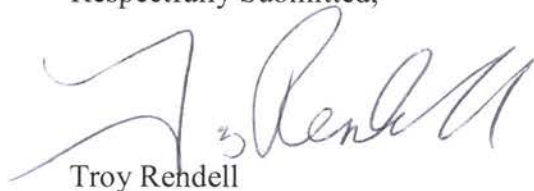
Lakeside would first like to make clarification on an erroneous statement on page 4 of the Staff Report. Lakeside does not have two (2) wells rated at 850 gpm. Lakeside has one existing (new) well with a rated capacity of 280 gpm; and an existing well with a rated capacity of 250 gpm. The water treatment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

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

### **Capital Structure**

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

Respectfully Submitted,



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

Lakeside Waterworks

Water Treatment Upgrades:

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



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

## **IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER**

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

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

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

#### **What should I do?**

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

#### **What happened? What is being done?**

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

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

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



## Department of Environmental Protection

Central District

PWS ID #: 3354028

PWS NAME: SHANGRI LA BY THE LAKE

POPULATION: 328

### 2016 DRINKING WATER MONITORING REQUIREMENTS

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

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

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

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

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

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



Melisa Rotteveel <mrotteveel@uswatercorp.net>

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

1 message

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**Busam, Monica** <Monica.Busam@dep.state.fl.us>

Wed, Nov 9, 2016 at 11:20 AM

To: Melisa Rotteveel <mrotteveel@uswatercorp.net>

Cc: Diane Kibitlewski <dkibitlewski@uswatercorp.net>, "RDEROSSETT@USWATERCORP.NET" <RDEROSSETT@uswatercorp.net>, Dennis Muldoon <dmuldoon@uswatercorp.net>

Good morning,

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

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

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

Please let me know if you have any questions.

Thank you,



**Monica Busam**

Environmental Specialist

Florida Department of Environmental Protection  
Central District Office

[Monica.busam@dep.state.fl.us](mailto:Monica.busam@dep.state.fl.us)

Office: (407) 897-4171

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



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2 attachments



Certificate of Delivery.doc  
268K



DBP missed routine monitoring (003).doc  
35K



# Department of Environmental Protection

Central District

PWS ID #: 3354028

PWS NAME: SHANGRI LA BY THE LAKE

POPULATION: 328

## 2017 DRINKING WATER MONITORING REQUIREMENTS

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

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

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

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

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

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



REVIEWED



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

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

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

**ANNUAL MONITORING PERIOD: 2Q2017**

#### SYSTEM INFORMATION

PWS ID Number: 335-4028

PWS Name: Shangri La (Lakeside Waterworks Inc)

Source Water Type and Population Size Category:

Ground Water:

- 10,000 – 99,999
- 100,000 – 499,999
- ≥ 500,000

Subpart H:

- 500 – 3,300
- 3,301 – 9,999
- 10,000 – 49,999
- 50,000 – 249,999

- 250,000 – 999,999
- 1,000,000 – 4,999,999
- ≥ 5,000,000

Monitoring Mode\*:  Routine Monitoring  Reduced Monitoring

Monitoring Frequency\*:  Quarterly  Annually

Total Number Of Distribution System Monitoring Locations\*: 1

Contact Person: Melisa Rotteveel

Phone Number: 866-753-8292

E-Mail Address (optional): mrotteveel@uswatercorp.net

Fax Number (optional): 727-849-4219

\* See 40 CFR 141.621 and 141.623 for more details.





# Lakeside Waterworks, Inc.

June 23, 2014

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

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

To Whom It May Concern:

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

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

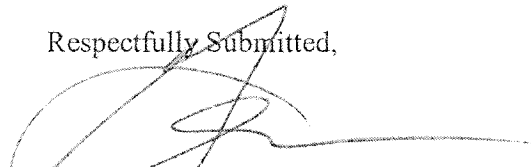
This offer in no way should be precedential in nature or prohibit LWI in submitting a future application for a SARC once the items have been placed into service.

5320 Captains Court, New Port Richey, FL 34652  
Mailing: 4939 Cross Bayou Boulevard, New Port Richey, FL 34652  
Tel: (866) 753-8292 Fax: (727) 848-7701

Docket No. 130194-WS  
Pro Forma Plant Consideration

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

Respectfully Submitted,



Gary Deremer  
President

Cc: Victoria Penick  
Troy Rendell

	2013	2014	2015	2016	2017	2018
Totals	\$ 10,219	\$ 229,083	\$ 1,960	\$ 1,960	\$ 1,960	\$ 1,960

County	Site	Type	Priority	CIP	Problem	Solution	Regulatory Mandate (M) or Enhancement (E)	Rule	Comments	2013	2014	2015	2016	2017	2018	COA #
Lake	LS WW	WTP	W		R & R	Generator housing has multiple rust areas which cannot be patched.	M	62-655.350(2)		\$ 2,000.00						\$ 2,000.00
Lake	LS WW	WTP	W		CIP	Inadequate chlorine feed, erratic operation, and did not operate when wells operated. Pressure issues in system	M	62-555.320(12)(6)		\$ 5,296.43						\$ 5,296.43
Lake	LS WW	WTP	W		CIP	Current control panel is not sufficient to operate the equipment safely	E	62-555.350(2); 62-555.320(5), FAC		\$ 10,000.00						\$ 10,000.00
Lake	LS WW	WTP	W		CIP	No alarm system that would alert the operator of any alarm condition	M	62-555.320(14)(f), FAC		\$ 5,000.00						\$ 5,000.00
Lake	LS WW Distribution		W		CIP	Water Meter Replacement, Customer; The water meters are 10 years old and need to be replaced and or tested per PFSC rules	M	AWWA Guidelines (M6)		\$ 1,960	\$ 1,960	\$ 1,960	\$ 1,960	\$ 1,960	\$ 1,960	\$ 13,720.00
Lake	LS WW Distribution				CIP	6" Water Main failure	M			\$ 1,232.68						\$ 1,232.68
Lake	LS WW	WTP	W		CIP	Well # 1 flow meter needs replacement	M	62-555.320(16)	New Item not on previous Proforma	\$ 3,123						\$ 3,123.22
Lake	Water Total									\$ 6,529.11	\$ 22,083.22	\$ 1,960.00	\$ 1,960.00	\$ 1,960.00	\$ 1,960.00	\$ -
Lake	LS WW	WWTP	S		CIP	Replace Aeration Basin due to corrosion	M	62-600.410(9), FAC		\$ 30,000.00						\$ 30,000.00
Lake	LS WW	WWTP	S		CIP	Digester capacity inadequate for proper operation of the plant.	M	62-600.410(1) & (6) & (8)		\$ 6,000.00						\$ 6,000.00
Lake	LS WW	WWTP	S		CIP	The existing air header has numerous leaks due to corrosion	M	62-600.410(1) & (6) & (8), FAC		\$ 25,000.00						\$ 25,000.00
Lake	LS WW	WWTP	S		R & R	Diffusers need repair due to corrosion, handrails and toe boards inadequate due to corrosion and wrong material used, repair air header leaks due to corrosion	M	62-600.410(1) & (6) & (8), FAC		\$ 3,690						\$ 3,689.95
Lake	LS WW	WWTP	S		CIP	Existing blowers do not produce adequate aeration for the two treatment trains and surge tank	E	62-600.410(1) & (6) & (8), FAC		\$ 5,000.00						\$ 5,000.00
Lake	LS WW	WWTP	S		CIP	Influent headworks has no screening device	M	62-620.410(6)		\$ 8,000						\$ 8,000.00
Lake	LS WW	WWTP	S		CIP	Demolish Old Aeration Basin	M	62-600.410(8), FAC		\$ 8,000						\$ 8,000.00
	LS WW	WWTP	S		CIP	Spray field needs to be leveled and spray nozzels and piping replaced	M	62-620.410(1)		\$ 15,000						\$ 15,000.00
	LS WW	WWTP	S		CIP	Electrical power system needs upgrading	E	62-600.410(8), FAC		\$ 5,000						\$ 5,000.00
	LS WW	WWTP	S		CIP	Rerate the plant to lower design capacity	E			\$ 19,000						\$ 19,000.00
Lake	LS WW	Collection System	S		CIP	Lift Station # 4 improvements needed because current pumps and piping in poor condition due to corrosion	M	62-604.500(2), FAC		\$ 41,000						\$ 41,000.00
Lake	LS WW	WWTP	S		CIP	Lift Station # 3 improvements needed because current pumps and piping in poor condition due to corrosion	M	62-604.500(2), FAC		\$ 38,000						\$ 38,000.00
Lake	LS WW	WWTP				Provide updated maps for systems	M	25-30.125 & 62-600.410(10) FAC	New item not on previous proforma	\$ 7,000						\$ 7,000.00
Lake	Sewer Total									\$ 3,690	\$ 207,000	\$ -	\$ -	\$ -	\$ -	\$ -

Grand totals per year

\$ 10,219	\$ 229,083	\$ 1,960	\$ 1,960	\$ 1,960	\$ 1,960
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# LAKESIDE WATERWORKS, INC.

March 18, 2016

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

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

Dear Ms. McCray,

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

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

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

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

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

Page 2 of 2  
Mr. Papucci  
PSC - 03/18/16

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

Sincerely,



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

Cc: Ron DeRossett, Util Mngr USW



Request No. 1207837W

Name STRAUGHAN ,MARSHA MS

Business Name

**Consumer Information**

Name: MARSHA STRAUGHAN

Business Name:

Svc Address: 129 BURMA ISLAND ROAD

County: Lake

Phone: (523)-577-197

City/Zip: Leesburg

/ 34788-

Account Number: 1188572

Caller's Name: GARY PAPUCCI

Mailing Address: 129 BURMA ISLAND ROAD

City/Zip: LEESBURG ,FL 34788-

Can Be Reached:

E-Tracking Number:

**Florida Public Service  
Commission - Consumer Request  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399  
850-413-6480**

**Utility Information**

Company Code: WS962

Company: LAKESIDE WATERWORKS. INC.

Attn. Ron DeRossett1207837W

Response Needed From Company?  Y

Date Due: 04/05/2016

Fax: (727) 849-5467

R

Interim Report Received: / /

Reply Received: 03/18/2016

Reply Received Timely/Late:

Informal Conf.: N

**PSC Information**

Assigned To: SHONNA MCCRAY

Entered By: RJC

Date: 03/15/2016

Time: 15:30

Via: PHONE

Prelim Type: IMPROPER BILLS

PO:

Disputed Amt: 0.00

Supmntl Rpt Req'd: / /

Certified Letter Sent: / /

Certified Letter Rec'd: / /

Closed by:

Date: / /

Closeout Type:

Apparent Rule Violation: N

reclose Type - Improper Bills / Quality of Service

What is the amount of the bill in dispute?

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

What is the date of the bill?

/A

Why do you believe you have been billed improperly?

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

Request No. 1207837W

Name STRAUGHAN ,MARSHA MS

Business Name

PAGE NO: 1

the water has a lot of air in it and would like to know if this affects how much he is being billed for.

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

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

1. Complaint resolution should be provided to the customer via direct contact with the customer, either verbally or in writing within 15 working days after the complaint has been sent to the company.
2. A response to the PSC is due by 5:00 p.m. Eastern time, of the 15th working days after the complaint has been sent to the company.
3. The response should include the following:
  - a) the cause of the problem
  - b) actions taken to resolve the customer's complaint
  - c) the company's proposed resolution to the complaint
  - d) answers to any questions raised by staff in the complaint
  - e) confirmation the company has made direct contact with the customer
4. Send your written response to the PSC, and copies of all correspondence with the customer to the following e-mail, fax, or physical addresses:
  - E-Mail - pscreply@psc.state.fl.us
  - Fax - 850-413-7168
  - Mail - 2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850

Case taken by R.Castillo

03/18/2016 - Company response received via Email. DScott.

3/21/16: REVIEWED COMPANY RESPONSE. Response indicates the following:

- Mr. Papucci contacted the PSC concerning the air in the water and if it had an effect on the meter readings for the water consumption.
- Mr. Papucci and Lakeside Waterworks have a very amicable relation.
- The utility discusses issues related to the water and wastewater system numerous times with Mr. Papucci.
- Mr. Papucci is somewhat the spokesman for the mobile home park and the utility keeps him informed of issues related to the water and wastewater system.
- Recently, the utility had issues with air in the water due to a compressor being left on manually for an extended amount of time.
- This was discussed with Mr. Papucci on 3/14/16.
- In relation to his concern expressed to the PSC, Mr. Papucci was contacted on 3/17/16.
- He was informed that air in the water may have some minor effect on the meter readings for consumption.
- Lakeside Waterworks intended to do a field test on the meter so Mr. Papucci can observe the meter

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Request No. 1207837W Name STRAUGHAN, MARSHA MS Business Name \_\_\_\_\_

operations.

- \* Mr. Papucci declined and informed the utility that he did not want his meter tested.
  - \* The utility informed the customer to look at his next months bill and if the consumption seemed higher than normal (above average) that the utility would consider an adjustment to his account.
  - \* The utility also informed Mr. Papucci that if other residents in the park were concerned and observed higher than normal usage that the utility would consider adjustments on a case by case basis Mr. Papucci was very satisfied with the utility's proposal and was appreciative of the phone call.
- Shonna McCray

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

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

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

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

4/12/16: FAX TO COMPANY:

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

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Request No.	1207837W	Name	STRAUGHAN , MARSHA MS	Business Name	
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March 23, 2016

Public Service Commission  
2540 Shumard Oak Blvd  
Tallahassee, FL 32399-0850

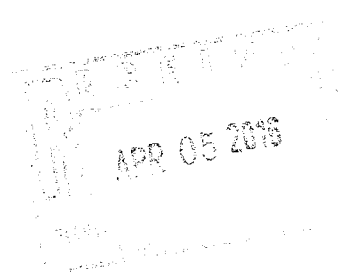
RE: Shangri-la by the Lake, Lakeside Waterworks, Leesburg, FL

Dear Sirs,

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

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

Customer name Maisha Straughan  
Address 129 Burma St Rd



# LAKE SIDE WATERWORKS, INC.

May 8, 2017

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

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

Dear Mr. Castillo,

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

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

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

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

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

Sincerely,



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

Cc: Ron DeRossett, Util Mngr USW

Billing History Report

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

Bill Date	Bill Days	Consumption	Total Charges
06/20/2014	31	0.0000	12.96
07/18/2014	30	0.0000	12.96
08/19/2014	30	0.0000	12.96
09/18/2014	31	0.0000	12.96
10/20/2014	29	2.0000	15.42
11/20/2014	31	3.0000	16.65
12/23/2014	31	3.0000	16.65
01/22/2015	31	4.0000	17.88
02/20/2015	29	4.0000	24.94
03/20/2015	31	4.0000	24.94
04/21/2015	31	2.0000	18.68
05/21/2015	32	2.0000	18.68
06/24/2015	28	0.0000	12.42
07/21/2015	11	0.0000	4.49
07/21/2015	20	0.0000	8.28
08/21/2015	32	0.0000	12.59
09/21/2015	30	0.0000	12.59
10/21/2015	30	4.0000	25.27
11/25/2015	31	2.0000	18.93
12/23/2015	32	3.0000	22.10
01/22/2016	29	3.0000	22.10
02/23/2016	12	3.0000	15.40
02/23/2016	15	4.0000	22.69
03/21/2016	33	6.0000	36.62
04/22/2016	30	6.0000	36.62
05/24/2016	32	10.0000	54.58
06/24/2016	30	4.0000	27.64
07/21/2016	29	3.0000	24.17
08/23/2016	31	3.0000	24.17
09/22/2016	30	4.0000	27.64
10/24/2016	30	6.0000	36.62
11/21/2016	31	1.0000	17.23
12/23/2016	29	8.0000	45.60
01/20/2017	34	2.0000	20.70
02/22/2017	35	10.0000	54.58
03/22/2017	22	4.0000	27.64
04/24/2017	30	7.0000	41.11
05/23/2017	28	5.0000	32.13
<b>Totals</b>	<b>1,091</b>	<b>122.0000</b>	<b>889.59</b>
<b>Averages</b>		<b>3.3889</b>	<b>24.71</b>

**Billing History Report**

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

Bill Date	Bill Days	Consumption	Total Charges
06/20/2014	31	0.0000	0.00
07/18/2014	30	0.0000	0.00
08/19/2014	30	0.0000	0.00
09/18/2014	31	0.0000	0.00
10/20/2014	29	0.0000	0.00
11/20/2014	31	0.0000	0.00
12/23/2014	31	0.0000	0.00
01/22/2015	31	0.0000	0.00
02/20/2015	29	0.0000	0.00
03/20/2015	31	0.0000	0.00
04/21/2015	31	0.0000	0.00
05/21/2015	32	0.0000	0.00
06/24/2015	28	0.0000	0.00
07/21/2015	31	0.0000	0.00
08/21/2015	32	0.0000	0.00
09/21/2015	30	0.0000	0.00
10/21/2015	30	0.0000	0.00
11/25/2015	31	0.0000	0.00
12/23/2015	32	0.0000	0.00
01/22/2016	29	0.0000	0.00
02/23/2016	15	0.0000	6.77
02/23/2016	12	0.0000	0.00
03/21/2016	33	0.0000	0.00
04/22/2016	30	0.0000	0.00
05/24/2016	32	0.0000	0.00
06/24/2016	30	0.0000	0.00
07/21/2016	29	0.0000	0.00
08/23/2016	31	0.0000	0.00
09/22/2016	30	0.0000	0.00
10/24/2016	30	0.0000	0.00
11/21/2016	31	0.0000	0.00
12/23/2016	29	0.0000	0.00
01/20/2017	34	0.0000	0.00
02/22/2017	28	0.0000	0.00
03/22/2017	28	0.0000	0.00
04/24/2017	31	0.0000	0.00
05/23/2017	28	14.0000	58.78
<b>Totals</b>	<b>1,091</b>	<b>14.0000</b>	<b>65.55</b>
<b>Averages</b>		<b>0.3889</b>	<b>1.82</b>

Billing History Report

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

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



Billing History Report

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

Bill Date	Bill Days	Consumption	Total Charges
02/23/2016	8	0.0000	3.30
02/23/2016	15	1.0000	10.24
03/21/2016	33	1.0000	17.23
04/22/2016	30	2.0000	20.70
05/24/2016	32	1.0000	17.23
06/24/2016	30	1.0000	17.23
07/21/2016	29	0.0000	13.76
08/23/2016	31	1.0000	17.23
09/22/2016	30	1.0000	17.23
10/24/2016	30	0.0000	13.76
11/21/2016	31	1.0000	17.23
12/23/2016	29	0.0000	13.76
01/20/2017	34	0.0000	13.76
02/22/2017	35	0.0000	13.76
03/22/2017	22	1.0000	17.23
04/24/2017	30	0.0000	13.76
05/23/2017	28	0.0000	13.76
<b>Totals</b>	<b>477</b>	<b>10.0000</b>	<b>251.17</b>
<b>Averages</b>		<b>0.6250</b>	<b>15.70</b>

# LAKESIDE WATERWORKS, INC.

May 26, 2017

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

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

Dear Ms. McCray,

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

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

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

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



May 25, 2017

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

RGA# M-2203

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

**METER TEST CERTIFICATION**

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

MARS COMPANY

# LAKESIDE WATERWORKS, INC.

May 11, 2017

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

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

Dear Ms. McCray,

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

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

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

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

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

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

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

Sincerely,



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

Cc: Ron DeRossett, Util Mngr USW

**Billing History Report**

Name Terence Micket  
 Account# 1188629  
 Service Type Water at Service Location 240 Taipei Island Lane  
 From: 05/01/2014  
 To: 05/03/2017

Bill Date	Bill Days	Consumption	Total Charges
05/22/2014	30	3.0000	16.65
06/20/2014	31	4.0000	17.88
07/18/2014	30	1.0000	14.19
08/19/2014	30	3.0000	16.65
09/18/2014	31	5.0000	19.11
10/20/2014	29	2.0000	15.42
11/20/2014	31	5.0000	19.11
12/29/2014	31	5.0000	19.11
01/22/2015	31	4.0000	17.88
02/20/2015	29	6.0000	33.06
03/20/2015	31	4.0000	24.94
04/21/2015	31	3.0000	21.81
05/21/2015	32	4.0000	24.94
06/24/2015	28	4.0000	24.94
07/21/2015	11	1.0000	7.62
07/21/2015	20	3.0000	17.79
08/21/2015	32	4.0000	25.27
09/21/2015	30	5.0000	29.38
10/21/2015	30	4.0000	25.27
11/25/2015	31	4.0000	25.27
12/23/2015	32	4.0000	25.27
01/22/2016	29	3.0000	22.10
02/23/2016	12	2.0000	11.29
02/23/2016	15	2.0000	13.71
03/21/2016	33	4.0000	27.64
04/22/2016	30	6.0000	36.62
05/24/2016	32	4.0000	27.64
06/24/2016	30	3.0000	24.17
07/21/2016	29	5.0000	32.13
08/23/2016	31	4.0000	27.64
09/22/2016	30	5.0000	32.13
10/24/2016	30	4.0000	27.64
11/21/2016	31	3.0000	24.17
12/23/2016	29	4.0000	27.64
01/20/2017	34	3.0000	24.17
02/22/2017	28	4.0000	27.64
03/22/2017	29	4.0000	27.64
04/24/2017	30	6.0000	36.62
<b>Totals</b>	<b>1,093</b>	<b>144.0000</b>	<b>892.15</b>
<b>Averages</b>		<b>4.0000</b>	<b>24.78</b>

Request No. 1242401W Name MICKET ,TERRENCE MR. Business Name \_\_\_\_\_

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

Please review the "incorporated" Internet correspondence, located between the quotation marks on this form, in which the customer reports the following:

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

*S-4-17  
WANTS bucket test*

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

Request No. 1242401W Name MICKET ,TERRENCE MR. Business Name \_\_\_\_\_

PAGE NO: 1

*Terry - Micket  
@yahoo.com*

*Called S-11-17*

To: Ron DeRossett1242401W  
From: SHONNA MCCRAY  
5-03-17 2:56pm p. 2 of 4

Email: terry\_micket@yahoo.com  
Address: 240 Taipei Is Ln Leesburg FL 34788

**BUSINESS INFORMATION**

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

Water County Selected: Lake

**COMPLAINT INFORMATION**

Complaint: Improper Billing against Lakeside Waterworks. Inc.

Details:

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

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

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

1. Complaint resolution should be provided to the customer via direct contact with the customer, either verbally or in writing, within 15 working days after the complaint has been sent to the company.
2. A response to the PSC is due by 5:00 p.m. Eastern time, of the 15th working day after the complaint has been sent to the company.
3. The response should include the following:
  - a) the cause of the problem
  - b) actions taken to resolve the customer's complaint
  - c) the company's proposed resolution to the complaint
  - d) answers to any questions raised by staff in the complaint
  - e) confirmation that the company has made direct contact with the customer

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Request No.	<u>1242401W</u>	Name	<u>MICKET ,TERRENCE MR.</u>	Business Name	<u></u>
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PAGE NO: 2



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

E-Mail - [pscreply@psc.state.fl.us](mailto:pscreply@psc.state.fl.us)

Fax - 850-413-7168

Mail - 2540 Shumard Oak Blvd.

Tallahassee, Florida 32399-0850

Case taken by Diane Hood

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

PAGE NO: 3

To: Ron DeRossett1242401W

From: SHONNA MCCRAY

5-03-17 2:56pm p. 4 of 4

# LAKESIDE WATERWORKS, INC.

April 5, 2016

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

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

Dear Mr. Micket:

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

## **Historical Perspective**

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

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

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

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

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

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

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

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

#### **Recent Staff Assisted Rate Case (SARC)**

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

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

Specifically the FPSC SARC Order states:

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

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

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

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

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

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

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

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

The FPSC SARC Order states:

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

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

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

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

<sup>3</sup> We also received written comments from customers, primarily addressing concerns over rates.

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

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

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

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

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

**Quality of Water**

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Water Pressure**

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

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

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

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

### **Billing Errors**

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

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

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

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

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

### Irrigation Meter Removal

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

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

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

The order continued as follows:

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

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

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



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

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

Further the FPSC stated:

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

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

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

### **Upcoming SARC – 2016**

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

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

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

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

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

- b. The catwalk was observed to be corroded in places.
- c. The Bulkhead between the aeration tanks and the digester tank is bowed and separated from the supports. A transfer pipe between the aeration tank and the digester is loose and much of the wall holding it has corroded away.
- d. Many of the tanks cross beam supports are corroded. Much of the tanks upper structure is heavily corroded.

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

In the last SARC order, the PSC stated:

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

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

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

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

Shangri La by the Lakes Homeowners Association

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Troy Rendell". The signature is fluid and cursive, with a large initial "T" and "R".

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

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



## Department of Environmental Protection

Central District

PWS ID #: 3354028

PWS NAME: SHANGRI LA BY THE LAKE

POPULATION: 328

### 2016 DRINKING WATER MONITORING REQUIREMENTS

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

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

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

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

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

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

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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: A1600548001

PWS ID (From Page 1): 3354028

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

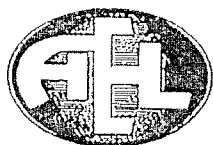
NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

\*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

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E62535
- 9510 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E011095

A1600250



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 1/7/16 1520  
 Analysis Date & Time: 1-7-16 1745  
**Sample Acceptance Criteria:**  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shangri La PWS I.D.: 335-4028

PWS Address: 100 Shangri La Blvd City: Leesburg Fla

PWS or PWS Owner's Phone #: 866-753-8292 Fax #: 727-849-4219

Collector: Joseph Bylc Collector's Phone #: \_\_\_\_\_

Type of Supply: (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System

Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey

Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 1-7-16

DCN#: AD-D045 Effective 01/05, Revised 09/19/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM 922B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	Well	1015	R	0.0		A				1
2	35147 Forest Lake	1025	D	0.7		A				2
3	office outside tap	1035	D	0.7		A				3

Average of disinfectant residuals for distribution routine & repeat samplas. <sup>5</sup> Free chlorine or Total chlorine (circle one). 0.7

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# 6-5934)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)  
US Water  
4939 CROSS Bayou Blvd  
New Port Richey Fla

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_  
 Lab Signature: K. Kelly  
 Title: Dept Manager  
 DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

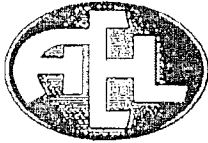
1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 1,900. Do not include raw or plant samples in the average.  
 Result Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-150.730 Reporting Format).

Relinquish By: [Signature]  
 Date: 1-7-16 Time: 1155  
 Received By: [Signature]  
 Date: 1/7/16 Time: 1350

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

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- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.869.2281 • E82535
- 9810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1601066



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 2/8/16 1520  
 Analysis Date & Time: 2-8-16 1718  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested: (check all that apply)**

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shanya La PWS I.D.: 3354028

PWS Address: 100 Shanya La Blvd City: Leesburg Fla

PWS or PWS Owner's Phone #: 222-848-8292 Fax #: 222-849-4219

Collector: Joseph Byk Collector's Phone #: \_\_\_\_\_

**Type of Supply: (check only one)**

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling: (check all that apply)**

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 2-8-16

DCN#: AD-D045 Effective 01/95, Revised 09/19/2012

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM 9222B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	South Well	1130	R	0.0			A			1
2	35100 Forest Lake	1140	D	1.3			A			2
3	Tap at clubhouse	1145	D	1.3			A			3

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one). 1.3

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (check one of below):  
 A certified operator (# C-5934)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_  
 Lab Signature: Math K...  
 Title: Analyst

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT:  
US WATER  
4939 CROSS BAYOU BLVD  
NEW PORT RICHEY FLA

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

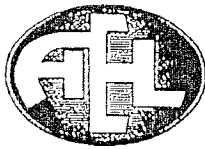
1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: J Byk  
 Date: 2-8-16 Time: 1300  
 Received By: R...  
 Date: 2/8/16 Time: 1340

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

**A1601808**



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 3/9/16 1600  
 Analysis Date & Time: 3-9-16 1825  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

- Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shanxi La

PWS I.D.: 335 4028

PWS Address: 100 Shanxi La Blvd

City: Leesburg Fla

PWS or PWS Owner's Phone #: 727-848-8292

Fax #: 727-849-4219

Collector: Joseph Byk

Collector's Phone #: \_\_\_\_\_

Type of Supply: (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

- Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 3-9-16

DCN: AD-D045

Effective 01/95, Revised 09/19/2012

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM922B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	Well 1 not in service									
2	Well 2	1000	R	0.0			A			1
3	35210 Forest Lake	1010	D	1.5			A			2
4	35115 Forest Lake	1015	D	1.5			A			3
Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> Free chlorine or Total chlorine (circle one).				1.5						

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Disinfectant Residual Analysis Method:

- DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):

- A certified operator (# C-5934)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Lab Signature: Matthew K...

Title: Analyst

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

U.S. Water  
4939 Cross Bayou Blvd  
New Port Richey Fla

- Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plam Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-350.730 Reporting Format).

Relinquish By: JK JK

Date: 3-9-16 Time: 1100

Received By: Personnel

Date: 3/9/16 Time: 1410







## Department of Environmental Protection

Central District

PWS ID # 3354028

PWS NAME: SHANGRI LA BY THE LAKE ✓

POPULATION: 328

### 2015 DRINKING WATER MONITORING REQUIREMENTS

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

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

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

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

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

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

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(82-880 730 Reporting Format Effective 01/19/95, Revised 02/2010)

**PLANT TECHNICIANS, INC. LAB ID#: E03141 QA#: 870255**  
**P. O. BOX 447, FRUITLAND PARK, FL 34731**  
**Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196**  
 Contact Person: John Fredock

Lab Receipt Date & Time: 1/8/15 11:15  
 Analysis Date & Time: 1/8/15 11:27-11:32  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI-LA/LAKESIDE PWS I.D. 3354028

PWS Address: 100 SHANGRI-LA BLVD. City: LEE'SBURG

PWS or PWS Owner's Phone #: 866.753.8292 Fax #: \_\_\_\_\_

Collector: B. SMITH Collector's Phone #: 467.712.5498

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 1.8.15

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>Sm 9222B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>2</sup>	Data Qualifier <sup>3</sup>	Lab Sample #
1	WELL #1	1000	D	R	—	A	A		1501-662	
2	WELL #2	0955	D	R	—	A	A		663	
3	35147 FOREST LAKE	0950	1.4	D	—	A	A		664	
4	OFFICE OSHB	0915	1.8	D	—	A	A		665	

Average of disinfectant residuals for distribution routine & repeat samples.<sup>4</sup> (Free chlorine or Total chlorine (circle one)). 1.7

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# C13525)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 1/9/15

Lab Signature: [Signature]

Title: [Signature]

US WATER  
4939 CROSS BAYOU BLVD.  
NEW PORT RICHAIE, FL  
34652

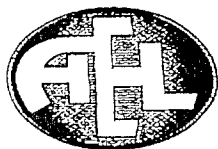
Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 DEP/DOH Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions Item 1.6.  
<sup>2</sup> For Analysis Methods see Instructions Item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples at the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6881 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.8639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1501440



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 3-5-15 3:35  
 Analysis Date & Time: 3/5/15 17:21  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHARON R. LA / LAKESIDE PWS I.D.: 335 402-8

PWS Address: 100 SHARON LA BLVD. City: LEESBURG

PWS or PWS Owner's Phone #: 864-753-8292 Fax #: \_\_\_\_\_

Collector: BRUCE SMITH Collector's Phone #: 407-712-5498

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 3.4.15

DCN#: AD-0045 Effective 01/95, Revised 09/19/2012

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM9221B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL #1	1350	R	0	-		A			1
2	WELL #2	1355	R	0	-		A			2
3	35210 FOREST LAKE	1400	D	1.3	-		A			3
4	35115 FOREST LAKE	1405	D	1.5	-		A			4
Average of disinfectant residuals for distribution routine & repeat samples. (Free chlorine or Total chlorine (circle one).)				1.4		Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report Issued: _____  Lab Signature: <u>[Signature]</u> Title: <u>Analyst</u>				
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____										
Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> A certified operator (# <u>C13525</u> ) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water										
[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]  <u>US WATER</u> <u>4939 CROSS BAYOU BLVD</u> <u>NEW PORT RICHA, FL 34652</u>						<input type="checkbox"/> Satisfactory <span style="float: right;">DEP/DOH USE ONLY</span> <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____				

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

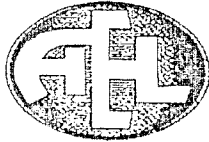
Relinquish By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: Matt Keller  
 Date: 3-5-15 Time: 1:40

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

- 6691 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4955 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Sta. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1502308



**Advanced  
Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 4/8/15 1605  
 Analysis Date & Time: 4/8/15 1636  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  6°C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested: (check all that apply)**

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI LA / WAREHOUSE PWS I.D.: 335 4028

PWS Address: 100 SHANGRI LA BLVD City: LEESBURG

PWS or PWS Owner's Phone #: 727-848-8292 Fax #: \_\_\_\_\_

Collector: D. Smith Collector's Phone #: 407-712-5498

**Type of Supply: (check only one)**

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling: (check all that apply)**

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 4.8.15

DCN#: AD-0045 Effective 01/95, Revised 09/19/2012

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL #1	1235	R	0	—		A			1
2	WELL #2	1240	R	0	—		A			2
3	35147 FOREST LAKE BLVD	1245	D	1.5	—		A			3
4	OFFICE GSHB	1250	D	1.1	—		A			4
Average of disinfectant residuals for distribution routine & repeat samples: <sup>5</sup> Free chlorining or Total chlorine (circle one), <u>1.3</u>						Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report Issued: _____  Lab Signature: <u>K Kelly</u> Title: <u>Dept Manager</u>				
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____  Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> A certified operator (# <u>C13525</u> ) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water										
(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)  <u>US CENTER</u> <u>4939 CROSS BAYOU BLVD</u> <u>NEWPORT RICHTIE, FL 34652</u>						DEP/DOH USE ONLY <input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____				

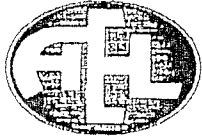
1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include rmw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: Matt Kelly  
 Date: 4/8/15 Time: 1355

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6901 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9360 • Fax 904.363.9354 • E82574
- 8815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2286 • Fax 954.889.2281 • E82536
- 9910 Princess Palm Ave. • Tampa, FL 33619 • 813.830.8616 • Fax 813.830.4327 • E84589
- 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076

A1502966



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 5/5/15 1540  
 Analysis Date & Time: 5-5-15 1730  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4°C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

- Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other:

Public Water System (PWS) Name: **Shangri La**

PWS I.D. **3 3 5 4 0 2 8**

PWS Address: 100 Shangri La Blvd

City: Leesburg, FL 34788

PWS or PWS Owner's Phone #: 727-848-8292

Fax #: 727-849-4219

Collector: B Smith

Collector's Phone #: 407-712-5498

**Type of Supply:** (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other:

**Reason for Sampling:** (check all that apply)

- Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other:

Sample Collection Date: 5-4-15

DCN#: AD-D045 Effective 01/95, Revised 05/27/10

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM 922B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL # 1	1500	R	0	-		A			1
2	(OFF LINE) WELL # 2				-		1			2
3	35700 FOREST LAKE	1510	D	0.8	-		A			3 2
4	CLUBHOUSE OSHB	1515	D	1.0	-		A			4 3
Average of disinfectant residuals for distribution routine & repeat samples (Free chlorine or Total chlorine (circle one)).						0.9				

Disinfectant Residual Analysis Method:

- DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):

- A certified operator (# 013525)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Lab Signature: Matt Loh

Title: Analyst

DEP/DOH USE ONLY

- Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

**US WATER**  
 4939 Cross Bayou Blvd  
 New Port Richey, FL 34652

Relinquish By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received By: Matt Hasley Date: 5/5/15 Time: 1730

<sup>1</sup> Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat Check, R = Raw, H = Empty Hand to Distribution, P = Plant Tap, S = Special Circumstances, etc.

<sup>2</sup> UF-51492210 & D, UF7-92215 & EG-51492210; 1610-1610-51492210; HPC-51492158

<sup>3</sup> Please refer appropriate section

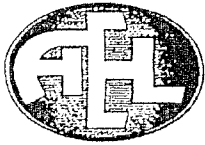
<sup>4</sup> Defined by Florida Administrative Code Rule 62.100, Table 1

<sup>5</sup> Conducted for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant returns in the average

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574  
 4965 SW 41st Blvd • Gainesville, FL 32609 • 352.377.2349 • Fax 352.395.6639 • E82001  
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535  
 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589  
 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076  
 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

**A1503741**



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 6/3/15 1550  
 Analysis Date & Time: 6-3-15 1716  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI LA/LAKESIDE PWS I.D.: 3354628

PWS Address: 100 SHANGRI LA BLVD City: LEESBURG

PWS or PWS Owner's Phone #: 727-848-8292 Fax #: \_\_\_\_\_

Collector: B. SMITH Collector's Phone #: 407-712-5498

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System

Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey

Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 6.2.15

DCN#: AD-D045

Effective 01/95, Revised 09/19/2012

To be completed by collection of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL #2	1505	R	0	-		A			1
2	35210 FOREST LAKE	1455	D	1.0	-		A			2
3	35115 FOREST LAKE	1500	D	1.2	-		A			3
	WELL #2 (OFF LINE)	-								
Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> (Free chlorine or Total chlorine (circle one)).				1.1	Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.					
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____						Date and time PWS notified by lab of positive results: _____				
Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> A certified operator (# <u>CL3525</u> ) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						Date and time DEP/DOH notified by lab of positive results: _____				
[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] <u>US WATER</u> <u>4939 CROSS BAYOU BLVD</u> <u>NEW PORT RICHA FL</u> <u>134652</u>						Date Report Issued: _____				
						Lab Signature: <u>Math Kelly</u> Title: <u>Analyst</u>				
						<input type="checkbox"/> Satisfactory <span style="float: right;">DEP/DOH USE ONLY</span>				
						<input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required				
						Date Reviewed by DEP/DOH: _____				
						DEP/DOH Reviewing Official: _____				

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62.160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.720 Reporting Format).

Relinquish By: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: Math Kelly  
 Date: 6/3/15 Time: 1350

DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4985 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1504637



Advanced  
Environmental Laboratories, Inc.

Lab Receipt Date & Time: 7-7-15 1540  
 Analysis Date & Time: 7-7-15 1836  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

- Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shangri LA Lakeside PWS I.D.: 335 4028

PWS Address: 100 Shangri La Blvd City: Leesburg

PWS or PWS Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Collector: Todd W. Powell Collector's Phone #: 352-512 4799

Type of Supply: (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

- Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 7-7-15

DCNR: AD-0045 Effective 01/95, Revised 09/13/2012

To be completed by collector of sample:					To be completed by lab:					
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM 9222B</u>				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>1</sup>	Lab Sample #
1	Well #2	11:00	R				A			1
2	35210 Forest Ln	11:10	D	1.6			A			2
3	35115 Forest Ln	11:15	D	1.6			A			3

Average of disinfectant residuals for distribution routine & repeat samples. <sup>4</sup> Free Chlorine or Total Chlorine (circle one). 1.6

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# C-21032)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_  
 Lab Signature: Matt Kish  
 Title: Analyst

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)  
US Water Corp  
4939 Cross Bayou Blvd  
New Port Richie, FL 34652

- Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.)  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent, P = Coliforms are present, C = confluent growth, TNTC = too numerous to count (62-350.730 Reporting Format).

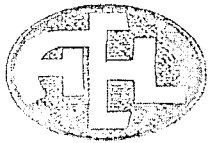
Relinquish By: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: Matt Kish  
 Date: 7-7-15 Time: 1350



DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535  
 9810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589  
 520 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E83076  
 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.5274 • Fax 850.219.6275 • E811095

A1505501



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 8/5/15 1605  
 Analysis Date & Time: 8/5/15 1605 1812  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements: \_\_\_\_\_

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shangcala PWS I.D.: 3354028

PWS Address: 100 Shangcala Blvd City: Leesburg

PWS or PWS Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Collector: Tom W Powell Collector's Phone #: 352-286-3164

Type of Supply: (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 8-4-15

DCN#: AD-D045 Effective 01/95, Revised 09/19/2012

To be completed by collector or sampler					To be completed by lab					
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM 9222B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	Well #2	3:00	R				A			1
2	33210 Forest Lake	3:10	D	1.3			A			2
3	35115 Forest Lake	3:15	D	1.3			A			3
	Well #1 offline	-								
Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> Free chlorine or Total chlorine (circle one).				1.3	Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.					
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____  Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> LA certified operator (# <u>C-26032</u> ) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water					Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report issued: _____ Lab Signature: <u>Matt Kell</u> Title: <u>Analyst</u>					
(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT) <u>US Water Corp</u> <u>4939 Cross Bayou Blvd</u> <u>New Port Richey, FL 34652</u>					<input type="checkbox"/> Satisfactory <span style="float: right;">DEP/DOH USE ONLY</span> <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____					

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Non-Transient (distribution), P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; F = Coliforms are present; C = Coliforms present; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: Penina Shah  
 Date: 8/5 Time: 1410

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 8881 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4985 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1298 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1506419



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 9/3/15 1545  
 Analysis Date & Time: 9-3-15 1718  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements: \_\_\_\_\_

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested: (check all that apply)**

- Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shangri La

PWS I.D.: 335-4028

PWS Address: 100 Shangri La Blvd.

City: Leesburg

PWS or PWS Owner's Phone #: \_\_\_\_\_

Fax #: 727-849-4219

Collector: Todd W. Powell

Collector's Phone #: 352-286-3164

**Type of Supply: (check only one)**

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling: (check all that apply)**

- Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 9/2/15

DCN#: AD-D045

Effective 01/95, Electronic Revision 11/04/2012

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	SM 9223		Analysis Method(s) <sup>4</sup>		
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	Well #1	2:10	R				A			1
2	Well #2 Off Line									
3	35210 Forest Lake	2:20	D	1.5			A			2
4	35115 Forest Lake	2:30	D	1.5			A			3
Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> <input checked="" type="checkbox"/> Free chlorine or <input type="checkbox"/> Total chlorine (check one).				1.5	Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report Issued: _____  Lab Signature: <u>Matthew Bell</u> Title: <u>Analyst</u>					
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____										
Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> A certified operator (# C-21032) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water										
INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT US Water Corp. 4939 Cross Bayou Blvd. New Port Richie, FL 34852						<input type="checkbox"/> Satisfactory <span style="float: right;">DEP/DOH USE ONLY</span> <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____				

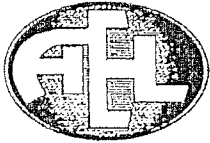
1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: Deanna Marshall  
 Date: 9/3/15 Time: 1350

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1298 Cedar Canter Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1507306



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 10/6/15 1540  
 Analysis Date & Time: 10-6-15 1930  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  4  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

- Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shangraia by the Lake PWS I.D.: 335-4028

PWS Address: 100 Shangraia La Blvd City: Leesburg Fla

PWS or PWS Owner's Phone #: 866-753-8292 Fax #: 727-849-4219

Collector: Joseph Byk Collector's Phone #: \_\_\_\_\_

**Type of Supply:** (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

- Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 10-6-15

DCN#: AD-0045 Effective 01/95, Revised 09/19/2012

To be completed by collector of sample					To be completed by lab					
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	well #, o.o.s	<del>1045</del>	R							
2	well # 2	1045	R	0.0			A			1
3	35147 Forest Lake	1050	D	1.2			A			2
4	office outside Home Bldg	1100	D	1.2			A			3
Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> Free chlorine or Total chlorine (circle one).				1.2						

**Disinfectant Residual Analysis Method:**

- DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (Check one of below):**

- A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Lab Signature: Matt Bell

Title: Analyst

**INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT:**

US Water  
4939 Cross Bayou Blvd  
New Port Richway Fla

- Satisfactory DEP/DOH USE ONLY

- Incomplete Collection Information

- Repeat Samples Required

- Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format)

Relinquish By: Jzh

Date: 10-6-15 Time: 1245

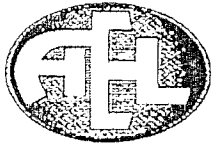
Received By: Purmasah

Date: 10/6/15 Time: 1345

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4865 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 8610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 328 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1508181



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 11/5/15 1515  
 Analysis Date & Time: 11-5-15 1743  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

- Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shangri La by the Lake PWS I.D.: 335-4028

PWS Address: 100 Shangri La Blvd City: \_\_\_\_\_

PWS or PWS Owner's Phone #: \_\_\_\_\_ Fax #: 327-849-4219

Collector: Joseph Byk Collector's Phone #: \_\_\_\_\_

**Type of Supply:** (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

- Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 11-5-15

DCN#: AD-0045 Effective 01/95, Revised 09/19/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	Well 1	0930	R	0.0			A			1
2	Well 2 out of Service									
3	35100 Forest Lake	0940	D	1.6			A			2
4	Clubhouse Hose Bibb	0950	D	1.6			A			3
Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> Free chlorine or Total chlorine (circle one).								1.6		

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one). 1.6

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# C-5934)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_

Lab Signature: Brandon O'Hara  
 Title: Client Services Manager

PERSON NAME AND MAILING ADDRESS  
 (IF PERSON TO RECEIVE REPORT)  
V. S. Water  
4939 CROSS BAYOU BLVD  
NEW PORT RICHEY FL

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

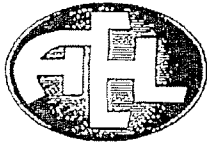
1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plumb Tap, S = Special (cleanance, etc).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plumb samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550 7.31 Reporting Format).

Relinquish By: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: Premnesh  
 Date: 11/5/15 Time: 1340

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6631 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Bld • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9640 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53075
- 1283 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E611095

A1508979



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 12/8/15 1515  
 Analysis Date & Time: 12-8-15 1734  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 \*This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

- Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shongai Ln PWS I.D.: 335-4028

PWS Address: 100 Shongai Ln Blvd City: Leesburg FL

PWS or PWS Owner's Phone #: \_\_\_\_\_ Fax #: 727-849-4219

Collector: Joseph Byt Collector's Phone #: \_\_\_\_\_

**Type of Supply:** (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

- Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 12-8-15

DCN#: AD-C045 Effective 01/95, Revised 09/19/2012

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>4</sup>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	Well #1	1000	R	0.0		A				1
2	Well #2 Off Line		R							2
3	35210 Forest Lake	1010	D	1.6		A				2
4	35115 Forest Lake	1020	D	1.6		A				3

Average of disinfectant residuals for distribution routine & repeat samples. \* Free chlorine or Total chlorine (circle one). 1.6

**Disinfectant Residual Analysis Method:**

- DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (Check one of below):**

- A certified operator (# C-5934)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Lab Signature: Mark Webb

Title: Analyst

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

U.S. Water  
4939 Cross Bayou Blvd  
New Port Riches FL

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: JR ph

Date: 12-8-15 Time: 1130

Received By: Debra Marshall

Date: 12/8/15 Time: 1335

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 1501-1771

PWS ID (From Page 1): 3354028

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.01	U	SM4500NO3E	0.01	1/22/15	1450HR	E 83141
1041	Nitrite (as N)	1	mg/L	0.01	U	SM4500NO3E	0.01	1/22/15	1422HR	E 83141

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: A1502695001

PWS ID (From Page 1): \_\_\_\_\_

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.051	U	EPA 300.0	0.051	04/23/2015	19:47	E53076
1041	Nitrite	1	mg/L	0.053	U	EPA 300.0	0.053	04/23/2015	19:47	E53076
1005	Arsenic	0.010	mg/L	0.00039	U	EPA 200.8	0.00039	04/28/2015	16:20	E82574
1010	Barium	2	mg/L	0.011		EPA 200.7	0.00028	05/04/2015	13:48	E82574
1015	Cadmium	0.005	mg/L	0.00014	U	EPA 200.8	0.00014	04/28/2015	16:20	E82574
1020	Chromium	0.1	mg/L	0.00053	U	EPA 200.8	0.00053	04/28/2015	16:20	E82574
1024	Cyanide	0.2	mg/L	0.020	U	SM 4500-CN-E	0.020	05/02/2015	14:40	E87688
1025	Fluoride	4.0	mg/L	0.16	I	EPA 300.0	0.075	04/23/2015	19:47	E53076
1030	Lead	0.015	mg/L	0.0012	U	EPA 200.8	0.0012	04/28/2015	16:20	E82574
1035	Mercury	0.002	mg/L	0.000010	U	EPA 245.1	0.000010	05/04/2015	11:59	E82574
1036	Nickel	0.1	mg/L	0.00054	U	EPA 200.8	0.00054	04/28/2015	16:20	E82574
1045	Selenium	0.05	mg/L	0.0029	U	EPA 200.8	0.0029	04/28/2015	16:20	E82574
1052	Sodium	160	mg/L	7.7		EPA 200.7	0.026	05/04/2015	13:48	E82574
1074	Antimony	0.006	mg/L	0.00023	U	EPA 200.8	0.00023	04/28/2015	16:20	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	05/04/2015	13:48	E82574
1085	Thallium	0.002	mg/L	0.00028	U	EPA 200.8	0.00028	04/28/2015	16:20	E82574

\*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: A1502695001

PWS ID (From Page 1): \_\_\_\_\_

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	05/04/2015	13:48	E82574
1017	Chloride	250	mg/L	11		EPA 300.0	0.78	04/23/2015	19:47	E53076
1022	Copper	1	mg/L	0.00054	U	EPA 200.8	0.00054	04/28/2015	16:20	E82574
1025	Fluoride	2.0	mg/L	0.16	I	EPA 300.0	0.075	04/23/2015	19:47	E53076
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	05/04/2015	13:48	E82574
1032	Manganese	0.05	mg/L	0.0013	I	EPA 200.8	0.00028	04/28/2015	16:20	E82574
1050	Silver	0.1	mg/L	0.00013	U	EPA 200.8	0.00013	04/28/2015	16:20	E82574
1055	Sulfate	250	mg/L	16		EPA 300.0	0.52	04/23/2015	19:47	E53076
1095	Zinc	5	mg/L	0.016		EPA 200.7	0.0020	05/04/2015	13:48	E82574
1905	Color	15	PCU	5.0	U	SM 2120 B	5.0	04/23/2015	16:40	E53076
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/23/2015	08:46	E53076
1925	pH	6.5 - 8.5	SU	8.0	Q	SM 4500H+B		04/22/2015	17:15	E53076
1930	Total Dissolved Solids	500	mg/L	190		SM 2540 C	10	04/23/2015	08:14	E53076
2905	Foaming Agents	0.5	mg/L	0.038	U	SM 5540 C	0.038	04/24/2015	10:45	E82001

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

\*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**

VOLATILE ORGANICS

62-550.310(4)(a)

Report Number / Job ID: A1502695001

PWS ID (From Page 1): \_\_\_\_\_

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/29/2015	13:49	E84589
2380	cis-1,2-Dichloroethylene	70	ug/L	0.45	U	EPA 524.2	0.45	0.5	04/29/2015	13:49	E84589
2955	Xylenes (total)	10,000	ug/L	0.48	U	EPA 524.2	0.48	0.5	04/29/2015	13:49	E84589
2964	Dichloromethane	5	ug/L	0.20	U	EPA 524.2	0.20	0.5	04/29/2015	13:49	E84589
2968	o-Dichlorobenzene	600	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/29/2015	13:49	E84589
2969	para-Dichlorobenzene	75	ug/L	0.19	U	EPA 524.2	0.19	0.5	04/29/2015	13:49	E84589
2976	Vinyl Chloride	1	ug/L	0.32	U	EPA 524.2	0.32	0.5	04/29/2015	13:49	E84589
2977	1,1-Dichloroethylene	7	ug/L	0.24	U	EPA 524.2	0.24	0.5	04/29/2015	13:49	E84589
2979	trans-1,2-Dichloroethylene	100	ug/L	0.34	U	EPA 524.2	0.34	0.5	04/29/2015	13:49	E84589
2980	1,2-Dichloroethane	3	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/29/2015	13:49	E84589
2981	1,1,1-Trichloroethane	200	ug/L	0.32	U	EPA 524.2	0.32	0.5	04/29/2015	13:49	E84589
2982	Carbon tetrachloride	3	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/29/2015	13:49	E84589
2983	1,2-Dichloropropane	5	ug/L	0.46	U	EPA 524.2	0.46	0.5	04/29/2015	13:49	E84589
2984	Trichloroethylene	3	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/29/2015	13:49	E84589
2985	1,1,2-Trichloroethane	5	ug/L	0.39	U	EPA 524.2	0.39	0.5	04/29/2015	13:49	E84589
2987	Tetrachloroethylene	3	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/29/2015	13:49	E84589
2989	Chlorobenzene	100	ug/L	0.35	U	EPA 524.2	0.35	0.5	04/29/2015	13:49	E84589
2990	Benzene	1	ug/L	0.15	U	EPA 524.2	0.15	0.5	04/29/2015	13:49	E84589
2991	Toluene	1,000	ug/L	0.20	U	EPA 524.2	0.20	0.5	04/29/2015	13:49	E84589
2992	Ethylbenzene	700	ug/L	0.20	U	EPA 524.2	0.20	0.5	04/29/2015	13:49	E84589
2996	Styrene	100	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/29/2015	13:49	E84589

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

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

\*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.

## Ron Derossett

---

**From:** Aviles, Andrea  
**Sent:** Monday, April 20, 2015 10:32 AM  
**To:** Diane Kibitlewski  
**Subject:** RE: 2015 SOC Waivers

Diane –

These waivers are approved.

Thank you.

Andrea

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

Good Morning,

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

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

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

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

**U.S. Water**  
Services Corporation



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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: A1505909001  
Disinfectant Residual (mg/L) 1.0  
PWS ID (From Page 1): 3354028

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

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

- \*\* Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
- \*\*\* Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).
- \*\*\*\* Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

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

\*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.

2/21/15

### Lead and Copper Tap Sample Analysis And Result Ranking Report

Reporting Format 62-550.730(4)(a)

System Name: Shangri-La  
 PWS-ID: 3354028  
 Laboratory Name: Advanced Environmental Laboratories, Inc.  
 Laboratory Contact: Brandon O'Hara  
 Lab Phone Number: (407)937-1594

Date Submitted to Lab: 09/02/2015 16:09  
 Report Date: September 21, 2015  
 Lead or Copper: Lead  
 90th Percentile Value: 0.0012

A	RANK	LOCATION		CLIENT SAMPLE		LAB SAMPLE ID	DATE SITE	LEAD (mg/L)	QUAL.	MDL (mg/L)	METHOD	ANALYSIS DATE	LAB ID
		NO	TIER	ID	SITE								
	1			13	176 Taiwan Island	A1506378004	09/01/2015	0.0012	U	0.0012	EPA 200.8	09/20/2015	E82574
	2			11	127 Burma Island	A1506378002	09/01/2015	0.0012	U	0.0012	EPA 200.8	09/20/2015	E82574
	3			12	247 Talpel Island	A1506378003	09/01/2015	0.0012	U	0.0012	EPA 200.8	09/20/2015	E82574
	4			1	106 China Ln	A1506378001	08/23/2015	0.0012	U	0.0012	EPA 200.8	09/20/2015	E82574
	5			14	155 Formosa Island	A1506378005	09/01/2015	0.0012	U	0.0012	EPA 200.8	09/20/2015	E82574
	6			15	193 Singapore Island	A1506378006	09/01/2015	0.0019	I	0.0012	EPA 200.8	09/20/2015	E82574

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

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:

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

## Lead and Copper Tap Sample Analysis And Result Ranking Report

Reporting Format 62-550.730(4)(a)

System Name: Shangri-La  
 PWS-ID: 3354028  
 Laboratory Name: Advanced Environmental Laboratories, Inc.  
 Laboratory Contact: Brandon O'Hara  
 Lab Phone Number: (407)937-1594

Date Submitted to Lab: 09/02/2015 16:09  
 Report Date: September 21, 2015  
 Lead or Copper: Copper  
 90th Percentile Value: 0.010

A	RANK	LOCATION		CLIENT SAMPLE		LAB SAMPLE ID	DATE SITE	COPPER (mg/L)	QUAL.	MDL (mg/L)	METHOD	ANALYSIS DATE	LAB ID
		NO	TIER	ID	SITE								
	1			13	176 Taiwan Island	A1506378004	09/01/2015	0.0036		0.00054	EPA 200.8	09/20/2015	E82574
	2			12	247 Taipei Island	A1506378003	09/01/2015	0.0046		0.00054	EPA 200.8	09/20/2015	E82574
	3			1	106 China Ln	A1506378001	08/23/2015	0.0062		0.00054	EPA 200.8	09/20/2015	E82574
	4			14	155 Formosa Island	A1506378005	09/01/2015	0.0079		0.00054	EPA 200.8	09/20/2015	E82574
	5			11	127 Burma Island	A1506378002	09/01/2015	0.010		0.00054	EPA 200.8	09/20/2015	E82574
	6			15	193 Singapore Island	A1506378006	09/01/2015	0.019		0.00054	EPA 200.8	09/20/2015	E82574

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

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:

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



**SUMMIT**  
ENVIRONMENTAL TECHNOLOGIES, INC.  
Analytical Laboratories

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

## QC SUMMARY REPORT

WO#: 15042571  
04-May-15

Client: Advanced Environmental Laboratories, Inc  
Project: A1302695

BatchID: R36529

Sample ID: MB-R36529	SampType: MBLK	TestCode: Cyanide,Tota	Units: mg/L	Prep Date:	RunNo: 36529						
Client ID: PBW	Batch ID: R36529	TestNo: A4500-CN-E		Analysis Date: 5/2/2015	SeqNo: 523353						
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Cyanide, Total	ND	0.0200									

Sample ID: LCS-R36529	SampType: LCS	TestCode: Cyanide,Tota	Units: mg/L	Prep Date:	RunNo: 36529						
Client ID: LCSW	Batch ID: R36529	TestNo: A4500-CN-E		Analysis Date: 5/2/2015	SeqNo: 523354						
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Cyanide, Total	0.0510	0.0200	0.05000	0	102	85	115				

Sample ID: 15042535-001AMS	SampType: MS	TestCode: Cyanide,Tota	Units: mg/L	Prep Date:	RunNo: 36529						
Client ID: BatchQC	Batch ID: R36529	TestNo: A4500-CN-E		Analysis Date: 5/2/2015	SeqNo: 523356						
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Cyanide, Total	0.0460	0.0200	0.05000	0	92.0	75	125				

Sample ID: 15042535-001AMSD	SampType: MSD	TestCode: Cyanide,Tota	Units: mg/L	Prep Date:	RunNo: 36529						
Client ID: BatchQC	Batch ID: R36529	TestNo: A4500-CN-E		Analysis Date: 5/2/2015	SeqNo: 523357						
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Cyanide, Total	0.0490	0.0200	0.05000	0	98.0	75	125	0.04600	6.32	30	

Qualifiers:	* Value exceeds Maximum Contaminant Level.	B Analyte detected in the associated Method Blank	E Value above quantitation range
	H Holding times for preparation or analysis exceeded	J Analyte detected below quantitation limits	M Manual Integration used to determine
	MC Value is below Minimum Compound Limit.	ND Not Detected at the Reporting Limit	O RSD is greater than RSDlimit
	P Second column confirmation exceeds	PL Permit Limit	R RPD outside accepted recovery limits



## Department of Environmental Protection

Central District

PWS ID #: 3354028

PWS NAME: SHANGRI LA BY THE LAKE

POPULATION: 328

### 2014 DRINKING WATER MONITORING REQUIREMENTS

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

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

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

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

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

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

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255**  
**P. O. BOX 447, FRUITLAND PARK, FL 34731**  
**Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3195**  
 Contact Person: John Fredock

Lab Receipt Date & Time: 1/9/14 1230  
 Analysis Date & Time: 1/9/14 1300-7310w  
 Sample Acceptance Criteria:  
 Sample Preservations:  On Ice  Not On Ice  °C  
 Disinfectant Check:  Not Detected  mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: STANGLI LA BY THE LAKE PWS I.D. 3354028

PWS Address: 100 STANGLI-LA BLVD. City: LEESBURG

PWS or PWS Owner's Phone #: 727-848-9282 Fax #: \_\_\_\_\_

Collector: B SMITH Collector's Phone #: 407-712-5498

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 1.9.14

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> : <u>See results</u>				
						Non-Conform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL #1	1110	R	0	—	A	A		1426-769	
2	WELL #2	1115	R	0	—	A	A			770
3	35147 FOREST LAKE	1055	D	1.4	—	A	A			771
4	OFFICE OSMB	1100	D	1.6	—	A	A			772

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (circle one). 1.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# C13523)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report issued: 1/10/14  
 Lab Signature: [Signature]  
 Title: QA Mgr

US WATER  
4939 CROSS BAYOU BLVD  
NEW PORT RICHAIE, FL  
34652

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 DEP/DOH Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_



**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(52 550.730 Reporting Format: Effective 01/1/1995, Revised 02/2010)

**PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255**  
**P. O. BOX 447, FRUITLAND PARK, FL 34731**  
**Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3198**  
**Contact Person: John Fredock**

Lab Receipt Date & Time: 2/6/14 1230  
 Analysis Date & Time: 2/6/14 1300-1306  
**Sample Acceptance Criteria:**  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI LA PWS I.D. 3354028

PWS Address: 100 SHANGRI LA BLVD. City: LEESBURG

PWS or PWS Owner's Phone #: 727-848-8292 Fax #: \_\_\_\_\_

Collector: B. SMITH Collector's Phone #: 407-712-5498

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 2-6-14

to be completed by collector of sample						to be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>Sn/urb</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL #1	1000	R	Ø	-	A	A			1402-641
2	WELL #2	1005	R	Ø	-	A	A			647
3	35100 FOREST LAKE	1010	D	0.9	-	A	A			648
4	COURTHOUSE OSHAB	1015	D	1.0	-	A	A			649

Average of disinfectant residuals for distribution routine & repeat samples (Free chlorine or Total chlorine (circle one)). 95

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# C13525)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: 2/7/14

Date Report Issued: \_\_\_\_\_

Lab Signature: [Signature]

Title: QA Mgr

U.S. WATER  
4939 CROSS BAYOU BLVD.  
NEW PORT RICHA, FL.  
34652

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 DEP/DOH Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> For Sample Types see instructions item 1.1.6.  
<sup>2</sup> For Analysis Methods see instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-150, Table 1.

<sup>5</sup> Composite for non-community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1996, Revised 02/2010)

**PLANT TECHNICIANS, INC. LAB ID#: E93141 QA#: 870255**  
**P. O. BOX 447, FRUITLAND PARK, FL 34731**  
**Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196**  
 Contact Person: John Fredock

Lab Receipt Date & Time: 3/5/14 13:00  
 Analysis Date & Time: 3/5/14 1328-1334N  
**Sample Acceptance Criteria:**  
 Sample Preservation:  On Ice  Not On Ice  °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI LA PWS I.D. 3354028

PWS Address: 100 SHANGRI LA BLVD City: LEESBURG

PWS or PWS Owner's Phone #: 727-848-8292 Fax #: \_\_\_\_\_

Collector: B. SMITH Collector's Phone #: 467-712-5498

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 3.5.14

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> : <u>San Gen B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL#1	1010	R	0	—	A	A		1403-509	
2	WELL#2	1015	R	0	—	A	A			510
3	35210 FOREST LAKE	1025	D	1.0	—	A	A			511
4	35715 FOREST LAKE	1020	D	0.9	—	A	A			512

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one). 0.95

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# CL3525)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report issued: 3/6/14  
**Lab Signature:** [Signature]  
 Title: QA Mgr

US WATER  
4939 CROSS BAYOU BLVD  
1020 PORT RICHIE, FL  
34652

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 DEP/DOH Reviewing Official: \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions Item 1.1.6.  
<sup>2</sup> For Analysis Methods see Instructions Item 11.5.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-169, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 1,000. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(82-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255**  
**P. O. BOX 447, FRUITLAND PARK, FL 34731**  
**Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196**  
 Contact Person: John Fredock

Lab Receipt Date & Time: 4/2/14 12:00  
 Analysis Date & Time: 4/2/14 12:16-13:31  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested: (check all that apply)**

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI-LA PWS I.D. 3354028

PWS Address: 100 SHANGRI-LA BLVD. City: LEESBURG

PWS or PWS Owner's Phone #: 727-848-8292 Fax #: \_\_\_\_\_

Collector: B. SMITH Collector's Phone #: 407-712-5498

**Type of Supply: (check only one)**

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling: (check all that apply)**

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 4-2-14

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> : <u>SM9222B</u>				
						Non-Conform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL #1	1045	R	0	—	A	A			1404-240
2	WELL #2	1040	R	0	—	A	A			240
3	35147 FOREST LAKE	1035	D	1.0	—	A	A			242
4	OFFICE OSHB	1030	D	1.2	—	A	A			243

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one). 1.1

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# 213925)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 4/13/14  
 Lab Signature: [Signature]  
 Title: QA Mgr

US WATER  
4939 CROSS BAYOU BLVD  
NEW PORT RICHIIE, FL  
34652

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 DEP/DOH Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16  
<sup>2</sup> For Analysis Methods see Instructions item 11.9  
<sup>3</sup> Please circle appropriate selection  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>5</sup> Complies for community & non-transient non-community systems serving population up to and including 4,350. Do not include raw or plant samples in the average

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(62-660.730 Reporting Format Effective 01/1995, Revised 02/2010)

**PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255**  
**P. O. BOX 447, FRUITLAND PARK, FL 34731**  
**Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196**  
 Contact Person: John Fredock

Lab Receipt Date & Time: 5/17/14 1220  
 Analysis Date & Time: 5/17/14 1321  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

- Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI-LA LAKESIDE

PWS I.D. 

3	3	5	4	0	2	8
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PWS Address: 100 SHANGRI LA BLVD

City: \_\_\_\_\_

PWS or PWS Owner's Phone #: 727-848-8292

Fax #: \_\_\_\_\_

Collector: R. SMITH

Collector's Phone #: 407-712-5498

**Type of Supply:** (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

- Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 5-5-14

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL #1	1155	R	φ	-	A	A		1405-755	
2	WELL #2	1200	R	φ	-	A	A			252
3	35700 FOREST LAKE	1045	D	1.0	-	A	A			257
4	CLUB HOUSE 6514B	1150	D	1.4	-	A	A			258

Average of disinfectant residuals for distribution routine & repeat samples. Free chlorine or Total chlorine (circle one). 1.2

**Disinfectant Residual Analysis Method:**

- DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

- A certified operator (# C13525)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Lab Signature: [Signature]

Title: QA Mgr

US WATER  
4939 CROSS BAYOU BLVD  
NEW PORT RICHEY, FL  
34652

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 DEP/DOH Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> For Sample Types see instructions item 1.16.  
<sup>2</sup> For Analysis Methods see instructions item 1.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
 \*Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255  
 P. O. BOX 447, FRUITLAND PARK, FL 34731  
 Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3198  
 Contact Person: John Fredock

Lab Receipt Date & Time: 6/3/14 12:15  
 Analysis Date & Time: 6/3/14 14:25-14:30  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  7 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI-LA / LAKES DEPWS I.D. 3354028

PWS Address: 160 SHAGRI LA BLVD City: LEEBSBURG

PWS or PWS Owner's Phone #: 727-848-8292 Fax #: \_\_\_\_\_

Collector: B. SMITH Collector's Phone #: 407-712-5498

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 6.3.14

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> : <u>SM 922B</u>				
						Non-Coniform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL # 1	1130	R	0	-	A	A			1426-444
2	WELL # 2	1135	R	0	-	A	A			445
3	35210 FOREST LAKE	1120	D	1.0	-	A	A			446
4	35115 FOREST LAKE	1125	D	0.9	-	A	A			447
				0.95						

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (circle one).

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# 013525)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report issued: \_\_\_\_\_

Lab Signature: [Signature]

Title: [Signature]

US WATER  
 4939 CROSS BAYCOE BLVD  
 NEW PORT RICHEY, FL 34652

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 DEP/DOH Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(82-360.730 Reporting Format Effective 01/19/85, Revised 02/2010)

**PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255**  
**P. O. BOX 447, FRUITLAND PARK, FL 34731**  
**Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196**  
 Contact Person: John Fredock

Lab Receipt Date & Time: 7/8/14 11:40  
 Analysis Date & Time: 7/8/14 1200-1205  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  °C  
 Disinfectant Check:  Not Detected  mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI-LA

PWS I.D. 3354028

PWS Address: 142 SHANGRI-LA BLVD

City: LEESBURG

PWS or PWS Owner's Phone #: 727-848-8292 Fax #: \_\_\_\_\_

Collector: B. SMITH

Collector's Phone #: 407-712-5498

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 7.8.14

To be completed by collector or sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> : <u>SW92MB</u>				
						Non-Conform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL #1	1105	R	0	-	A	A			1407-863
2	WELL #2	1110	R	0	-	A	A			864
3	35/47 FOREST LAKE	1100	D	1.3	-	A	A			865
4	OFFICE OS4B	1055	D	1.1	-	A	A			866

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one). 1.2

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# 213525)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 7/9/14

Lab Signature: [Signature]

Title: [Signature]

U.S. WATER  
 4939 CROSS BAYOU BLVD  
 NEW PORT RICHEY, FL  
 34452

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 DEP/DOH Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions Item 1.1.  
<sup>2</sup> For Analysis Methods see Instructions Item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62.160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4950. Do not include new or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(62-250.730 Reporting Format Effective 01/1999, Revised 02/2010)

PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255  
 P. O. BOX 447, FRUITLAND PARK, FL 34731  
 Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196  
 Contact Person: John Fredock

Lab Receipt Date & Time: 8/5/14 1330  
 Analysis Date & Time: 8/5/14 1532-1535  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  LFC  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirement:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI LA/LAKESIDE

PWS I.D. 

3	3	5	4	0	2	8
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PWS Address: 100 SHANGRI LA BLVD

City: LEESBURG

PWS or PWS Owner's Phone #: 727-848-9292

Fax #: \_\_\_\_\_

Collector: B. SMITH

Collector's Phone #: 407-712-5499

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 8.5.14

To be completed by collector or sampler						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> Sm 922, B				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL #1	1250	R	0	—	A	A		1408	438
2	WELL #2	1255	R	0	—	A	A			439
3	35100 FOREST LAKE	1305	D	1.2	—	A	A			440
4	CLUB HOUSE OSHB	1310	D	1.0	—	A	A			441

Average of disinfectant residuals for distribution routine & repeat samples:  Free chlorine  Total chlorine (circle one).

1.1

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# C13525)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report issued: 8/6/14  
 Lab Signature: [Signature]  
 Title: QA Manager

US WATER  
 4939 CROSS BAYOO BLVD  
 NEW PORT RICHEY, FL.  
 34652

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 DEP/DOH Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> For Sample Types see instructions item I.1.  
<sup>2</sup> For Analysis Methods see instructions item II.0.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-1.0, Table 1.  
 Complete for community & non-transient non-community systems serving populations up to and including 4,500. Do not include new or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(92-550, 700 Reporting Format Effective 01/1995, Revised 02/2010)

**PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255**  
**P. O. BOX 447, FRUITLAND PARK, FL 34731**  
**Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196**  
 Contact Person: John Fredock

9/3/14 1300 T

Lab Receipt Date & Time: \_\_\_\_\_  
 Analysis Date & Time: 9/3/14 1327-1330  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  \_\_\_\_\_ °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI-LA PWS I.D. 

3	3	5	4	0	2	8
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PWS Address: 100 SHANGRI-LA BLVD. City: LEESBURG

PWS or PWS Owner's Phone #: 727-848-8292 Fax #: \_\_\_\_\_

Collector: R. SMITH Collector's Phone #: 407-712-5498

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 9.3.14

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup>				
						Non-Conform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL #1	1220	R	0	-	A	A			1409-256
2	WELL #2	1225	R	0	-	A	A			-257
3	35270 FOREST LAKE	1210	D	1.4	-	A	A			-258
4	35115 FOREST LAKE	1215	D	1.0	-	A	A			259

Average of disinfectant residuals for distribution routine & repeat samples<sup>5</sup> Free chlorine or Total chlorine (circle one). 1.2

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# 013525)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: 9/4/14

Date Report Issued: \_\_\_\_\_

Lab Signature: [Signature]

Title: QA Manager

**U.S. WATER**  
**4939 CROSS BAYOU BLVD.**  
**NEW PORT RICHEY, FL**  
**34652**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 DEP/DOH Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions Item 1.6.  
<sup>2</sup> For Analysis Methods see Instructions Item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Data 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.



**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/10/05, Revised 02/2010)

**PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255**  
**P. O. BOX 447, FRUITLAND PARK, FL 34731**  
**Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196**  
 Contact Person: John Fredock

Lab Receipt Date & Time: 6/21/14 10:40  
 Analysis Date & Time: 6/19/14 11:16 = 11:20  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI-LA/LAKESIDE PWS I.D. 

3	3	5	4	0	2	8
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PWS Address: 100 SHANGRI-LA BLVD. City: LEESBURG

PWS or PWS Owner's Phone #: 727-848-9282 Fax #: \_\_\_\_\_

Collector: B. SMITH Collector's Phone #: 407-712-5498

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 10.6.14

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> : <u>52922B</u>				
						Non-Coniform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL #1	1535	R	0	-	A	A		140	578
2	WELL #2	1540	R	0	-	A	A			579
3	35147 FORESTLAKE	1525	D	0.8	-	A	A			580
4	OFFICE OSHB	1530	D	1.0	-	A	A			581

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one). 0.9

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

Certified operator (# C13525)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: 10/8/14  
 Date Report issued: \_\_\_\_\_  
 Lab Signature: [Signature]  
 Title: QA Mgr

U.S. WATER  
4939 CROSS BAYOU BLVD  
NEW PORT RICHI, FL  
34652

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 DEP/DOH Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> For Sample Type see Instructions Item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions Item 02.0.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-150, Title 1.  
<sup>5</sup> Composite for community & non-transient non-community systems serving populations up to and including 1,000. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/16/95, Revised 02/2010)

**PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255**  
**P. O. BOX 447, FRUITLAND PARK, FL 34731**  
**Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196**  
 Contact Person: John Fredock

Lab Receipt Date & Time: 11/15/14 14:00  
 Analysis Date & Time: 11/16/14 9:00-9:10am  
**Sample Acceptance Criteria:**  
 Sample Preservation:  On Ice  Not On Ice  7°C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI-LA LAKESIDE PWS I.D. 

3	3	5	7	0	2	8
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PWS Address: 100 SHANGRI-LA BLVD. City: LEESBURG

PWS or PWS Owner's Phone #: 727-848-9282 Fax #: \_\_\_\_\_

Collector: B. SWINTH Collector's Phone #: 407-212-5498

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 11-5-14

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>Sm 922 B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>2</sup>	Data Qualifier <sup>3</sup>	Lab Sample #
1	WELL #1	1240	R	0	-	A	A		LY1-513	
2	WELL #2	1245	R	0	-	A	A		514	
3	35100 FOREST LAK	1255	TD	1.5	-	A	A		515	
4	CLUB HOUSE BETA	1300	TD	1.3	-	A	A		516	

Average of disinfectant residuals for distribution routine & repeat samples.<sup>4</sup> Free chlorine<sup>5</sup> or Total chlorine (circle one). 1.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# C13525)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 11/7/14  
**Lab Signature:** [Signature]  
**Title:** QA Mgr

LES WATER  
4939 CROSS BAYOU BLVD  
NEW PORT RICHER, FL  
34652

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 DEP/DOH Reviewing Official: \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analyte Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-150, Table 1.  
<sup>5</sup> Composite for community & non-transient non-community systems serving populations up to and including 1,920. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/10/95, Rev/Issd 02/2010)

**PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870255**  
**P. O. BOX 447, FRUITLAND PARK, FL 34731**  
**Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196**  
 Contact Person: John Fraddock

Lab Receipt Date & Time: 12/4/14 1330  
 Analysis Date & Time: 12/4/14 1413-1416  
**Sample Acceptance Criteria:**  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: SHANGRI-LA PWS I.D. 3354028

PWS Address: 100 SHANGRI-LA BLVD City: EUSTIS

PWS or PWS Owner's Phone #: 727-848-9282 Fax #: \_\_\_\_\_

Collector: R. SMITH Collector's Phone #: \_\_\_\_\_

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 12.4.14

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> : <u>Singrubb</u>				
						Non-Conform	Total Conform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL #1	1300	R	0	—	A	A			677
2	WELL #2	1305	R	0	—	A	A			678
3	35210 FOREST LAKE	1250	D	1.1	—	A	A			679
4	35715 FOREST LAKE	1255	D	0.9	—	A	A			680

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one). 1.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# 613525)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report issued: 12/5/14  
 Lab Signature: [Signature]  
 Title: QA Mgr

US WATER  
4939 CROSS BAYOU BLVD  
NEW PORT RICHEY, FL 34652

Satisfactory  
 Incomplete Collection information  
 Repeat Samples Required  
 Replacement Samples Required  
 DEP/DOH Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions Item 1.14.  
<sup>2</sup> For Analysis Methods see Instructions Item 2.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or pilot samples in the average.

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 1402-635

PWS ID (From Page 1): 3354028

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.01	U	SM4500NO3F	0.01	2/06/14	1400HR	E 83141
1041	Nitrite (as N)	1	mg/L	0.01	U	SM4500NO3E	0.01	2/06/14	1256HR	E 83141

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

Page 3 of 4

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, M, 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.

**SOUTHERN ANALYTICAL LABORATORIES, INC.**

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-655-1644 FAX 813-655-2218



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

Plant Technicians Inc.  
Shangri-La *1408 mg/L*  
WWTP OHB 7908-1802

**DISINFECTION BYPRODUCTS**  
62-550.310(3)

Report Number / Job ID: 1409036-01  
Disinfectant Residual (mg/L) (From Page 1): 0.6  
PWS ID (From Page 1): 3354028

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

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

\*Qualifiers:

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

*3095*

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

System Name: Shangri La PWS I.D. #: 335 4028  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 100 Shangri La Blvd  
City: Leesburg Fla ZIP Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: A1509454001 Sample Date: 12-29-15 Sample Time: 1100 AM PM (Circle One)  
Sample Location (be specific): North well Location Code: \_\_\_\_\_

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

**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
- Replacement (of Invalidated Sample)
- Confirmation of MCL Exceedance\*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites\*\*
- Clearance (permitting)
- Other: North well samples

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, Joseph Byk, Certified Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Joseph Byk Date: 12-29-15  
Certified Operator #: C-5934 Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_  
Sampler's E-mail: \_\_\_\_\_

## 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: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E53076 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE \*

Address: 380 Northlake Blvd., Suite 1048 Altamonte Payments: P.O. Box Phone #: (407)937-1594

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: E82001, E82574, E84589, E84025

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received: 12/29/2015

PWS ID (From Page 1): 3354028 Sample Number (From Page 1): A1509454001 Lab Assigned Report # or Job A1509454

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

- |  |   |  |  |   |  |
|--|---|--|--|---|--|
| <p><u>Inorganics</u></p> <input checked="" type="checkbox"/> All Except Asbestos<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Nitrate<br><input type="checkbox"/> Nitrite<br><input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30<br><input checked="" type="checkbox"/> All Except Dioxin<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input checked="" type="checkbox"/> All 21<br><input type="checkbox"/> Partial | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes<br><input type="checkbox"/> Haloacetic Acids<br><input type="checkbox"/> Chlorite<br><input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input checked="" type="checkbox"/> Single Sample<br><input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input checked="" type="checkbox"/> All 14<br><input type="checkbox"/> Partial |
|--|---|--|--|---|--|

### LAB CERTIFICATION

I, Brandon O'Hara, Client Services Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Brandon O'Hara Date: 1/2/16

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

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

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES**

**NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER.** (Non-detects reported as "BDL" or with a "<" are not acceptable.)

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No Replacement Sample or Report Requested:  Yes  No (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

**INORGANIC CONTAMINANTS**

62-550.310(1)

Report Number / Job ID: A1509454001

PWS ID (From Page 1): 3354028

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

\*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: A1509454001

PWS ID (From Page 1): 3354028

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

\*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**

VOLATILE ORGANICS  
62-550.310(4)(a)

Report Number / Job ID: A1509454001

PWS ID (From Page 1): 3354028

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

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

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

\*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**

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: A1509454001

PWS ID (From Page 1): 3354028

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

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

\*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.

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

Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES

62-550.310(6)

Client ID: AEL Altamonte Springs A1509454001

KNL Report Number/Job ID: 15.13588

PWS ID(From Page 1): 3359028

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

Reporting Format 62-550.730

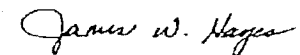
Effective January 1995, Revised February 2010.

- \* Qualifier Codes: U = indicates that the compound was analyzed for but not detected.  
 I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.
- \*\* If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.
- \*\*\* If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl.U) of 15 pCi/L. If the result for ID 4002 Gross Alpha (incl.Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.
- \*\*\*\* If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

Page of

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

Approved by:



James W. Hayes  
 Laboratory Director

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

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- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1509154



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 12/14/15 1510  
 Analysis Date & Time: 12-14-15 1717  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shenquita Lakeside PWS I.D.: 335 4028

PWS Address: 100 Shenquita Blvd City: Leesburg

PWS or PWS Owner's Phone #: 727-845-8252 Fax #: 727-845-9215

Collector: Nathan Foster Collector's Phone #: 352 455 8557

Type of Supply: (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 12-14-15

DCN#: AD-D045 Effective 01/05, Revised 09/19/2012

To be completed by collector of sample					To be completed by lab					
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM 19222B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
<u>S1</u>	<u>North Well (New)</u>	<u>6:30 AM</u>	<u>R</u>	<u>0</u>			<u>A</u>			<u>1</u>
<u>S2</u>	<u>North Well (New)</u>	<u>1230</u>	<u>R</u>	<u>0</u>			<u>A</u>			<u>2</u>

Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> Free chlorine or Total chlorine (circle one). 0

Disinfectant Residual Analysis Method:

DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):

- A certified operator (# CT626)
- Supervised by certified operator (# \_\_\_\_\_)
- Employed by a certified lab  Employed by DEP or DOH
- Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Lab Signature: Matt Walsh

Title: Analyst

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

US Water Services  
4534 Cross Bayou Blvd  
New Port Kelsey AL 36652

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Refer to Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550, 739 Reporting Format).

Relinquish By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

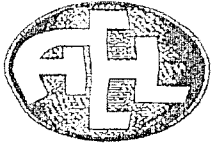
Received By: Purnomas

Date: 12/14/15 Time: 1335

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

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 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535  
 2810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589  
 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076  
 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

**A1509210**



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 12/15/15 1520  
 Analysis Date & Time: 12-15-15 1713  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected   
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shawnee (Dehesa) PWS I.D.: 3354628

PWS Address: 100 Shawnee Blvd City: Leesburg

PWS or PWS Owner's Phone #: 727-845-6252 Fax #: 727-845-4215

Collector: Nathan Foster Collector's Phone #: 752-465-8557

Type of Supply: (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 12-15-15

DCN#: AD-D045

Effective 01/95, Revised 09/19/2012

To be completed by collector of sample					To be completed by lab					
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup>			Data Qualifier <sup>4</sup>	Lab Sample #
S3	Northwell (New)	6:45 AM	R	0		SM9228				1
S4	Northwell (New)	1:30	R	0						2
Average of disinfectant residuals for distribution routine & repeat samples. (Free chlorine or Total chlorine (circle one)).				0						
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____  Person performing disinfectant analysis is (Check one of below): <input type="checkbox"/> A certified operator (# <u>C17626</u> ) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report Issued: _____  Lab Signature: <u>Matt Kell</u> Title: <u>Analyst</u>				
INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT:  <u>US Water Services</u> <u>19351 Coopers Bayou Blvd</u> <u>New Port Richey FL 34652</u>						<input type="checkbox"/> Satisfactory <span style="float: right;">DEP/DOH USE ONLY</span> <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____				

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TSTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

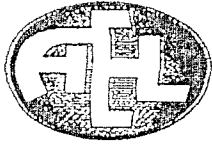
Received By: [Signature]

Date: 12/15/15 Time: 1350

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

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- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9516 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 2639 N. Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275 • E811095

A1509259



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 12/16/15 1600  
 Analysis Date & Time: 12-16-15 1742  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

- Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shangri-La Lakeside PWS I.D.: 3354028

PWS Address: 100 Shangri-La Blvd City: Leesburg

PWS or PWS Owner's Phone #: 727-446-6747 Fax #: 727-446-4225

Collector: Nathan Foster Collector's Phone #: 852-455-4521

**Type of Supply:** (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

- Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 12/16/15

DCN#: AD-D045 Effective 01/95, Printable Revision 04/30/2015

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by collector or sampler		To be completed by lab		
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
55	North Well (New)	630	R	0			A			1
56	North Well (New)	635	R	0			A			2

Average of disinfectant residuals for distribution routine & repeat samples:  Free chlorine or  Total chlorine (check one).

**Disinfectant Residual Analysis Method:**

- DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (Check one of below):**

- A certified operator (# 01128)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Lab Signature: Matt Walsh

Title: Analyst

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

US Water Services  
4935 Cross Bayou Blvd  
New Port Richey FL 34652

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).

2. Lab certification number for the listed method is included at top with the laboratory address.

3. Please circle appropriate selection.

4. Defined in Florida Administrative Code Rule 62-160, Table 1.

5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

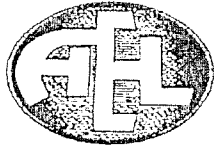
Received By: [Signature]

Date: 12/16/15 Time: 1415

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

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 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589  
 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076  
 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

**A1509282**



**Advanced  
Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 12/17/15 1505  
 Analysis Date & Time: 12-17-15 1715  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected   
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shongite (Leake Side) PWS I.D.: 3354026

PWS Address: 100 Shongite Blvd City: Leakside

PWS or PWS Owner's Phone #: 727-444-4252 Fax #: 727-444-4219

Collector: Walter Foster Collector's Phone #: 352-455-8577

Type of Supply: (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System

Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey

Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 12/17/15

DCN#: AD-D045

Effective 01/95, Revised 09/19/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM9228</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
57	North Well (New)	630	R	0		A				1
58	North Well (New)	1300	R	0		A				2

Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> Free chlorine or Total chlorine (circle one). 0

Disinfectant Residual Analysis Method:

DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):

A certified operator (# 21765)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Lab Signature: Matt Kelly

Title: Analyst

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

US Water Services  
4535 Cross Bayon Blvd  
New Port Spidway FL 34652

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc).  
 2. Lab verification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-169, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.736 Reporting Format).

Relinquish By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received By: [Signature]

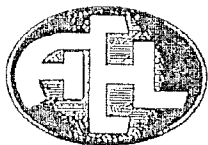
Date: 12/17/15 Time: 1335



**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.869.2268 • Fax 954.889.2281 • E82935
- 9510 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1509296



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 12/18/15 1400  
 Analysis Date & Time: 12-18-15 1542  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice 4°C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Shenandoah (Lake Side) PWS I.D.: 335408

PWS Address: 100 Shenandoah Blvd City: Leesburg

PWS or PWS Owner's Phone #: 727-944-8253 Fax #: 727-944-4242

Collector: William Foster Collector's Phone #: 352-455-4547

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System

Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey

Clearance  Replacement (also check type of sample being replaced)  Boll Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 12-18-15

DCN#: AD-D045 Effective 01/95, Revised 09/19/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Analysis Method(s) <sup>2</sup> <u>SM9222B</u>				
						Non-Coliform	Total Coliform	Focal, <i>E. coli</i> , Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
S9	North well (New)	635	R	0			A			1
S10	North well (New)	1255	R	0			A			2

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> (Free chlorine or Total chlorine (circle one)). 0

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (Check one of below):**

- A certified operator (# C17625)
- Supervised by certified operator (# \_\_\_\_\_)
- Employed by a certified lab  Employed by DEP or DOH
- Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Lab Signature: [Signature]

Title: \_\_\_\_\_

**[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]**

US Water Services  
4939 Cross Bayou Blvd  
New Port Mackey FL 34652

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received By: [Signature]

Date: 12/18/15 Time: 1400

Billing History Report

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

Bill Date	Bill Days	Consumption	Total Charges
08/24/2015	4	0.0000	0.00
09/23/2015	30	40.0000	160.64
10/21/2015	30	0.0000	0.00
12/04/2015	31	3.0000	9.51
12/24/2015	32	0.0000	0.00
01/22/2016	29	0.0000	0.00
02/23/2016	12	0.0000	0.00
02/23/2016	15	0.0000	6.77
03/21/2016	33	1.0000	3.47
04/22/2016	30	0.0000	0.00
05/24/2016	32	5.0000	18.37
06/24/2016	30	2.0000	6.94
07/21/2016	29	3.0000	10.41
08/23/2016	31	1.0000	3.47
09/22/2016	30	3.0000	10.41
10/24/2016	30	1.0000	3.47
11/21/2016	31	3.0000	10.41
12/23/2016	29	1.0000	3.47
01/20/2017	34	2.0000	6.94
02/22/2017	28	0.0000	0.00
03/22/2017	28	0.0000	0.00
04/24/2017	31	1.0000	3.47
05/23/2017	28	2.0000	6.94
<b>Totals</b>	<b>637</b>	<b>68.0000</b>	<b>264.69</b>
<b>Averages</b>		<b>3.0909</b>	<b>12.03</b>

Billing History Report

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

Bill Date	Bill Days	Consumption	Total Charges
08/24/2015	4	0.0000	1.66
09/23/2015	30	0.0000	12.59
10/21/2015	30	1.0000	15.76
12/04/2015	31	0.0000	12.59
12/24/2015	32	0.0000	12.59
01/22/2016	29	1.0000	15.76
02/23/2016	15	1.0000	10.24
02/23/2016	12	0.0000	4.95
03/21/2016	33	6.0000	36.62
04/22/2016	30	1.0000	17.23
05/24/2016	32	1.0000	17.23
06/24/2016	30	1.0000	17.23
07/21/2016	29	0.0000	13.76
08/23/2016	31	2.0000	20.70
09/22/2016	30	1.0000	17.23
10/24/2016	30	1.0000	17.23
11/21/2016	31	0.0000	13.76
12/23/2016	29	1.0000	17.23
01/20/2017	34	2.0000	20.70
02/22/2017	28	1.0000	17.23
03/22/2017	29	0.0000	13.76
04/24/2017	30	0.0000	13.76
05/23/2017	28	1.0000	17.23
<b>Totals</b>	<b>637</b>	<b>21.0000</b>	<b>357.04</b>
<b>Averages</b>		<b>0.9545</b>	<b>16.23</b>

## Troy Rendell

---

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

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

However, I discussed further with Ms. Righter today, February 6<sup>th</sup> and agreed to apply her requested adjustment of \$62.86 to her account.

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

Troy Rendell  
U.S. Water Services Corporation  
**U.S. Water**  
Services Corporation  
4939 Cross Bayou Boulevard  
New Port Richey, FL 34652  
(Office) 727-848-8292 x245  
(Mobile) 727-777-2508  
(Fax) 727-848-7701  
(E-Mail) [trendell@uswatercorp.net](mailto:trendell@uswatercorp.net)

# LAKE SIDE WATERWORKS, INC.

January 23, 2017

Janet Righer  
159 Formosa Island Rd.  
Leesburg, FL 34788

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

Dear Ms. Righer:

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

At that time, I did offer you a credit adjustment equal to  $\frac{1}{2}$  of the consumption or for 9,000 gallons. This would have been an adjustment of \$45.51 to your account. At that time you refused the credit adjustment and requested that all of the consumption for that month be credited. As I previously explained, this was a new meter and we couldn't offer an adjustment of the entire amount.

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

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

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

Page 2 of 2

Ms. Righter

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

Sincerely,

A handwritten signature in cursive script that reads "Troy Rendell". The signature is written in black ink and is positioned above the typed name.

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

Cc: Ron DeRossett, Util Mngr USW

# LAKESIDE WATERWORKS, INC.

January 30, 2017

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

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

Dear Ms. McCray:

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

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

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

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

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

Sincerely,



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

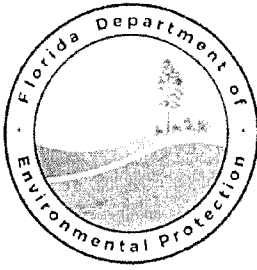
Cc: Ron DeRossett, Util Mngr USW

Billing History Report

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

Bill Date	Bill Days	Consumption	Total Charges
01/22/2015	31	0.0000	0.00
02/20/2015	29	0.0000	0.00
03/20/2015	31	0.0000	0.00
04/21/2015	31	1.0000	3.13
05/21/2015	32	37.0000	146.50
07/01/2015	28	49.0000	195.22
07/21/2015	30	29.0000	115.83
08/21/2015	33	30.0000	119.54
09/21/2015	30	36.0000	144.20
10/21/2015	30	22.0000	86.66
11/25/2015	31	8.0000	29.12
12/23/2015	32	1.0000	3.17
01/22/2016	29	0.0000	0.00
02/23/2016	12	0.0000	0.00
02/23/2016	15	0.0000	6.77
03/21/2016	33	2.0000	6.94
04/22/2016	30	1.0000	3.47
05/24/2016	32	16.0000	67.76
06/24/2016	30	12.0000	49.80
07/21/2016	29	12.0000	49.80
08/23/2016	31	9.0000	36.33
09/22/2016	30	5.0000	18.37
10/24/2016	30	0.0000	0.00
11/21/2016	31	0.0000	0.00
12/23/2016	29	18.0000	76.74
01/20/2017	34	1.0000	3.47
<b>Totals</b>	<b>763</b>	<b>289.0000</b>	<b>1,162.82</b>
<b>Averages</b>		<b>11.5600</b>	<b>46.51</b>





## Florida Department of Environmental Protection

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

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Jonathan P. Steverson  
Secretary

April 15, 2016  
Sent by Email

Ron Derossett, Facility Manager  
Lakeside Waterworks, Inc  
4939 Cross Bayou Boulevard  
New Port Richey, FL 34652  
[rderossett@uswatercorp.net](mailto:rderossett@uswatercorp.net)

DEP File No. 0080550-006-WC  
County: Lake  
Lakeside Waterworks, Inc  
PWS ID 3354028  
Total clearance for: Lakeside Waterworks  
Replacement Well WR-1-Equip and Connect

Dear Mr. Derossett:

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

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

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

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

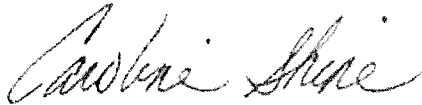
As per the well completion report the well location coordinates are: Latitude 28°51'43.71" N., Longitude 81°45'09.15"W.

**Components Included in this Clearance:**

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

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

FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION



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

CDS/jym

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



**FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION**  
CENTRAL DISTRICT  
3319 MAGUIRE BOULEVARD, SUITE 232  
ORLANDO, FLORIDA 32803

RICK SCOTT  
GOVERNOR

HERSCHEL T. VINYARD JR.  
SECRETARY

November 26, 2013

Ms. Robin Higgins, Compliance Manager  
US Water Corporation  
4939 Cross Bayou Blvd.  
New Port Richey, FL 34652  
[rhiggins@uswatercorp.com](mailto:rhiggins@uswatercorp.com)

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

Dear Ms. Higgins:

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

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

Sincerely,

A handwritten signature in cursive script that reads "Wanda Parker-Garvin".

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

Enclosures: Inspection Report (with attachments)

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

Plant Name SHANGRI-LA BY THE LAKE UTILITIES, INC. County \_\_\_\_\_ Lake \_\_\_\_\_ PWS ID # 3354028  
Plant Location 100 Shangri-La Blvd., Leesburg, FL 34788 Phone 352/589-7744  
Owner Name US Water Corporation Phone 727/848-8292  
Owner Address 4939 Cross Bayou Blvd., New Port Richey, FL 34652  
Contact Person Robin Higgins Title Operations/Compliance Phone 727/848-8292  
This Survey Date 10/30/13 Last Survey Date 9/7/10 Last Compliance Inspection Date 5/29/12

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 180,000 gpd

PWS STATUS: Approved

**TREATMENT PROCESSES IN USE**

Hypochlorination, aeration

**SERVICE AREA CHARACTERISTICS**

Mobile home park

Food Service:  Yes  No  N/A

Number of Service Connections 168

Population Served 328 Basis Operator

**OPERATION & MAINTENANCE LOG: Yes**

Location Plant

Comments \_\_\_\_\_

**CERTIFIED OPERATOR: Yes**

Operator(s) & Certification Class-Number:

Bruce Smith C-13525

Hrs/day: Required \_\_\_\_\_ Visit\* \_\_\_\_\_ Actual \_\_\_\_\_ Visit\* \_\_\_\_\_

Days/wk: Required 3 Actual 5

Non-consecutive Days?  Yes  No  N/A

Comments \*Visits must add up to a cumulative total of at least 0.3 hr/week.

**MONTHLY OPERATION REPORTS (MORs)**

MORs submitted regularly?  Yes  No  N/A

Data missing from MORs?  No  Yes  N/A

Average Day (from MORs) 26,770 gpd

Maximum Day (from MORs) 51,700 gpd 3/13

Comments \_\_\_\_\_

Flow Measuring Device Flow Meter

Meter Size & Type 4" McCrometer/6" Water Spec.

Date Last Calibrated Unknown

**RAW WATER SOURCE**

GROUND; Number of Wells 2

PURCHASED from PWS ID # \_\_\_\_\_

Emergency Water Source \_\_\_\_\_

Emergency Water Capacity \_\_\_\_\_

**STANDBY POWER SOURCE: Yes**

Source Generac model no. SG015EPS-15

Capacity of Standby (kW) 20

Switchover:  Automatic  Manual

Hrs Operated Under Load 1 hr/wk.

What equipment does it operate?

Well Pumps Well #1

High Service Pumps HSP #1

Treatment Equipment All

Satisfy avg. daily demand?  Yes  No  Unknown

Audio-visual alarm?  Yes  No

Comments \_\_\_\_\_

**PLANS AND MAPS**

Coliform Sampling Plan  Yes  No  N/A

D/DBP Monitoring Plan  Yes  No  N/A

Lead and Copper Plan  Yes  No  N/A

Distribution System Map  Yes  No  N/A

Emergency Response Plan  Yes  No  N/A

Comments \_\_\_\_\_

**PREVENTIVE MAINTENANCE/O&M**

Operation & Maintenance Manual  Yes  No

Preventive Maintenance Program  Yes  No

Flushing Program  Yes  No  N/A

Records  Yes  No  N/A

Isolation Valve Exercise  Yes  No  N/A

Records  Yes  No  N/A

Comments \_\_\_\_\_

**CROSS CONNECTION CONTROL**

# BFPAs 1 # Tested 1

WWTP RPZ Yes Date Tested 2009

Written Plan Yes Date 2007

Comments \_\_\_\_\_

OLD  
Collapsed  
and  
replaced  
well

PWS ID # 3354028  
Date 10/30/13

**GROUND WATER SOURCE**

Well Number (Florida Unique Well ID #)	1 (AAH6720)	2 (AAH6721)		
Year Drilled	1975	1999		
Depth Drilled	340'	330'		
Drilling Method	Cable tool	Cable tool		
Type of Grout	Unknown	Neat cement		
Static Water Level	14'	12'		
Pumping Water Level	Unknown	12'		
Design Well Yield	250	850		
Test Yield	Unknown	1,200 gpm		
Actual Yield (if different than rated capacity)	Unknown	Unknown		
Strainer	Unknown	Open hole		
Length (outside casing)	200'	191'		
Diameter (outside casing)	6"	8"		
Material (outside casing)	Black steel	Black steel		
Well Contamination History	None	None		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	N/A	N/A	
	Reuse Water	N/A	N/A	
	WW Plumbing	>200'	>200'	
	Other Sanitary Hazard	None observed	None observed	
PUMP	Type	Submersible	Submersible	
	Manufacturer Name	Unknown	Unknown	
	Model Number	Unknown	30NSBYCZ-T	
	Rated Capacity (gpm)	270	850	
	Motor Horsepower	3	30	
Well casing 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal	OK	OK		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Security	Yes	Yes		
Well Vent Protection	N/A	Yes		

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PWS ID # 3354028  
 Date 10/30/13

**CHLORINATION (Disinfection)**

Type:  Gas  Hypo  
 Make Stenner (4) Capacity 17 gpd  
 Chlorine Feed Rate 45% / 100% / 45% / 45%  
 Avg. Amount of Cl<sub>2</sub> gas used N/A  
 Chlorine Residuals: Plant N/A Remote 1.3  
 Remote tap location WWTF  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points Pre & post aeration  
 Booster Pump Info N/A  
 Comments \_\_\_\_\_

**STORAGE FACILITIES**

(G) Ground (C) Clearwell (E) Elevated  
 (B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	G	H1	H2
Capacity (gal)	20,000	3,000	5,000
Material	Concrete	Steel	Steel
Gravity Drain	Yes	Yes	Yes
By-Pass Piping	Yes	Yes	Yes
Protected Openings	Yes	Yes	Yes
Sight Glass or Level Indicator	N/A	Yes	Yes
PRV/ARV	N/A	PRV	PRV
Pressure Gauge	N/A	Yes	Yes
On/Off Pressure	N/A	35/55	35/55
Access Secured	Yes	Yes	Yes
Access Manhole	Yes	Yes	Yes
Tank Sample Tap Location	On tank	On tank	On tank
Date of Inspection	N/A	8/12	8/12
Date of Cleaning	N/A	8/12	8/12

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl <sub>2</sub> capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl <sub>2</sub> residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl <sub>2</sub> leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

**AERATION (Gases, Fe, & Mn Removal)**

Type Spray Capacity 1,100 gpm  
 Aerator Condition Good  
 Visible Algae Growth No  
 Protective Screen Condition OK  
 Frequency of Cleaning As needed  
 Date Last Inspected/Cleaned 3/13  
 Comments \_\_\_\_\_

**HIGH SERVICE PUMPS**

Pump Number	1	2	3	4
Type	Centrifugal			
Make	Goulds	Goulds	Jacuzzi	Jacuzzi
Model	3656	3656	20DC4	20DC4
Capacity (gpm)	125	125	545	545
Motor HP	7.5	7.5	20	20
Date Installed	1999	1999	2001	2001

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DEFICIENCIES:**

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

**REMINDERS:**

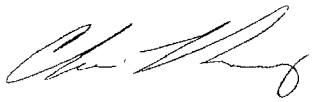
**Provide documentation that the finished-drinking-water meter has been calibrated.**

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

- For monitoring schedules and information about the Drinking Water Program, please visit the Central District's Drinking Water website at <http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm>
- Suppliers of water shall submit written notification to the Department before beginning work or alterations to the public water system. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office or Approved County Health Department and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required.
- Suppliers of water shall telephone the SWO at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system. [Rule 62-555.350(10)(a), F.A.C.]
- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office as soon as possible, but never later than noon of the next business day, in the event of any of the following emergency or abnormal operating conditions:
  - o The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
  - o The failure of a public water system to comply with applicable disinfection requirements; or
  - o The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]
- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]

**REMINDERS (continued):**

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

Inspector  Title Env. Specialist II Date 11/25/13

Approved by  Title Environmental Manager Date 11/26/13



**LAKESIDE WATERWORKS, INC**

4939 Cross Bayou Boulevard  
New Port Richey, Florida 34652

DATE: **May 30, 2017**

TO: All Shareholders

Delivery Method: Email to EA SH

RE: **Call for Capital**

Dear Shareholders:

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

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

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

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

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

Best Regards,

Gary Deremer  
President  
727-919-0408