

LAKESIDE WATERWORKS, INC.

FILED 8/4/2017
DOCUMENT NO. 06614-2017
FPSC - COMMISSION CLERK

August 4, 2017

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

*Re: Re: Docket No. 20160195-WS - Application for Staff Assisted Rate Case
(SARC) in Lake County by Lakeside Waterworks, Inc. – Additional Pro Forma
Plant items*

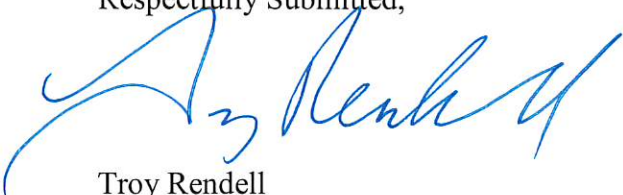
Dear Commission Clerk,

Lakeside Waterworks, Inc. (Lakeside) submits the attached invoices for pro forma plant for consideration in the above referenced docket. These items occurred after the customer meeting. The high service pumps had to be rebuilt at the water treatment plant. This was undertaken in response to the customer comments concerning water pressure issues given at the customer meeting. The high service pumps required rebuilding in order to address the customers' concerns on low water pressure throughout the system.

In addition, the pump and motor in the newly drilled well went out and had to be replaced. When the new well was drilled, Lakeside utilized the old pump and motor from the retired well in an effort to keep costs down. Unfortunately, these became inoperable on July 18, 2017 and Lakeside had to take the well out of service in order to replace the pump and motor. See attached Incident Report. The well has been cleared and was placed back in service. See clearance samples attached.

Please include this letter and attachment in the above reference docket.

Respectfully Submitted,



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



4939 Cross Bayou Boulevard
New Port Richey, FL 34652

Invoice

Invoice #	852403
Date	7/17/2017
Due Date	8/16/2017
Account #	2535
P.O. or W.A #	

Bill To
Lakeside Waterworks, Inc. Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652

Project
2535-88 WTP Rebuild High Service Pumps

Date	Description	Qty	U/M	Rate	Amount
6/22/2017	Rebuilt High Service Pumps #1 and #2 at the WTP. Replaced bearings, seal, seal sleeve, cleaned and sprayed varnish windings on 20 HP, 3-phase, 230/460v 3525 RPM Baldor Centrifical Pump #1. Materials and Labor to Complete Scope of Service	1		986.78	986.78
6/26/2017	Replaced bearings, seal, seal sleeve, cleaned and sprayed varnish windings on 20 HP, 3-phase, 230/460v 3525 RPM Baldor Centrifical Pump #2. Materials and Labor to Complete Scope of Service	1		980.46	980.46
Entered: _____ COA Code: <u>311</u> Approved: <u>@ 8-1-17</u> Paid: _____ Date: _____					

Please remit payment to the above address. We appreciate your business!		Total	\$1,967.24
		Payments/Credits	\$0.00
		Balance Due	\$1,967.24

Telephone	Email
727-848-8292 Ext 219	asantiago@uswatercorp.net

C.W.D.I., Inc. dba Citrus Well Drilling

P.O. Box 369
 Hernando, FL 34442
 Phone 352-726-5454
 Fax 352-726-8788

INVOICE

Date	Invoice #
7/26/2017	19489

Bill To				Ship To			
US Water Services Corp. 4939 Cross Bayou Blvd New Port Richey , Fl. 34652 Voice: 727-848-8292 Fax: 727-848-7701 E				Lakeside Water Works Shangri-La 100 Shangri-La Blvd Leesburg			
P.O. Number		Terms	Due Date	Rep	Ray & Todd's Cell Numbers		
		Due on receipt	7/26/2017	RT	Ray's 352-302-1481	Todd's 352-302-2348	
Qty	Item	Description			Price	Amount	
4.5	LA 0001	Hours of service labor for hoist truck and two men (KM & CL) to remove pump from well to replace pump			175.00	787.50	
1	NFI	30 HP 30STS6-8 submersible turbine pump with 30 HP, 3 phase, 230 volt SEI submersible motor (submersible pump end made to fit order)			9,941.00	9,941.00	
1	CV 2004	4" 80-DI ductile iron check valve with heavy duty spring			592.00	592.00	
63	GAP 4400	ft. of 4" galvanized pipe t & c			17.84	1,123.92	
63	SC 1216	4-3 Sub cable w/ground			5.68	357.84	
1	HS 1344	4 wire XL heat shrink kit for # 6 wire			72.60	72.60	
6.5	LA 0001	Hours of service labor for hoist truck and two men to install NEW 30 HP pump and motor in well, wire, and test run			175.00	1,137.50	
					Total	\$14,012.36	

INCIDENT REPORT

PWS ID: 335-4028 PWS Name: Shangri La by the Lake

Contact Person: Melisa Rotteveel Phone: 866-753-8292

Date: 07/18/17 Time: am Was the event a planned outage, or a malfunction?

Time water system was/is expected to be back in service: Time: N/A

Situation was reported to:

DEP Date: 07/19/17 Time: 1100 Person Contacted: DEP Central District - DWS

Health Dept. Date: _____ Time: _____ Person Contacted: _____

Other Date: _____ Time: _____ Person Contacted: _____

Location of trouble: North Potable Water Well (#2)

If material failure, give a (complete as possible) description of the material(s) including size, type, any available manufacturing information shown on the failed product. If known, include cause of failure:

North Well inoperable (#2)

Statement of trouble: Upon performing operational visit on 07/18/2017, operator found the North well (#2) inoperable, confirmed this morning 07/19/2017

Corrective action: a work order to further investigate and repair the well has been requested. The system will operate on the South well until the north well can be returned to service.

Number of customers affected: No loss of system pressure or disinfectant was experienced, able to maintain system pressure with second well (#1).

Were customers notified? Yes No Explain No loss of system pressure or disinfectant was experienced

Was a precautionary boil water notice issued? Yes No

Was water line flushed and chlorine residual restored prior to placing back into service? NA

Were bacteriological samples taken? Yes No Location taken: Upon repair of the well, clearance samples will be collected and submitted to the Department prior to placing into service.

If a **Precautionary Boil Water Notice** was issued, please attach or submit together with this report. Bacteriological reports (2 days) as well as a rescission notice must follow.

Additional remarks: No loss of system pressure or disinfectant was experienced

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
 10700 USA Today Way • Miramar, FL 33025 • 954.869.2288 • Fax 954.869.2281 • E82535
 2610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • 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

A1705662



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 7/27/17 1600
 Analysis Date & Time: 7/27/17 1701
 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: Leesburg FL

PWS or PWS Owner's Phone #: 727-540-8292 Fax #: 727-848-7701

Collector: S. Byr 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: 7-26-17 Day 1st

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 lab				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ¹	Data Qualifier ⁴	Lab Sample #
1	North well	20100	R	0.0		A				1

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (check one). 0.0

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: Matt Ull

Title: Analyst

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

US Water

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: [Signature]

Date: 7-27-17 Time: 1240

Received By: [Signature]

Date: 7/27/17 Time: 1345

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E02574
 4905 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E02001
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E02535
 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E04589
 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 • E011095

Lab Receipt # _____
A 170 5662



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 1600 7/27/17
 Analysis Date & Time: 7/27/17 1702
 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 Lakes PWS I.D.: 335-4028

PWS Address: 100 Shangri La Blvd City: Loxley Ala

PWS or PWS Owner's Phone #: 227-848-8292 Fax #: 227-848-7701

Collector: J. 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: 7-27-17 Day 2102

DCN#: AD-D945 Effective 01/95, Printable Revision 01/30/2015

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ¹	Lab Sample #
1	north well	11:30	R	0.0			A			2
Average of disinfectant residuals for distribution routine & repeat samples: <input checked="" type="checkbox"/> Free chlorine or <input type="checkbox"/> Total chlorine (check one) <u>0.0</u>						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>C-5934</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: _____				
Date Report Issued: _____						Lab Signature: <u>Maitell</u>				
Date Reviewed by DEP/DOH: _____						Title: <u>Analyst</u>				
DEP/DOH Reviewing Official: _____						<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required DEP/DOH USE ONLY				
Date: _____						Date: _____				

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.
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 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: JHJ
 Date: 7-27-17 Time: 1240
 Received By: [Signature]
 Date: 7/27/17 Time: 1345