

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

-M-E-M-O-R-A-N-D-U-M-

DATE: September 21, 2017
TO: Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk
FROM: Clayton Lewis, U S Engineering Specialist, Division of Engineering *CL*
RE: Docket No. 20160195-WS-Application for staff-assisted rate case in Lake County
by Lakeside Waterworks, Inc.

Please file the attached chemical analysis testing dated 8-14-17 in the above mentioned docket file.

Thank you

Terri Jones

From: Clayton Lewis
Sent: Thursday, September 21, 2017 11:53 AM
To: Terri Jones
Cc: Laura King
Subject: FW: Shangri La - 3Q2017 (August) DBP results
Attachments: Shangri La 3Q2017 DBP 081417.pdf; Shangri La 3Q2017 DBP Summary Report 082517.pdf; scanner@uswatercorp.net_20170921_094314.pdf

Please file this email and attachments in the Docket File. Thank you

From: Troy Rendell [<mailto:trendell@uswatercorp.net>]
Sent: Thursday, September 21, 2017 10:46 AM
To: Clayton Lewis
Subject: FW: Shangri La - 3Q2017 (August) DBP results

See attached. Also the e-mail to FDEP requesting that we go to **reduced monitoring**.

From: Diane Kibitlewski [<mailto:dkibitlewski@uswatercorp.net>]
Sent: Thursday, September 21, 2017 10:43 AM
To: Troy Rendell
Subject: Shangri La - 3Q2017 (August) DBP results

Good Morning,

Attached are the 3Q2017 DBP sample results for Shangri La, I am also sending you the email that was sent to Monica Busam/ DEP on 8/25/2017.

We don't update OCULAS, DEP does this.

Thanks
Diane

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

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

System Name: Shangri La (Lakeside Water Works) PWS I.D. #: 335-4028
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 100 Shangri La Boulevard
 City: Leesburg ZIP Code: 34788
 Phone #: 888-753-8292 Fax #: 727-849-4219 E-Mail Address: MRotteveel@USWaterCorp.Net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1 (A1786094001) Sample Date: 8-14-17 Sample Time: 1240 AM (PM) (Circle One)
 Sample Location (be specific): Wastewater Treatment Plant Tap Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.9 mg/L Field pH: 8.84
 Reason(s) for Sample (Check all that apply)

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

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

Sampling Procedure Used or Other Comments:

3Q2017-DRP's

*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 Operator _____, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: [Signature] Date: 8-14-17
 Certified Operator #: C5934 Phone #: 888-753-8292 Sampler's Fax #: 727-849-4219
 Sampler's E-mail: MRotteveel@USWaterCorp.Net

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E53076 Certification Expiration Date: 06/30/2018

ATTACH CURRENT DOH ANALYTE

Address: 380 North Lake 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: E82535, E84589

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 08/14/2017

PWS ID (From Page 1): _____ Sample Number (From Page 1): A1706084001 Lab Assigned Report # or Job A1706084

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

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

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: 08/23/2017

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: 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**

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: A1706084001

Disinfectant Residual (mg/L) 0.9

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 # |
|-----------|-------------|-----|-------|-----------------|-----------|-------------------|---------|------------------|---------------|---------------|-------------------------|
|-----------|-------------|-----|-------|-----------------|-----------|-------------------|---------|------------------|---------------|---------------|-------------------------|

| | | | | | | | | | | | |
|------|-------------------------------|-----|------|-------|---|-----------|------|---|------------|-------|--------|
| 2450 | Monochloroacetic Acid | N/A | ug/L | 0.50 | U | EPA 552.2 | 0.50 | 2 | 08/18/2017 | 05:19 | E84589 |
| 2451 | Dichloroacetic Acid | N/A | ug/L | 10.48 | | EPA 552.2 | 0.81 | 1 | 08/18/2017 | 05:19 | E84589 |
| 2452 | Trichloroacetic Acid | N/A | ug/L | 3.37 | | EPA 552.2 | 0.91 | 1 | 08/18/2017 | 05:19 | E84589 |
| 2453 | Bromoacetic Acid | N/A | ug/L | 2.98 | | EPA 552.2 | 0.54 | 1 | 08/18/2017 | 05:19 | E84589 |
| 2454 | Dibromoacetic Acid | N/A | ug/L | 0.54 | U | EPA 552.2 | 0.54 | 1 | 08/18/2017 | 05:19 | E84589 |
| 2456 | Total Haloacetic Acids (HAAs) | 60 | ug/L | 16.82 | | EPA 552.2 | 0.50 | — | 08/18/2017 | 05:19 | E84589 |

| 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 | 7.70 | | EPA 524.2 | 0.39 | 1 | 08/17/2017 | 17:50 | E82535 |
| 2942 | Bromoform | N/A | ug/L | 0.26 | U | EPA 524.2 | 0.26 | 1 | 08/17/2017 | 17:50 | E82535 |
| 2943 | Bromodichloromethane | N/A | ug/L | 0.14 | U | EPA 524.2 | 0.14 | 1 | 08/17/2017 | 17:50 | E82535 |
| 2944 | Dibromochloromethane | N/A | ug/L | 0.32 | U | EPA 524.2 | 0.32 | 1 | 08/17/2017 | 17:50 | E82535 |
| 2950 | Total Trihalomethanes | 80 | ug/L | 7.70 | | EPA 524.2 | 0.14 | — | 08/17/2017 | 17:50 | E82535 |

** 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.



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: 3Q2017

SYSTEM INFORMATION

PWS ID Number: 335-4028

PWS Name: Shangri La (Lakeside Waterworks Inc)

Source Water Type and Population Size Category:

| | |
|--|--|
| <input type="checkbox"/> Ground Water: <input type="checkbox"/> 10,000 – 99,999 <input type="checkbox"/> 100,000 – 499,999 <input type="checkbox"/> ≥ 500,000 | <input checked="" type="checkbox"/> Subpart H: <input checked="" type="checkbox"/> 500 – 3,300 <input type="checkbox"/> 3,301 – 9,999 <input type="checkbox"/> 10,000 – 49,999 <input type="checkbox"/> 50,000 – 249,999 |
|--|--|

| | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> 250,000 – 999,999 | <input type="checkbox"/> 1,000,000 – 4,999,999 | <input type="checkbox"/> ≥ 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.

VED



Diane Kibitlewski <dkibitlewski@uswatercorp.net>

Shangri La - 3Q Stage II DBP results

1 message

Diane Kibitlewski <dkibitlewski@uswatercorp.net>
To: "Busam, Monica" <Monica.Busam@dep.state.fl.us>

Fri, Aug 25, 2017 at 3:48 PM


Good Afternoon,

Attached is the 3Q2017 Stage II DBP sample results for Shangri La, PWS# 335-4028, along with the 3Q Summary Report.

We would like to request for reduced monitoring on the Stage II DBP sampling, please review and let me know if you approve.

Thank you
Diane M Kibitlewski
Compliance Coordinator
866-753-8292 Ext. 244

2 attachments

 Shangri La 3Q2017 DBP 081417.pdf
1406K

 Shangri La 3Q2017 DBP Summary Report 082517.pdf
930K