



Aqua Utilities Florida, Inc.  
2228 Capital Circle NE, Ste. 2A  
Tallahassee, FL 32308

December 20, 2012

Ms. Ann Cole, Director  
Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Betty Easley Conference Center, Room 110  
Tallahassee, FL 32399-0850

RECEIVED TPOC  
12 DEC 31 AM 9:01  
COMMISSION CLERK

*In Re: Application for increase in water and wastewater rates in Alachua, Brevard, DeSoto, Hardee, Highlands, Lake, Lee, Marion, Orange, Palm Beach, Pasco, Polk, Putnam, Seminole, Sumter, Volusia, and Washington Counties by Aqua Utilities Florida, Inc., Docket No. 100330-WS - Monitoring Report*

Dear Ms. Cole:

In accordance with Order No. PSC-12-0102-FOF-WS in Docket No. 100330-WS, enclosed are the original and eight (8) of the following reports and summaries relative to the Aqua Utilities Florida, Inc. ("AUF") Monitoring Plan for the quarter of September through December 2012:

1. Quarterly Reports Regarding PBWNs;
2. Call Center Monitoring Statistics Report;
3. Management Quality Performance Report;
4. Florida Complaint Support Information Report;
5. Florida Score Card;
6. Quarterly Environmental Report (warning letters, consent orders, notice of violation).

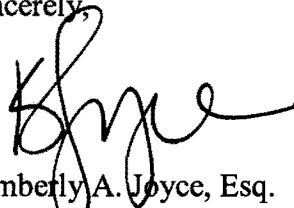
Please acknowledge receipt of this filing by stamping the extra copy of this letter "filed" and returning the copy to me. There is no need to return the attachments, just a copy of the cover letter.

COM	_____
AFD	_____
APA	_____
ECO	_____
ENG	_____
GCL	_____ 4 _____
IDM	_____
TEL	_____
CLK	_____

DATE RECEIVED  
08355 DEC 31 2012  
TPOC-COMMISSION CLERK

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Joyce".

Kimberly A. Joyce, Esq.  
Rates and Regulatory Manager

Enclosures

cc: Bruce May, Holland & Knight  
Ralph Jaeger, Esq.  
Patti Christensen, Office of Public Counsel  
Cecilia Bradley, Esq.

AUF – Quarterly  
PBWN Report

08355 DEC 31 2  
FPSC-COMMISSION CLERK

**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: October 26, 2012

Location/System: Zephyr Shores, Pasco County, PWS 6512018

- A. PBWN issued by door tags for 50 customers in Zephyr Shores, The Condominiums at approximately 10:30 a.m. on Tuesday October 23, 2012.
- B. Explanation For Each Occurrence – The location was at 4822 Bobby Lane, Zephyr Shores, The Condominiums. Service line leak and corporation stop would not seat. Replaced corporation stop and repaired service line. AUF's operator flushed the system, verified chlorine residuals and collected bacti samples after service was restored. The water outage lasted approximately 1hour.
- C. Name of the systems where each PBWN occurred – Zephyrshores, Pasco County, PWS 6512018
- D. Number of customers affected – 50
- E. Explanation as to how the customers were notified – Door Tags.
- F. Length of Time the PBWN Remained in Effect – The PBWN was in effect for 3 days. Tuesday, 9/23/2012 – Thursday, 9/25/ 2012. Rescission notices were distributed by door tags.
- G. Summary of customer responses to the PBWN's: There were three calls to customer service concerning the outage.

### Water Malfunction Event Report

Date: 10/25/2012 System: Zephyrshores PWSID #: 6512018

Contact Person: Steve Fuller Phone: 813-267-2074

Aqua Utilities Florida became aware of the circumst: Date: 10/22/2012 Time: 200 PM

24 Hour Oral Report to: FDEP Telephone: E MAIL 10/24/12 Contact: Gerald Foster

Date/Time: 700 AM

DOH Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Client Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Operator in Responsible Charge (ORC) Steve Fuller

Was water service interrupted? (Less than 20 psi) Yes Number of Connections effected: 50

Precautionary boil water notices issues? YES Date Issued: 10/23/2012

By what means: (Door Hanger, TV, Radio, etc) Door Hanger

If a precautionary boil water notice was not issued, please explain why? \_\_\_\_\_

Period of Malfunction: From Date/Time: 10/23/2012 930 AM To Date/Time: 9/23/12 1030 AM

Has the Malfunction been corrected? Yes/No? YES

If No, Date/Time of expected completion: \_\_\_\_\_

Planned Outage? NO Failure? \_\_\_\_\_

Location of Malfunction or Line Break: 4822 Bobby LN

Description of problem: Service line leak before shut off.

Corrective Action Taken: Isolate service to customers to replace corp.stop and repair service line leak.

Bwn handed out via door hangers. Repairs made, samples pulled and passed. Rescinded notice delivered via door hangers.

Prior to placing the line back into service, was the line: (Yes/No)

Flushed YES

Superchlorinated YES

Bacteriological samples collected? YES

Results Attached? YES

If Not, expected to follow by: \_\_\_\_\_

If material failure, give (complete as possible) description of the material including size, type, any available manufacturing information shown on the failed product. If know, include cause of failure. Please note that all repair materials must be ANSI or NSF Certified for potable water use, and must be "Like for Like" with respect to the capacity, size, type of material, and location/alignment.

Additional Remarks if any: Repairs completed, Lines flushed and chlorinated, Bacts pulled and passed.

All customers received BWN and rescinded BWN Via door tag.

# Aqua Utilities Florida Water Notice

Date: 10-23-12  
System Name: Zephyr Shores  
Address: \_\_\_\_\_

Due to recent circumstances beyond our control, your area has experienced low water pressure. The low pressure was a result of:

- Water Main Break
- Water Main Construction
- Electrical Failure at Water Facility
- Explanation \_\_\_\_\_

In accordance with the regulatory entity for your water system, we are required to issue the following **Precautionary Boil Water Notification** to all affected customers which will remain in effect until the problem has been corrected and a bacteriological evaluation shows that the water is safe to drink.

To ensure destruction of all potentially harmful bacteria and other microbes, water used for drinking, cooking, making ice, brushing teeth or washing dishes should be boiled and cooled prior to consumption. The water should be brought to a rolling boil and continue to boil a full one minute. In lieu of boiling, you may purchase bottled water at your own expense.

If you have any questions regarding this matter you may contact:

**CUSTOMER SERVICE  
1(877) WTR-AQUA**

# Aqua Utilities Florida Water Notice

Date: 10-25-12  
System Name: Zephyr Shores  
Address: \_\_\_\_\_

The 10-23-12 <sup>DATE</sup> **Precautionary Boil Water Notification** is hereby rescinded, following the satisfactory completion of the bacteriological survey demonstrates the water is safe to drink.

If you have any questions regarding this matter you may contact:

**CUSTOMER SERVICE  
1(877) WTR-AQUA**

Form 002

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

- 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2289 • Fax 954.889.2261 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.830.9616 • Fax 813.830.4327 • E84589
- 528 S. North Lake Blvd., Ste. 1016 • Allamonte Springs, FL 32701 • 407.937.1694 • E53076



**Advanced Environmental Laboratories, Inc.**

Report Number: 112.13059 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: 20th RSTORER MHP

PWS I.D. 6512018

PWS Address: 3230 Hwy 54 West

City: 20th RSTORER #115, FLG

PWS or PWS Owner's Phone #: 863-858-2504

Fax #: 863-853-4937

Collector: DF

Collector's Phone #: 863-581-3596

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: 10-23-12 & 10-24-12

DCN# AD-D045

Effective 01/95, Revised 06/02/10

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): <u>SM9222B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>2</sup>	Data Qualifier <sup>1</sup>	Lab Sample #
1	4818 Bobby	10:23 2:00P	D	1.0			A			001
2	4827 Bobby	10:23 7:10P	D	0.9			A			002
3	4818 Bobby	8:21am	D	1.0			A			003
4	4827 Bobby	8:10am	D	1.1			A			004

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

1.0

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: [Signature]

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: \_\_\_\_\_

PRINT NAME AND MAILING ADDRESS OF PERSON OBJECTIVE REPORT

Steve Fuller  
415 W. Daugherty Rd.  
Talahassee, Fla, 32309

<sup>1</sup>Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), G = Tap/Collector, R = Private Well, E = Entry Point to Distribution, P = Point Tap, S = Special (clearance, etc.)

Form 5192220-0 DEP 12/21/08 & ECA/AGW, MM/MLG & M/2223B, HPC-644931B

<sup>2</sup>Please check appropriate selection

<sup>3</sup>Florida Drinking Water Code Rule 62-169, Title 1

Relinquish By: [Signature] Date: 11/24/12 Time: 9:15am

Received By: [Signature] Date: 10/24/12 Time: 1046

**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: October 2, 2012

Location/System: Ocala Oaks, 3421560

- A. Public Boil Water Notices –PBWN issued for 45 customers by door tag with accompanying letter in Ocala Oaks at approximately 12pm on October 1, 2012.
  - B. Explanation For Each Occurrence – The outage location was along NE 46<sup>th</sup> Street, NE 46<sup>th</sup> Place, NE 46<sup>th</sup> Lane, NE 47<sup>th</sup> Street, NE 48<sup>th</sup> Street, along with 4490 & 4550 NE 24<sup>th</sup> Court. The duration of the outage was approximately 1.5 hours and was necessary for the construction of the water main connecting the Ocala Oaks water system to the 49<sup>th</sup> St. water system.
  - C. Name of the systems where each PBWN occurred – Ocala Oaks Water System
  - D. Number of customers affected – 45
  - E. Explanation as to how the customers were notified –Door tag with letter.
  - F. Length of Time the PBWN Remained in Effect – The PBWN was in effect for 3 days (Tuesday 10/2/2012 to Thursday 10/4/2012). Rescission notices were distributed by door tags.
  - G. Summary of customer responses to the PBWN's: No customer response - **planned outage**.
-





Aqua Utilities Florida, Inc.  
P.O. Box 2480  
Lady Lake, FL 32158-2480

T: 352.674-2860  
F: 352.674-2862  
www.aquaamerica.com

**Notice to Customers of the Ocala Oaks Water System**  
**Water service will be interrupted between**  
**9 a.m. and 3 p.m., Tuesday, October 2, 2012**

Aqua Utilities Florida (Aqua) will temporarily interrupt water service within the Ocala Oaks water system between 9 a.m. and 3 p.m. on Tuesday, October 2, 2012, for construction of a water main extension. We expect the interruption of service to affect only the customers located on NE 46<sup>th</sup> Street, NE 46<sup>th</sup> Place, NE 46<sup>th</sup> Lane, NE 47<sup>th</sup> Street, NE 48<sup>th</sup> Street, and 4490 & 4550 NE 24<sup>th</sup> Court.

When water service is restored, Aqua will sample and test the water in the distribution system. **Aqua advises customers who experience an interruption of water service to use boiled tap water or bottled water for drinking and cooking purposes as a precaution until we receive test results from the lab.** While the advisory is in effect, tap water used for consumption should be brought to a rolling boil and boiled for one minute and allowed to cool before use. Boiling kills bacteria and other organisms that might be present in the water.

We expect this precautionary boil water advisory to be in effect for a minimum of two days following the restoration of water service. Aqua will notify customers by door hangers when the advisory is lifted.

We apologize for the inconvenience and thank you for your patience as Aqua improves your water system.

For more information call Aqua Utilities Florida at 877.987.2782 or Tricia Williams at 352.266.0608.

(PWS # 3421560)

Date: September 28<sup>th</sup>, 2012

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**Aqua Utilities Florida**  
**Water Notice**

Date: 10/4/2012  
System Name: Ocala Ocala  
Address: \_\_\_\_\_

The 10/2/2012 <sup>Date</sup> **Precautionary Boil  
Water Notification** is hereby rescinded, following  
the satisfactory completion of the bacteriological survey  
demonstrates the water is safe to drink.

If you have any questions regarding this matter you  
may contact:

**CUSTOMER SERVICE**  
**1(877) WTR-AQUA**

Form 002

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-050.730 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:352-787-3198.
Contact Person: John Fredock

Lab Receipt Date & Time: 10/3/12 1245
Analysis Date & Time: 10/3/12 1302-1308 hr
Sample Acceptance Criteria:
Sample Preservation: [X] On Ice [ ] Not On Ice [ ] 4 °C
Disinfectant Check: [X] 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 [X] Total Coliform/Fecal [ ] Enterococci [ ] Coliphage [ ] HPC [ ] Other:

Public Water System (PWS) Name: OCALA OAKS #6577 PWS I.D. 3 4 2 1 5 6 0

PWS Address: 3900 SE 20th City: OCALA

PWS or PWS Owner's Phone #: 352 674 2860 Fax #: 674 2862

Collector: GARY KISSICK 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) [X] Boil Water Notice [X] Other: W/M EXTENSION - NEW VA

Sample Collection Date: 10-2-2012 / 10-3-2012 DOUBLED TAGGED PRIOR TO OUTFALL

Table with columns: Sample #, Sample Point (Location or Specific Address), Sample Collection Time, Sample Type, Disinfectant Residual (mg/L), pH, Analysis Method(s), Non-Coliform, Total Coliform, Fecal, E. coli, Enterococci, or Coliphage, Data Qualifier, Lab Sample #. Contains rows for samples 01, 02, 03, 04.

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (circle one). 1.1

Disinfectant Residual Analysis Method:
[ ] HOPD Colorimetric [ ] Other:
Person performing disinfectant analysis is (see instructions on reverse):
[X] A certified operator (# DUC 7846)
[ ] 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: 10/4/12
Date Report issued:
Lab Signature: G.A. Mung
Title:

AQUA UTILITIES
P.O. BOX 2480
LADY LAKE, FL.
32158 2480

[ ] Satisfactory
[ ] Incomplete Collection Information
[ ] Repeat Samples Required
[ ] Replacement Samples Required
DEP/DOH Reviewing Official: Date

For Sample Types see Instructions Item 11A
For Analysis Methods see Instructions Item 11B
Please enter appropriate unit(s).
Defined in Florida Administrative Code Rule 62-109, Table 1.
Complete for community & transient non-community systems serving populations up to and including 4,000. Do not include raw or plant effluent in this category.

**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: September 24, 2012

Location/System: Sunny Hills, 1670647

- A. Public Boil Water Notices – PBWN issued for 10 customers by door tag in Sunny Hills at approximately 12pm on September 24, 2012
- B. Explanation For Each Occurrence – The outage location was Echo Court and Belmar Place. The duration of the outage was approximately 4 hours and was caused by a broken 2 inch flush line damaged by settlement of the overlaying sidewalk.
- C. Name of the systems where each PBWN occurred – Sunny Hills Water System.
- D. Number of customers affected – 10.
- E. Explanation as to how the customers were notified –Door tags.
- F. Length of Time the PBWN Remained in Effect – The PBWN was in effect for 5 days (Monday, 9/24/2012 to Friday 9/28/2012). Rescission notices were distributed by door tags.
- G. Summary of customer responses to the PBWN's: No customer response.

# AQUA UTILITIES

## MALFUNCTION REPORT

Facility Name: SUNNY HILLS Phone: 386-937-1143

County: WASHINGTON PWS ID Number: 1670647

Date and Time of Failure or Planned Outage: Date 09/24/12 Time 9:00 AM

Time water system was back in service: Date 09/24/12 Time 1:00 PM

Situation was reported to:

DEP \_\_\_\_\_ Date: 09/25/12 Time: 7:20 AM Person Contacted: NICOLE HETZEL (VIA E-MAIL)

Health Dept. \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Other: AQUA U. Date: 09/25/12 Time: 8:20 AM Person Contacted: PATRICIA WILLIAMS(VIA E-MAIL)

Location of Trouble: ECHO COURT AND BELMAR PLACE

Statement of Trouble: BROKEN TWO INCH FLUSH LINE UNDERNEATH SIDEWALK

Corrective Action: EXCAVATED SITE, REPAIRED BROKEN FLUSH LINE

Number of Customers Affected: 10 CONNECTIONS

Were Customers Notified? Yes  No \_\_\_\_\_ Explain: PRECAUTIONARY BOIL WATER  
NOTICES WERE DISTRIBUTED TO ALL 10 CUSTOMERS VIA DOOR TAGS

Was Water line Flushed and chlorine residual determined prior to placing back into service? YES 1.2 ppm

Number of Bacteriological Samples required: 2X2 Samples taken by: ANDY SKIPPER  
DAYS

**\*Copies of Bacteriological Sample Results shall be forwarded to the Environmental Services Dept. upon receipt.**

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

SETTLING OF THE SOILS UNDERNEATH THE SIDEWALK CAUSED THE LEAK

Additional remarks: \_\_\_\_\_

Reported By PAUL THOMPSON \_\_\_\_\_

Print Name

Signature

Copy: Environmental Services Department

(Rev.1, 1/98)

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

(62-550 730 Reporting Format Effective 01/1995, Revised 02/2010)

The Water Spigot, Inc.  
5806 East Highway 22  
Panama City, FL 32404  
E81105

Page 2 of 2

Lab Receipt Date & Time: 09/25/2012 09:55 CDT  
Analysis Date & Time: 09/25/2012 10:15 CDT

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  11.0 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: WS12SEP25-008 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: Sunny Hills

PWS I.D. 

1	6	7	0	6	4	7
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PWS Address: 3810 Gables Blvd

City: Chipley

PWS or PWS Owner's Phone #: 352-874-2860

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

Collector: A Skipper

Collector's Phone #: 850-849-5012

**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: 09/24/2012

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): Colitag				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>2</sup>	Data Qualifier <sup>3</sup>	Lab Sample #
1	Sun HI 2074 Echo	13:45CDT	S	1.18		A				WS12SEP25-008-001
2	Sun HI 2073 Echo	13:56CDT	S	1.31		A				WS12SEP25-008-002

Average of disinfectant residuals for distribution routine & repeat samples.<sup>4</sup> 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 (# 5743)  
 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: 09/28/12

Lab Signature: Justin Jackson

Title: President

Andy Skipper  
Sunny Hills

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

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

<sup>1</sup> For Sample Types see instructions item 1.16  
<sup>2</sup> Please circle appropriate selection.  
<sup>3</sup> Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>4</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 01/1995, Revised 02/2010)

The Water Spigot, Inc.  
5806 East Highway 22  
Panama City, FL 32404  
E81105

Page 2 of 2

Lab Receipt Date & Time: 09/25/2012 09:55 CDT  
Analysis Date & Time: 09/25/2012 10:15 CDT  
Sample Acceptance Criteria:  
Sample Preservation:  On Ice  Not On Ice  11.0 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: WS12SEP25-009 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Sunny Hills

PWS I.D. 

1	6	7	0	6	4	7
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PWS Address: 3810 Gables Blvd

City: Chipley

PWS or PWS Owner's Phone #: 352-674-2860

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

Collector: A Skipper

Collector's Phone #: 850-849-5012

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: 09/25/2012

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) : Colitag				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>2</sup>	Data Qualifier <sup>3</sup>	Lab Sample #
1	Sun HI 2074 Echo	08:55CDT	S	1.2			A			WS12SEP25-009-001
2	Sun HI 2073 Echo	08:50CDT	S	1.2			P	A		WS12SEP25-009-002

Average of disinfectant residuals for distribution routine & repeat samples.<sup>4</sup> 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 (# 5743)  
 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: 09/26/12 @0955

Date and time DEP/DOH notified by lab of positive results: 09/26/12 @0955

Date Report Issued: 09/28/12

Lab Signature: 

Title: President

Andy Skipper  
Sunny Hills

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

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

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

<sup>1</sup> See Sample Types and Instructions on 1-16

<sup>2</sup> Please check appropriate selection.

<sup>3</sup> Defined in Florida Administrative Code Rule 62-169, Table 1.

<sup>4</sup> Provide for reservoirs & non-transient non-community systems serving populations up to and including 4,990. Do not include tap or plant samples in the average.

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

(52-550 730 Reporting Format Effective 01/1985, Revised 02/2010)

The Water Spigot, Inc.  
5806 East Highway 22  
Panama City, FL 32404  
E81105

Page 2 of 2

Lab Receipt Date & Time: 09/26/2012 11:09 CDT

Analysis Date & Time: 09/26/2012 12:10 CDT

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  17.9 °C

Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements:

Report Number: WS12SEP26-005 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: Sunny Hills

PWS I.D.

1	6	7	0	6	4	7
---	---	---	---	---	---	---

PWS Address: 3810 Gables Blvd

City: Chipley

PWS or PWS Owner's Phone #: 352-674-2860

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

Collector: Andy Skipper

Collector's Phone #: 850-849-5012

**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: 09/26/2012

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): <u>Colltag</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>2</sup>	Data Qualifier <sup>3</sup>	Lab Sample #
1	Sunny Hills 2073 Echo	10:22CDT	S	1.2			A			WS12SEP26-005-001
2	Sunny Hills 2073 Echo	10:23CDT	S	1.2			A			WS12SEP26-005-002

Average of disinfectant residuals for distribution routine & repeat samples.<sup>4</sup> 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 (# 5743)  
 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: 09/26/12

Lab Signature: [Signature]

Title: President

Andy Skipper  
Sunny Hills

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

<sup>1</sup> For Sample Types see Instructions Item 1.16.

<sup>2</sup> Please circle appropriate selection.

<sup>3</sup> Defined in Florida Administrative Code Rule 62-160, 7.06(1).

<sup>4</sup> Complete for community & non-transient non-community systems serving populations up to and including 1,500. Do not include raw or pilot samples in the average.



**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: October 4, 2012

Location/System: Gibsonia Estates, 6530079

- A. Public Boil Water Notices – PBWN issued for 9 customers by door tag in Gibsonia Estates at approximately 2pm on October 4, 2012
  - B. Explanation For Each Occurrence – The outage location was along Yale Street. The duration of the outage was approximately 3 hours and was required for repair of a broken 6" water main.
  - C. Name of the systems where each PBWN occurred – Gibsonia Estates Water System.
  - D. Number of customers affected – 9.
  - E. Explanation as to how the customers were notified –Door tags.
  - F. Length of Time the PBWN Remained in Effect – The PBWN was In effect for 6 days (Thursday, 10/4/2012 to Tuesday, 10/9/2012). Rescission notices were distributed by door tags.
  - G. Summary of customer responses to the PBWN's: No customer response.
-

**Aqua Utilities Florida  
Water Notice**

Date: 10-9-12  
System Name: G/E  
Address: \_\_\_\_\_

Due to recent circumstances beyond our control, your area has experienced low water pressure. The low pressure was a result of:

- Water Main Break
- Water Main Construction
- Electrical Failure at Water Facility
- Explanation \_\_\_\_\_

Repair 6" water main

**Aqua Utilities Florida  
Water Notice**

Date: 10-9-12  
System Name: G/E  
Address: \_\_\_\_\_

The 10-4-12 <sup>Date</sup> **Precautionary Boil Water Notification** is hereby rescinded, following the satisfactory completion of the bacteriological survey demonstrates the water is safe to drink.

If you have any questions regarding this matter you may contact:

**CUSTOMER SERVICE  
1(877) WTR-AQUA**

Form 002

In accordance with the regulatory entity for your water system, we are required to issue the following **Precautionary Boil Water Notification** to all affected customers which will remain in effect until further notice.

To ensure destruction of all potentially harmful bacteria and other microbes, water for drinking, cooking, and ice making should be boiled and cooled prior to consumption. The water should be brought to a rolling boil and continue to boil a full two minutes. In lieu of boiling, you may purchase bottled water at your own expense.

If you have any questions regarding this matter you may contact:

**CUSTOMER SERVICE  
1(877) WTR-AQUA**

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

- 5601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33026 • 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. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076



**Advanced Environmental Laboratories, Inc.**

Write Project # or Place Project Label Here

Lab Receipt Date & Time: 10/9/12 1125  
 Analysis Date & Time: 10/9/12 1530  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  3°C  
 Disinfectant Check:  Not Detected  0  
 This Sample does not meet the following NELAC requirements:

Report Number: T1212326 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: GIBSONIA EST PWS I.D. 6530079  
 PWS Address: 931 G.B Galloway City: Labeland, Fla 33809  
 PWS or PWS Owner's Phone #: 863-858-2504 Fax #: 863-853-4937  
 Collector: DE 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: BWN

Sample Collection Date: 10-8-12 & 10-9-12 DCNR: AD-D045 Effective 01/95, Revised 06/02/10

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>SMALLER</u>				
						Non-Coliform	Total Coliform	Fecal E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	1125 Yale St.	12:45p	D	1.8			A			001
2	5354 Hwy 98N.	1:00p	D	1.6			A			002
3	1125 Yale St.	7:30A	D	1.6			A			003
4	5354 Hwy 98N.	7:45A	D	1.4			A			004

Average of disinfectant residuals for distribution routine & repeat samples:  Free chlorine  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 (# \_\_\_\_\_)  
 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: Analyst

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]  
Steve Fuller  
415 W. Daugherty Rd.  
Labeland, Fla. 33809

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

Relinquish By: David Evans Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: [Signature] Date: 10/9/12 Time: 1030

<sup>1</sup> Use only 100 mL sample type for each sample collected. Sample type codes are: T=Tapwater (public supply), C=Household, R=Raw, H=Entry Point to Distribution, P=Plant Tap, D=Special (clarifier, etc.)  
<sup>2</sup> MF=6013226 & D, MY=92218 & EDARUS, INCOALMG/S/022230, IPC=5882158  
<sup>3</sup> Please circle appropriate infection  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>5</sup> Complete for community, A non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average

**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: November 15, 2012

Location/System: Palm Terrace, 6511331

- A. Public Boil Water Notices – PBWN issued for 1183 customers by reverse 911 (Swift Reach), street signs, and door tags in Palm Terrace at approximately 8am on November 15, 2012.
  - B. Explanation For Each Occurrence – The outage affected the entire water system. The duration of the outage was approximately 4.5 hours and was caused by the unplanned valve testing by Pasco County Utilities at the master meter for the Palm Terrace water system located at 11316 Yellow Wood Drive.
  - C. Name of the systems where each PBWN occurred – Palm Terrace Water System.
  - D. Number of customers affected – 1183.
  - E. Explanation as to how the customers were notified –Reverse 911 (Swift Reach), street signs, and door tags.
  - F. Length of Time the PBWN Remained in Effect – The PBWN was in effect for 3 days (Thursday, 11/15/2012 to Saturday, 11/17/2012). Rescission notices were distributed by reverse 911 (Swift Reach), street signs, and door tags.
  - G. Summary of customer responses to the PBWN's: Numerous calls to the customer service line to report the outage.
-

### Water Malfunction Event Report

Date: 11/15/2012 System: Palm Terrace Gardens PWSID #: 6511331

Contact Person: Richard Retz / Garth Armstrong Phone: 727-727-835-9533

Aqua Utilities Florida became aware of the circumstances: Date: 11/15/2012 Time: 12:20am

24 Hour Oral Report to: FDEP Telephone: (813) 632-7600 Ext.431 Contact: Gerald Foster

Date/Time: 11/15/12 @ 6:00 AM via phone. 11/15/12 @ 7:30 AM via email

DOH Telephone: \_\_\_\_\_ Contact: Greg Crumpton

Date/Time: 11/15/2012 @ 11:50 AM via email

Client Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Operator in Responsible Charge (ORC) Garth H. Armstrong ( On-Call Operator)

Was water service interrupted? (Less than 20 psi) Yes Number of Connections effected: 1183

Precautionary boil water notices issues? Yes Date Issued: 11/15/2012

By what means: (Door Hanger, TV, Radio, etc) Reverse 911, Street Signs & Door Hangers

If a precautionary boil water notice was not issued, please explain why? \_\_\_\_\_

Period of Malfunction: From Date/Time: 11-15-12 @ 12:00 AM To Date/Time: 11-15-12 @ 4:30AM

Has the Malfunction been corrected? Yes/No? Yes

If No, Date/Time of expected completion: \_\_\_\_\_

Planned Outage? No Failure ? Yes

Location of Malfunction or Line Break: 11316 Yellow Wood Drive

Description of problem: Unplanned valve testing at the Pasco Utilities to Aqua Utilities Interconnect by Pasco County Utilities. Outlet valve going out to the Palm Terrace system malfunctioned in the shut off position. System pressure was compromised until Pasco County Utilities could open a bypass valve. System fully pressurized at approximately 4:30am

Corrective Action Taken: The meter assembly by-pass is currently open which circumvents the damaged valve. Pasco County plans to replace the meter assembly on 11-27-12 during a plan outage. The damaged valve will be taken out of service at that time.

Prior to placing the line back into service, was the line: (Yes/No)

Flushed Yes

Superchlorinated \_\_\_\_\_

Bacteriological samples collected? Yes

Results Attached? No

If Not, expected to follow by: 11/19/2012

If material failure, give (complete as possible) description of the material including size, type, any available manufacturing information shown on the failed product. If know, include cause of failure. Please note that all repair materials must be ANSI or NSF Certified for potable water use, and must be "Like for Like" with respect to the capacity, size, type of material, and location/alignment.

Additional Remarks if any: \_\_\_\_\_

## Aqua Utilities Florida Water Notice

Date: 11-15-12  
System Name: Palm Terrace  
Address: \_\_\_\_\_

Due to recent circumstances beyond our control, your area has experienced low water pressure. The low pressure was a result of:

- Water Main Break
- Water Main Construction
- Electrical Failure at Water Facility
- Explanation Valve failure

In accordance with the regulatory entity for your water system, we are required to issue the following **Precautionary Boil Water Notification** to all affected customers which will remain in effect until the problem has been corrected and a bacteriological evaluation shows that the water is safe to drink.

To ensure destruction of all potentially harmful bacteria and other microbes, water used for drinking, cooking, making ice, brushing teeth or washing dishes should be boiled and cooled prior to consumption. The water should be brought to a rolling boil and continue to boil a full one minute. In lieu of boiling, you may purchase bottled water at your own expense.

If you have any questions regarding this matter you may contact:

**CUSTOMER SERVICE**  
**1(877) WTR-AQUA**

**Aqua Utilities Florida**  
Water Notice

Date: 11/17/2012  
System Name: Palm Terrace  
Address: Full System

The 11/15/2012 <sup>Date</sup> **Precautionary Boil Water Notification** is hereby rescinded. The satisfactory completion of the bacteriological survey demonstrates the water is safe to drink.

If you have any questions regarding this matter you may contact:

**CUSTOMER SERVICE**  
**1(877) WTR-AQUA**

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

- 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 6815 SW Archer Road • 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. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076

Write Project # or Place Project Label Here



**Advanced Environmental Laboratories, Inc.**

Report Number: TR214227 Sub-Contract Lab ID: \_\_\_\_\_

Lab Receipt Date & Time: 11/16/12 1200  
 Analysis Date & Time: 11/16/12 1240  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  3 °C  
 Disinfectant Check:  Not Detected  0  
 This Sample does not meet the following NELAC requirements:

Analysis Requested: (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other:

Public Water System (PWS) Name: AVF - Palm Terrace PWS I.D. 0511351  
 PWS Address: 7616 Archdale Dr. City: Port Richey  
 PWS or PWS Owner's Phone #: 727-808-4173 Fax #: \_\_\_\_\_  
 Collector: C. Armstrong Collector's Phone #: 727-808-4173

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)  Pot Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 11-15-12

DCN#: AD-0045 Effective 01/95, Revised 05/02/10

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>SP1922B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	POE	2:00	D	3.0		A				001
2	7504 Hawthorn	2:10	D	2.9		A				002
3	10911 Stamford	2:15	D	2.9		A				003
4	10928 H. H. Crest	2:35	D	2.6		A				004
Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> Free chlorine or Total chlorine (circle one).						2.85				

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# C-12223)  
 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)  
 \* Please rush results for  
 BWN Clearance \*  
 727-808-4173

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

Relinquish By: [Signature] Date: 11-16-12 Time: \_\_\_\_\_  
 Received By: [Signature] Date: 11/16/12 Time: 1045

<sup>1</sup> 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 = Point Tap, S = Special (clearance, etc.)  
<sup>2</sup> MF=SM9222D & D, MTF=9221B & ECAUG; M409AUG=5A19222B, HPC=5A19215B  
<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 grab samples in the average.



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

- 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 6615 SW Archer Road • 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. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076



**Advanced Environmental Laboratories, Inc.**

Report Number: J12,14228 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: AVF - Palm Terrace

PWS I.D. 6511331

PWS Address: 7616 Arbovide Dr

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

PWS or PWS Owner's Phone #: 727-808-4173

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

Collector: C. Armstrong

Collector's Phone #: 727-808-4173

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: 11-16-12

DCN#: AD-0045

Effective 01/95, Revised 05/02/10

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>JM122B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	POE	9:20 am	D	2.9			A			0081
2	7616 Arbovide	9:36 am	D	2.7			A			0082
3	11335 Seaboard	9:40 am	D	2.9			A			0083
4	7201 Riverback	9:45 am	D	2.6			A			0084

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one): 2.7

Disinfectant Residual Analysis Method:

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

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

- A certified operator (# C-1203)  
 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: Analyst

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

X-Please rush results for BWN Clearance X

727-808-4173

DEP/DOH USE ONLY

- Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

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

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

<sup>1</sup> 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 = Point Tap, S = Special (clearance, etc.)

<sup>2</sup> MF=SM9222B & D, MTP=9221B & E, AULG, MAMORJUG=SM9222B, HPC=SM9319B

<sup>3</sup> Please circle appropriate selection

<sup>4</sup> Defined in Florida Administrative Code Rule 62-100, 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

Relinquish By: [Signature] Date: 11-16-12 Time: \_\_\_\_\_

Received By: [Signature] Date: 11/16/12 Time: 1045

**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: October 18, 2012

Location/System: Western Shores,

- A. Public Boil Water Notices – PBWN issued for 80 customers by distributing the standard boil water advisory door tag in Western Shores at approximately 1pm on October 18, 2012.
  - B. Explanation For Each Occurrence – The outage location was along Carl Rd. The duration of the outage was approximately 3 hours and was caused by a broken 4" water main located at 34147 Carl Rd.
  - C. Name of the systems where each PBWN occurred – Western Shores Water System.
  - D. Number of customers affected – 80.
  - E. Explanation as to how the customers were notified –Door tags.
  - F. Length of Time the PBWN Remained in Effect – The PBWN was in effect for 4 days (Thursday, 10/18/2012 to Sunday, 10/21/2012). Once verification of passing bacteriological samples was received, the standard rescission notice was distributed via door tags.
  - G. Summary of customer responses to the PBWN's: No customer response.
-

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

(02-050-730 Reporting Format Effective 01/1/00, Revised 02/2010)

**PLANT TECHNICIANS, INC. LAB ID#: E83141 QA#: 870256**  
**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: 10/20/12 8:35  
 Analysis Date & Time: 10/20/12 7:44 - 8:34  
 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: 6427 Western Shores PWS I.D. 

3	3	5	1	4	6	4
---	---	---	---	---	---	---

PWS Address: 34216 Carl Rd City: Leesburg

PWS or PWS Owner's Phone #: 352-674-2852 Fax #: 352-674-2862

Collector: Arthur House Collector's Phone #: 352-303-0712

**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)  Ball Water Notice  Other: Main break

Sample Collection Date: 10/19, 10/20 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>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	34147 Carl	1354	D	1.0		A	A		1210-1564	
2	34215 Carl	1401	D	1.0		A	A		1567	
3	34125 Carl	1405	D	1.2		A	A		1518	
2a	34147 Carl	253	D	1.5		A	A		1569	
2a	34215 Carl	749	D	1.5		A	A		1570	
3a	34125 Carl	257	D	1.4		A	A		1571	

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 (# 16174)  
 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: 10/22/12

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

Lab Signature: [Signature]

Title: QA Manager

AUF  
PO Box 2480  
Lady Lake, FL 32158

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 2.2.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete the survey only if a non-transient non-community system serving population of 15 or more including 4,000. Do not include hot or plant samples in the average.

**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: September 25, 2012

Location/System: Lake Gibson, 6532347

- A. Public Boil Water Notices – PBWN issued for 28 customers by door tag in Lake Gibson at approximately 9am on September 25, 2012.
  - B. Explanation For Each Occurrence – The outage location was along Tula Lane. The duration of the outage was approximately 1.5 hours and was required for repair of a broken 4" main that was discovered on 9/22.
  - C. Name of the systems where each PBWN occurred – Lake Gibson Water System.
  - D. Number of customers affected – 28.
  - E. Explanation as to how the customers were notified –Door tags.
  - F. Length of Time the PBWN Remained in Effect – The PBWN was in effect for 3 days (Tuesday, 9/25/2012 to Thursday, 9/27/2012). Rescission notices were distributed by door tags.
  - G. Summary of customer responses to the PBWN's: No customer response.
-

### Water Malfunction Event Report

Date: 10/4/112 System: Lake Gibson PWSID #: 6532347

Contact Person: Steve Fuller Phone: 813-267-2074

Aqua Utilities Florida became aware of the circumst: Date: 9/22/2012 Time: 1030 AM

24 Hour Oral Report to: FDEP Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_  
Date/Time: \_\_\_\_\_  
DOH Telephone: 863-519-8330 Contact: Ron Stadelbacher  
Date/Time: E Mail 9/25/12  
Client Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_  
Date/Time: \_\_\_\_\_

Operator in Responsible Charge (ORC) Steve Fuller

Was water service interrupted? (Less than 20 psi) Yes Number of Connections effected: 28

Precautionary boil water notices issues? YES Date Issued: 9/25/2012

By what means: (Door Hanger, TV, Radio, etc) Door Hanger

If a precautionary boil water notice was not issued, please explain why? \_\_\_\_\_

Period of Malfunction: From Date/Time: 9/25/12 900 AM To Date/Time: 9/25/12 1030 AM

Has the Malfunction been corrected? Yes/No? YES

If No, Date/Time of expected completion: \_\_\_\_\_

Planned Outage? YES Failure? \_\_\_\_\_

Location of Malfunction or Line Break: Lake Gibson Estates Tula LN.

Description of problem: Repair 4" MAIN PIPE Break and install new isolation valve.

Corrective Action Taken: Replace short piece of 4" main line. Customers on BWN due to isolation of main for repair.

Repair made, service restored, bacts pulled and passed, rescinded notice delivered via door hangers.

Prior to placing the line back into service, was the line: (Yes/No)

Flushed YES

Superchlorinated YES

Bacteriological samples collected? YES

Results Attached? YES

If Not, expected to follow by: \_\_\_\_\_

If material failure, give (complete as possible) description of the material including size, type, any available manufacturing information shown on the failed product. If know, include cause of failure. Please note that all repair materials must be ANSI or NSF Certified for potable water use, and must be "Like for Like" with respect to the capacity, size, type of material, and location/alignment.

Additional Remarks if any: Repairs completed, Lines flushed and chlorinated, Bacts pulled and passed.

All customers received BWN and rescinded BWN Via door tag.

**Aqua Utilities Florida  
Water Notice**

Date: 9-28-12  
System Name: LAKE GIBSON  
Address: TULSA LN

The 9-25-12 <sup>DATE</sup> **Precautionary Boil  
Water Notification** is hereby rescinded, following  
the satisfactory completion of the bacteriological survey  
demonstrates the water is safe to drink.

If you have any questions regarding this matter you  
may contact:

**CUSTOMER SERVICE  
1(877) WTR-AQUA**

Form 002

**Aqua Utilities Florida  
Water Notice**

Date: 9/25/12  
System Name: LAKE GIBSON  
Address: TULSA LANE

Due to recent circumstances beyond our control, your area  
has experienced low water pressure. The low pressure was  
a result of:

- Water Main Break
- Water Main Construction
- Electrical Failure at Water Facility
- Explanation: Repair LEAK +  
install New isolation valve

In accordance with the regulatory entity for your water  
system, we are required to issue the following  
**Precautionary Boil Water Notification** to all affected  
customers which will remain in effect until further notice.

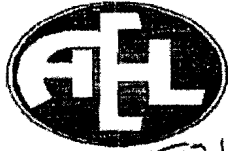
To ensure destruction of all potentially harmful bacteria  
and other microbes, water for drinking, cooking, and ice  
making should be boiled and cooled prior to consumption.  
The water should be brought to a rolling boil and continue  
to boil a full two minutes. In lieu of boiling, you may  
purchase bottled water at your own expense.

If you have any questions regarding this matter you may  
contact:

**CUSTOMER SERVICE  
1(877) WTR-AQUA**

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

- 6501 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 6815 SW Archer Road • 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 • 813.630.9618 • Fax 813.630.4327 • E84589
- 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1694 • E83076



**Advanced Environmental Laboratories, Inc.**

Report Number: 1121748 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: LAKE GIBSON EST

PWS I.D. 6532347

PWS Address: 415 W. Daugherty Rd

City: Labeland, Fla. 33809

PWS or PWS Owner's Phone #: 863-858-2504

Fax #: 863-853-4937

Collector: [Signature]

Collector's Phone #: 863-858-2504

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: BWN

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: BWN

Sample Collection Date: 9-25-12 + 9-26-12

DCNR: AD-D045

Effective 01/05, Revised 06/02/10

Write Project # or Place Project Label Here

Lab Receipt Date & Time: 9/26/12 1700  
 Analysis Date & Time: 9-26-12 1720  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice     Not On Ice    3 °C  
 Disinfectant Check:  Not Detected     \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

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 92-22B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	6633 Tula Ln	1:50pm	S	1.6			A			021
2	6531 Tula Ln	2:05pm	S	1.4			A			022
3	6633 Tula Ln	7:00A	S	1.3			A			023
4	6531 Tula Ln	7:15A	S	1.1			A			024

Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> (Free Chlorine or Total Chlorine (circle one)) 1.35

Disinfectant Residual Analysis Method:  
 DPD Colorimetric     Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# 7519)  
 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: Analyst

(PRINT NAME AND MAILING ADDRESS OF PERSON RECEIVING REPORT)  
Steve Fuller  
415 W. Daugherty Rd.  
Labeland, Fla. 33809

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

<sup>1</sup> 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, F = Filled Tap, S = Special (Useance, etc)  
<sup>2</sup> AP-540722N A D, MTF-4321B 1 ECA/UC, MUD-0405-540222N HPC-540215B  
<sup>3</sup> Please enter appropriate selection  
<sup>4</sup> Defined in Florida Administrative Code Rule 61-160, Table 1  
<sup>5</sup> Composite for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or point samples in the average

Relinquish By: [Signature] Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: [Signature] Date: 9/26/12 Time: 6000

**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: November 27, 2012

Location/System: Palm Terrace, 6511331

- A. Public Boil Water Notices – PBWN issued for 1183 customers by reverse 911 (Swift Reach), street signs, and door tags in Palm Terrace on November 26, 2012.
- B. Explanation For Each Occurrence – The outage affected the entire water system. The duration of the outage was approximately 9 hours and was caused by construction activities performed by Pasco County Utilities to improve the master meter for the Palm Terrace water system interconnect located at 11316 Yellow Wood Drive.
- C. Name of the systems where each PBWN occurred – Palm Terrace Water System.
- D. Number of customers affected – 1183.
- E. Explanation as to how the customers were notified –Reverse 911 (Swift Reach), street signs, and door tags.
- F. Length of Time the PBWN Remained in Effect – The PBWN was in effect for 3 days (Tuesday, 11/27/2012 to Thursday, 11/29/2012). Rescission notices were distributed by reverse 911 (Swift Reach), street signs, and door tags.
- G. Summary of customer responses to the PBWN's: There were 4 customer calls to Tricia Williams and no calls to customer service.





Aqua Utilities Florida, Inc.  
P.O. Box 2480  
Lady Lake, FL 32158-2480

T: 352.674-2860  
F: 352.674-2862  
[www.aquaamerica.com](http://www.aquaamerica.com)

**Notice to Customers of the Palm Terrace Water System.  
Water service will be interrupted between 9 a.m. and 6 p.m.,  
Tuesday, November 27, 2012**

Pasco County Utilities will temporarily interrupt water service to the Aqua Utilities Florida (Aqua) Palm Terrace water system between 9 a.m. and 6 p.m. on Tuesday, November 27, 2012 to enable Pasco County to make improvements to its interconnect with the Palm Terrace water system.

When water service is restored, Aqua will sample and test the water in the distribution system. **Aqua advises customers who experience an interruption of water service to use boiled tap water or bottled water for drinking and cooking purposes as a precaution until we receive test results from the lab.** We expect this precautionary boil water advisory to be in effect for a minimum of two days following the restoration of water service. Aqua will notify customers with our automated call system when the precautionary boil water advisory is initiated and lifted. Customers who don't receive notification by the automated system will receive a door tag with the notification. If you do not receive a notification by automated call, text or email, please visit Aqua at [www.aquaamerica.com](http://www.aquaamerica.com), click on Aqua Notify, and provide your preferred contact information.

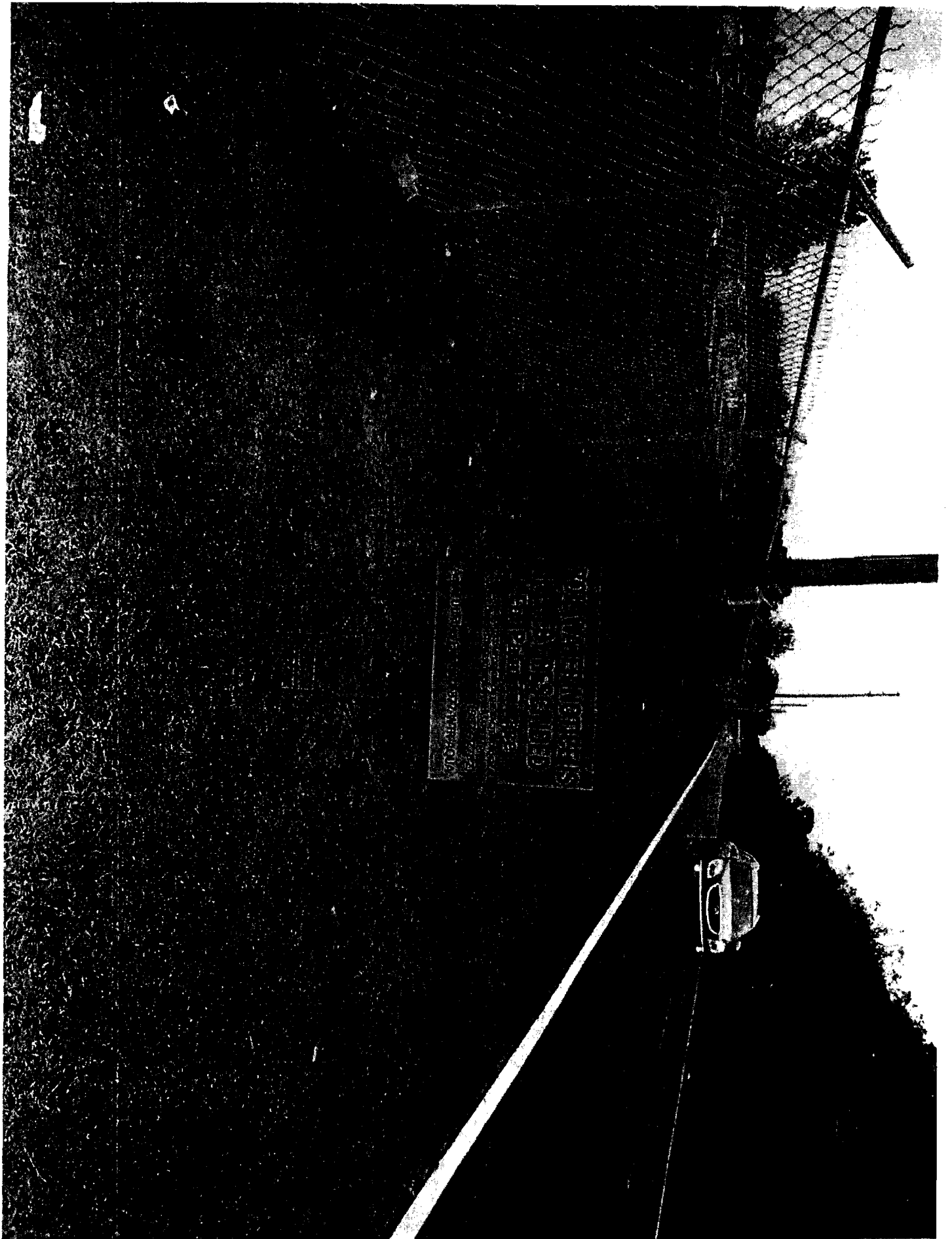
While the precautionary boil water advisory is in effect, customers should boil their tap water (bring it to a rolling boil and let it boil for one minute) and let it cool, or use bottled water, for drinking, cooking, washing food, making ice, or brushing teeth. Boiling kills bacteria and other organisms that might be present in the water.

We apologize for the inconvenience and thank you for your patience as Pasco County makes improvements to its system.

For more information, call Aqua at 877.987.2782 or Tricia Williams at 352.266.0608.

(PWS # 6511331)

Date: November 20, 2012



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

- 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 6815 SW Archer Road • 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 • E82635
- 9510 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076



**Advanced Environmental Laboratories, Inc.**

Write Project # or Place Project Label Here

Lab Receipt Date & Time: 11/28/12 11:30  
 Analysis Date & Time: 11/29/12 12:00  
 Sample Acceptance Criteria: \_\_\_\_\_  
 Sample Preservation:  On Ice  Not On Ice  3 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: TJ214730 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: Palm Terrace

PWS ID: 030113501

PWS Address: 7616 Archerdale Dr.

City: Port Richey

PWS or PWS Owner's Phone #: 727-808-4173

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

Collector: C. Armstrong

Collector's Phone #: 727-808-4173

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)  801 Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 11-27-12

DCM# AD-0045 Effective 01/05, Revised 06/02/10

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>SM 9222-B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage	Data Qualifier	Lab Sample #
1	PDF	4:30pm	D	3.2			A			001
2	7504 Henderson	4:00	D	2.9			A			002
3	10911 9th E. road	4:25	D	2.9			A			003
4	10902 H. West	4:15	D	2.7			A			004

Average of disinfectant residuals for distribution routine & repeat samples. Free chlorine or Total chlorine (circle one): 2.9

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 (Check one of below):  
 A certified operator (# 012703)  
 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: \_\_\_\_\_  
 Title: \_\_\_\_\_

REPORT TO BE COMPLETED BY DEP/DOH PRESENT TO PUBLIC REPRESENTATIVE  
\* Rush \*  
 Call 727-808-4173  
Geetha Armstrong

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

Relinquish By: \_\_\_\_\_ Date: 11-28-12 Time: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: 11/28/12 Time: 11:15

1. This form is to be used for all public water supply systems. Sample type codes and D+ Disinfectant Residuals are optional. 2. For repeat samples, use the same form as the original. 3. For private water supply systems, use the same form as the original. 4. For private water supply systems, use the same form as the original. 5. For private water supply systems, use the same form as the original. 6. For private water supply systems, use the same form as the original. 7. For private water supply systems, use the same form as the original. 8. For private water supply systems, use the same form as the original. 9. For private water supply systems, use the same form as the original. 10. For private water supply systems, use the same form as the original.

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

- 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.383.9354 • E82574
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- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 5610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9016 • Fax 813.630.4327 • E84569
- 526 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53078

Write Project # or Place Project Label here:  
\_\_\_\_\_



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 11/28/12 1105  
 Analysis Date & Time: 11/28/12 12:00  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  3 °C  
 Disinfectant Check:  Not Detected  8  
 This Sample does not meet the following NELAC requirements: \_\_\_\_\_

Report Number: 11214730 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: Palm Terrace Gardens

PWS ID: 0511331

PWS Address: 7616 Archwood Dr.

City: Port Remy

PWS or PWS Owner's Phone #: 727-809-4173

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

Collector: C. Armstrong

Collector's Phone #: C. Armstrong

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)  8661 Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 11/28/12

DCNF: AD-0045 Effective 01/95, Revised 06/02/10

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>SM9222B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage	Data Qualifier	Lab Sample #
1	P.O.E.	8:15 am	D	3.0			A			006
2	7616 Archwood	8:20 am	D	2.8			A			007
3	11335 Sealion	8:30 am	D	2.6			A			007A
4	7201 Riverbank	8:35 am	D	2.8			A			008

Average of disinfectant residuals for distribution routine & repeat samples. Free chlorine or Total chlorine (circle one): 2.8

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

Disinfectant Residual Analysis Method:  
 1,3-DPC Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (check one of below):  
 A certified operator (# C-12203)  
 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: [Signature]  
 Title: Analyst

FOR USE BY (AND MADE AVAILABLE TO) PUBLIC UTILITIES REPORTING  
\* Rush \*  
Call 727-809-4173

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

1. This form is intended for use with samples collected under the rules of the Florida Department of Health (DOH) and the Florida Department of Environmental Protection (FDEP). It is not intended for use with samples collected under other rules or regulations.

Relinquish By: \_\_\_\_\_ Date: 11/28/12 Time: \_\_\_\_\_

Received By: [Signature] Date: 11/28/12 Time: 1105

2. This form is intended for use with samples collected under the rules of the Florida Department of Health (DOH) and the Florida Department of Environmental Protection (FDEP). It is not intended for use with samples collected under other rules or regulations.

3. This form is intended for use with samples collected under the rules of the Florida Department of Health (DOH) and the Florida Department of Environmental Protection (FDEP). It is not intended for use with samples collected under other rules or regulations.

**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: September 26, 2012

Location/System: Wootens, 2541280

- A. Public Boil Water Notices – PBWN issued for 30 customers by door tag in Wootens at 10am on September 26, 2012.
- B. Explanation For Each Occurrence – The outage location was at the water treatment plant. The duration of the outage was approximately 3 hours and was caused by the high service pump losing prime and melting the attached piping.
- C. Name of the systems where each PBWN occurred – Wootens Water System.
- D. Number of customers affected – 30.
- E. Explanation as to how the customers were notified – Door tags.
- F. Length of Time the PBWN Remained in Effect – The PBWN was in effect for 3 days (Wednesday 9/26/2012 to Friday 9/28/2012). Rescission notices were distributed by door tags.
- G. Summary of customer responses to the PBWN's: No Customer Response.

# AQUA UTILITIES

## MALFUNCTION REPORT

Facility Name: WOOTENS Phone: 386-937-1143

County: PUTNAM PWS ID Number: 2541280

Date and Time of Failure or Planned Outage: Date 09/26/12 Time 7:30 AM

Time water system was back in service: Date 09/26/12 Time 10:30 AM

Situation was reported to:

DEP \_\_\_\_\_ Date: 09/28/12 Time: 7:20 AM Person Contacted: BEN PILTZ (VIA E-MAIL)

Health Dept. \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Other: AQUA U. Date: 09/26/12 Time: 9:15 AM Person Contacted: PATRICIA WILLIAMS(VIA E-MAIL)

Location of Trouble: WATER PLANT

Statement of Trouble: SERVICE PUMP LOST PRIME, PUMP PIPING MELTED

Corrective Action: REPLACED DAMAGED PIPING

Number of Customers Affected: 30 CONNECTIONS

Were Customers Notified? Yes  No \_\_\_\_\_ Explain: PRECAUTIONARY BOIL WATER  
NOTICES WERE DISTRIBUTED TO ALL 30 CUSTOMERS VIA DOOR TAGS

Was Water line Flushed and chlorine residual determined prior to placing back into service? YES 0.4 ppm

Number of Bacteriological Samples required: 3X2 Samples taken by: RALPH MARRIOTT  
DAYS

**\*Copies of Bacteriological Sample Results shall be forwarded to the Environmental Services Dept. upon receipt.**

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

ALL NEW PIPING WAS IN PLACE. CAUSE IS UNKNOWN

Additional remarks: \_\_\_\_\_

Reported By PAUL THOMPSON

Print Name



Signature



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40  
Silver Springs, Florida 34488-2349  
(352) 625-2822 Ext 30  
Laboratory No. E88286

## SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY	
RECEIVED BY: <u>OP</u>	DATE RECEIVED AND ANALYZED / TIME RECEIVED <u>SEP 27 '12 AM 9:24</u>
SAMPLE PRESERVATION: <input checked="" type="checkbox"/> ON ICE <input type="checkbox"/> NOT ON ICE	<u>5.4</u> °C
DISINFECTANT CHECK: <input checked="" type="checkbox"/> NOT DETECTED <input type="checkbox"/>	mg/L
THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):	
DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:	
PERSON NOTIFIED: _____ NOTIFIED BY: _____	
DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:	
<input type="checkbox"/> PAID <input type="checkbox"/> CHECK OR RECEIPT #:	

SYSTEM NAME: Wooden PWS ID: 2541240 SYSTEM PHONE: 352-393-2347  
 SYSTEM ADDRESS: 150 Wooden Rd COUNTY: Alachua  
 CLIENT: Aqua Utilities FL COLLECTOR: Michael Morse COLLECTOR PHONE: 352-497-2158  
 TYPE OF SUPPLY (Check Only One):  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  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(S): 9-26-12 / 9-27-12 COMMENTS: Call w/ results

TO BE COMPLETED BY SAMPLE COLLECTOR					
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Resid (mg/L)	
W1	POE 9-26-12	4 <sup>00</sup> PM	N	2.8	
W2	150 Wooden Rd 9-26-12	4 <sup>12</sup> PM	D	0.4	
W3	133 Sunset 9-26-12	4 <sup>30</sup> PM	D	2.4	
W4	POE 9-27-12	7 <sup>15</sup> AM	N	2.4	
W5	150 Wooden Rd 9-27-12	7 <sup>35</sup> AM	D	1.1	
W6	133 Sunset 9-27-12	7 <sup>45</sup> AM	D	2.0	
Average of disinfectant residuals for routine and repeat samples. <sup>2</sup> (Free chlorine or Total chlorine (circle one).)					1.575
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other:					
Person performing disinfectant analysis is: <input checked="" type="checkbox"/> A certified operator (# <u>07227</u> ) <input type="checkbox"/> Supervised by a 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					

TO BE COMPLETED BY LAB			
Total coliform & E. coli analysis method: Colilert (SM9223B)			
Lab Sample Number	Total coliform	E. coli	Data Qualifier <sup>3</sup>
Report/ Submission Number:			
M121115	A		
M121116	A		
M121117	A		
M121118	A		
M121119	A		
M121120	A		
Time(s) Analyzed: <u>9:45am</u>			

Michael Morse 10-1-12  
 TECHNICAL DIRECTOR DATE

All tests are performed in accordance with NELAC standards.  
 Results: A = coliforms are absent; P = coliforms are present  
<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry Point to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>3</sup>Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT  
Aqua Utilities FL  
PO Box 2480  
Lundy Lake FL 32158

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: _____	



Date: September 26, 2012.

Service Area: WOOTENS

PWS ID 2541280

### **IMPORTANT NOTICE**

#### **BOIL WATER BEFORE USE**

Water service was interrupted in your area on (date):

September 26, 2012

due to:

**PIPING FAILURE AT PLANT.**

A precautionary boil water notice is being issued due to the loss of pressure in the distribution system. Due to this loss of pressure in the distribution system, the bacteriological quality of the water is questionable.

Accordingly, we are recommending that all water used for consumption and cooking purposes be boiled until further notice. Please follow the instructions on this card.

AQUA UTILITIES will be flushing the affected lines and will collect two consecutive days of bacteriological samples as soon as all flushing and disinfection is completed. This is a precautionary measure to ensure that the water meets all safe drinking water standards.

**This notice will end when notified.**

This notice will remain in effect until satisfactory bacteriological samples are received. Please call Customer Service at 1-877-987-2782 for additional information or clarification. Thank you for your cooperation.

### **BOIL WATER INSTRUCTIONS**

1. Run water from faucets for several seconds to flush any sediment or other contaminants from the plumbing.
2. Boil water for a minimum of one minute before use for food preparation or drinking until notified not to do so.
3. Do not add bleach, chlorine, or any other substance, as a disinfectant to water in an effort to make it drinkable as this may be extremely hazardous to your health. The most effective means to insure your safety is to boil water.
4. Apply these procedures until notified not to do so. You can return to normal water use at that time.

## **AQUA UTILITIES**





Service Area: WOOTENS

PWS ID 2541280

Date: September 28, 2012

<p><b>Rescission of Precautionary Boil Water Notice</b></p>
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The Precautionary Boil Water Notice previously issued in the area of

**WOOTENS**

**ON**

**September 26, 2012**

is hereby rescinded following the satisfactory completion of the bacteriological analysis showing that the water is safe to use for consumption. You may resume normal usage at this time.

Please call 1-877-987-2782 for additional information or clarification. Thank you for your cooperation.

**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: November 29, 2012

Location/System: Lake Suzy, 6144856

- A. Public Boil Water Notices – PBWN issued for 568 customers by door tag in Lake Suzy at approximately 10am on November 30, 2012.
  - B. Explanation For Each Occurrence – The outage affected the entire water system. The duration of the outage was approximately 1 hour and was caused by a high service pump failure at the Peace River Manasota Regional Water Treatment Plant supplying the Lake Suzy system at approximately 9pm on November 29th.
  - C. Name of the systems where each PBWN occurred – Lake Suzy Water System.
  - D. Number of customers affected – 568.
  - E. Explanation as to how the customers were notified –Door tags.
  - F. Length of Time the PBWN Remained in Effect – The PBWN was in effect for 4 days (Friday, 11/30/2012 to Monday, 12/3/2012). Once verification of passing bacteriological samples was received, the rescission notice was distributed by reverse 911 (Swift Reach) along with distributing the standard rescission door tag to any location that lacked a positive response to the reverse 911 system.
  - G. Summary of customer responses to the PBWN's: No customer response.
-

## Aqua Utilities Florida Water Notice

Date: 11-30-12

System Name: LAKE SUZY

Address: \_\_\_\_\_

Water service will be interrupted temporarily in your area approximately from \_\_\_\_\_ until \_\_\_\_\_.

This interruption of service is necessary to accommodate improvements to your water system. We recommend that you turn off appliances that automatically draw water, such as icemakers, water heaters, heat pumps and irrigation systems. This will prevent any potential damage to your equipment during the time that the water is off. We recommend that you reserve a supply of water for use during this period.

Once the water is restored, we suggest that you allow water to run in your kitchen and bathrooms for several minutes to remove any sediment that may have entered the system.

In accordance with the regulatory entity for your water system, we are required to issue the following **Precautionary Boil Water Notification** to all affected customers which will remain in effect until further notice.

To ensure destruction of all potentially harmful bacteria and other microbes, water used for drinking, cooking, making ice, brushing teeth, or washing dishes should be boiled and cooled prior to consumption. The water should be brought to a rolling boil and continue to boil a full one minute. In lieu of boiling you may purchase bottled water at your own expense.

If you have any questions regarding this matter you may contact:

**CUSTOMER SERVICE**  
**1(877) WTR-AQUA**

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT



1050 ENDEAVOR CT  
NOKOMIS, FL 34275  
941-488-8103  
E84380

Lab Receipt Date & Time: 12-1-12 12:05  
 Analysis Date & Time: 12-1-12 12:15  
 Sample Acceptance Criteria:  
 Sample Preservation  On Ice  Not On Ice  2-9 °C  
 Disinfectant Check  Not Detected  my/L  
 This sample does not meet the following NELAC requirements:

Report Number: N1212001 Sub-Contract Lab ID: \_\_\_\_\_  
 Analysis Requested: (please check all that apply)  
 Standard Coliform Test  
 HPC  
 Other: \_\_\_\_\_

System Name: LAKE SUZY PWS I.D. 0144856

System Address: 12169 SW. EAST CIRCLE City: LAKE SUZY  
 System or Owner's Phone #: (941) 945-2688 Fax #: \_\_\_\_\_  
 Collector: SCOTT SPAIN Collector's Phone #: \_\_\_\_\_

Type of Supply: (check only one)  
 Community Water System  Noncommunity Water System  Nontransient Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other \_\_\_\_\_  
 Reason for Sampling: (check only one)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date: 12/1/12

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	To be completed by lab					
						Total Coliform Analysis Method: <u>SM9223B</u>					
						Fecal or E. coli Analysis Method:					
Non Coliform	Total Coliform	Fecal or E. Coli	Data Qualifier	Lab Sample Number							
1	12731 SUZY AVE	0840	G	1.1	7.4		A	A			-1A
2	12469 SW. PEMBROKE CT	0802	G	0.1	7.3		A	A			-2A

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant sample in the average.)  
 \*Defined in Florida Administrative Code Rule 62-100, Table 1  
 All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing analysis is:  
 A certified operator (# 004302)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH  
 Date PWS notified by lab of positive results: \_\_\_\_\_  
 Date State notified by lab of positive results: \_\_\_\_\_

Name and Mailing Address of Person to Receive Report  
PLEASE CALL w/ RESULTS ASAP!  
SCOTT SPAIN (941) 945-2688  
12169 SW EAST CIRCLE

Lab Signature: 12/3/12  
Scott Spain  
 Title: \_\_\_\_\_  
 Satisfactory  Incomplete Collection Information  Repeat Samples Required  Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_



1050 Endeavor Ct.  
Nokomis, FL 34275-3623  
(941) 480-8103

WC  
12-2-12;  
RUN 12:55

FOR LAB USE ONLY  
ID#E64380  
WC  
RECD 12-2-12; 12:20  
REPORTED BY Katherine Parkiewicz 4.3 °C

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME AQUA-LAKE SUZY SYSTEM ID NO 6144856 SYSTEM PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_ DER DISTRICT \_\_\_\_\_  
 COLLECTOR A HAZEL COLLECTOR PHONE (407) 947-1249  
 SAMPLE SITE (LOCALLY OR SUBDIVISION) LAKE SUZY  
 DATE AND TIME COLLECTED 12-2-12 1008 to 1045  
 TYPE OF SUPPLY (CIRCLE ONE)  Community Water System  Noncommunity Water System  Nontransient - Noncommunity Water System  Limited Use Community  
 Private Well  Swimming Pool  Bottled Water  Limited Use Commercial  
 TYPE OF SAMPLE (CIRCLE ONE) Compliance (Check Box) Repeat Replacement (Check Box)  Main Clearance Well Survey Other \_\_\_\_\_ (Specify)  
 Distribution  
 Raw  
 Turbid

REMARKS

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB <u>SM 9223B</u>				
COLL NO.	SAMPLE POINT (Specific Address)	CI RES'D	pH	ANALYSIS METHOD	MF	MTF	MMO-MUG	PA
				SAMPLE NUMBER	NON COLIFORM	TOTAL	CONFIRM TOTAL	CONFIRM FECAL
1	12731 SUZY AVE	1.5	7.2	N1212001-03A	A	A	A	-3A
2	13413 SW PEMBROKE	0.7	7.0	N1212001-04A	A	A	A	-4A

\* Results in this column are preliminary. Fecal coliform confirmation on community and noncommunity water systems and total coliform conformation on all types of water systems will follow in 24-48 hours.

P - Coliforms Are Present  
A - Coliforms Are Absent  
C - Confluent Growth  
TNTC - Too Numerous To Count  
TA - Turbid Absence Of Gas Or Acid

INTERPRETATIONS - REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT  
\* PLEASE CALL W/ RESULTS ASAP  
STAN: (941) 915-7688 12-3-12 @ 12:55  
 NAME OF PERSON/FIRM TO RECEIVE INVOICE  
NON: (727) 919-0674

- ( ) Unsatisfactory
- ( ) Satisfactory
- ( ) Incomplete Collection Information
- ( ) Repeat Samples
- ( ) Replacement Samples

REVIEWING OFFICIAL \_\_\_\_\_  
 TITLE \_\_\_\_\_

**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: October 14, 2012

Location/System: Palms MHP, 3350981

- A. Public Boil Water Notices – PBWN issued for 63 customers by door tag in Palms MHP at approximately 10am on October 15, 2012.
  - B. Explanation For Each Occurrence – The outage affected the entire water system. The duration of the outage was approximately 18 hours and was caused by the pump failure of the main well pump at approximately 8pm on 10/14/2012.
  - C. Name of the systems where each PBWN occurred – Palms Mobile Home Park Water System.
  - D. Number of customers affected – 63.
  - E. Explanation as to how the customers were notified –Door tags.
  - F. Length of Time the PBWN Remained in Effect – The PBWN was in effect for 4 days (Monday, 10/15/2012 to Thursday, 10/18/2012). Rescission notices were distributed by door tags.
  - G. Summary of customer responses to the PBWN's: No customer response.
-

## Aqua Utilities Florida Water Notice

Date: 10/15/12

System Name: ALMA MHP

Address: \_\_\_\_\_

Due to recent circumstances beyond our control, your area has experienced low water pressure. The low pressure was a result of:

- Water Main Break
- Water Main Construction
- Electrical Failure at Water Facility
- Explanation \_\_\_\_\_

In accordance with the regulatory entity for your water system, we are required to issue the following **Precautionary Boil Water Notification** to all affected customers which will remain in effect until the problem has been corrected and a bacteriological evaluation shows that the water is safe to drink.

To ensure destruction of all potentially harmful bacteria and other microbes, water used for drinking, cooking, making ice, brushing teeth or washing dishes should be boiled and cooled prior to consumption. The water should be brought to a rolling boil and continue to boil a full one minute. In lieu of boiling, you may purchase bottled water at your own expense.

If you have any questions regarding this matter you may contact:

**CUSTOMER SERVICE**  
**1(877) WTR-AQUA**

Form 004

**Aqua Utilities Florida**  
**Water Notice**

Date: 10/18/12  
System Name: PALMS RHP  
Address: \_\_\_\_\_

The 10/15/12 <sup>Date</sup> **Precautionary Boil**  
**Water Notification** is hereby rescinded, following  
the satisfactory completion of the bacteriological survey  
demonstrates the water is safe to drink.

If you have any questions regarding this matter you  
may contact:

**CUSTOMER SERVICE**  
**1(877) WTR-AQUA**

Form 002



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

(352) 787-2944 (central area only), (888) 622-2244  
**PLANT TECHNICIANS, INC. LAB ID#:** ES3141 **QAF:** 870265  
**P.O. BOX 447, FRUITLAND PARK, FL 34701**  
**Office:** 352-787-2944 **Lab:** 352-787-8112 **Fax:** 352-787-3198  
 Contact Person: John Fredcott

Lab Receipt Date & Time: 10/16/03 10:30  
 Analysis Date & Time: 10/16/03 11:00  
 Sample Acceptance Criteria: \_\_\_\_\_  
 Sample Preservation:  On Ice  Not On Ice  High  
 Chlorination Check:  Not Detected  Detected  
 This sample does not meet the following MELAC 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: Palms MLP 6416  
 PWS Address: 24702 Palmosa  
 PWS or PWS Owner's Phone #: 352-674-2860  
 Collector: L. RINK

PWS ID: 3350981  
 City: Leesburg  
 Fax #: 352-674-2868  
 Collector's Phone #: 352-266-0688

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)  
 Clarification  Replacement (also check type of sample being replaced)  Well Water Maintenance  Well Survey

Sample Collection Date: 10-16-03 10:17-12

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type*	Disinfectant Residual (mg/L)	Analysis Method(s):		
					Non-Conform	Total Coliform	Total Fecc. E. coli, Enterococci, or Coliphage
W-1	Well # 1	2:19	R		A	A	1260-1370
D-1	5617 Palm Wy.	2:00	DW	1.1	A	A	1380
D-2	24616 Palmetto Dr.	2:10	DW	1.1	A	A	1381
W-1	Well # 1	9:05	R		A	A	1382
D-1	5617 Palm Wy	9:12	DW	1.1	A	A	1383
D-2	24616 Palmetto Dr	9:20	DW	1.1	A	A	1384

Average of disinfectant residuals for distribution routine & repeat samples. Free chlorine or Total Chlorine (if applicable).

Disinfectant Residual Analysis Method:

DPD Colorimetric  Other:

Person performing disinfectant analysis is (use instructions on reverse):

DC, certified operator # L. RINK 874733  
 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 MELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab or positive results:

Date and time DEP/DOH notified by lab or positive results:

Data Report Issued:

Lab Signatures:

THIS:

Acua Utilities FL.  
P.O. Box 2860  
LADY LAKE, FL. 32158-2480  
ATTN: JOHN WOBELT

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

\*See Sample Types on Instruction sheet 114.  
 \*For Analytical Methods, see Laboratory Method 19.  
 \*This report is valid only for the samples listed.  
 \*Complete the laboratory's methods and other information on the reverse side of this report.

**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: October 5, 2012

Location/System: Wootens, 2541280

- A. Public Boil Water Notices – PBWN issued for 30 customers by door tag in Wootens at approximately 10am on October 5, 2012.
- B. Explanation For Each Occurrence – The outage location was the water treatment plant and impacted the entire water system. The duration of the outage was approximately 2 hours and was caused by a failure of the piping within the plant.
- C. Name of the systems where each PBWN occurred – Wootens Water System.
- D. Number of customers affected – 30.
- E. Explanation as to how the customers were notified – Door tags.
- F. Length of Time the PBWN Remained in Effect – The PBWN was in effect for 5 days (Friday 10/5/2012 to Tuesday 10/9/2012). Once verification of passing bacteriological samples was received, the standard rescission notice was distributed by door tags.
- G. Summary of customer responses to the PBWN's: No customer response.



**SPECIAL**  
**AQUA PURE WATER & SEWAGE SERVICE, INC.**

10865 East State Road 40  
Silver Springs, Florida 34488-2349  
(352) 625-2822, Ext. 30  
Laboratory No. E83265

**SAMPLE COLLECTION AND REPORT  
FORM FOR DRINKING WATER  
TOTAL COLIFORM / E. coli ANALYSIS**  
Press Hard, (4) copies (Page 1 of 1)

<b>FOR LAB USE ONLY</b>	
DATE RECEIVED AND ANALYZED / TIME RECEIVED	
RECEIVED BY: <u>92</u>	OCT 6 '12 9:34
SAMPLE PRESERVATION: <input checked="" type="checkbox"/> ON ICE <input type="checkbox"/> NOT ON ICE	6.5 °C
DISINFECTANT CHECK: <input checked="" type="checkbox"/> NOT DETECTED <input type="checkbox"/> _____ mg/L	
THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):	
DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____	
PERSON NOTIFIED: _____	NOTIFIED BY: _____
DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____	
<input type="checkbox"/> PAID <input type="checkbox"/> CHECK OR RECEIPT # _____	

SYSTEM NAME: WOODRIF PWS ID: 254130 SYSTEM PHONE: 386 937-12  
 SYSTEM ADDRESS: WOODRIF RD COUNTY: POLK  
 CLIENT: AQUA UTILITIES COLLECTOR: PAUL PARSONS COLLECTOR PHONE: 386 937-129

TYPE OF SUPPLY (Check Only One):  
 Community Water System     Non-Transient Non-community Water System     Transient Non-community Water System  
 Limited Use System     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(S): 10-5-12 COMMENTS: \_\_\_\_\_

TO BE COMPLETED BY SAMPLE COLLECTOR				
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Resid (mg/L)
A-1	100 E.	10-5-12 10:30	N	2.8
A-2	156 WOODRIF	10-5-12 11:00	D	2.6
A-3	157 WOODRIF RD	10-5-12 11:10	D	2.1
A-4	100 E.	10-5-12 07:50	N	2.8
A-5	156 WOODRIF RD	10-6-12 07:57	D	3.5
A-6	157 SUNSET RD	10-6-12 08:10	D	3.0
Average of disinfectant residuals for routine and repeat samples. <sup>2</sup> Free chlorine or Total chlorine (circle one).				3.0
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____				
Person performing disinfectant analysis is: <u>511291</u>				
<input checked="" type="checkbox"/> A certified operator (# _____) <input type="checkbox"/> Supervised by a 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				

TO BE COMPLETED BY LAB			
Total coliform & E. coli analysis method: Colifort (SM9223B)			
Lab Sample Number	Total coliform	E. coli	Data Qualifier <sup>2</sup>
Report/Submission Number:			
M1211459	A		
M1211460	A		
M1211461	A		
M1211462	A		
M1211463	A		
M1211464	A		
Time(s) Analyzed: <u>9:46 AM</u>			

Michael Mars    10-8-12  
 TECHNICAL DIRECTOR    DATE

All tests are performed in accordance with NELAC standards.  
 Results: A = coliforms are absent; P = coliforms are present  
<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry Point to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>3</sup>Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

AQUA UTILITIES  
P.O. BOX 2480  
LADY LAKE FL 32158

<b>DEP/DOH USE ONLY</b>	
<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: _____	

# Aqua Utilities Florida

Water Notice

Date: **10-5-12**

System Name: **WOOTENS**

Address: **ENTIRE SYSTEM**

Due to recent circumstances beyond our control, your area has experienced low water pressure.

The low pressure was a result of:

- Water Main Break
- Water Main Construction
- Electrical Failure at Water Facility
- Explanation: **PIPING MALFUNCTION**  
**AT WATER TREATMENT PLANT**

In accordance with the regulatory entity for your water system, we are required to issue the following ***Precautionary Boil Water Notification*** to all affected customers which will remain in effect until further notice.

To ensure destruction of all potentially harmful bacteria and other microbes, water for drinking, cooking, and ice making should be boiled and cooled prior to consumption. The water should be brought to a rolling boil and continue to boil a full one minute. In lieu of boiling you may purchase bottles water at your own expense.

If you have any questions regarding this matter you may contact:

**CUSTOMER SERVICE**

**1 (877) WTR-AQUA**

**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: October 9th & 10th, 2012

Location/System: Leisure Lakes, 6280064

- A. Public Boil Water Notices – PBWN issued for 292 customers by door tag in Leisure Lakes at approximately 9am on October 9, 2012. Although the water system experienced an additional outage the following day on October 10, the boil water advisory was still in effect so distributing the precautionary boil water notices a second time was not necessary.
  - B. Explanation For Each Occurrence – Both outages affected the entire water system. The duration of the outage on October 9<sup>th</sup> was approximately 4 hours and was caused by the main well pump variable frequency drive malfunctioning. The duration of the outage on October 10<sup>th</sup> was approximately 4 hours and was caused by the main well pump motor failing completely due to water inside the motor.
  - C. Name of the systems where each PBWN occurred – Leisure Lakes Water System.
  - D. Number of customers affected – 292.
  - E. Explanation as to how the customers were notified –The standard boil water advisory notification was distributed to the entire community via door tags.
  - F. Length of Time the PBWN Remained in Effect – The PBWN was in effect for 5 days (Tuesday, 10/9/2012 to Saturday, 10/13/2012). Once verification of passing bacteriological tests was received, the standard rescission notification was distributed via door tags.
  - G. Summary of customer responses to the PBWN's: No customer response.
-

### Water Malfunction Event Report

Date:	<u>10/9/2012</u>	System:	<u>Leisure Lakes</u>	PWSID #:	<u>628-0064</u>
Contact Person:	<u>Waunda Barcus</u>			Phone:	<u>941-266-9107</u>
Aqua Utilities FL became aware of the circumstances:	Date:	<u>10/9/2012</u>	Time:	<u>2:00 a.m.</u>	
24 Hour Oral Report to:	FDEP Telephone:	<u>239-344-5615</u>	Contact:	<u>Patty Baron</u>	
	Date/Time:	_____			
	DOH Telephone:	_____	Contact:	_____	
	Date/Time:	_____			
	Client Telephone:	_____	Contact:	_____	
	Date/Time:	_____			
Operator in Responsible Charge (ORC)	<u>Waunda Barcus</u>				
Was water service interrupted? (Less than 20 psi)	<u>yes</u>	Number of Connections effected:	<u>292</u>		
Precautionary boil water notices issues?	<u>yes</u>	Date Issued:	<u>10/9/2012</u>		
By what means: (Door Hanger, TV, Radio, etc)	<u>Door Hangers</u>				
If a precautionary boil water notice was not issued, please explain why?	<u>Already one in place from previous day .</u>				
Period of Malfunction:	From Date/Time:	<u>10/9/2012 2:00 a.m.</u>	To Date/Time:	<u>10/10/2012 6:00 a.m.</u>	
Has the Malfunction been corrected? Yes/No?	<u>yes</u>				
	If No, Date/Time of expected completion:	_____			
Planned Outage?	<u>no</u>	Failure ?	<u>yes</u>		
Location of Malfunction or Line Break:	_____				
Description of problem:	<u>Lightning hit VFD well pump motor.</u>				
Corrective Action Taken:	<u>Bypassed VFD and gor motor running.</u>				
Prior to placing the line back into service, was the line: (Yes/No)	_____				
Flushed	<u>Yes</u>				
Superchlorinated	<u>Yes</u>				
Bacteriological samples collected?	<u>Yes</u>				
Results Attached?	<u>No</u>				
If Not, expected to follow by:	<u>10/19/2012</u>				
If material failure, give (complete as possible) description of the material including size, type, any available manufacturing information shown on the failed product. If know, include cause of failure. Please note that all repair materials must be ANSI or NSF Certified for potable water use, and must be "Like for Like" with respect to the capacity, size, type of material, and location/alignment.	_____				
Additional Remarks if any:	_____				

### Water Malfunction Event Report

Date:	<u>10/9/2012</u>	System:	<u>Leisure Lakes</u>	PWSID #:	_____
Contact Person:	<u>Waunda Barcus</u>			Phone:	<u>941-266-9107</u>
Aqua Utilities FL became aware of the circumstances:	Date:	<u>10/10/2012</u>	Time:	<u>03:30 a.m.</u>	
24 Hour Oral Report to:	FDEP Telephone:	<u>239-344-5615</u>	Contact:	<u>Patty Baron</u>	
	Date/Time:	_____		_____	
	DOH Telephone:	_____	Contact:	_____	
	Date/Time:	_____		_____	
	Client Telephone:	_____	Contact:	_____	
	Date/Time:	_____		_____	
Operator in Responsible Charge (ORC)	<u>Waunda Barcus</u>				
Was water service interrupted? (Less than 20 psi)	<u>yes</u>	Number of Connections effected:	<u>292</u>		
Precautionary boil water notices issues?	<u>no</u>	Date Issued:	_____		
By what means: (Door Hanger, TV, Radio, etc)	_____				
If a precautionary boil water notice was not issued, please explain why?	<u>Already one in place from previous day .</u>				
Period of Malfunction:	From Date/Time:	<u>10/10/2012</u>	To Date/Time:	<u>10/10/2012 7:00 a.m.</u>	
Has the Malfunction been corrected? Yes/No?	<u>yes</u>				
	If No, Date/Time of expected completion:	_____			
Planned Outage?	_____	Failure ?	<u>yes</u>		
Location of Malfunction or Line Break:	_____				
Description of problem:	<u>Motor stopped working completely on well pump.</u>				
Corrective Action Taken:	<u>Put Backup Well on line.</u>				
Prior to placing the line back into service, was the line: (Yes/No)	_____				
Flushed	_____				<u>Yes</u>
Superchlorinated	_____				<u>Yes</u>
Bacteriological samples collected?	_____				<u>Yes</u>
Results Attached?	_____				<u>No</u>
If Not, expected to follow by:	_____				<u>10/19/2012</u>
If material failure, give (complete as possible) description of the material including size, type, any available manufacturing information shown on the failed product. If know, include cause of failure. Please note that all repair materials must be ANSI or NSF Certified for potable water use, and must be "Like for Like" with respect to the capacity, size, type of material, and location/alignment.	_____				
Additional Remarks if any:	_____				

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

(62-350.730 Reporting Format Effective 01/1/95, Revised 02/2010)

**Short Environmental Laboratories, Inc.**

10405 US 27 S Sebring, FL 33876  
 PH: 863-655-4022 FAX: 863-655-5820

DOH# E85458

Report Number: 101888 Sub-Contract Lab ID: \_\_\_\_\_

Delivered By: Wanda Barcus  
 Lab Receipt Date & Time: 10/9/12 1500  
 Analysis Date & Time: 10-09-12 @ 1640  
 Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not On Ice 4.4°C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NEI.AC requirements:

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

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

Public Water System (PWS) Name: Leisure Lakes #386

FWS I.D. 

6	2	8	0	0	6	4
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PWS Address: 101 Parkway Circle

City: Lake Placid

PWS or PWS Owner's Phone #: 352-674-2860

Fax #: 352-674-2860

Collector: Wanda Barcus

Collector's Phone #: 941-266-9107

**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: Inside Well Maintenance

Sample Collection Date: 10-9-12 1082

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Coliform, SM9223B				
						Non-Coliform	Total Coliform	Fecal (E. coli) Enterococci, Coliphage <sup>2</sup>	Data Qualifier <sup>3</sup>	Lab Sample #
1	64 Jasmine	1340	D/F	.34	7.9	A	A			399452
2	54 Jasmine	1335	D/F	.25	7.9	A	A			399453
3	81 Jasmine	1345	D/F	1.9	7.9	A	A			399454
4	54 Venetian	1400	D/F	1.8	7.9	A	A			399455

Average of disinfectant residuals for distribution routine & repeat samples:

**F**ree chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one): 1.07

**Disinfectant Residual Analysis Method:**

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

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

A certified operator (# B 20766)

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 NEI.AC 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: 10/11/12

Lab Signature: [Signature]

Title: Project Manager

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)  
Aguaclilla Lakes  
1616 Wendell Kent Rd.  
Jarvis Florida 34240

DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required

<sup>1</sup> For Analysis Methods see instructions page 116  
<sup>2</sup> Please circle appropriate selection  
<sup>3</sup> Defined in Florida Administrative Code Rule 62-100, Table 1.  
<sup>4</sup> Complete for residential & one-time non-community systems serving populations up to and including 4,000. Do not include raw or plant effluent in the average. Repeat Samples Required



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

(42-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Short Environmental Laboratories, Inc.**

10405 US 27 S Sebring, FL 33876  
 PH: 863-655-4022 FAX: 863-655-5820

DOH# E85458

Report Number: 101905 Sub-Contract Lab ID: \_\_\_\_\_

Delivered By: Wendell Kent

Lab Receipt Date & Time: 10/10/12 @ 1115

Analysis Date & Time: 10-10-12 @ 1530

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not On Ice 3.6 °C

Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements:

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Leisure Lakes #386

PWS I.D. 6280064

PWS Address: 101 Parkview Circle

City: Lake Placid

PWS or PWS Owner's Phone #: 352-674-2860

Fax #: 352-674-2862

Collector: Wanda Barcus

Collector's Phone #: 941-266-9107

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: Inside Well Power Outage

Sample Collection Date: 10-10-12 1 of 2

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type <sup>1</sup>	Disin- fectant Residual (mg/L)	pH	Analysis Method(s): <u>Coliport, SM9223B</u>				
						Non- Coliform	Total Coliform	Fecal ( <i>E. coli</i> ), Enterococci, Coliphage <sup>2</sup>	Data Qualifier <sup>3</sup>	Lab Sample #
5	64 Jasmine	10:26 AM	D/F	1.85	8.1		A	A		399502
6	54 Jasmine	10:10 AM	D/F	2.18	8.1		A	A		399503
7	81 Jasmine	10:30 AM	P/F	1.62	8.1		Inundated	Cl <sub>2</sub>		399504
8	521 Venetian	10:49 AM	D/F	1.71	8.3		A	A		399505

Average of disinfectant residuals for distribution routine & repeat samples:<sup>4</sup>

Free chlorine, Total chlorine, or Combined chlorine (circle one). 1.84

Disinfectant Residual Analysis Method:

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

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

A certified operator (# B20966)

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.

10/10/12 @ 1540 W. Barcus (dk)

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

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

Date Report Issued: 10/11/12

Lab Signature: [Signature]

Title: Asst Manager

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)  
Alqua Utilities  
1606 Wendell Kent Rd  
Sarasota Florida 34240

DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required

<sup>1</sup> For Sample Types and Residuals see T-10.  
<sup>2</sup> For Analysis Methods see Instructions Item II-6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 63-160, Table 1.  
<sup>5</sup> Exception for community & non-transient non-community systems serving populations of 10,000. Do not include raw or plant samples in the average. Replacements Samples Required.

Date Reported by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewer's Official: \_\_\_\_\_  
 Replacements Samples Required: \_\_\_\_\_

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

(62-350 730 Reporting Format Effective 01/19/91, Revised 02/2010)

**Short Environmental Laboratories, Inc.**

10405 US 27 S Sebring, FL 33876  
 PH: 863-655-4022 FAX: 863-655-5820

DOH# E85458

Report Number: 101925 Sub-Contract Lab ID: \_\_\_\_\_

Delivered By: Wanda Barcus  
 Lab Receipt Date & Time: 10/11/12 @ 1100  
 Analysis Date & Time: 10-11-12 @ 1430  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4.0 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements

Analysis Requested: (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Leisure Lakes # 306 PWS I.D. 02800011

PWS Address: 101 Parkview Circle City: Lake Park

PWS or PWS Owner's Phone #: 352-1074-2866 Fax #: 352-1074-2862

Collector: Wanda Barcus Collector's Phone #: 941-266-9107

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: INSIDE WELL PUMP CORRECTION

Sample Collection Date: 10-10-12 142

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Coliform, SM9223B				
						Non-Coliform	Total Coliform	Fecal E. coli, Enterococci, Coliphage <sup>2</sup>	Data Qualifier <sup>3</sup>	Lab Sample #
1	81 Jasmine	1700	D/F	2.185	8.1		P	A		39959

Average of disinfectant residuals for distribution routine & repeat samples.<sup>4</sup>  
**F**ree chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).  
 Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (see instructions on reverse):  
 A certified operator (# 13269/AL)  
 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.  
 Notified W. Barcus  
 Date and time PWS notified by lab of positive results: 10/12/12 @ 1053 mmP  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 10/11/12  
 Lab Signature: [Signature]  
 Title: Project Manager

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)  
Agua Utilities  
101 Parkview Circle  
Sebring, Florida 33876

DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required

<sup>1</sup> For Sample Types see instructions on page 1 to  
<sup>2</sup> For Analysis Methods and Instructions see 11.4  
<sup>3</sup> Filtered water appropriate selection  
<sup>4</sup> Based on Florida Administrative Code Rule 62-150, Table 1.  
<sup>5</sup> Complete for community & non-community non-transient systems serving populations up to and including 4,000. Do not include raw or pilot samples or the average. Replacemnt Samples Required \_\_\_\_\_

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

(62-550 730 Reporting Format Effective 01/1995, Revised 02/2010)

**Short Environmental Laboratories, Inc.**

10405 US 27 S Sebring, FL 33876  
 PH: 863-655-4022 FAX: 863-655-5820

DOH# E85458

Report Number: 101926 Sub-Contract Lab ID: \_\_\_\_\_

Delivered By: Wanda Dolan

Lab Receipt Date & Time: 10/11/12 1100

Analysis Date & Time: 10-11-12 1630

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not On Ice  4.0 °C

Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements:

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Lake Placid Lakes #356

PWS LD. 

C	0	2	8	C	0	G	4
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PWS Address: 101 Parkview Circle

City: Lake Placid

PWS or PWS Owner's Phone #: 352-674-2800

Fax #: 352-674-2802

Collector: Wanda Dolan

Collector's Phone #: 941-266-9107

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: Inside Well power outage

Sample Collection Date: 10-11-12

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>Collet, SM9223B</u>				
						Non- Coliform	Total Coliform	Fecal <u><i>E. coli</i></u> Enterococci, Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
9	64 Jasmine	0950	$\frac{D}{F} =$	.24	8.1		A	A		399580
10	54 Jasmine	0942	$\frac{D}{F} =$	.21	8.1		A	A		399581
11	81 Jasmine	10:00	$\frac{D}{F} =$	.51	8.1		A	A		399582
12	54 Venetian	0925	$\frac{D}{F} =$	2.6	8.2		A	A		399583

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>

**F**ree chlorine, **T**otal chlorine, or **C**ombined chlorine (circle one).

Disinfectant Residual Analysis Method:

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

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

A certified operator (# B20966)

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: 10/11/12

Lab Signature: [Signature]

Title: Plant Manager

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

Aqua Utilities  
1616 Wendell Keith Rd  
Sarasota Florida 34240

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required

DEP/DOH USE ONLY

<sup>1</sup> For Sample Type see instructions 206-114.

<sup>2</sup> For Analysis Methods see Instructions Item II 6.

<sup>3</sup> Please circle appropriate indicator.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Title 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,500. Do not include raw or first samples in the average.

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

DEP/DOH Receiving Official: \_\_\_\_\_

Replacement Sample Required: \_\_\_\_\_

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

(62-530.738 Reporting Format Effective 01/1995, Revised 02/2010)

**Short Environmental Laboratories, Inc.**

10405 US 27 S Sebring, FL 33876  
 PH: 863-655-4022 FAX: 863-655-5820

DOH# E85458

Report Number 101968 Sub-Contract Lab ID: \_\_\_\_\_

Delivered By: Waunda Barcus

Lab Receipt Date & Time: 10/12/2014 05

Analysis Date & Time: 10/12/2014 10

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not On Ice  2-8 °C

Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/l.

This sample does not meet the following NELAC requirements:

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Leisure Lakes #386

PWS ID: 6280064

PWS Address: 111 Parkview Circle

City: 352-674-2862

PWS or PWS Owner's Phone #: 352-674-2860

Fax #: 352-674-2862

Collector: Waunda Barcus

Collector's Phone #: 941-266-9107

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: Inside Well power outages

Sample Collection Date: 10-12-12 2 of 2

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorine Type <sup>1</sup>	Disin- fectant Residual (mg/L)	pH	Analysis Method(s): Colifen, SM9223B				
						Non- Coliform	Total Coliform	Fecal, (E. coli), Enterococci, Coliphage <sup>2</sup>	Data Qualifier <sup>3</sup>	Lab Sample #
13	54 Venetian	1237	DF	2.2	8.1	A	A	A		399679
14	54 Jasmine	1259	DF	.44	8.0	A	A	A		399680
15	61 Jasmine	1310	DF	1.78	8.0	A	A	A		399681
16	81 Jasmine	1325	DF	1.95	8.0	A	A	A		399682

Average of disinfectant residuals for distribution routine & repeat samples.<sup>3</sup>

F<sub>res</sub> chlorine, T<sub>total</sub> chlorine, or C<sub>combined</sub> chlorine (circle one).

Disinfectant Residual Analysis Method:

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

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

A certified operator (N B.2 C9666)

Supervised by certified operator (N \_\_\_\_\_)

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: 10/16/14

Lab Signature: [Signature]

Title: Project Manager

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

Agua Utilities  
1316 Wendell Kent Rd  
San Jose, Florida 34240

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required

Lab Retained by DEP/DOH: \_\_\_\_\_

DEP/DOH Retaining Office: \_\_\_\_\_

Repeat Samples Required: \_\_\_\_\_

<sup>1</sup> For Sample Types and Definitions, see Table 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 4,000. Do not include raw or plant samples in the average.

**Aqua Utilities Florida, Inc.**  
**Precautionary Boil Water Notice Incident Report**

Date: September 5, 2012

Location/System: River Grove, 2540959

- A. Public Boil Water Notices –PBWN issued for 48 customers by door tag with accompanying letter in River Grove at approximately 3pm on September 4, 2012.
- B. Explanation For Each Occurrence – The outage locations included residences along Ferry Rd., River Terrace, River Drive, and St. Johns Terrace. The duration of the outage was approximately 6 hours and was necessary to construct the water main connecting River Grove water system to the Putnam County water system.
- C. Name of the systems where each PBWN occurred – River Grove Water System
- D. Number of customers affected – 48
- E. Explanation as to how the customers were notified – Door tag with accompanying letter.
- F. Length of Time the PBWN Remained in Effect – The PBWN was in effect for 3 days (Wednesday 9/5/2012 to Friday 9/7/2012). Once confirmation of passing bacteriological samples was received, the standard rescission notice was distributed by Aqua staff via door tags.
- G. Summary of customer responses to the PBWN's: No customer response – planned outage.



Aqua Utilities Florida, Inc.  
P.O. Box 2480  
Lady Lake, FL 32158-2480

T: 352.674-2860  
F: 352.674-2862  
www.aquaamerica.com

**Notice to Customers of the River Grove Water System.  
Water service will be interrupted between 9:00 am and 3:00  
pm, Wednesday, September 5, 2012**

Aqua Utilities Florida (Aqua) will temporarily interrupt water service within the River Grove water system between 9:00 am and 3:00 pm on Wednesday, September 5, 2012 for construction of improvements to your water system. We expect the interruption of service to affect the following addresses:

- All addresses on St. John's Terrace
- 100 Ferry Road
- 104 River Terrace
- 100, 101, 106, 107, 110, 111, and 116 River Drive

Connection to Putnam County's water system will lower the TTHMs in water supplied to the River Grove system and also reduce the amount of flushing needed to maintain water quality.

When water service is restored, Aqua will sample and test the water in the distribution system. **Aqua advises customers who experienced an interruption of water service to use boiled tap water or bottled water for drinking and cooking purposes as a precaution until we receive test results from the lab.** We expect this precautionary boil water advisory to be in effect for a minimum of two days following the restoration of water service. Aqua will notify customers by door hangers when it is lifted.

During time the precautionary boil water advisory is in effect, customers should boil their tap water (bring to a rolling boil and let it boil for one minute) and let it cool, or use bottled water, for drinking, cooking, washing food, making ice, or brushing teeth. Boiling kills bacteria and other organisms that might be present in the water.

We apologize for the inconvenience and thank you for your patience as Aqua improves your water system.

For more information call Aqua Utilities Florida at 1.877.987.2782 or Tricia Williams at 352.266.0608.

(PWS # 2540959)

Date: December 19, 2012



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40  
Silver Springs, Florida 34488-2349  
(352) 625-2822, Ext. 30  
Laboratory No. E83265

## SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM, E. coli ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY	
RECEIVED BY: <i>JP</i>	DATE RECEIVED AND ANALYZED / TIME RECEIVED SEP 6/12 AM 11:28
SAMPLE PRESERVATION: <input checked="" type="checkbox"/> ON ICE <input type="checkbox"/> NOT ON ICE	<i>3-4</i>
DISINFECTANT CHECK: <input checked="" type="checkbox"/> NOT DETECTED <input type="checkbox"/> _____ mg/L	
THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):	
DATE TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:	
PERSON NOTIFIED: _____ NOTIFIED BY: _____	
DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:	
<input type="checkbox"/> PAID <input type="checkbox"/> CHECK OR RECEIPT	

SYSTEM NAME: RIVER GROVE PWS ID: 2540959 SYSTEM PHONE: 386-937-1143  
 SYSTEM ADDRESS: 250 RIVERDAVE EAST PALATKA COUNTY: PUTNAM  
 CLIENT: AQUA UTILITIES FL. COLLECTOR: PAUL THOMPSON COLLECTOR PHONE: 386-937-1143

### TYPE OF SUPPLY (Check Only One):

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  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(S): 9/5/12 DAY 1 9/6/12 DAY 2 COMMENTS: INTERCONNECT TIE-IN ✓

TO BE COMPLETED BY SAMPLE COLLECTOR					TO BE COMPLETED BY LAB			
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect. Resid. (mg/L)	Lab Sample Number	Total coliform	E. coli	Data Qualifier
001	122 E. ST. JOHNS TRAD DAY #1	3:30P	D	1.3	M1210066	A		
002	121 W. ST. JOHNS TRAD DAY #1	3:50P	D	1.7	M1210067	A		
003	122 E. ST. JOHNS TRAD DAY #2	8:50A	D	1.2	M1210068	A		
004	121 W. ST. JOHNS TRAD DAY #2	9:50A	D	0.8	M1210069	A		
Average of disinfectant residuals for routine and repeat samples: Free chlorine or Total chlorine (circle one): <u>1.25</u>					Time(s) Analyzed: <u>11:56am</u>			

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is:  
 A certified operator (# A 7253)  
 Supervised by a certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

*Michael Morse* 9-7-12  
 TECHNICAL DIRECTOR DATE

All tests are performed in accordance with NELAC standards.  
 Results: A = coliforms are absent; P = coliforms are present  
 DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry Point to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
 \*Defined in Florida Administrative Code Rule 62-160, Table 1  
 \*Complete for community and nontransient noncommunity systems serving populations (do not include raw or plant samples in the average)

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT:  
AQUA UTILITIES FLORIDA  
P.O. BOX 2480  
LADY LAKE, FL 32158

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

**AUF – Quarterly  
Call Center Statistics Report**



Call Center Statistics	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	EXPLANATION OF STATISTICS
States	PA,NC,VA,TK,FL,OH,NJ ,IL,MO,IN,NY	PA,NC,VA,TK,FL,OH,NJ ,IL,MO,IN,NY	PA,NC,VA,TK,FL,OH,NJ ,IL,MO,IN,NY	PA,NC,VA,TK,FL,OH,NJ ,IL,MO,IN,NY	PA,NC,VA,TK,FL,OH,NJ ,IL,MO,IN,NY	PA,NC,VA,TK,FL,OH,NJ ,IL,MO,IN,NY	PA,NC,VA,TK,FL,OH,NJ ,IL,IN,NY	PA,NC,VA,TK,FL,OH,NJ ,IL,IN,NY	PA,NC,VA,TK,FL,OH,NJ ,IL,IN,NY	PA,NC,VA,TK,FL,OH,NJ ,IL,IN	PA,NC,VA,TK,FL,OH,NJ ,IL,IN	Refers to states where Aqua customers are serviced by call centers
Customers (approx.)	940,279	940,279	940,279	940,279	951,579	951,579	951,579	961,739	961,739	964,563	964,563	Refers to the approximate number of customers being serviced by the call centers
Total Calls	91,975	79,708	79,616	79,801	99,118	103,295	108,103	117,871	105,120	110,425	88,376	The number of total calls that were received through the toll-free number that went into a service queue (does not include customers who used self-serve options)
Days Open	21	21	22	21	22	21	21	23	19	23	20	Days in month that call centers were open for business
Average Calls/Day	4,380	3,796	3,619	3,800	4,505	4,919	5,148	5,125	5,533	4,801	4,419	Calculated by dividing Total Calls by Days Open
Abandon Rate	2.6%	1.5%	0.8%	1.0%	4.3%	7.7%	12.4%	12.7%	25.0%	7.6%	2.8%	Percentage of Total Calls where customers disconnected (abandoned) prior to a CSR answering.
Calls Answered in < 90 seconds	85%	94%	97%	96%	81%	64%	48%	44%	17%	68%	90%	Percentage of calls where a CSR answered in 90 seconds or less
Average Speed to Answer	33 sec	16 sec	9 sec	11 sec	45 sec	88 sec	150 sec	158 sec	340 sec	87 sec	21 sec	The average time in seconds that a customer waited before their call was answered by a CSR.
Average Handle Time	4:34	4:20	4:15	4:16	4:27	4:32	4:40	4:41	5:42	4:57	4:11	The average for all answered calls of total talk time plus total hold time plus any time for after call work completed by the CSR
Average #CSR/Day	65.6	63.6	64.3	65.1	65.9	61.3	60.5	60.0	65.5	69.2	73.7	The average number of CSRs who logged in each day during the stated month
Calls Answered	89,584	78,512	78,979	79,003	94,856	95,341	94,698	102,901	78,840	102,033	85,901	Total Calls less abandoned calls

**AUF – Quarterly  
Management Quality Performance Report**

**QUALITY PERFORMANCE REPORT  
FLORIDA CUSTOMERS  
September 2012**

<b>Sep-12</b>		<b>Percent</b>	<b>Total Calls</b>
<b>1</b>	Move In or Move Out	<b>20%</b>	<b>1,142</b>
<b>2</b>	Pay by Phone - Speedpay	<b>13%</b>	<b>751</b>
<b>3</b>	Payment Arrangement	<b>8%</b>	<b>437</b>
<b>4</b>	Verify Account Balance	<b>7%</b>	<b>415</b>
<b>5</b>	Restore Service	<b>7%</b>	<b>408</b>
<b>6</b>	Customer Account Changes	<b>6%</b>	<b>327</b>
<b>7</b>	Payment Confirmation Number	<b>5%</b>	<b>297</b>
<b>8</b>	Shut-Off Notice	<b>5%</b>	<b>271</b>
<b>9</b>	High Bill Complaint	<b>4%</b>	<b>232</b>
<b>10</b>	Verify Receipt of Payment	<b>3%</b>	<b>182</b>
<b>11</b>	Explain Bill	<b>3%</b>	<b>179</b>
<b>12</b>	No Water	<b>2%</b>	<b>136</b>
<b>13</b>	Service Line Leak	<b>1%</b>	<b>59</b>
<b>14</b>	Waive Late Fees	<b>1%</b>	<b>56</b>
<b>15</b>	Turn On or Turn Off Service	<b>1%</b>	<b>55</b>
<b>16</b>	Dispute Bill	<b>1%</b>	<b>52</b>
<b>17</b>	Leak Adjustment	<b>1%</b>	<b>51</b>
<b>18</b>	Aqua Online	<b>1%</b>	<b>42</b>
<b>19</b>	Payment Location Inquiry	<b>1%</b>	<b>42</b>
<b>20</b>	Duplicate Bill Request	<b>1%</b>	<b>39</b>
	All Other Calls	<b>9%</b>	<b>492</b>
<b>Total calls</b>		<b>100%</b>	<b>5,667</b>

**QUALITY PERFORMANCE REPORT  
FLORIDA CUSTOMERS  
October 2012**

Oct-12		Percent	Total Calls
1	Move In or Move Out	20%	1,151
2	Pay by Phone - Speedpay	15%	844
3	Verify Account Balance	10%	558
4	Customer Account Changes	7%	401
5	Payment Arrangement	7%	382
6	Restore Service	6%	325
7	Payment Confirmation Number	5%	300
8	Shut-Off Notice	4%	224
9	Explain Bill	3%	167
10	Verify Receipt of Payment	3%	156
11	High Bill Complaint	3%	155
12	No Water	2%	124
13	Turn On or Turn Off Service	2%	95
14	Sewer Service Complaint	1%	74
15	Service Line Leak	1%	60
16	Payment Location Inquiry	1%	52
17	Dispute Bill	1%	51
18	Leak Adjustment	1%	41
19	Waive Late Fees	1%	40
20	Meter Problem	1%	30
	All Other Calls	8%	480
<b>Total calls</b>		<b>100%</b>	<b>5,712</b>

**QUALITY PERFORMANCE REPORT  
FLORIDA CUSTOMERS  
November 2012**

Nov-12		Percent	Total Calls
1	Move In or Move Out	19%	916
2	Pay by Phone - Speedpay	15%	730
3	Verify Account Balance	11%	544
4	Customer Account Changes	8%	387
5	Verify Receipt of Payment	6%	271
6	Payment Arrangement	5%	222
7	Payment Confirmation Number	5%	220
8	Explain Bill	4%	183
9	High Bill Complaint	3%	159
10	Restore Service	3%	139
11	No Water	2%	118
12	Low Pressure/Boil Water Notice	2%	102
13	Shut-Off Notice	2%	97
14	Turn On or Turn Off Service	1%	72
15	Service Line Leak	1%	69
16	Leak Adjustment	1%	42
17	Sewer Service Complaint	1%	39
18	Aqua Online	1%	39
19	Payment Location Inquiry	1%	38
20	No Bill	1%	33
	All Other Calls	9%	457
<b>Total calls</b>		<b>100%</b>	<b>4,875</b>

AUF – Quarterly  
Florida Customer Contact Report

# Florida Customer Contacts September 2012

System	CITY	CCS Reason	Total
48 ESTATES	LEESBURG		1
<b>48 ESTATES Total</b>			<b>1</b>
ARREDONDO ESTATES	GAINESVILLE		32
<b>ARREDONDO ESTATES Total</b>			<b>32</b>
ARREDONDO FARMS	GAINESVILLE		4
<b>ARREDONDO FARMS Total</b>			<b>4</b>
BREEZE HILL	LAKE WALES		2
<b>BREEZE HILL Total</b>			<b>2</b>
CARLTON VILLAGE	LADY LAKE		5
<b>CARLTON VILLAGE Total</b>			<b>5</b>
CHULUOTA	CHULUOTA OVIEDO		19
			7
<b>CHULUOTA Total</b>			<b>26</b>
EAST LAKE HARRIS ESTATES	ASTATULA		3
<b>EAST LAKE HARRIS ESTATES Total</b>			<b>3</b>
FAIRWAYS @ MT. PLYMOUTH	SORRENTO		15
<b>FAIRWAYS @ MT. PLYMOUTH Total</b>			<b>15</b>
GIBSONIA ESTATES	LAKELAND		15
<b>GIBSONIA ESTATES Total</b>			<b>15</b>
HAINES CREEK	LEESBURG		1
<b>HAINES CREEK Total</b>			<b>1</b>
HARMONY HOMES	ALTAMONTE SPRINGS		1
<b>HARMONY HOMES Total</b>			<b>1</b>
HERMITS COVE	SATSUMA		3
<b>HERMITS COVE Total</b>			<b>3</b>
HOLIDAY HAVEN	ASTOR		6
<b>HOLIDAY HAVEN Total</b>			<b>6</b>
IMPERIAL	TAVARES		4
<b>IMPERIAL Total</b>			<b>4</b>
INTERLACHEN PARK	INTERLACHEN		3
<b>INTERLACHEN PARK Total</b>			<b>3</b>
JASMINE LAKES	PORT RICHEY		46
<b>JASMINE LAKES Total</b>			<b>46</b>
KINGS COVE	FRUITLAND PARK		5
<b>KINGS COVE Total</b>			<b>5</b>
LAKE GIBSON ESTATES	LAKELAND		14
<b>LAKE GIBSON ESTATES Total</b>			<b>14</b>

# Florida Customer Contacts September 2012

System	CITY	CCS Reason	Total
LAKE JOSEPHINE	SEBRING		14
<b>LAKE JOSEPHINE Total</b>			<b>14</b>
LAKE OSBORNE EST	LAKE WORTH		3
<b>LAKE OSBORNE EST Total</b>			<b>3</b>
LAKE SUZY	LAKE SUZY		8
<b>LAKE SUZY Total</b>			<b>8</b>
LEISURE LAKES	LAKE PLACID		8
<b>LEISURE LAKES Total</b>			<b>8</b>
OAKWOOD	MIMS		5
<b>OAKWOOD Total</b>			<b>5</b>
OCALA OAKS	BELLEVIEW		6
	OCALA		49
	SUMMERFIELD		8
	OCALLA		1
<b>OCALA OAKS Total</b>			<b>64</b>
ORANGE HILL	WINTER HAVEN		8
<b>ORANGE HILL Total</b>			<b>8</b>
PALM PORT	EAST PALATKA		2
<b>PALM PORT Total</b>			<b>2</b>
PALM TERRACE	PORT RICHEY		24
<b>PALM TERRACE Total</b>			<b>24</b>
PEACE RIVER	WAUCHULA		5
<b>PEACE RIVER Total</b>			<b>5</b>
PICCIOLA ISLAND	FRUITLAND PARK		3
<b>PICCIOLA ISLAND Total</b>			<b>3</b>
PINEY WOODS	FRUITLAND PARK		2
<b>PINEY WOODS Total</b>			<b>2</b>
QUAIL RIDGE	LEESBURG		1
<b>QUAIL RIDGE Total</b>			<b>1</b>
RAVENSWOOD	LEESBURG		2
<b>RAVENSWOOD Total</b>			<b>2</b>
RIVER GROVE	EAST PALATKA		4
<b>RIVER GROVE Total</b>			<b>4</b>
ROSALIE OAKS	LAKE WALES		1
<b>ROSALIE OAKS Total</b>			<b>1</b>
SARATOGA HARBOUR	SATSUMA		3
<b>SARATOGA HARBOUR Total</b>			<b>3</b>
SEBRING LAKES	SEBRING		2
<b>SEBRING LAKES Total</b>			<b>2</b>
SILVER LAKE ESTS	LEESBURG		33
<b>SILVER LAKE ESTS Total</b>			<b>33</b>
SKYCREST	FRUITLAND PARK		6
<b>SKYCREST Total</b>			<b>6</b>
ST JOHNS HIGHLANDS	SATSUMA		6
<b>ST JOHNS HIGHLANDS Total</b>			<b>6</b>
SUMMIT CHASE	LEESBURG		1
	TAVARES		1
<b>SUMMIT CHASE Total</b>			<b>2</b>
SUNNY HILLS	CHIPLEY		16
	SUNNY HILLS		10
<b>SUNNY HILLS Total</b>			<b>26</b>
TANGERINE	MOUNT DORA		8
	TANGERINE		1



# Florida Customer Contacts September 2012

System	CITY	CCS Reason	Total
<b>TANGERINE Total</b>			<b>9</b>
THE WOODS	WEBSTER		1
<b>THE WOODS Total</b>			<b>1</b>
TOMOKA	ORMOND BEACH		3
<b>TOMOKA Total</b>			<b>3</b>
VALENCIA TERRACE	FRUITLAND PARK		11
<b>VALENCIA TERRACE Total</b>			<b>11</b>
VENETIAN VILLAGE	TAVARES		3
<b>VENETIAN VILLAGE Total</b>			<b>3</b>
VILLAGE WATER	LAKELAND		4
<b>VILLAGE WATER Total</b>			<b>4</b>
ZEPHYR SHORES	ZEPHYRHILLS		2
<b>ZEPHYR SHORES Total</b>			<b>2</b>
WOOTEN	GEORGETOWN		5
<b>WOOTEN Total</b>			<b>5</b>
<b>Grand Total</b>			<b>456</b>

# Florida Customer Contacts

## October 2012

System	CITY	CCS Reason	Total
ARREDONDO ESTATES	GAINESVILLE		13
<b>ARREDONDO ESTATES Total</b>			<b>13</b>
ARREDONDO FARMS	GAINESVILLE		29
<b>ARREDONDO FARMS Total</b>			<b>29</b>
BREEZE HILL	LAKE WALES		6
<b>BREEZE HILL Total</b>			<b>6</b>
CARLTON VILLAGE	LADY LAKE		1
<b>CARLTON VILLAGE Total</b>			<b>1</b>
CHULUOTA	CHULUOTA		22
	OVIEDO		8
<b>CHULUOTA Total</b>			<b>30</b>
EAST LAKE HARRIS ESTATES	ASTATULA		1
<b>EAST LAKE HARRIS ESTATES Total</b>			<b>1</b>
FAIRWAYS @ MT. PLYMOUTH	SORRENTO		6
<b>FAIRWAYS @ MT. PLYMOUTH Total</b>			<b>6</b>
FERN TERRACE	LEESBURG		3
<b>FERN TERRACE Total</b>			<b>3</b>
GIBSONIA ESTATES	LAKELAND		8
<b>GIBSONIA ESTATES Total</b>			<b>8</b>
GRAND TERRACE	GRAND ISLAND		4
<b>GRAND TERRACE Total</b>			<b>4</b>
HARMONY HOMES	ALTAMONTE SPRINGS		3
<b>HARMONY HOMES Total</b>			<b>3</b>
HERMITS COVE	SATSUMA		3
<b>HERMITS COVE Total</b>			<b>3</b>
HOLIDAY HAVEN	ASTOR		5
<b>HOLIDAY HAVEN Total</b>			<b>5</b>
IMPERIAL	TAVARES		3
<b>IMPERIAL Total</b>			<b>3</b>
INTERLACHEN PARK	INTERLACHEN		8
<b>INTERLACHEN PARK Total</b>			<b>8</b>
JASMINE LAKES	PORT RICHEY		61
<b>JASMINE LAKES Total</b>			<b>61</b>
KINGS COVE	FRUITLAND PARK		5
<b>KINGS COVE Total</b>			<b>5</b>
KINGSWOOD	MIMS		2
<b>KINGSWOOD Total</b>			<b>2</b>

# Florida Customer Contacts

## October 2012

System	CITY	CCS Reason	Total
LAKE GIBSON ESTATES	LAKELAND		19
LAKE GIBSON ESTATES Total			19
LAKE JOSEPHINE	SEBRING		28
LAKE JOSEPHINE Total			28
LAKE OSBORNE EST	LAKE WORTH		6
LAKE OSBORNE EST Total			6
LAKE SUZY	LAKE SUZY		5
LAKE SUZY Total			5
LEISURE LAKES	LAKE PLACID		19
LEISURE LAKES Total			19
OAKWOOD	MIMS		3
OAKWOOD Total			3
OCALA OAKS	BELLEVIEW		5
	OCALA		24
	SUMMERFIELD		1
OCALA OAKS Total			30
ORANGE HILL	WINTER HAVEN		4
ORANGE HILL Total			4
PALM PORT	EAST PALATKA		1
PALM PORT Total			1
PALM TERRACE	PORT RICHEY		33
PALM TERRACE Total			33
PEACE RIVER	WAUCHULA		7
PEACE RIVER Total			7
PICCIOLA ISLAND	FRUITLAND PARK		4
PICCIOLA ISLAND Total			4
PINE VALLEY	HOMOSASSA		2
PINE VALLEY Total			2
PINEY WOODS	FRUITLAND PARK		1
PINEY WOODS Total			1
POMONA PARK	POMONA PARK		1
POMONA PARK Total			1
RAVENSWOOD	LEESBURG		1
RAVENSWOOD Total			1
RIVER GROVE	EAST PALATKA		2
RIVER GROVE Total			2
ROSALIE OAKS	LAKE WALES		1
ROSALIE OAKS Total			1
SARATOGA HARBOUR	SATSUMA		9
SARATOGA HARBOUR Total			9
SEBRING LAKES	SEBRING		15
SEBRING LAKES Total			15
SILVER LAKE ESTS	LEESBURG		60
SILVER LAKE ESTS Total			60
SILVER LAKE OAKS	PALATKA		4
SILVER LAKE OAKS Total			4
SKYCREST	FRUITLAND PARK		3
SKYCREST Total			3
ST JOHNS HIGHLANDS	SATSUMA		5
ST JOHNS HIGHLANDS Total			5
SUMMIT CHASE	TAVARES		6
SUMMIT CHASE Total			6
SUNNY HILLS	CHIPLEY		8

# Florida Customer Contacts October 2012

System	CITY	CCS Reason	Total
SUNNY HILLS	SUNNY HILLS		3
<b>SUNNY HILLS Total</b>			<b>11</b>
TANGERINE	MOUNT DORA		2
	TANGERINE		5
<b>TANGERINE Total</b>			<b>7</b>
THE WOODS	WEBSTER		2
<b>THE WOODS Total</b>			<b>2</b>
TOMOKA	ORMOND BEACH		12
<b>TOMOKA Total</b>			<b>12</b>
VALENCIA TERRACE	FRUITLAND PARK		12
<b>VALENCIA TERRACE Total</b>			<b>12</b>
VENETIAN VILLAGE	TAVARES		4
<b>VENETIAN VILLAGE Total</b>			<b>4</b>
VILLAGE WATER	LAKELAND		7
<b>VILLAGE WATER Total</b>			<b>7</b>
ZEPHYR SHORES	ZEPHYRHILLS		11
<b>ZEPHYR SHORES Total</b>			<b>11</b>
MORNINGVIEW	LEESBURG		3
<b>MORNINGVIEW Total</b>			<b>3</b>
WOOTEN	GEORGETOWN		4
<b>WOOTEN Total</b>			<b>4</b>
PALMS MHP	LEESBURG		5
<b>PALMS MHP Total</b>			<b>5</b>
<b>Grand Total</b>			<b>538</b>

# Florida Customer Contacts November 2012

System	CITY	CCS Reason	Total
48 ESTATES	LEESBURG		6
<b>48 ESTATES Total</b>			<b>6</b>
ARREDONDO ESTATES	GAINESVILLE		5
<b>ARREDONDO ESTATES Total</b>			<b>5</b>
ARREDONDO FARMS	GAINESVILLE		18
<b>ARREDONDO FARMS Total</b>			<b>18</b>
BEECHERS POINT	WELAKA		4
<b>BEECHERS POINT Total</b>			<b>4</b>
CARLTON VILLAGE	LADY LAKE		1
<b>CARLTON VILLAGE Total</b>			<b>1</b>
CHULUOTA	CHULUOTA OVIEDO		25
			6
<b>CHULUOTA Total</b>			<b>31</b>
EAST LAKE HARRIS ESTATES	ASTATULA		2
<b>EAST LAKE HARRIS ESTATES Total</b>			<b>2</b>
FAIRWAYS @ MT. PLYMOUTH	SORRENTO		5
<b>FAIRWAYS @ MT. PLYMOUTH Total</b>			<b>5</b>
FERN TERRACE	LEESBURG		2
<b>FERN TERRACE Total</b>			<b>2</b>
FRIENDLY CENTER	ASTATULA		1
<b>FRIENDLY CENTER Total</b>			<b>1</b>
GIBSONIA ESTATES	LAKELAND		7
<b>GIBSONIA ESTATES Total</b>			<b>7</b>
GRAND TERRACE	GRAND ISLAND		1
<b>GRAND TERRACE Total</b>			<b>1</b>
HAINES CREEK	LEESBURG		3
<b>HAINES CREEK Total</b>			<b>3</b>
HARMONY HOMES	ALTAMONTE SPRINGS		2
<b>HARMONY HOMES Total</b>			<b>2</b>
HERMITS COVE	SATSUMA		1
<b>HERMITS COVE Total</b>			<b>1</b>
IMPERIAL	TAVARES		1
<b>IMPERIAL Total</b>			<b>1</b>
INTERLACHEN PARK	INTERLACHEN		7
<b>INTERLACHEN PARK Total</b>			<b>7</b>
JASMINE LAKES	PORT RICHEY		59
<b>JASMINE LAKES Total</b>			<b>59</b>

# Florida Customer Contacts

## November 2012

System	CITY	CCS Reason	Total
JUNGLE DEN	ASTOR		3
JUNGLE DEN Total			3
KINGS COVE	FRUITLAND PARK		3
KINGS COVE Total			3
LAKE GIBSON ESTATES	LAKELAND		25
LAKE GIBSON ESTATES Total			25
LAKE JOSEPHINE	SEBRING		24
LAKE JOSEPHINE Total			24
LAKE OSBORNE EST	LAKE WORTH		12
LAKE OSBORNE EST Total			12
LAKE SUZY	LAKE SUZY		34
	PORT CHARLOTTE		1
LAKE SUZY Total			35
LEISURE LAKES	LAKE PLACID		3
LEISURE LAKES Total			3
OAKWOOD	MIMS		2
OAKWOOD Total			2
OCALA OAKS	BELLEVIEW		4
	OCALA		32
	SUMMERFIELD		1
OCALA OAKS Total			37
ORANGE HILL	WINTER HAVEN		2
ORANGE HILL Total			2
PALM PORT	EAST PALATKA		1
PALM PORT Total			1
PALM TERRACE	PORT RICHEY		172
PALM TERRACE Total			172
PEACE RIVER	WAUCHULA		8
PEACE RIVER Total			8
PICCIOLA ISLAND	FRUITLAND PARK		1
PICCIOLA ISLAND Total			1
PINEY WOODS	FRUITLAND PARK		1
PINEY WOODS Total			1
POMONA PARK	POMONA PARK		3
POMONA PARK Total			3
QUAIL RIDGE	LEESBURG		4
QUAIL RIDGE Total			4
RAVENSWOOD	LEESBURG		1
RAVENSWOOD Total			1
RIVER GROVE	EAST PALATKA		1
RIVER GROVE Total			1
SARATOGA HARBOUR	SATSUMA		4
SARATOGA HARBOUR Total			4
SEBRING LAKES	SEBRING		8
SEBRING LAKES Total			8
SILVER LAKE ESTS	LEESBURG		44
SILVER LAKE ESTS Total			44
SKYCREST	FRUITLAND PARK		1
SKYCREST Total			1
ST JOHNS HIGHLANDS	SATSUMA		4
ST JOHNS HIGHLANDS Total			4
SUMMIT CHASE	TAVARES		5
SUMMIT CHASE Total			5

# Florida Customer Contacts November 2012

System	CITY	CCS Reason	Total
SUNNY HILLS	CHIPLEY		3
	SUNNY HILLS		1
<b>SUNNY HILLS Total</b>			<b>4</b>
TANGERINE	MOUNT DORA		1
	TANGERINE		8
<b>TANGERINE Total</b>			<b>9</b>
THE WOODS	WEBSTER		1
<b>THE WOODS Total</b>			<b>1</b>
TOMOKA	ORMOND BEACH		5
<b>TOMOKA Total</b>			<b>5</b>
VALENCIA TERRACE	FRUITLAND PARK		11
<b>VALENCIA TERRACE Total</b>			<b>11</b>
VENETIAN VILLAGE	TAVARES		4
<b>VENETIAN VILLAGE Total</b>			<b>4</b>
VILLAGE WATER	LAKELAND		3
<b>VILLAGE WATER Total</b>			<b>3</b>
ZEPHYR SHORES	ZEPHYRHILLS		4
<b>ZEPHYR SHORES Total</b>			<b>4</b>
<b>Grand Total</b>			<b>601</b>

**AUF – Quarterly  
Florida Score Card**



<b>Customer Service - September 2012</b>		
	<b>Target</b>	<b>Actual</b>
<b>Read Rate of Metered Accounts</b>	<b>99.00%</b>	<b>99.30%</b>
<b>% of cycles completed on scheduled date (+ or - 1 Day)</b>	<b>100%</b>	<b>100.00%</b>
<b>Overall Estimate Rate</b>	<b>0.50%</b>	<b>0.30%</b>
<b>Accounts Estimated &gt; 90 Days</b>	<b>0.05%</b>	<b>0.17%</b>

<b>Customer Service - October 2012</b>		
	<b>Target</b>	<b>Actual</b>
<b>Read Rate of Metered Accounts</b>	<b>99.00%</b>	<b>99.10%</b>
<b>% of cycles completed on scheduled date (+ or - 1 Day)</b>	<b>100%</b>	<b>100.00%</b>
<b>Overall Estimate Rate</b>	<b>0.50%</b>	<b>0.50%</b>
<b>Accounts Estimated &gt; 90 Days</b>	<b>0.05%</b>	<b>0.26%</b>

<b>Customer Service - November 2012</b>		
	<b>Target</b>	<b>Actual</b>
<b>Read Rate of Metered Accounts</b>	<b>99.00%</b>	<b>99.20%</b>
<b>% of cycles completed on scheduled date (+ or - 1 Day)</b>	<b>100%</b>	<b>100.00%</b>
<b>Overall Estimate Rate</b>	<b>0.50%</b>	<b>0.40%</b>
<b>Accounts Estimated &gt; 90 Days</b>	<b>0.05%</b>	<b>0.32%</b>

**AUF – Quarterly  
Environmental Report**

There are no Quarterly Environmental Reports for the quarter of September through November 2012.