

The Woods Utility Company

January 13, 2016

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

Re: Docket No. 150209-WS - Application of The Woods Utility Company for Staff Assisted Rate Case in Sumter County – Follow up to PSC Staff First Data Request

Dear Commission Clerk,

As a follow up to the PSC staff's telephone conversation held on January 12, 2016, The Woods Utility Company (The Woods) submits its follow up summary to Question No. 10 concerning customer complaints.

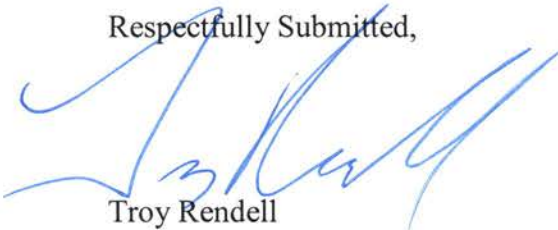
10. A list of all service complaints received during the test year and four years prior to the test year. Please include an explanation of how each complaint was resolved.

Response: As requested, please find attached a Summary of Customer Complaints concerning water/wastewater service from the test year forward. Also find attached copies of all Precautionary Boil Water Notices (including Incident Reports) and Rescission Notices.

Also included are invoices related to some of these items as additional documentation.

The Woods has received the information previously sent under confidential requests. Therefore, The Woods hereby retracts its previous request for confidentiality.

Respectfully Submitted,



Troy Rendell
Manager of Regulated Utilities
// For The Woods Utility Company

RECEIVED-FPSC
2016 JAN 21 AM 8:21
COMMISSION
CLERK

The Woods – Customer Calls
August 2014 – December 2015

September 2014 – 5 calls were received concerning no water (interruption) and low pressure. This was due to a main break which was repaired.

October 2014 – 2 calls were received concerning no water (interruption) and low pressure. This was due to a 3" main break which was repaired. See Precautionary Boil Water Notice dated October 27, 2014.

December 2014 – 2 calls were received concerning no water (interruption) and low pressure. This was due to the well control float in GST failing causing low pressure. See Precautionary Boil Water Notice dated December 18, 2014; and Rescission Notice dated December 20, 2014.

January 2015 – One call concerning sand in the water. The technician responded and found the water to be clear, oderless and the chlorine residual satisfactory.

March 2015 – 9 calls were received concerning no water (interruption), discoloration, and low pressure. This was due to a malfunction of the Iron Filtration system. The filter was repaired. See Precautionary Boil Water Notice dated March 31, 2015; and Rescission Notice dated April 3, 2015.

April 2015 – One call concerning no water. The technician responded to resident.

June 30, 2015 – July 2015 - 8 calls were received concerning no water (interruption), discoloration, and low pressure. This was due to a malfunction of the Iron Filtration system causing loss of pressure. The GFI also tripped at the filter on July 8, 2015. The filter was repaired. See Precautionary Boil Water Notice dated June 30, 2015; and Rescission Notice dated July 2, 2015. See Precautionary Boil Water Notice dated July 8, 2015; and Rescission Notice dated July 10, 2015.

October 2015 – One call received concerning no water. There was a repair made to the valve which affected 3 customers. See Precautionary Boil Water Notice dated October 26, 2015; and Rescission Notice dated October 28, 2015.

November 2015 – One call received concerning a possible sewer back up.

The Woods

PWS# 660-0347

3' water main break

@ 3277 CR676

15 homes affected

Along CR675W
& CR676

U.S. Water Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

The Woods, PWS# 660-0347

Date: 10/27/14

PRECAUTIONARY BOIL WATER NOTICE

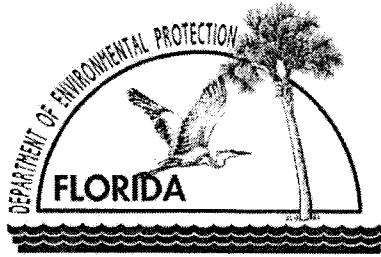
A loss of pressure has occurred in your water system. As a precaution, upon return of service, we advise that all water used for drinking or cooking be boiled. A rolling boil of one minute is sufficient. As an alternative, bottled water may be used.

If you have any questions, you may contact U.S. Water Services Operations at 727-848-8292, ext. 233 or 203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292



DEP - Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803-3767
E-mail:
Phone: 407-897-4100
Fax: 407-897-2966

Notification Form

If you have to issue a boil water notice be reminded FAC Rule 62-555.350(10) requires you speak directly to a person (do not leave a voice message) at the District office or ACHD as soon as possible, but no later than noon of the next business day.

Date BWN Issued: **October 27, 2014**

System Name: **The Woods**

TIME: **1:00pm**

PWS-ID No. **660-0347**

County: **Sumter**

Owner/Utility contact: **Gary Deremer**

Telephone: **866-753-8292**

E-Mail: **gderemer@uswatercorp.net**

727-849-4219

Utility Contact Person: **Diane Kibitlewski**

Population affected (Connections): **15 connectors affected**

Estimated time for system to be returned to service: **Water was restored at 1:30pm today**

Cause of incident: **3" water main break at 3277 CR 676**

Corrective action undertaken: **Repair the break.**

How BWN delivered to customers: **Hand Delivery.**

How BWN will be rescinded: **Hand Delivery**

Department Of Health representative contacted: **Sumter County Health Dept -Drinking Water**

Department Of Health Phone: **NA** Fax: **352-793-6045**

DEP Central District rep contacted: **Manny Cardona**

DEP Central District Drinking Water Section: **407-897-4100**

Primary Fax: **407-897-2966**

Auxiliary – Water Facilities Fax: **N/A**

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

TRANSACTION REPORT

OCT/27/2014/MON 03:05 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	OCT/27	03:04PM	18504120482	0:01:29	3	MEMORY OK	ECM 6730



U.S. Water
Services Corporation

DATE: October 27, 2014 PAGES: 3

CO: FDEP - Central

TO: Manny Cardona

FAX #: 850-412-0482

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

SYSTEM: The Woods, PWS# 660-0347

RE: Boil Water Notice (BWN)

Thank you,

Diane M Kibittlewski

TRANSACTION REPORT

OCT/27/2014/MON 03:11 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	OCT/27	03:06PM	13527936045	0:01:44	3	MEMORY OK	ECM 6731



U.S. Water
Services Corporation

DATE: October 27, 2014 PAGES: 3

CO: Sumter County Health Department

TO: Drinking Water Section

FAX #: 352-793-6045

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Boil Water Notice (BWN)
System: The Woods, PWS# 660-0347

Thank you,
Diane

The Woods
PWS# 44D-0347

Well control float
in GBT failing-causing
low pressure.

Entire System
78-connections

U.S. Water Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: December 18, 2014

PRECAUTIONARY BOIL WATER NOTICE

A loss of pressure has occurred in your water system. As a precaution, upon return of service, we advise that all water used for drinking or cooking be boiled. A rolling boil of one minute is sufficient. As an alternative, bottled water may be used.

If you have any questions, you may contact U.S. Water Services Operations at 727-848-8292, ext. 233 or 203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292



DEP - Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803-3767
E-mail:
Phone: 407-897-4100
Fax: 407-897-2966

Notification Form

If you have to issue a boil water notice be reminded FAC Rule 62-555.350(10) requires you speak directly to a person (do not leave a voice message) at the District office or ACHD as soon as possible, but no later than noon of the next business day.

Date BWN Issued: **December 18, 2014**

System Name: **The Woods**

TIME: **5:30 am**

PWS-ID No. **660-0347**

County: **Sumter**

Owner/Utility contact: **Ron DeRossett**

Telephone: **904-540-9765**

E-Mail: **jconnolly@govmserv.com**

727-849-4219

Utility Contact Person: **Diane Kibitlewski**

Population affected (Connections): **Entire System – 78 connections**

Estimated time for system to be returned to service: **8:00 am pressure regained**

Cause of incident: **Well control float at facility in GST failing – causing low pressure**

Corrective action undertaken: **Repair the break.**

How BWN delivered to customers: **Hand Delivery.**

How BWN will be rescinded: **Hand Delivery**

Department Of Health representative contacted: **Sumter County Health Dept -Drinking Water**

Department Of Health Phone: **NA** Fax: **352-793-6045**

DEP Central District rep contacted: **Manny Cardona**

DEP Central District Drinking Water Section: **407-897-4100**

Primary Fax: **407-897-2966** Auxiliary – Water Facilities Fax: **N/A**

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TRANSACTION REPORT

DEC/18/2014/THU 09:06 AM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	DEC/18	09:05AM	18504120482	0:01:03	3	MEMORY OK	ECM 0461



U.S. Water
Services Corporation

DATE: December 18, 2014 PAGES: 3

CO: FDEP – Central

TO: Manny Cardona

FAX #: 850-412-0482

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244

**** PLEASE DELIVER IMMEDIATELY – THANK YOU! ****

SYSTEM: The Woods, PWS# 660-0347

RE: Boil Water Notice (BWN)

Thank you,

Diane M Kibitlewski

TRANSACTION REPORT

DEC/18/2014/THU 09:08 AM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	DEC/18	09:06AM	13527936045	0:01:28	3	MEMORY OK	ECM 0462



DATE: December 18, 2014 PAGES: 3

CO: Sumter County Health Department

TO: Drinking Water Section

FAX #: 352-793-6045

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY – THANK YOU! ****

RE: Boil Water Notice (BWN)
System: The Woods, PWS# 660-0347

Thank you,
Diane

The Woods
PWS# 440-0347

Will control float
in GOT failing-causing
low pressure.

Entire System
78-connections

U.S. Water Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: December 20, 2014

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

The December 18, 2014
"Precautionary Boil Water Notice"
is hereby rescinded. The water
system is back in operation, and the
satisfactory completion of a
bacteriological survey shows that
the water is safe to drink.

If you have any questions, you may
contact U.S. Water Services Oper-
ations at 727-848-8292, ext. 233 or
203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Ex: 727-849-4219

Toll Free: 866-753-8292

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-650.730 Reporting Format Effective 01/1995, Revised 02/2010)

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

Lab Receipt Date & Time: 12/19/14 9:55 AM
 Analysis Date & Time: 12/19/17 9:51-10:01
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 40°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: The Woods PWS I.D. 6600347

PWS Address: CR 675 City: Webster

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

Collector: Kam Philipp Collector's Phone #: 352-391-6013

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 12/18, 12/19/14

To be completed by collector or sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>SM 9222B</u>				
						Non-Conform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
	3195 CR 676	1705	D	0.3		A	A			12/17/14
	3385 CR 677	1745	D	0.4		A	A			1758
	P.O.E.	1702	D	0.7		A	A			1756
<hr/>										
	3195 CR 676	0810	D	0.3		A	A			12/17/14
	3385 CR 677	0815	D	0.4		A	A			1758
	P.O.E.	0820	D	1.5		A	A			1759

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (circle one). 0.6

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# B8VKB)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report issued: 12/20/17
 Lab Signature: [Signature]
 Title: CR

US water Services

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

¹ For Sample Types see Instructions item 1.18.
² For Analysis Methods see Instructions item 2.6.
³ Please verify appropriate selection.
⁴ Defined in Florida Administrative Code Rule 62-160, Title 1.
⁵ Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include tap or point samples in the average.

TRANSACTION REPORT

DEC/22/2014/MON 08:14 AM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	DEC/22	08:12AM	18504120482	0:01:17	3	MEMORY OK	ECM 0580

The logo for U.S. Water Services Corporation features the text "U.S. Water" in a large, bold, serif font, with "Services Corporation" in a smaller, bold, sans-serif font below it. The text is set against a background of stylized, wavy lines representing water.

DATE: December 22, 2014 PAGES: 3

CO: FDEP - Central

TO: Manny Cardona

FAX #: 850-412-0482

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

SYSTEM: The Woods, PWS# 660-0347

RE: Boil Water Notice (BWN) - Rescinded Saturday 12/20/2014

Thank you,

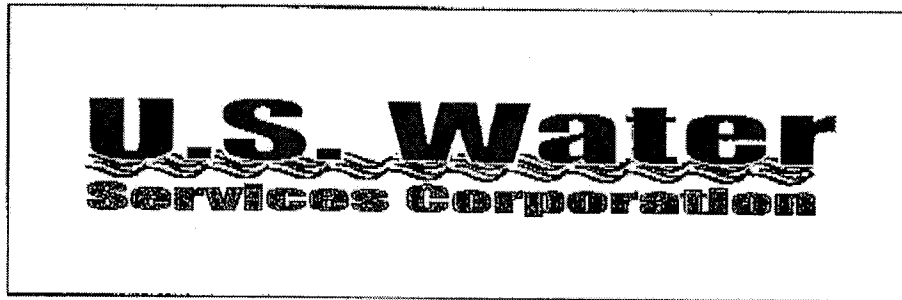
Diane M Kibitlewski

TRANSACTION REPORT

DEC/22/2014/MON 08:15 AM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	DEC/22	08:14AM	13527936045	0:01:12	3	MEMORY OK	ECM 0581



DATE: December 22, 2014 PAGES: 3

CO: Sumter County Health Department

TO: Drinking Water Section

FAX #: 352-793-6045

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
 dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY – THANK YOU! ****

RE: Boil Water Notice (BWN) – Rescinded Saturday 12/20/2014
 System: The Woods, PWS# 660-0347

Thank you,
 Diane

The Woods
PRO# WLD-0347
Sumter Co.

Entire System
78 connection

Faulty Filter at
well

U.S. Water

Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

The Woods

Date: *March 31, 2015*

**PRECAUTIONARY
BOIL WATER NOTICE**

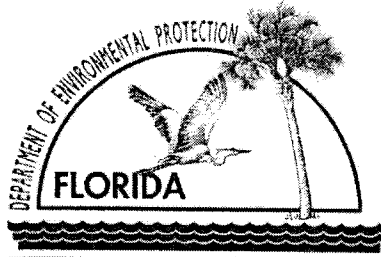
A loss of pressure has occurred in your water system. As a precaution, upon return of service, we advise that all water used for drinking or cooking be boiled. A rolling boil of one minute is sufficient. As an alternative, bottled water may be used.

If you have any questions, you may contact U.S. Water Services Operations at 727-848-8292, ext. 233 or 203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292



DEP - Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803-3767
E-mail:
Phone: 407-897-4100
Fax: 407-897-2966

Notification Form

If you have to issue a boil water notice be reminded FAC Rule 62-555.350(10) requires you speak directly to a person (do not leave a voice message) at the District office or ACHD as soon as possible, but no later than noon of the next business day.

Date BWN Issued: **March 31, 2015**

System Name: **The Woods**

TIME: **1:30 pm**

PWS-ID No. **660-0347**

County: **Sumter**

Owner/Utility contact: **Ron DeRossett**

Telephone: **904-540-9765**

E-Mail: **rderossett@uswatercorp.net**

727-849-4219

Utility Contact Person: **Diane Kibitlewski**

Population affected (Connections): **Entire System – 78 connections**

Estimated time for system to be returned to service: **Water was restored at 3:30 pm**

Cause of incident: **Faulty filter at well**

Corrective action undertaken: **Repair the filter**

How BWN delivered to customers: **Hand Delivery**

How BWN will be rescinded: **Hand Delivery**

Department Of Health representative contacted: **Sumter County Health Dept -Drinking Water**

Department Of Health Phone: **NA** Fax: **352-793-6045**

DEP Central District rep contacted: **Debra Knight**

DEP Central District Drinking Water Section: **407-897-4100**

Primary Fax: **407-897-2966** Auxiliary – Water Facilities Fax: **N/A**

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

TRANSACTION REPORT

MAR/31/2015/TUE 02:59 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	MAR/31	02:57PM	18504120482	0:01:06	3	MEMORY OK	G3 7231

The logo for U.S. Water Services Corporation features the text "U.S. Water" in a large, bold, serif font. Below "U.S. Water" is a stylized graphic of wavy lines representing water. Underneath the graphic, the words "Services Corporation" are written in a smaller, bold, sans-serif font.

DATE: March 31, 2015

PAGES: 3

CO: FDEP -- Central

TO: Debra Knight (Sumter Co)

FAX #: 850-412-0482

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244

**** PLEASE DELIVER IMMEDIATELY -- THANK YOU! ****

SYSTEM: The Woods, PWS# 660-0347

RE: Boil Water Notice (BWN)

Thank you,

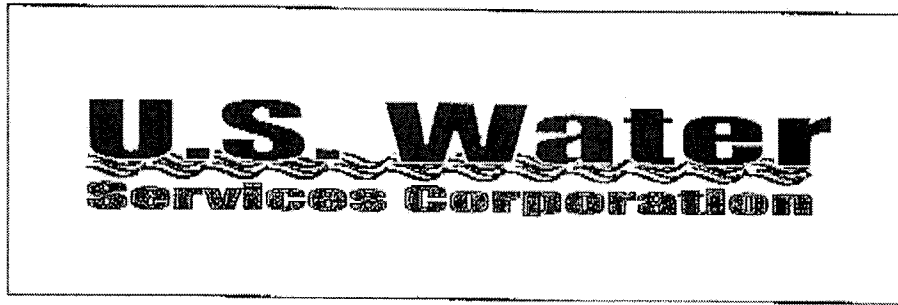
Diane M Kibitlewski

TRANSACTION REPORT

MAR/31/2015/TUE 03:00 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	MAR/31	02:59PM	13527936045	0:00:58	3	MEMORY OK	ECM 7232



DATE: March 31, 2015 PAGES: 3

CO: Sumter County Health Department

TO: Drinking Water Section

FAX #: 352-793-6045

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
 dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Boil Water Notice (BWN)
 System: The Woods, PWS# 660-0347

Thank you,
 Diane

The Woods
Proj# WLD-0347
Sumter Co.

Entire System
78 connection

Faulty Filter at
well

U.S. Water Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: April 3, 2015

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

The March 31, 2015
"Precautionary Boil Water Notice"
is hereby rescinded. The water
system is back in operation, and the
satisfactory completion of a
bacteriological survey shows that
the water is safe to drink.

If you have any questions, you may
contact U.S. Water Services Oper-
ations at 727-848-8292, ext. 233 or
203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

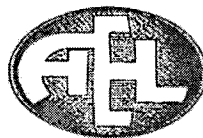
Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
 1286 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1502070



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 4-1-15 1545
 Analysis Date & Time: 4-1-15 1612
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: The Woods PWS I.D.: 6600347

PWS Address: CR 675 City: Webster

PWS or PWS Owner's Phone #: _____ Fax #: _____

Collector: Karl Philipp Collector's Phone #: 352-585-4241

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 3/31/15, 4/1/15

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

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ²				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
						SM 9222B				
	3355 CR 677	1930	D	0.6			A			1
	11380 US 301	2000	D	0.3			A			2
	3355 CR 677	0828	D	0.6			A			3
	11380 US 301	0840	D	0.3			A			4

Average of disinfectant residuals for distribution routine & repeat samples. ⁵ Free chlorine or Total chlorine (circle one). 0.45

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

A certified operator (# 138113)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: _____

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

Date Report issued: _____

Lab Signature: Math Hedin

Title: Analyst

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

US Water Services
4939 Cross Bayou Blvd
New Port Richey FL 34652

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

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

Relinquish By: _____

Date: _____ Time: _____

Received By: Math Hedin

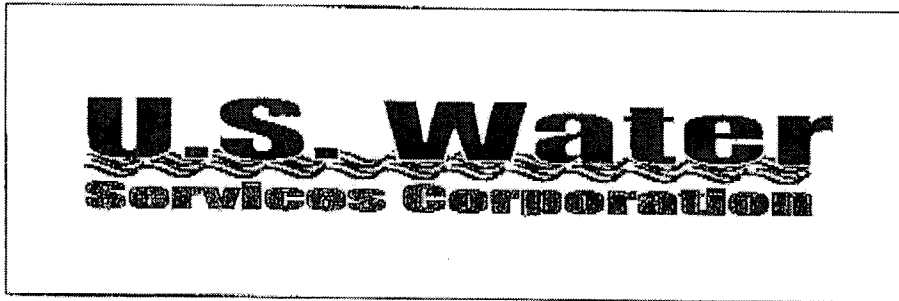
Date: 4/1/15 Time: 1340

TRANSACTION REPORT

APR/03/2015/FRI 02:52 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	APR/03	02:50PM	18504120482	0:01:21	3	MEMORY OK	G3 7552



DATE: April 03, 2015

PAGES: 3

CO: FDEP - Central

TO: Debra Knight (Sumter Co)

FAX #: 850-412-0482

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

SYSTEM: The Woods, PWS# 660-0347

RE: Boil Water Notice (BWN) - Rescinded

Thank you,

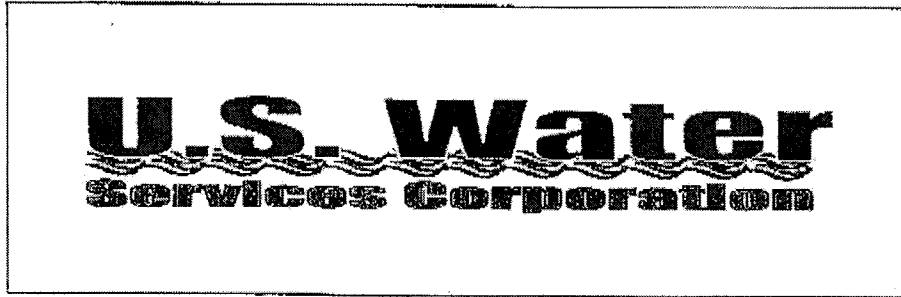
Diane M Kibittlewski

TRANSACTION REPORT

APR/03/2015/FRI 02:53 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	APR/03	02:52PM	13527936045	0:01:11	3	MEMORY OK	ECM 7553



DATE: March 03, 2015

PAGES: 3

CO: Sumter County Health Department

TO: Drinking Water Section

FAX #: 352-793-6045

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
 dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY -- THANK YOU! ****

RE: Boil Water Notice (BWN) - Rescinded
 System: The Woods, PWS# 660-0347

Thank you,
 Diane

The Woods
Subdivision

PLoS# 660-0347

Filters went down
causing loss of
pressure

Entire System
2 1/2" connections

U.S. Water



Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: June 30, 2015

PRECAUTIONARY BOIL WATER NOTICE

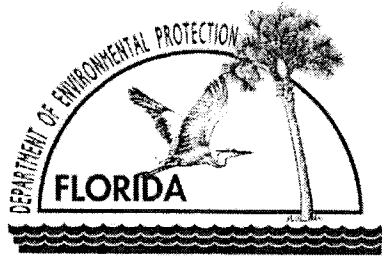
A loss of pressure has occurred in your water system. As a precaution, upon return of service, we advise that all water used for drinking or cooking be boiled. A rolling boil of one minute is sufficient. As an alternative, bottled water may be used.

If you have any questions, you may contact U.S. Water Services Operations at 727-848-8292, ext. 233 or 203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292



DEP - Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803-3767
E-mail:
Phone: 407-897-4100
Fax: 407-897-2966

Notification Form

If you have to issue a boil water notice be reminded FAC Rule 62-555.350(10) requires you speak directly to a person (do not leave a voice message) at the District office or ACHD as soon as possible, but no later than noon of the next business day.

Date BWN Issued: **June 30, 2015**

System Name: **The Woods Subdivision**

TIME: **7:30 am**

PWS-ID No. **660-0347**

County: **Sumter**

Owner/Utility contact: **Ron DeRossett**

Telephone: **904-540-9765**

E-Mail: **rderossett@uswatercorp.net**

727-849-4219

Utility Contact Person: **Diane Kibitlewski**

Population affected (Connections): **Entire system – 216 connections**

Estimated time for system to be returned to service: **Water was restored at 8:30 am**

Cause of incident: **Filters went down which caused a loss in pressure**

Corrective action undertaken: **Repair the filters**

How BWN delivered to customers: **Hand Delivery**

How BWN will be rescinded: **Hand Delivery**

Department Of Health representative contacted: **Sumter County Health Dept -Drinking Water**

Department Of Health Phone: **NA** Fax: **352-793-6045**

DEP Central District rep contacted: *Debra Knight*

DEP Central District Drinking Water Section: **407-897-4100**

Primary Fax: **407-897-2966**

Auxiliary – Water Facilities Fax: **N/A**

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

TRANSACTION REPORT

JUN/30/2015/TUE 07:49 AM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	JUN/30	07:47AM	18504120482	0:01:18	3	MEMORY OK	G3 3254

The logo for U.S. Water Services Corporation features the text "U.S. Water" in a large, bold, serif font. Below this, the words "Services Corporation" are written in a smaller, bold, sans-serif font. The text is set against a background of stylized, wavy lines representing water.

DATE: June 30, 2015 PAGES: 3

CO: FDEP - Central

TO: Debra Knight (Sumter Co)

FAX #: 850-412-0482

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

SYSTEM: The Woods Subdivision, PWS# 660-0347

RE: Boil Water Notice (BWN)

Thank you,

Diane M Kibitlewski

TRANSACTION REPORT

JUN/30/2015/TUE 07:50 AM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	JUN/30	07:49AM	13527936045	0:01:04	3	MEMORY OK	ECH 3255

The logo for U.S. Water Services Corporation features the text "U.S. Water" in a large, bold, sans-serif font. Below this, the words "Services Corporation" are written in a smaller, bold, sans-serif font. A stylized wavy line representing water separates the two lines of text.

DATE: June 30, 2015

PAGES: 3

CO: Sumter County Health Department

TO: Drinking Water Section

FAX #: 352-793-6045

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY – THANK YOU! ****

RE: Boil Water Notice (BWN)
System: The Woods Subdivision, PWS# 660-0347

Thank you,
Diane

The Woods
Subdivision

PROJ# 6610-0347

Filters went down
causing loss of
pressure

Entire system
214-connections

U.S. Water Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: July 2, 2015

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

The June 30, 2015
"Precautionary Boil Water Notice"
is hereby rescinded. The water
system is back in operation, and the
satisfactory completion of a
bacteriological survey shows that
the water is safe to drink.

If you have any questions, you may
contact U.S. Water Services Oper-
ations at 727-848-8292, ext. 233 or
203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

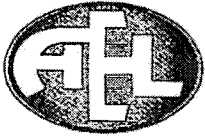
Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
 9510 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
 1268 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1504432



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 6-30-15 1330

Analysis Date & Time: 6-30-15 1627

Sample Acceptance Criteria:

Sample Preservation: On Ice Not On Ice 4 °C

Disinfectant Check: Not Detected _____

This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: The Woods

PWS I.D.: 6660347

PWS Address: CR 675

City: Webster

PWS or PWS Owner's Phone #: _____

Fax #: _____

Collector: Karl Philipp

Collector's Phone #: 352-585-4291

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 6/30/15

DCN#: AD-0045

Effective 01/95, Revised 09/19/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² <u>SM9222B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
	<u>11445 CR 675</u>	<u>1035</u>	<u>D</u>	<u>2.0</u>			<u>A</u>			<u>1</u>
	<u>3335 CR 677</u>	<u>1050</u>	<u>D</u>	<u>1.8</u>			<u>A</u>			<u>2</u>

Average of disinfectant residuals for distribution routine & repeat samples. Free Chlorine or Total chlorine (circle one). 1.9

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

A certified operator (# 88123)
 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: Maths Kidd

Title: Analyst

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

US Water Services
4939 Cross Bayou Blvd
New Port Richey FL 34652

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

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

Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: _____

Date: _____ Time: _____

Received By: Shub Curious

Date: 6-30-15 Time: 130

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4865 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 228 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53078
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1504489



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 7/1/15 1540
 Analysis Date & Time: 7-1-15 1745
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
 Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____
 Public Water System (PWS) Name: The Woods PWS I.D.: 6600347
 PWS Address: CR 675 City: Webster
 PWS or PWS Owner's Phone #: _____ Fax #: _____
 Collector: Karl Philipp Collector's Phone #: 352-505-4241
 Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____
 Reason for Sampling: (check all that apply)
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____
 Sample Collection Date: 7/1/15 DCN#: AD-D045 Effective 01/95, Revised 09/19/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <u>SM 922B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
	<u>11445 CR 675</u>	<u>1010</u>	<u>D</u>	<u>2.0</u>			<u>A</u>			<u>1</u>
	<u>3355 CR 677</u>	<u>1020</u>	<u>D</u>	<u>1.4</u>			<u>A</u>			<u>2</u>

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

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):
 A certified operator (# 68173)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

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

Lab Signature: Matt Kohn
 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: _____

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT:
US Water Services
4939 Cross Bayou Blvd
New Port Richey 34652

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

Relinquish By: _____
 Date: _____ Time: _____
 Received By: Matt Kohn
 Date: 7/1/15 Time: 1350

TRANSACTION REPORT

JUL/06/2015/MON 10:43 AM

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	JUL/06	10:41AM	18504120482	0:02:01	4	MEMORY OK	G3 3796

The logo for U.S. Water Services Corporation features the text "U.S. Water" in a large, bold, serif font. Below "U.S. Water" is a stylized wavy line representing water. Underneath the wavy line, the words "Services Corporation" are written in a smaller, bold, sans-serif font.

DATE: July 06, 2015

PAGES: 4

CO: FDEP -- Central

TO: Debra Knight (Sumter Co)

FAX #: 850-412-0482

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

SYSTEM: The Woods Subdivision, PWS# 660-0347

RE: Boil Water Notice (BWN) - Rescinded Thursday 7/2/2015

Thank you,

Diane M Kibitlewski

TRANSACTION REPORT

JUL/06/2015/MON 10:45 AM

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	JUL/06	10:44AM	13527936045	0:01:47	4	MEMORY OK	ECM 3797



U.S. Water
Services Corporation

DATE: July 06, 2015

PAGES: 4

CO: Sumter County Health Department

TO: Drinking Water Section

FAX #: 352-793-6045

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Boil Water Notice (BWN) - Rescinded Thursday 7/2/2015
System: The Woods Subdivision, PWS# 660-0347

Thank you,
Diane

The Woods
Subdivision

PLoS # 4660-0347

GFI dropped @ filter

Entire system

70-connections

U.S. Water



Services Corporation

Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: July 8, 2015

PRECAUTIONARY BOIL WATER NOTICE

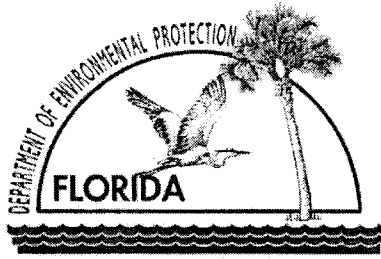
A loss of pressure has occurred in your water system. As a precaution, upon return of service, we advise that all water used for drinking or cooking be boiled. A rolling boil of one minute is sufficient. As an alternative, bottled water may be used.

If you have any questions, you may contact U.S. Water Services Operations at 727-848-8292, ext. 233 or 203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292



DEP - Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803-3767
E-mail:
Phone: 407-897-4100
Fax: 407-897-2966

Notification Form

If you have to issue a boil water notice be reminded FAC Rule 62-555.350(10) requires you speak directly to a person (do not leave a voice message) at the District office or ACHD as soon as possible, but no later than noon of the next business day.

Date BWN Issued: **July 8, 2015**

System Name: **The Woods Subdivision**

TIME: **3:00pm pm**

PWS-ID No. **660-0347**

County: **Sumter**

Owner/Utility contact: **Ron DeRossett**

Telephone: **904-540-9765**

E-Mail: **rderossett@uswatercorp.net**

727-849-4219

Utility Contact Person: **Diane Kibitlewski**

Population affected (Connections): **Entire System – 78 connections**

Estimated time for system to be returned to service: **Water restored at 4:00 pm**

Cause of incident: **GFI tripped at filter**

Corrective action undertaken: **Repair the break**

How BWN delivered to customers: **Hand Delivery**

How BWN will be rescinded: **Hand Delivery**

Department Of Health representative contacted: **Sumter County Health Dept -Drinking Water**

Department Of Health Phone: **NA** Fax: **352-793-6045**

DEP Central District rep contacted: ~~Manny Cardona~~ *Debra Knight*

DEP Central District Drinking Water Section: **407-897-4100**

Primary Fax: **407-897-2966**

Auxiliary – Water Facilities Fax: **N/A**

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

TRANSACTION REPORT

JUL/08/2015/WED 03:16 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	JUL/08	03:14PM	18504120482	0:01:17	3	MEMORY OK	G3 4414



DATE: July 08, 2015

PAGES: 3

CO: FDEP - Central

TO: Debra Knight (Sumter Co)

FAX #: 850-412-0482

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

SYSTEM: The Woods Subdivision, PWS# 660-0347

RE: Boil Water Notice (BWN)

Thank you,

Diane M Kibitlewski

TRANSACTION REPORT

JUL/08/2015/WED 03:17 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	JUL/08	03:16PM	13527936045	0:01:11	3	MEMORY OK	ECM 4415



DATE: July 8, 2015

PAGES: 3

CO: Sumter County Health Department

TO: Drinking Water Section

FAX #: 352-793-6045

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
 dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Boil Water Notice (BWN)
 System: The Woods Subdivision, PWS# 660-0347

Thank you,
 Diane

The Woods
Subdivision
PLoS # 660-0347

CFI shipped @ filter
entire system
70-connections



Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: July 10, 2015

**RESCISSION OF
PRECAUTIONARY BOIL
WATER NOTICE**

The July 8, 2015
"Precautionary Boil Water Notice"
is hereby rescinded. The water
system is back in operation, and the
satisfactory completion of a
bacteriological survey shows that
the water is safe to drink.

If you have any questions, you may
contact U.S. Water Services Oper-
ations at 727-848-8292, ext. 233 or
203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2345 • Fax 352.395.6639 • E62001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.869.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9618 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095

A1504776



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 7-9-15 / 1630
 Analysis Date & Time: 7-9-15 / 1820
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: The Woods PWS I.D.: 660 0347

PWS Address: CR 675 City: Webster

PWS or PWS Owner's Phone #: _____ Fax #: _____

Collector: Karl Philipp Collector's Phone #: 352-585-4241

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 7/8/15, 7/9/15

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

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ²				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
	<u>11601 CR 675 W</u>	<u>1700</u>	<u>D</u>	<u>2.0</u>			<u>A</u>			<u>1</u>
	<u>11380 US 301</u>	<u>1710</u>	<u>D</u>	<u>1.4</u>			<u>A</u>			<u>2</u>
	<u>11380 US 301</u>	<u>1807</u>	<u>D</u>	<u>2.0</u>			<u>A</u>			<u>3</u>
	<u>11601 CR 675 W</u>	<u>1015</u>	<u>D</u>	<u>0.3</u>			<u>A</u>			<u>4</u>

Average of disinfectant residuals for distribution routine & repeat samples. Free chlorine Total chlorine (circle one): 1.42

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

Disinfectant Residual Analysis Method:

- DPD Colorimetric Other: _____

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

- A certified operator (# 138173)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: _____

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

Date Report Issued: _____

Lab Signature: Matt Kashi

Title: Analyst

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

US Water Services
4939 Cross Bayou Blvd
New Port Richey FL 34652

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).

2. Lab certification number for the listed method is included at top with the laboratory address.

3. Please circle appropriate selection.

4. Defined in Florida Administrative Code Rule 62-160, Table 1.

5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-556.730 Reporting Format).

Relinquish By: _____

Date: _____ Time: _____

Received By: Matt Kashi

Date: 7-9-15 Time: 1335

TRANSACTION REPORT

JUL/13/2015/MON 07:46 AM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	JUL/13	07:45AM	13527936045	0:01:22	3	MEMORY OK	ECH 4594



DATE: July 13, 2015

PAGES: 3

CO: Sumter County Health Department

TO: Drinking Water Section

FAX #: 352-793-6045

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
 dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Boil Water Notice (BWN) - Rescinded Friday, 7/10/2015
 System:

Thank you,
 Diane

INCIDENT REPORT

Report can be submitted to José de Pedro by email at Jose.dePedro@dep.state.fl.us or by fax at (850) 412-0740

PWS ID: 660-0347 PWS Name: The Woods Subdivision

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

Date: 07/09/15 Time: 2:40 pm Was the event a planned outage, or a malfunction?

Time water system was/is expected to be back in service: Time: n/a

Situation was reported to:

DEP Date: 07/09/15 Time: 3:00 pm Person Contacted: FDEP - Central (email)

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

Other Date: _____ Time: _____ Person Contacted: _____

Location of trouble: due to a problem with the GFI switch on the filters, which is malfunctioning and causing the filter units to trip out and shut down. The filters are currently being bypassed. The problem with the filters is being investigated, and we anticipate having the filters returned to service within the next 48-72 hours. Residual disinfectant is being maintained.

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

Statement of trouble: GFI switch on filter units

Corrective action: The problem with the filters is being investigated, and we anticipate having the filters returned to service within the next 48-72 hours.

Number of customers affected: 78

Were customers notified? Yes No Explain BWN issued when pressure loss due to GFI on July 8, 2015

Was a precautionary boil water notice issued? Yes No

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

Were bacteriological samples taken? Yes No Location taken: _____

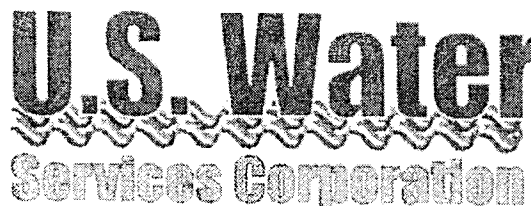
If a **Precautionary Boil Water Notice** was issued, please attach or submit together with this report. Bacteriological reports (2 days) as well as a rescission notice must follow.

Additional remarks: _____

The Woods Subdivision
PWS# 660-0347

Repair valve at Snooz and Scoot
11380 S US Hwy 301

3 locations affected:
11380 S US Hwy 301
11538 S US Hwy 301
2793 SW 116th Avenue



Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: October 26, 2015 at 10:00 am

PRECAUTIONARY BOIL WATER NOTICE

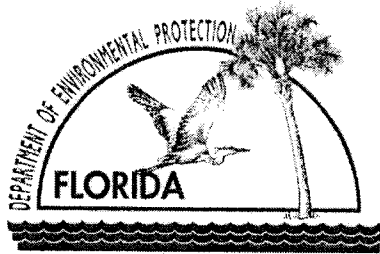
A loss of pressure has occurred in your water system. As a precaution, upon return of service, we advise that all water used for drinking or cooking be boiled. A rolling boil of one minute is sufficient. As an alternative, bottled water may be used.

If you have any questions, you may contact U.S. Water Services Operations at 727-848-8292, ext. 233 or 203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fx: 727-849-4219

Toll Free: 866-753-8292



DEP - Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803-3767
E-mail:
Phone: 407-897-4100
Fax: 407-897-2966

Notification Form

If you have to issue a boil water notice be reminded FAC Rule 62-555.350(10) requires you speak directly to a person (do not leave a voice message) at the District office or ACHD as soon as possible, but no later than noon of the next business day.

Date BWN Issued: **October 26, 2015**

System Name: **The Woods**

TIME: **10:00 am**

PWS-ID No. **660-0347**

County: **Sumter**

Owner/Utility contact: **Ron DeRossett**

Telephone: **904-540-9765**

E-Mail: **rderossett@uswatercorp.net**

727-849-4219

Utility Contact Person: **Diane Kibitlewski**

Population affected (Connections): **3 locations**

Estimated time for system to be returned to service: **Water was restored at 10:30 am**

Cause of incident: **Repair leaking water valve at 11380 S US Hwy 301**

Corrective action undertaken: **Repair the valve**

How BWN delivered to customers: **Hand Delivery**

How BWN will be rescinded: **Hand Delivery**

Department Of Health representative contacted: **Sumter County Health Dept -Drinking Water**

Department Of Health Phone: **NA** Fax: **352-793-6045**

DEP Central District rep contacted: **Manny Cardona**

DEP Central District Drinking Water Section: **407-897-4100**

Primary Fax: **407-897-2966** Auxiliary – Water Facilities Fax: **N/A**

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

The Woods Subdivision
PWS# 660-0347

Repair valve at Snooz and Scoot
11380 S US Hwy 301

3 locations affected:
11380 S US Hwy 301
11538 S US Hwy 301
2793 SW 116th Avenue



Water and Wastewater Utility Operations,
Maintenance, Engineering, Management

Date: October 28, 2015 at 5:00 pm

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

The October 26, 2015
"Precautionary Boil Water Notice"
is hereby rescinded. The water
system is back in operation, and the
satisfactory completion of a
bacteriological survey shows that
the water is safe to drink.

If you have any questions, you may
contact U.S. Water Services Oper-
ations at 727-848-8292, ext. 233 or
203.

4939 Cross Bayou Blvd., New Port Richey, FL 34652

Ph: 727-848-8292 Fax: 727-849-4219

Toll Free: 866-753-8292

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 8610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E611095

A1507899



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 10/27/15 1500

Analysis Date & Time: 10-27-15 1519

Sample Acceptance Criteria:

Sample Preservation: On Ice Not On Ice 4 °C

Disinfectant Check: Not Detected

This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: The Woods

PWS I.D.: 6660 0347

PWS Address: US Hwy 301 + CR 677

City: St Catherine 33547

PWS or PWS Owner's Phone #: 727-845-4115

Fax #: 727-845-4115

Collector: Jimmy Moore

Collector's Phone #: 852-476 5422

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: 10-26-15 — 10-27-15

DCN#: AD-D045

Effective 01/05, Revised 09/19/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² <u>SM922B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
	<u>10-26-15</u>									
<u>TW1</u>	<u>11536 US 301</u>	<u>1600</u>	<u>D</u>	<u>1.4</u>	<u>7.4</u>		<u>A</u>			<u>1</u>
<u>TW2</u>	<u>11380 US 301</u>	<u>1615</u>	<u>D</u>	<u>1.4</u>	<u>7.4</u>		<u>A</u>			<u>2</u>
	<u>10-27-15</u>									
<u>TW3</u>	<u>11536 US 301</u>	<u>1000</u>	<u>D</u>	<u>1.0</u>	<u>7.4</u>		<u>A</u>			<u>3</u>
<u>TW4</u>	<u>11380 US 301</u>	<u>1025</u>	<u>D</u>	<u>1.0</u>	<u>7.4</u>		<u>A</u>			<u>4</u>

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

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

A certified operator (# CA3211)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: _____

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

Date Report Issued: _____

Lab Signature: Matt Wolf

Title: Analyst

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

US Water Services
4535 Cross Bayou Blvd
New Port Michay FL 34629

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).

2. Lab certification number for the listed method is included at top with the laboratory address.

3. Please circle appropriate selection.

4. Defined in Florida Administrative Code Rule 62-160, Table 1.

5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.739 Reporting Format).

Relinquish By: Jimmy Moore

Date: 10/27/15 Time: 1200

Received By: [Signature]

Date: 10/27/15 Time: 1330

TRANSACTION REPORT

OCT/28/2015/WED 02:46 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	OCT/28	02:45PM	18504120482	0:01:32	3	MEMORY OK	G3 5191

The logo for U.S. Water Services Corporation features the text "U.S. Water" in a large, bold, sans-serif font. Below this, the words "Services Corporation" are written in a smaller, bold, sans-serif font. A stylized wavy line representing water separates the two lines of text.

DATE: October 28, 2015 PAGES: 3

CO: FDEP - Central

TO: Debra Knight (Sumter Co)

FAX #: 850-412-0482

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

SYSTEM: The Woods, PWS# 660-0347

RE: Boil Water Notice (BWN) - Rescinding around 5:00 pm

Thank you,

Diane M Kibitlewski

TRANSACTION REPORT

OCT/28/2015/WED 02:48 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	OCT/28	02:47PM	13527936045	0:01:15	3	MEMORY OK	ECM 5192



U.S. Water
Services Corporation

DATE: October 28, 2015 PAGES: 3

CO: Sumter County Health Department

TO: Drinking Water Section

FAX #: 352-793-6045

FROM: DIANE KIBITLEWSKI (727) 848-8292 EXT. #244
dkibitlewski@uswatercorp.com

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

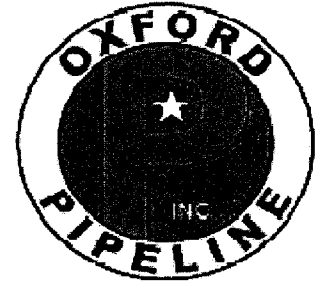
RE: Boil Water Notice (BWN) - Rescinding around 5:00 pm
System: The Woods, PWS# 660-0347

Thank you,
Diane

Oxford Pipeline Inc.

Underground Utilities/Pipe Rehabilitation

P.O. Box 86
Oxford, FL 34844
Phone: 352-504-8750 Fax: 352-330-0473
Email: cbarrette@oxfordpipeline.com
FL LIC#: CUC1224062



Date: Sept. 08 , 2014

The Woods Utility Company
4939 Cross Bayou Boulevard
New Port Richey, FL 34652

Customer ID: A101

Prepared by: Craig Barrette

Invoice # 902-09-08-14-0440

INVOICE

The Woods WTP Job #711-16

Description	Amount
<p>Hand excavate 2 pits on 3" main. Heavy ground water. Hand excavate to locate valves on main. Could not find. Haul in excavator. Excavate pit next to driveway and pit away from tree saw cut 3" main could not shut water off. Install valve on 3" pipe and connected on both ends. Backfill trench, could not clean up residents yard, due to heavy rain.</p> <p>Entered: <u>[Signature]</u> COA Code: <u>331</u> Approved: _____ Paid: _____ Date: _____</p> <p><i>OKD The Woods Util.</i></p> <p>Man hours= 60 Equipment= Truck w/ tools, excavator, and trailer. Materials OPI supplied=N/A Materials= (U.S. Water supplied all other Materials) Service requested by=John Worrell</p>	

Thank you for your business!

TOTAL

\$2215.00

Note: net terms 30

Attn: Joe Gabay