

State of Florida



Public Service Commission

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

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

DATE: August 27, 2018

TO: Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk

FROM: Douglas Wright, Engineering Specialist I, Division of Engineering *DW ROE*

RE: Docket No. 20180021-WU- Application for staff-assisted rate case in Highlands County by Country Walk Utilities, Inc.

Please file the attached email communication from Troy Rendell to Doug Wright and Luis Salvador dated August 24, 2018, "Country Walk Contaminant Test Results," including the attachment to the email (test results), in the above mentioned docket file.

Thank you.

DW:pz

Attachment

Doug Wright

From: Troy Rendell <trendell@uswatercorp.net>
Sent: Friday, August 24, 2018 3:52 PM
To: Luis Salvador; Doug Wright
Subject: Country Walk Contaminant Test Results
Attachments: Country Walk Contaminant Test Results.pdf

We just received the test results for the contaminants.

ALL were below the MCL.. Good test results.

Have a great weekend..

Thanks.

Troy Rendell
U.S. Water Services Corporation

U.S. Water
Services Corporation

4939 Cross Bayou Boulevard

New Port Richey, FL 34652

(Office) 727-848-8292 x245

(Fax) 727-848-7701

(E-Mail) trendell@uswatercorp.net

SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S. Sebring, FL 33876 email: Shortlab@strato.net

Phone: (863) 655-4022 (800) 833-4022 Fax: (863) 655-5820



Report Cover Page

Client: U.S. Water Services, Corp. Report #: 2018080184
Address: 4939 Cross Bayou Blvd. Report Date: 8/24/2018
City, State, Zip: New Port Richey, FL 34652
Attention: Melisa Rotteveel
Project: Country Walk
DW 62-550 Analyses
Sample Date: 08/06/2018
Sample Numbers: AEL: F1803917 FL Rad: 1808074

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

Contents	Item	Pages	Qualifier	Explanation
Cover Page:		1	U	Compound was analyzed for but not detected.
Report of Analysis:	Original	14	I	Result is between the MDL and the PQL.
Attachments:	Chain of Custody	2	Q	Sample was analyzed out of holding time.
			J	Estimated value; may not be accurate.

Total Pages: 17

The results contained in the report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Respectfully Submitted,

Chad Harmon
Project Manager
Aug 24 2018 3:28 PM

DocuSign

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.

All analyses performed by the following labs.

#84492 Advanced Environmental Laboratories - Fort Myers



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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Country Walk PWS I.D. #: 628 4114
 System Type (check one): Community () NonTransient Noncommunity () Transient NonCommunity
 Address: 29 Lake Side Trail
 City: Lake Placid State: Florida ZIP Code: _____
 Phone#: 727-849-8219 Fax #: 727-849-4219 E-Mail Address: DKibi.Hanski@uswater Corp. Net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 8/6/18 Sample Time: 0900
 Sample Location (be specific) Poe
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .75 mg/L Field pH: 7.3

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which One?) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62.550) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions and 62-550.513(3) for nitrate or nitrite exceedances..

** See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Andrew Borremans, Operator, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: Andy Borremans Date: 8/6/18
 Certified Operator #: 022604 Phone #: 863-581-3596 Sampler's FAX #: _____
 Sampler's E-mail: aborremans@uswater Corp. Net

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84492 Certification Expiration Date: 06/30/2019

ATTACH CURRENT DOH ANALYTE *

Address: 13100 Westlinks Terrace, Unit 10 Ft. Myers FL Payments: P.O. Box _____ Phone #: (239) 674-8130

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: E82001 E82574 E84589 E82535

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/06/2018

PWS ID (From Page 1): 6284114 Sample Number (From Page 1): F1803917001 Lab Assigned Report # or Job F1803917


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

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

LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, do HEREBY CERTIFY
 (Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature:  Date: 08/24/2018

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

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

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

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

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

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: F1803917001

PWS ID (From Page 1): 6284114

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate (as N)	10	mg/L	0.18	I	EPA 300.0	0.023	08/06/2018	18:05	E84492
1041	Nitrite (as N)	1	mg/L	0.018	U	EPA 300.0	0.018	08/06/2018	18:05	E84492
1005	Arsenic	0.010	mg/L	0.000077	U	EPA 200.8	0.000077	08/13/2018	19:10	E82574
1010	Barium	2	mg/L	0.060		EPA 200.7	0.00083	08/17/2018	17:08	E82574
1015	Cadmium	0.005	mg/L	0.00045	U	EPA 200.7	0.00045	08/17/2018	17:08	E82574
1020	Chromium	0.1	mg/L	0.0016	U	EPA 200.7	0.0016	08/17/2018	17:08	E82574
1024	Cyanide	0.2	mg/L	0.0048	U	SM 4500-CN-E	0.0048	08/10/2018	10:59	E84589
1025	Fluoride	4.0	mg/L	0.091	I	EPA 300.0	0.036	08/06/2018	18:05	E84492
1030	Lead	0.015	mg/L	0.00024	U	EPA 200.8	0.00024	08/13/2018	19:10	E82574
1035	Mercury	0.002	mg/L	0.000011	U	EPA 245.1	0.000011	08/14/2018	13:12	E82574
1036	Nickel	0.1	mg/L	0.0060	U	EPA 200.7	0.0060	08/17/2018	17:08	E82574
1045	Selenium	0.05	mg/L	0.00058	U	EPA 200.8	0.00058	08/13/2018	19:10	E82574
1052	Sodium	160	mg/L	17		EPA 200.7	0.34	08/17/2018	17:08	E82574
1074	Antimony	0.006	mg/L	0.00011	U	EPA 200.8	0.00011	08/13/2018	19:10	E82574
1075	Beryllium	0.004	mg/L	0.00040	U	EPA 200.7	0.00040	08/17/2018	17:08	E82574
1085	Thallium	0.002	mg/L	0.000093	I	EPA 200.8	0.000057	08/13/2018	19:10	E82574

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: F1803917001

PWS ID (From Page 1): 6284114

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.028	U	EPA 200.7	0.028	08/17/2018	17:08	E82574
1017	Chloride	250	mg/L	17		EPA 300.0	0.12	08/06/2018	18:05	E84492
1022	Copper	1	mg/L	0.0032	U	EPA 200.7	0.0032	08/17/2018	17:08	E82574
1025	Fluoride	2.0	mg/L	0.091	I	EPA 300.0	0.036	08/06/2018	18:05	E84492
1028	Iron	0.3	mg/L	0.17	I	EPA 200.7	0.10	08/17/2018	17:08	E82574
1032	Manganese	0.05	mg/L	0.0019	U	EPA 200.7	0.0019	08/17/2018	17:08	E82574
1050	Silver	0.1	mg/L	0.0096	U	EPA 200.7	0.0096	08/17/2018	17:08	E82574
1055	Sulfate	250	mg/L	170		EPA 300.0	0.076	08/06/2018	18:05	E84492
1095	Zinc	5	mg/L	0.033	U	EPA 200.7	0.033	08/17/2018	17:08	E82574
1905	Color	15	PCU	5.0	U	SM 2120 B	5.0	08/03/2018	15:00	E84492
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	08/03/2018	14:16	E84492
1925	pH	6.5 - 8.5	SU	6.38		SM 4500H+B		08/07/2018	11:15	E84492
1930	Total Dissolved Solids	500	mg/L	400		SM 2540 C	10	08/08/2018	12:55	E84492
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	08/07/2018	13:49	E82001

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: F1803917001

PWS ID (From Page 1): 6284114

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.28	U	EPA 524.2	0.28	0.5	08/15/2018	05:31	E82535
2380	cis-1,2-Dichloroethylene	70	ug/L	0.32	U	EPA 524.2	0.32	0.5	08/15/2018	05:31	E82535
2955	Xylenes (total)	10,000	ug/L	0.28	U	EPA 524.2	0.28	0.5	08/15/2018	05:31	E82535
2964	Dichloromethane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	08/15/2018	05:31	E82535
2968	o-Dichlorobenzene	600	ug/L	0.46	U	EPA 524.2	0.46	0.5	08/15/2018	05:31	E82535
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	08/15/2018	05:31	E82535
2976	Vinyl Chloride	1	ug/L	0.20	U	EPA 524.2	0.20	0.5	08/15/2018	05:31	E82535
2977	1,1-Dichloroethylene	7	ug/L	0.18	U	EPA 524.2	0.18	0.5	08/15/2018	05:31	E82535
2979	trans-1,2-Dichloroethylene	100	ug/L	0.28	U	EPA 524.2	0.28	0.5	08/15/2018	05:31	E82535
2980	1,2-Dichloroethane	3	ug/L	0.36	U	EPA 524.2	0.36	0.5	08/15/2018	05:31	E82535
2981	1,1,1-Trichloroethane	200	ug/L	0.39	U	EPA 524.2	0.39	0.5	08/15/2018	05:31	E82535
2982	Carbon tetrachloride	3	ug/L	0.23	U	EPA 524.2	0.23	0.5	08/15/2018	05:31	E82535
2983	1,2-Dichloropropane	5	ug/L	0.26	U	EPA 524.2	0.26	0.5	08/15/2018	05:31	E82535
2984	Trichloroethylene	3	ug/L	0.28	U	EPA 524.2	0.28	0.5	08/15/2018	05:31	E82535
2985	1,1,2-Trichloroethane	5	ug/L	0.12	U	EPA 524.2	0.12	0.5	08/15/2018	05:31	E82535
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	08/15/2018	05:31	E82535
2989	Chlorobenzene	100	ug/L	0.12	U	EPA 524.2	0.12	0.5	08/15/2018	05:31	E82535
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	08/15/2018	05:31	E82535
2991	Toluene	1,000	ug/L	0.22	U	EPA 524.2	0.22	0.5	08/15/2018	05:31	E82535
2992	Ethylbenzene	700	ug/L	0.17	U	EPA 524.2	0.17	0.5	08/15/2018	05:31	E82535
2996	Styrene	100	ug/L	0.39	U	EPA 524.2	0.39	0.5	08/15/2018	05:31	E82535

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

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

Page 5 of 6

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: F1803917001

PWS ID (From Page 1): 6284114

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0069	U	EPA 508	0.0069	0.01	08/13/2018	08/23/2018	02:47	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0071	U	EPA 508	0.0071	0.02	08/13/2018	08/23/2018	02:47	E82574
2015	Methoxychlor	40	ug/L	0.0068	U	EPA 508	0.0068	0.1	08/13/2018	08/23/2018	02:47	E82574
2020	Toxaphene	3	ug/L	0.12	U	EPA 508	0.12	1	08/13/2018	08/23/2018	02:47	E82574
2031	Dalapon	200	ug/L	1.0	U	EPA 515.3	1.0	1	08/17/2018	08/18/2018	03:45	E82574
2032	Diquat	20	ug/L	7.6	U	EPA 549.2	7.6	0.4	08/10/2018	08/14/2018	10:31	E82574
2033	Endothall	100	ug/L	1.8	U	EPA 548.1	1.8	9	08/13/2018	08/15/2018	12:31	E82574
2034	Glyphosate	700	ug/L	6.5	U	EPA 547	6.5	6	08/20/2018	08/20/2018	12:55	E82574
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.95	U	EPA 525.2	0.95	0.6	08/16/2018	08/16/2018	22:32	E82574
2036	Oxamyl	200	ug/L	0.57	U	EPA 531.1	0.57	2	08/13/2018	08/13/2018	15:52	E82574
2037	Simazine	4	ug/L	0.19	U	EPA 525.2	0.19	0.07	08/16/2018	08/16/2018	22:32	E82574
2039	Di(2-Ethylhexyl)phthalate	6	ug/L	1.5	U	EPA 525.2	1.5	0.6	08/16/2018	08/16/2018	22:32	E82574
2040	Picloram	500	ug/L	0.23	U	EPA 515.3	0.23	0.1	08/17/2018	08/18/2018	03:45	E82574
2041	Dinoseb	7	ug/L	0.86	U	EPA 515.3	0.86	0.2	08/17/2018	08/18/2018	03:45	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.012	U	EPA 508	0.012	0.1	08/13/2018	08/23/2018	02:47	E82574
2046	Carbofuran	40	ug/L	0.28	U	EPA 531.1	0.28	0.9	08/13/2018	08/13/2018	15:52	E82574
2050	Atrazine	3	ug/L	0.16	U	EPA 525.2	0.16	0.1	08/16/2018	08/16/2018	22:32	E82574
2051	Alachlor	2	ug/L	0.26	U	EPA 525.2	0.26	0.2	08/16/2018	08/16/2018	22:32	E82574
2065	Heptachlor	0.4	ug/L	0.0060	U	EPA 508	0.0060	0.04	08/13/2018	08/23/2018	02:47	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0052	U	EPA 508	0.0052	0.02	08/13/2018	08/23/2018	02:47	E82574
2105	2,4-D	70	ug/L	1.5	U	EPA 515.3	1.5	0.1	08/17/2018	08/18/2018	03:45	E82574
2110	Stivex (2,4,5-TP)	50	ug/L	0.32	U	EPA 515.3	0.32	0.2	08/17/2018	08/18/2018	03:45	E82574
2274	Hexachlorobenzene	1	ug/L	0.0063	U	EPA 508	0.0063	0.1	08/13/2018	08/23/2018	02:47	E82574
2306	Benzo[a]pyrene	0.2	ug/L	0.096	U	EPA 525.2	0.096	0.02	08/16/2018	08/16/2018	22:32	E82574
2326	Pentachlorophenol	1	ug/L	0.069	U	EPA 515.3	0.069	0.04	08/17/2018	08/18/2018	03:45	E82574
2383	PCBs	0.5	ug/L	0.11	U	EPA 508	0.11	0.1	08/13/2018	08/23/2018	02:47	E82574
2931	1,2-Dibromo-3-Chloropropane	0.2	ug/L	0.0060	U	EPA 504.1	0.0060	0.02	08/13/2018	08/13/2018	22:56	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0062	U	EPA 504.1	0.0062	0.01	08/13/2018	08/13/2018	22:56	E82574
2959	Chlordane (technical)	2	ug/L	0.053	U	EPA 508	0.053	0.2	08/13/2018	08/23/2018	02:47	E82574

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

F1803917

Short Environmental Laboratories, Inc.
 10405 US 27 S
 Sebring, FL 33876
 (863) 655-4022 (800) 833-4022 Fax: (863) 655-5820
 Shortlab@Strato.net

LABORATORY ANALYSES																	
Cont Type	CN	S&M	Met	S&M	Odor	Vial	Vial	Vial	Org	Org	Org	Vial	Vial	Vial	Org	Rad	Rad
Size	250 ml	1 L	250 ml	1 L	250 ml	40 ml	40 ml	40 ml	1 L	1 L	1 L	40 ml	200 ml	40 ml	1 L	1/2 Gal	1/2 Gal
Plast Class Amber	A	P	P	P	G	A-G	G	G	AG	AG	AP	G	AG	G	A-G	P	P
Pts	NaOH	Cool	NO3	Cool	Cool	Thio	Thio	Thio	Thio	Thio	Thio	Thio	Thio	Thio	Thio	PH03	PH03
Primary Inorganics																	
Secondaries																	
						EPA 315	EPA 504	EPA 531	EPA 335	EPA 508	EPA 549 (Disque)	EPA 547	EPA 548 (Bandshell)	DWVOC 314	Extra Beak	β-Alpha	Rad 216, Ra 228, U
	1	1	1	1	1	3	3	1	1	1	1	3	1	3	1	(1)	(1)

Sampler's Name: Andrew Borreman
 Client Name: US Water Services Corp. # 578
 Sampler's Signature: [Signature]
 Project: DW 62-550
 Location: Country W-1K DWTP
 Field ID# Sample ID Date Time Samp Type Grab Laboratory ID# # of Cont
 P.O.E. 8/6/18 0900 DW X
 Rads (2) sent to Florida Rad Techs

Comments:
 **Run U if g-Alpha > 15
 This kit contains samples for certain analyses which require scheduling with the lab prior to collection and delivery.

Samples Iced to 4.2e
 Nutrient Containers Preserved:
 Metals Containers preserved
 Vials preserved

Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please read all container labels for caution notices.

Container Qty:	Relinquished By:	Accepted By:	Date:	Time:
25	Andy Borreman	[Signature]	8/6/18	
25	Chris Chestnut	[Signature]	8-6-18	1500

Time	
Departed Lab	
Arrived Site	
Departed Site	
Arrived Lab	

Chain of Custody and Transmittal Form



Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann

5456 Hoffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407)382-7744

Certification I. D. # E83033

Work Order #: 1808074

Report Date: 08/17/18

Report to:

Short Environmental Laboratories, Inc.

10405 US Hwy. 27 S.

Sebring, FL 33876

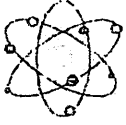
Contact: David Murto

I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAC Standards. The test results in this report relate only to the samples received.

Signed

Michael J. Naumann - President
Shawn M. Naumann - Laboratory Director

Date 8-17-18



Florida Radiochemistry Services, Inc.

Sample Login

Client:	Short Environmental Laboratories	Date / Time Received	Work order #
Client Contact:		08/09/18 12:21	1808074
Client P.O.			
Project I.D.	US Water		
Lab Sample I.D.	Client Sample I.D.	Sample Date/Time	Analysis Requested
1808074-01	Country Walk	08/06/18 09:00	Ga, Ra226, Ra228

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

RADIONUCLIDES
62-550.310(6)

Report Number/Job ID: 1808074-01

Client Sample ID:

Country Walk

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15**	pCi/L			900.0		3				E83033
4002	Gross Alpha (Incl Uranium)	***	pCi/L	3.0		900.0	1.8	3	1.6	08/14/18	9:41	E83033
4006	Combined Uranium ****	20	pCi/L			908.0		0.67				E83033
	(U-234, U-235 & U-238)	30	ug/L					1				E83033
4020	Radium-226	5	pCi/L	1.9		903.1	0.1	1	0.4	08/16/18	13:12	E83033
4030	Radium-228			0.6		Ra-05	0.6	1	0.4	08/15/18	10:08	E83033

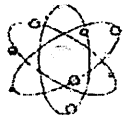
** if the results exceed 5 pCi/L, a measurement for radium-226 is required. Uranium is reported under Contam ID 4006

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined U must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha ID 4002 to determine compliance with MCL for Gross Alpha (Excl. U) of 15 pCi. If the result for ID 4002 Gross Alpha (Including U) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.

**** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis error need not be reported.

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

A U next to a result indicates analyte not detected at the MDL level



Florida Radiochemistry Services, Inc.

QA Page

Analyte	Sample #	Date Analyzed	Sample Result	Amount Spiked	Spike Result	Spike /Dup Result	Spike % Rec.	Spike Dup % Rpd
Gross Alpha	1808082-01	08/14/18	<0.8	10.0	10.5	9.3	105	12.1
Radium 226	1808043-01	08/16/18	0.7	22.1	21.4	22.1	94	3.2
Radium 228	1808043-01	08/15/18	<0.7	5.0	4.9	4.5	98	8.5

	Quality Control	Limits
	% RPD	% Rec.
Gross Alpha	25.0	60-125
Radium 226	23.4	78-125
Radium 228	23.9	67-125

COPY

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Country Walk PWS I.D. #: 628 4114
System Type (check one): Community () NonTransient Noncommunity () Transient NonCommunity
Address: 29 Lake Side Trail
City: Lake Placid State: Florida ZIP Code: _____
Phone #: 727-849-8219 Fax #: 727-849-4219 E-Mail Address: DKib.Hawski@CSwater.com.net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 8/6/18 Sample Time: 0900
Sample Location (be specific) Dee
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .75 mg/L Field pH: 7.3

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62.550)
- Raw (at well intake)
- Max. Residence Time
- Ave. Residence Time
- Near First Customer

Reason(s) for Sample (Check all that apply)

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedance*
- Composite Multiple Sites**
- Clearance (permitting)
- Other: _____
- Quarterly (Which One?)
- Special (not for compliance with 62-550.)
- Violation Resolution
- Replacement (of invalidated Sample)

Sampling Procedure Used or other Comments: _____

*Sec 62-550.500(6) for requirements and restrictions and 62-550.513(3) for nitrate or nitrite exceedances..

** Sec 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Andrew Berneman, Operator, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Andy Berneman Date: 8/6/18
Certified Operator #: 022604 Phone #: 863-581-3596 Sampler's FAX #: _____
Sampler's E-mail: aberneman@CSwater.com.net

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

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

Lab Name: FLORIDA RADIOCHEMISTRY SERVICES Florida DOH Certification #: F83033 Certification Expiration Date: 6/30/2019

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 5456 HOFFNER AVE., SUITE 207 ORLANDO, FL Phone #: 407-382-7733

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8-9-18 12:21

PWS ID (From Page 1): 628 4114 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 1808074-D1

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

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

LAB CERTIFICATION

I, MIKE NAUMANN, PRESIDENT, do HEREBY CERTIFY
 (Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: [Signature] Date: 8-17-18

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
 NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

Sample Collection & Analysis Satisfactory: Yes No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Chain of Custody



Florida Radiochemistry Services, Inc.
 5456 Hoffner Ave., Suite 201 Orlando, FL 32812
 Ph.(407)382-7733
 Fax(407)382-7744

FL Certification E83033

Company Name: **Short Environmental Labs** Phone # **(863) 655-4022**
 Address: **10405 US 27 S** Fax # **(863) 655-5820**
 City / State / Zip **Sebring, FL 33876**
 Send Report to: **David Murto**
 Additional Report:
 Invoice to: **SAME**
 Project I.D. **US Water**
 P.O. #

Sample I. D. (Sample Location)	Date / Time Sampled	Sample # of Type Btls	Pres.	Analysis Requested	Remarks
1 Country Walk	8/6/18 0900	DW 1	YES	GROSS ALPHA RA-226/228	
2					
3					
4					
5					
6					
7					
8					
9					
10					

Relinquished by: **D.Rushlo** Date/Time **8/8/18 1313**

Sampled By:

Received by: *SNA* Date/Time **8-9-18 12:21**

Short Environmental Laboratories, Inc.

10405 US 27 S

Sebring, FL 33876

(863) 655-4022 (800) 833-4022 Fax: (863) 655-5820

Shortlab@Strato.net

LABORATORY ANALYSES																							
Cont Type	CN	S&M	Met	S&M	Odor	Vial	Vial	Vial	Org	Org	Org	Vial	Vial	Vial	Org	Rad	Rad						
Size	250 ml	1 L	250 ml	1 L	250 ml	40 ml	40 ml	40 ml	1 L	1 L	1 L	40 ml	250 ml	40 ml	1 L	1/2 Gal	1/2 Gal						
Plast Glass Amber	A	P	P	P	G	AG	G	G	AG	AG	AP	G	AG	G	AG	P	P						
Pres	NaOH	Cool	PN03	Cool	Cool	Tubo	Tubo	Tubo	MCAA	Tubo	Tubo	Tubo	Tubo	Tubo	HCl	Tubo	PN03						
Primary Inorganics																							
Secondary																							
Sampler's Name:		Client Name: <i>US Water Services Corp.</i> # <i>578</i>																					
(Please Print) <i>Andrew Borshman</i>																							
Sampler's Signature:		Project: <i>DW 62-550</i>			Location: <i>Country Walk DWTP</i>																		
<i>Andrew Borshman</i>																							
Field ID#	Sample ID	Date	Time	Samp Type	Grab	Laboratory ID#	# of Cont																
	<i>P.O.E.</i>	<i>8/6/18</i>	<i>0900</i>	<i>DW</i>	<i>X</i>		<i>25</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>3</i>	<i>3</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>3</i>	<i>1</i>	<i>3</i>	<i>1</i>	<i>(1)</i>	<i>(1)</i>
<i>Rads (2) sent to Florida Radiochem</i>																							
Comments: **Run U if g-Alpha > 15																							
This kit contains samples for certain analyses which require scheduling with the lab prior to collection and delivery.																							
Samples Iced to _____ C																							
Nutrient Containers Preserved:																							
Metals Containers preserved																							
Vials preserved																							
Yes No																							

Please read all container labels for caution notices.

Container Qty:	Relinquished By:	Accepted By:	Date:	Time:
<i>25</i>	<i>Andrew Borshman</i>	<i>D. Rushley</i>	<i>8/6/18</i>	
<i>25</i>	<i>Chris Christman</i>		<i>8-6-18</i>	

Time	
Departed Lab	
Arrived Site	
Departed Site	
Arrived Lab	

Chain of Custody and Transmittal Form

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Country Walk PWS I.D. #: 628 4114
 System Type (check one): Community () NonTransient Noncommunity () Transient NonCommunity
 Address: 29 Lakeside trail
 City: Lake Placid State: Florida ZIP Code: _____
 Phone#: 727-849-8219 Fax #: 727-849-9219 E-Mail Address: DKibi.Hewski@uswatercorp.net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 8/6/18 Sample Time: 0900
 Sample Location (be specific) POE
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .75 mg/L Field pH: 7.3

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which One?) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62.550) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

Sampling Procedure Used or other Comments: _____

*See 62-550.500(6) for requirements and restrictions and 62-550.513(3) for nitrate or nitrite exceedances..

** See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Andrew Borremans, Operator, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: Andy Borremans Date: 8/6/18
 Certified Operator #: 022604 Phone #: 863-581-3596 Sampler's FAX #: _____
 Sampler's E-mail: aborremans@uswatercorp.net