



# Florida Department of Environmental Protection

South District  
 Post Office Box 2549  
 Fort Myers, Florida 33902-2549  
*SouthDistrict@dep.state.fl.us*

Rick Scott  
 Governor

Carlos Lopez-Cantera  
 Lt. Governor

Jonathan P. Stevenson  
 Secretary

## BEFORE THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

In re: City of Cape Coral Petition for Variance  
 From Rule 62-610.471(1), F.A.C.

OGC File No. 15-1667

DEP File No. FL0030007

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### **FINAL ORDER GRANTING PETITION FOR VARIANCE FROM RULE 62-610.471(1), F.A.C.**

On December 10, 2015, the City of Cape Coral (“Petitioner”) filed a Petition for Variance from requirements in Rule 62-610.471(1), Florida Administrative Code (F.A.C.), under section 120.542, Florida Statutes, and Rule 28-104.002, F.A.C. The Petitioner seeks relief from the minimum setback distance for reclaimed water established by Rule 62-610.471(1), F.A.C., of 75 feet from the edge of the wetted area of the public access land application area to public potable raw water supply wells. The Petitioner seeks a variance in order to avoid economic hardship to the Petitioner’s customers who would be required to purchase higher cost potable water for non-potable uses as compared to the Petitioner’s other customers, and to avoid a substantial economic hardship to the Petitioner created by the additional demand to supply potable water for non-potable purposes.

A notice of receipt of the petition was published in the Florida Administrative Register on January 11, 2016, Vol. 42/06. No comments have been received.

### **BACKGROUND AND APPLICABLE REGULATORY CRITERIA**

1. Petitioner’s address is: City of Cape Coral, P.O. Box 150027, Cape Coral, FL 33915-0027.
2. In support of the Petition for Variance, the Petitioner alleges as follows:
  - (a) Petitioner provides public access quality reclaimed water from its Everest and Southwest Water Reclamation Facilities (WRFs) along with surface water from fresh water canals for residential lawn irrigation and other non-potable uses. Petitioner has analyzed its

reclaimed water public access land application system along with its public supply wells and determined that a number of parcels that are currently within 75 feet of a public supply well.

(b) For those residences within areas where public access quality reclaimed water is available, the Petitioner has not allowed connection due to Rule 62-610.471(1) F.A.C. Similarly for those areas where service will be extended in the future, residences within 75 feet of a public supply well will be excluded unless a variance is granted.

(c) Reclaimed water used for irrigation and other non-potable uses is required to meet specific water quality requirements (high level disinfection and filtration for total suspended solids removal (TSS) in accordance with Rule 62-610.460, F.A.C.). Petitioner provides safeguards for water which does not meet these requirements (automated diversion at the Everest and Southwest WRFs).

(d) Petitioner has implemented a groundwater monitoring program (in accordance with 62-610.463, F.A.C.) for the public access reclaimed water system which analyzes the background (upstream of application), intermediate (within the zone of application) and compliance (downstream of application) water quality against regulatory standards. Based on the data reviewed over the past 12-months, no negative correlation presently exists between reclaimed water applied by irrigation and groundwater quality.

(e) Petitioner's public potable water supply wells are drilled to between 475-feet and 1,100-feet below land surface (BLS) and cased to at least 389-feet BLS with a confining layer between the surficial layers and the point of withdrawal. The confining layer has little hydraulic conductivity, thereby preventing downward migration of dissolved contaminants.

(f) The treatment process used by the City's North and Southwest Water Treatment Plants (WTPs) (as well as by the Greater Pine Island WTP) is reverse osmosis. These systems are designed to remove total dissolved solids (TDS) as well as other contaminants within the brackish groundwater supply to a level that is compliant with the primary and secondary drinking water standards.

3. Petitioner requests a reduction of the minimum setback distance for reclaimed water, from 75 feet to 20 feet, from the edge of the wetted area of the public access land application area to for the designated public potable raw water supply wells (Numbers 101-112, 211-232, and 301-320). The Petitioner is requesting that the setback be reduced to 20 feet for the designated public potable water supply wells.

4. With respect to setback distances, Rule 62-610.471(1), F.A.C., provides in pertinent part:

There shall be a setback distance of 75 feet from the edge of the wetted area of the public access land application area to potable water supply wells that are existing or have been approved by the Department or by the Department of Health (but not yet constructed).

The Department's rule implements the following sections 403.021, 403.061, 403.062, 403.085, 403.086, 403.087, and 403.088, Fla. Stat.

With respect to the designated wells, the Petitioner is requesting a permanent variance based upon safeguards that the Petitioner has implemented, including construction of well casings below confining layers and the use of reverse osmosis potable water treatment.

THE VARIANCE WILL MEET THE UNDERLYING PURPOSE OF THE STATUTE

5. Section 120.542(2), Fla. Stat., states "variances and waivers shall be granted when the person subject to the rule demonstrates that the purpose of the underlying statute will be or has been achieved by other means by the person and when application of a rule would create a substantial hardship or would violate principles of fairness." The variance procedure is intended to provide relief from unreasonable, unfair, and unintended results in unique cases.

6. The Petitioner proposes and has already implemented alternative methods to safeguard the public potable water supply wells, including protection through confining layers, protection through well casing, protection through artesian water supply, use of a comprehensive groundwater monitoring program, use of reverse osmosis water treatment with disinfection, and a comprehensive potable water monitoring program.

7. The statutes implemented by Rule 62-610.471(1) F.A.C., are intended to ensure that drinking water resources remain free from harmful quantities of contaminants. The underlying intent of the rule is to safeguard the public potable water from possible contamination from irrigation water near the public potable water supply wells. The Petitioner's proposed alternative methods will accomplish these purposes.

SUBSTANTIAL HARDSHIP TO THE PETITIONER and VIOLATIONS OF PRINCIPLES OF FAIRNESS

8. "Substantial hardship" means a demonstrated economic, technological, legal, or other type of hardship to the person requesting the variance or waiver. "Principles of fairness" are violated when the literal application of a rule affects a particular person in a manner significantly different

from the way it affects other similarly situated persons who are subject to the rule. Section 120.54(2), Florida Statutes.

9. Petitioner petitioned for a variance in order to avoid unfairness to the Petitioner's affected customers who would need to purchase higher cost potable water for irrigation compared to the Petitioner's other customers, and also to avoid a substantial hardship to the Petitioner created by additional demand to supply expensive potable water for non-potable purposes.

THEREFORE, IT IS ORDERED:

10. For the foregoing reasons, it has been demonstrated that the Petitioner has met the requirements for a variance from Rule 62-610.471(1), F.A.C., and the requested permanent variance is hereby granted subject to the five conditions below:

- a. There shall be a setback distance of 20 feet from the edge of the wetted area of the public access land application area for the designated public potable water supply wells (Numbers 101-112, 211-232, and 301-320).
- b. If the Department determines that a specific well covered by this variance is under the direct influence of surface water [reference Rule 62-550.517(2), F.A.C.], then the setback distance for that specific well back shall be 75 feet. The Petitioner shall suspend the use of that specific well until the well is no longer under the direct influence of surface water.
- c. If a specific well is microbially contaminated or susceptible to microbial contamination [reference Rule 62-555.315(6)(b)2., F.A.C.], then the setback distance for that specific well shall be 75 feet. Petitioner shall suspend the use of that specific well until the well is no longer microbially contaminated nor susceptible to microbial contamination.
- d. This variance does not relieve the Petitioner from liability for harm or injury to human health or welfare, animal, or plant life, or property, or from penalties therefore; nor does it allow pollution in contravention of Florida Statutes or Department rules.
- e. The Department hereby expressly reserves the right to initiate appropriate legal action to address any violations of statutes or rules administered by the Department.

NOTICE OF RIGHTS

This action is final and effective on the date filed with the Clerk of the Department unless a petition for an administrative hearing is timely filed under Sections 120.569 and 120.57, F.S., before the deadline for filing a petition. On the filing of a timely and sufficient petition, this action will not be final and effective until further order of the Department. Because the administrative hearing process is designed to formulate final agency action, the hearing process may result in a modification of the agency action or even denial of the request for a variance or waiver.

Petition for Administrative Hearing

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, F.S. Pursuant to Rule 28-106.201, F.A.C., a petition for an administrative hearing must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, telephone number, and any e-mail address of the petitioner; the name, address, telephone number, and any e-mail address of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests are or will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts that the petitioner contends warrant reversal or modification of the agency's proposed action;
- (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

The petition must be filed (received by the Clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Also, a copy of the petition shall be mailed to the applicant at the address indicated above at the time of filing.

Time Period for Filing a Petition

In accordance with Rule 62-110.106(3), F.A.C., petitions for an administrative hearing must be filed within 21 days of receipt of this written notice. The failure to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, F.A.C.

Extension of Time

Under Rule 62-110.106(4), F.A.C., a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, before the applicable deadline for filing a petition for an administrative hearing. A timely request for extension of time shall toll the running of the time period for filing a petition until the request is acted upon.

Mediation

Mediation is not available in this proceeding.

Judicial Review

Once this decision becomes final, any party to this action has the right to seek judicial review pursuant to Section 120.68, F.S., by filing a Notice of Appeal pursuant to Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, M.S. 35, Tallahassee, Florida 32399-3000; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date this action is filed with the Clerk of the Department.

DONE AND ORDERED this 28<sup>th</sup> day of April 2016, in Lee County, Florida.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION

**Jon M. Iglehart**  
Director of District Management

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that this Order, including all copies, were mailed or emailed before the close of business on **April 28, 2016**, to the above listed persons.

FILING AND ACKNOWLEDGMENT FILED, on this date, pursuant to s. 120.52(7), Florida Statutes, with the designated Agency Clerk, receipt of which is hereby acknowledged.

B. Edwards

Clerk

April 28, 2016

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Date

Attachments: Notice of Rights of Substantially Affected Persons  
Notice for Optional Publication  
Attachment A – The Original Petition and Supporting Documentation

Copies furnished to:

Doug Beason, DEP  
Joy Cottrell, DEP  
Lea Crandall, DEP  
Gary Maier, DEP  
Deanna Newburg, DEP  
Diane DiPascale, DEP  
Juan Robles, DEP  
Elsa Potts, DEP  
Sharon Sawicki, DEP  
Hsiang-Yu Chou, DEP  
Jeffrey Lawson, DEP  
Charles Walther, [Charles.Walther@flhealth.gov](mailto:Charles.Walther@flhealth.gov)  
Jeff Pearson, [jpearson@capecoral.net](mailto:jpearson@capecoral.net)  
Steven D. Griffin, [sgriffin@capecoral.net](mailto:sgriffin@capecoral.net)  
Joint Administrative Procedures Committee, Email: [joint.admin.procedures@leg.state.fl.us](mailto:joint.admin.procedures@leg.state.fl.us)

## **NOTICE OF RIGHTS OF SUBSTANTIALLY AFFECTED PERSONS**

This determination is final and effective on the date filed with the Clerk of the Department unless a timely and sufficient petition for an administrative hearing is filed under sections 120.569 and 120.57 of the Florida Statutes as provided below. If a sufficient petition for an administrative hearing is timely filed, this determination automatically becomes only proposed agency action subject to the result of the administrative review process. Therefore, on the filing of a timely and sufficient petition, this action will not be final and effective until further order of the Department. The procedures for petitioning for a hearing are set forth in Rules 28-106.201-.202 and 62-110.106, F.A.C., and are summarized below.

Be advised that, under Florida law, your neighbors and other parties who may be substantially affected by this determination have a right to request an administrative hearing. Because the administrative hearing process is designed to re-determine final agency action, the filing of a petition for an administrative hearing may result in a final determination different from this determination. Generally speaking, the 21-day period for filing a petition begins to run on the date of publication of the notice (if published) or the date a person receives actual notice, whichever occurs first (see below).

The Department will not publish notice of this determination. Publication of notice by you is optional and is not required for you to proceed. However, in the event that an administrative hearing is held and the Department's determination is reversed, proceeding with the proposed activity before the time period for requesting an administrative hearing has expired would mean that the activity was conducted without the required permit or authorization. In cases where notice is not published, there may be instances in which a substantial amount of time could pass before an affected person receives notice of the agency action.

If you wish to limit the time within which all substantially affected persons may request an administrative hearing, you may elect to publish, at your own expense, the notice specified below in the legal advertisement section of a newspaper of general circulation in the county where the activity is to take place. A single publication will suffice.

If you wish to limit the time within which any specific person(s) may request an administrative hearing, you may provide direct notice to such person(s), by certified mail and enclosing a copy of this determination.

For the purposes of publication, a newspaper of general circulation means a newspaper meeting the requirements of sections 50.011 and 50.031 of the Florida Statutes. In the event you do publish this notice, within seven days of publication, you must provide to the following address proof of publication issued by the newspaper as provided in section 50.051 of the Florida Statutes. If you provide direct written notice to any person as noted above, you must provide to the following address a copy of the direct written notice: Florida Department of Environmental Protection, P.O. Box 2549, Fort Myers, FL 33902-2549, Attention: Gary Maier; or you may submit an electronic copy to [SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us), Attention: Gary Maier.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
NOTICE OF ORDER GRANTING VARIANCE

The Department of Environmental Protection (Department) gives notice that a variance has been granted to Mr. Steven D. Griffin, Assistant City Attorney, City of Cape Coral, P.O. Box 150027, Cape Coral, FL 33915-0027, to provide relief from Rule 62-610.471(1), F.A.C., which requires a minimum setback distance for reclaimed water of 75 feet from the edge of the wetted area of the public access land application area to public potable raw water supply wells. The City of Cape Coral's public potable raw water supply wells are typically located within right-of-ways, medians, or easements. Some residential lawns do not meet the 75 foot setback requirement. The Department granted a permanent variance reducing the setback distance from 75 feet to 20 feet based upon alternative safeguards that the City of Cape Coral has implemented.

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000. Mediation is not available.

If a timely and sufficient petition for an administrative hearing is filed, other persons whose substantial interests will be affected by the outcome of the administrative process have the right to petition to intervene in the proceeding. Intervention will be permitted only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205 of the Florida Administrative Code (F.A.C.).

In accordance with Rule 62-110.106(3), F.A.C., petitions for an administrative hearing must be filed within 21 days of publication of the notice or receipt of written notice, whichever occurs first. Under Rule 62-110.106(4), F.A.C., a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000 before the applicable deadline. A timely request for extension of time will toll the running of the time period for filing a petition until the request is acted upon. Upon motion by the requesting party showing that the failure to file a request for an extension of time before the deadline was the result of excusable neglect, the Department may also grant the requested extension of time.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition for an administrative hearing within the appropriate time period shall constitute a waiver of that right.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;

- (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests are or will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;
- (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 28-106.301, F.A.C.

Under sections 120.569(2)(c) and (d) of the Florida Statutes, a petition for administrative hearing shall be dismissed by the agency if the petition does not substantially comply with the above requirements or is untimely filed.

Copies of documents related to this determination are available online and can be accessed through the Department's Information Portal at: <http://webapps.dep.state.fl.us/DepNexus/public/electronic-documents/FL0030007/facility!search> and are available for public inspection during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays, at the Department's South District Office, 2295 Victoria Ave, Suite 364, Ft. Myers, Florida 33901. Please contact the Department at phone number (239) 344-5600 if you have any questions or are experiencing difficulty viewing the electronic documents.



# CITY OF CAPE CORAL

Office Of The City Attorney

December 8, 2015

Lea Crandall, Agency Clerk  
Florida Department of Environmental Protection  
3900 Commonwealth Boulevard, MS #35  
Tallahassee, Florida 32399-3900

**RE: CITY OF CAPE CORAL, FLORIDA'S PETITION FOR VARIANCE  
FROM RULE 62-610.471(1), F.A.C.**

Dear Ms. Crandall:

Enclosed please find the City of Cape Coral, Florida's Petition for Variance from Rule 62-610.471(1) of the Florida Administrative Code. The Petition addresses the requirements for filing such petitions, as provided under § 120.542, Florida Statutes, and Chapter 28-104, Florida Administrative Code. Also, a copy of the Petition has been provided to the Joint Administrative Procedures Committee, as provided under these applicable requirements.

Using the contact information in the Petition, please contact me if you have any questions or comments concerning this Petition.

Sincerely,

A handwritten signature in blue ink, appearing to read "Steven D. Griffin".

Steven D. Griffin  
Assistant City Attorney  
City of Cape Coral, FL

Enclosures

cc: Joint Administrative Procedures Committee  
Room 680, Pepper Building  
111 West Madison Street  
Tallahassee, FL 32399-1400

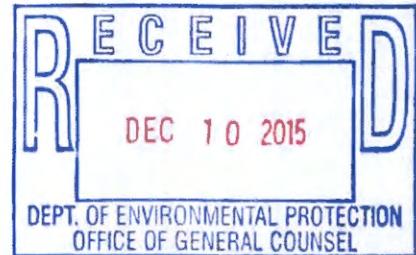
Jeff Pearson, Utilities Dept., City of Cape Coral  
Jody Sorrels, Utilities Dept., City of Cape Coral

BEFORE THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

IN RE: PETITION FOR VARIANCE

THE CITY OF CAPE CORAL, FLORIDA,

Petitioner.



**PETITION FOR VARIANCE FROM RULE 62-610.471(1) F.A.C.**

Petitioner, the City of Cape Coral, Florida ("the City"), by and through its undersigned counsel, pursuant to § 120.542, Florida Statutes ("Variances and waivers"), hereby requests that the Florida Department of Environmental Protection ("FDEP") issue to the City a variance from Rule 62-610.471(1), Florida Administrative Code ("the Rule"), and in support thereof states:

1. *Rule from which variance is requested.*

(1) There shall be a setback distance of 75 feet from the edge of the wetted area of the public access land application area to potable water supply wells that are existing or have been approved by the Department or by the Department of Health (but not yet constructed). To comply with this requirement a utility providing reclaimed water for residential irrigation may adopt and enforce an ordinance prohibiting private drinking water supply wells in residential areas. This setback distance requirement does not apply to closed loop heating or air conditioning return wells.

The Rule implements the following Florida Statutes: §§ 403.021, 403.061, 403.062, 403.085, 403.086, 403.087, and 403.088.

2. *Type of action requested.* The City is requesting that FDEP grant the City a variance from the separation requirement of 75 feet from the edge of the wetted public access land application area to public raw water supply wells as safeguards currently exist to provide protection of the public water supply, including protection through confining layers; protection through well casing; protection through artesian water supply; use of a comprehensive

groundwater monitoring program for the reclaimed water application system; and the use of reverse osmosis (RO) treatment to further remove constituents which may enter the wells if passing through the confining layers occurred.

3. *Specific facts justifying a variance.* The City provides public access quality reclaimed water from its Everest and Southwest Water Reelamation Facilities (WRFs) along with surface water from fresh water canals to its residents (where available) for residential lawn irrigation and other non-potable uses. Service is provided where irrigation infrastructure is available. The City has analyzed its reclaimed water public access land application system along with its public supply wells and found there are a number of parcels that are currently within 75 feet of a public supply well. Some of these homes are within areas currently provided with public access reclaimed water while others are in areas proposed for future utility services expansion. For those residences within areas where public access quality reclaimed water is available, the City has not allowed connection due to Rule 62-610.471(1) F.A.C. Similarly for those areas where service will be extended in the future, residences within 75 feet of a public supply well will be excluded unless a variance is granted. Reclaimed water used for irrigation and other non-potable uses is required to meet specific water quality requirements (high level disinfection and filtration for total suspended solids removal (TSS) in accordance with 62-610.460, F.A.C.) and to provide safeguards for water which does not meet these requirements (i.e. automated diversion at the Everest and Southwest WRFs). The City has also implemented a groundwater monitoring program (in accordance with 62-610.463, F.A.C.) for the public access reclaimed water system which analyzes the background (upstream of application), intermediate (within the zone of application) and compliance (downstream of application) water quality against regulatory standards. Any elevation in compliance wells will indicate a potential correlation with the reclaimed water

application. Based on the data reviewed over the past 12-months, no negative correlation presently exists between reclaimed water applied by irrigation and groundwater quality. In addition to the required treatment levels and the groundwater monitoring associated with the public access reclaimed water application system, the public supply wells are drilled to between 475-feet and 1,100-feet below land surface (BLS) and cased to at least 389-feet BLS with at least one (1) confining layer existing between the surficial layers and the point of withdrawal. The approximate 300+ feet confining layer has practically no hydraulic conductivity, thereby preventing downward migration of dissolved contaminants. In addition, the raw water supply zone within the Upper Floridan Aquifer system where the supply wells are cased to are naturally artesian, which from pressure alone, would prevent the potential downward migration of contaminants. Finally, to provide further safeguard, the treatment process used by the City's North and Southwest Water Treatment Plants (WTPs) (as well as by the Greater Pine Island WTP) is reverse osmosis. These systems are designed to remove total dissolved solids (TDS) as well as other contaminants within the brackish groundwater supply to a level that is compliant with the primary and secondary drinking water standards. Please refer to Attachment A (City of Cape Coral - Reuse Land Application Variance for Potable Supply Wells) for additional information.

4. *Reason why variance would serve the purposes of the underlying statutes.* The underlying statutes, and the rules implementing those statutes, are intended to guard against public water supply contamination. The safeguards that the City has implemented, coupled with nature's safeguards, including but not limited to elevated reclaimed water treatment and continuous water quality monitoring prior to release from the WRFs; an implemented groundwater monitoring program; the existing of confining layers, coupled with well casings below the confining layers and naturally occurring artesian aquifer zones; and the use of reverse osmosis water potable water

treatment processes will result in accomplishing the same potable water supply protection and safeguards.

5. *Whether the variance is permanent or temporary.* The City respectfully requests that FDEP grant a permanent variance.

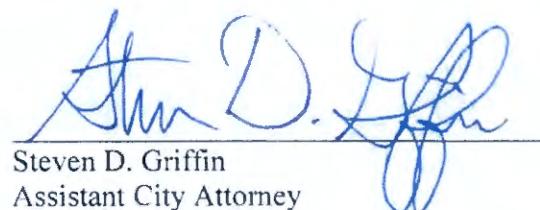
6. *Information required by Rule 28-104.002(2)(b), F.A.C.* The City's contact information is as follows:

Steven D. Griffin, Assistant City Attorney  
City of Cape Coral, Florida  
P.O. Box 150027  
Cape Coral, FL 33915-0027  
Telephone Number: (239) 574-0408  
Facsimile Number: (239) 574-0404  
Electronic Mail: sgriffin@capecoral.net

WHEREFORE, the City of Cape Coral, Florida hereby requests that the Florida Department of Environmental Protection grant the City a variance from the separation requirement of 75 feet from the edge of the wetted public access land application area to public raw water supply wells under Rule 62-610.471(1), Florida Administrative Code, as described herein.

DATED: December 8, 2015.

Respectfully submitted,

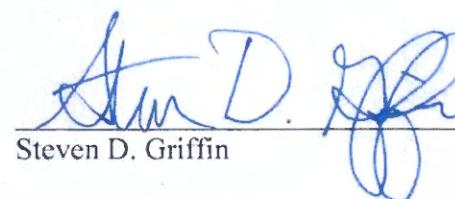


\_\_\_\_\_  
Steven D. Griffin  
Assistant City Attorney  
City of Cape Coral, Florida  
Florida Bar No. 140589

**CERTIFICATE OF SERVICE**

I certify that a copy of the foregoing has been furnished to the Joint Administrative Procedures Committee at the following address, pursuant to § 120.542(5), F.S., by regular U.S. Mail this 8<sup>th</sup> day of December, 2015:

Joint Administrative Procedures Committee  
Room 680, Pepper Building  
111 West Madison Street  
Tallahassee, FL 32399-1400



Steven D. Griffin

ATTACHMENT A

# City of Cape Coral

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## Reuse Land Application Variance for Potable Water Supply Wells

June 23, 2015



## **TETRA TECH, INC.**

10600 CHEVROLET WAY - SUITE 300 - ESTERO - FL 33928  
TELEPHONE (239) 390-1467 - FAX (239) 390-1769 - WWW.TETRATECH.COM

### Background

The City of Cape Coral (City) utilizes potable supply wells to provide raw water to both the North and South Reverse Osmosis (RO) Water Treatment Plants (WTPs). The potable supply wells are typically located within right-of-ways, medians or easements. With the continued development of residential utility services, for which the City also provides reclaimed water (combined with water from the fresh water canals), some residential lawns do not meet the 75-foot setback required from public supply wells as stipulated in Paragraph 62-610.471(1) of the Florida Administrative Code (F.A.C.). The 75-setback is defined "from the edge of the wetted area of the public access land application area to potable supply wells". Currently, those lots which do not meet the 75-foot setback requirement cannot irrigate with reclaimed water and must either use water from a private well or water from the City's potable distribution system, if available.

In order to provide reclaimed water for irrigation to those residences within the setback, the City has prepared this petition to request and be granted a variance from the Florida Department of Environmental Protection (FDEP). Utilizing the guidelines for "exceptions to the uniform rules of procedure" as presented in Chapter 62-110 F.A.C. and specifically Paragraph 62-110.104, the City presents the following information for consideration in being granted a variance for the application of reclaimed water within the 75-foot setback area. The primary factors in support of the variance request which will be discussed below include:

- Reclaimed water from the City's Everest and Southwest Water Reclamation Facilities (WRFs) are required to meet high level disinfection and total suspended solids (TSS) removal requirements and to be continually monitored to assure that only effluent meeting these requirements is released to the public access reclaimed water system;
- The City has implemented a groundwater monitoring program which monitors the water quality in background (upstream), intermediate and compliance (downstream) wells to assist in determining if applied reclaimed water results in negative groundwater quality;
- The City's raw water supply wells are installed into the brackish Lower Hawthorne aquifer of the Arcadia formation and are further protected from downward influences by at least one (1) confining layer;
- In order to treat the brackish groundwater supply, both of the City's water treatment plants (WTPs) utilize reverse osmosis, a process which is also capable of removing multiple dissolved contaminants.

As displayed in Figures 1 through 34 at the end of this report, there are a number of parcels which currently reside within the setback requirement of 75-feet. Through the study described below, it is our conclusion and recommendation that these locations be granted approval to receive reclaimed water for irrigation, given the safeguards that are currently in place to protect the City's raw water supply wells.

#### Irrigation Water System

The City operates an irrigation water system that was started in the late 1980's that utilizes water from two (2) sources: highly treated wastewater with reuse quality effluent and water from the City's network of freshwater canals. Development of the irrigation system is a condition in the City's existing Consumptive Use Permit (CUP #36-0046-W) as permitted through the South Florida Water Management District (SFWMD) through October 2029. Use of the irrigation water system has allowed the City to reduce its per capita demand for potable water.

The City operates two (2) advanced wastewater treatment facilities that produce high quality reclaimed water for use in the City's irrigation water system. The reclaimed water is treated with a high level of disinfection to meet or exceed all standards required by the United States Environmental Protection Agency (EPA) and FDEP permits before it is distributed as irrigation water. The Southwest Water Reclamation Facility (SWRF) is permitted to treat 15 million gallons per day (MGD) of wastewater, while the Everest Parkway Water Reclamation Facility (EPWWRF) is permitted to treat 13.4 MGD. In order to meet public access water quality requirements of Chapter 62-610, F.A.C., both plants provide filtration (for total suspended solids (TSS) reduction to below 5.0 mg/L) and high level disinfection. In addition, both facilities are provided with a continuous monitoring system and operating protocol to assure that only effluent released to the public access system meets these requirements. To supplement the reclaimed water, surface water from the City's fresh water canal system is blended with the reclaimed water prior to delivery to the irrigation customers. Without the reuse system in place the City would have to rely on the delicate shallow aquifer systems in the area. By expanding the utilities to more residents and businesses the City can further utilize their reclaimed water resource rather than using potable water or overburdening the shallow aquifers by the use of private wells.

Because the City uses reclaimed water for irrigation, the City is required to monitor the groundwater in and around the application area. The groundwater in the monitor wells (MWs) is sampled and analyzed on a quarterly basis to monitor if there are water quality changes in the surficial aquifer that could be caused by the use of reclaimed water for irrigation. The groundwater sampling parameters were established by the FDEP based on the quality of water to be discharged, site specific soil and hydrogeologic characteristics, and other considerations, in accordance with Chapter 62-601, F.A.C. and Rule 62-520, F.A.C. Additionally, the elevation of the groundwater in the MWs is recorded.

The analytical results of groundwater sampled from the MWs from October 2013 to September 2014 are shown in Figures 1 and 2 below along with the reclaimed water quality for comparison. The graphs in Figures 1 and 2 indicate that the groundwater has not been impacted by the application of reclaimed water. Factors such as the maximum application rate of two inches per week, dilution from rainfall, and absorption by plants and other microorganisms may contribute to the water quality. Results indicate that

the reclaimed water is not impacting the surficial aquifer water quality. For example, the levels of total dissolved solids (TDS) in the reclaimed water ranges from approximately 800 milligrams per liter (mg/L) to 2100 mg/L, yet the TDS in the surficial aquifer remains relatively unchanged and in the 400-500 mg/L range.

Figure 1 Groundwater and reclaimed water quality results (October 2013 - September 2014)

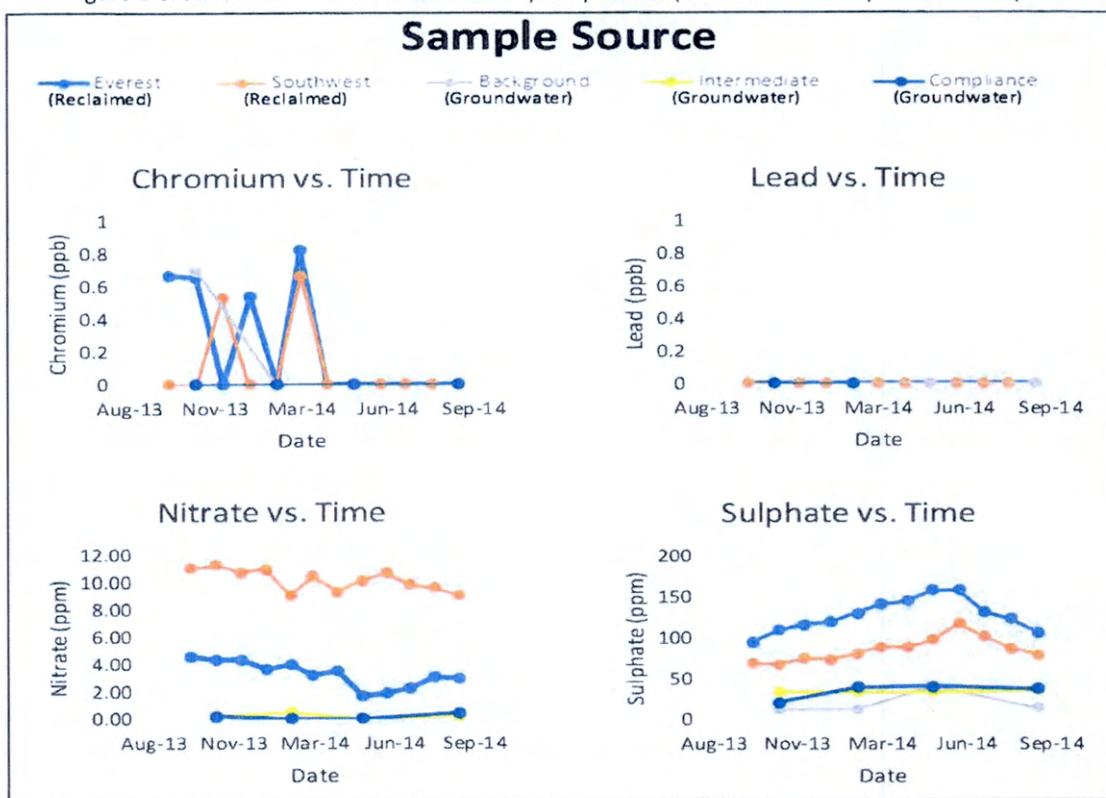
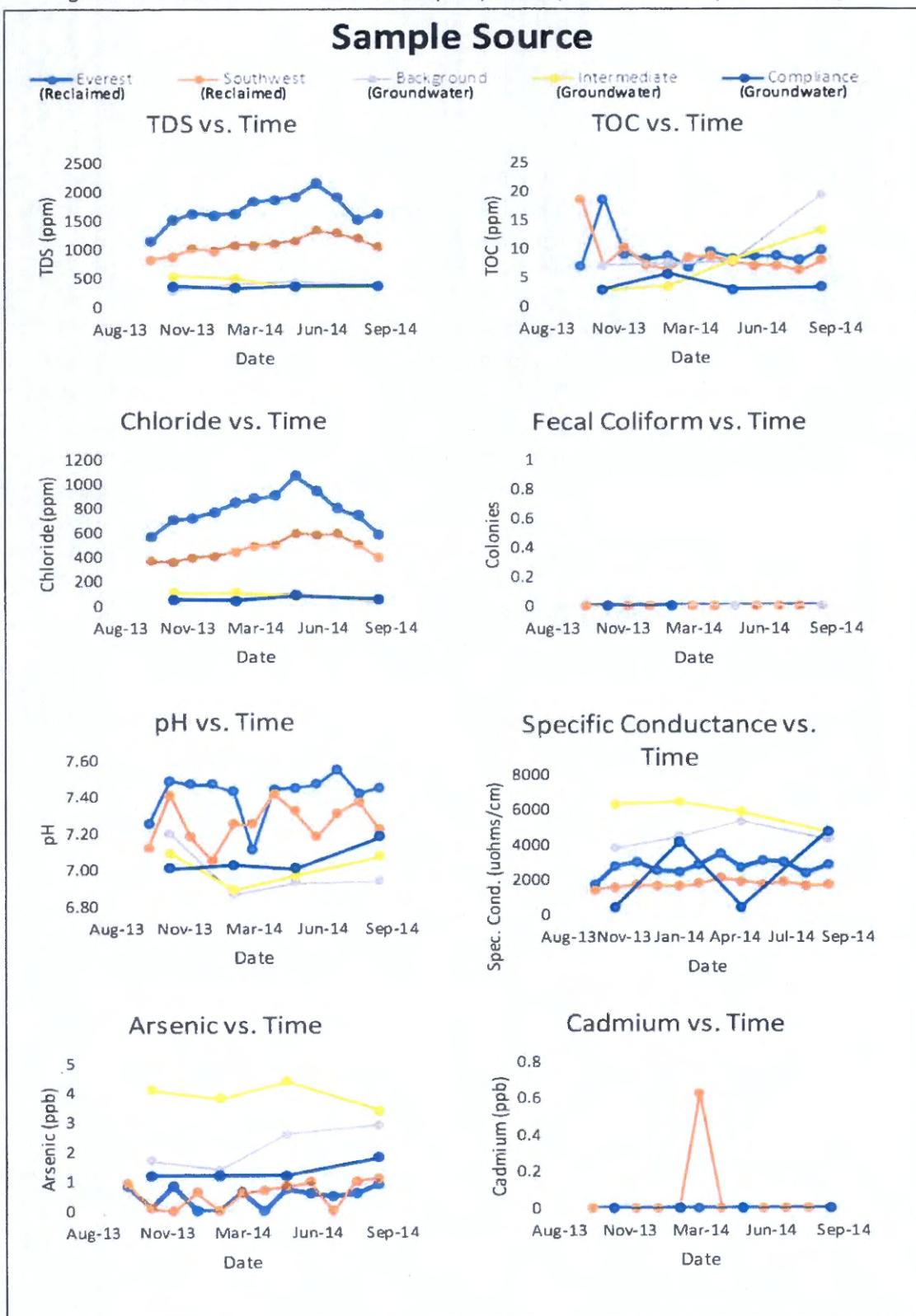


Figure 2 Groundwater and reclaimed water quality results (October 2013 - September 2014)



### Hydrogeologic Conditions

The aquifer systems within the City include a shallow surficial aquifer and deeper aquifers that are separated by confining units. Figure 3 below illustrates the aquifers and confining beds in the area. Above the Lower Hawthorne Aquifer System is the Intermediate Aquifer System and the Surficial Aquifer System. The Lower Hawthorne and overlying aquifer systems, such as the Surficial Aquifer, are separated by approximately a 300 to 400 foot clay confining layer with practically no hydraulic conductivity. This confining layer separates the Lower Hawthorne Aquifer System from the overlying aquifers, and prevents downward migration of dissolved contaminants. The confining beds comprise portions of the Arcadia Formation (Missimer & Martin, 2001).

The City's wells withdraw water from the Lower Hawthorne aquifer of the Arcadia formation within the Upper Floridan Aquifer (UFA) system, which is separated from the surficial and intermediate aquifers by confining beds as shown in Figure 3. The UFA is also artesian with a water level "head" of 30 feet above land surface, thereby further restricting the downward migration into the City's water supply. All of the City's potable supply wells are also protected by casings. Table 1 below shows the total depth of supply wells and the depth of the casings. The casings are typically constructed out of fiberglass reinforced plastic (FRP). These casings help ensure that the well has no interaction with the various groundwater sources between the land surface and the open intervals of the well. Furthermore, because the casings penetrate through the confining layers, the source water, the Lower Hawthorne, is separated by a physical barrier from the overlying aquifers. Because all of the wells withdraw water below the confining bed, the wells are protected from infiltrating water above.

Figure 1 Generalized stratigraphic column showing the locations of aquifers underlying Lee County, Florida

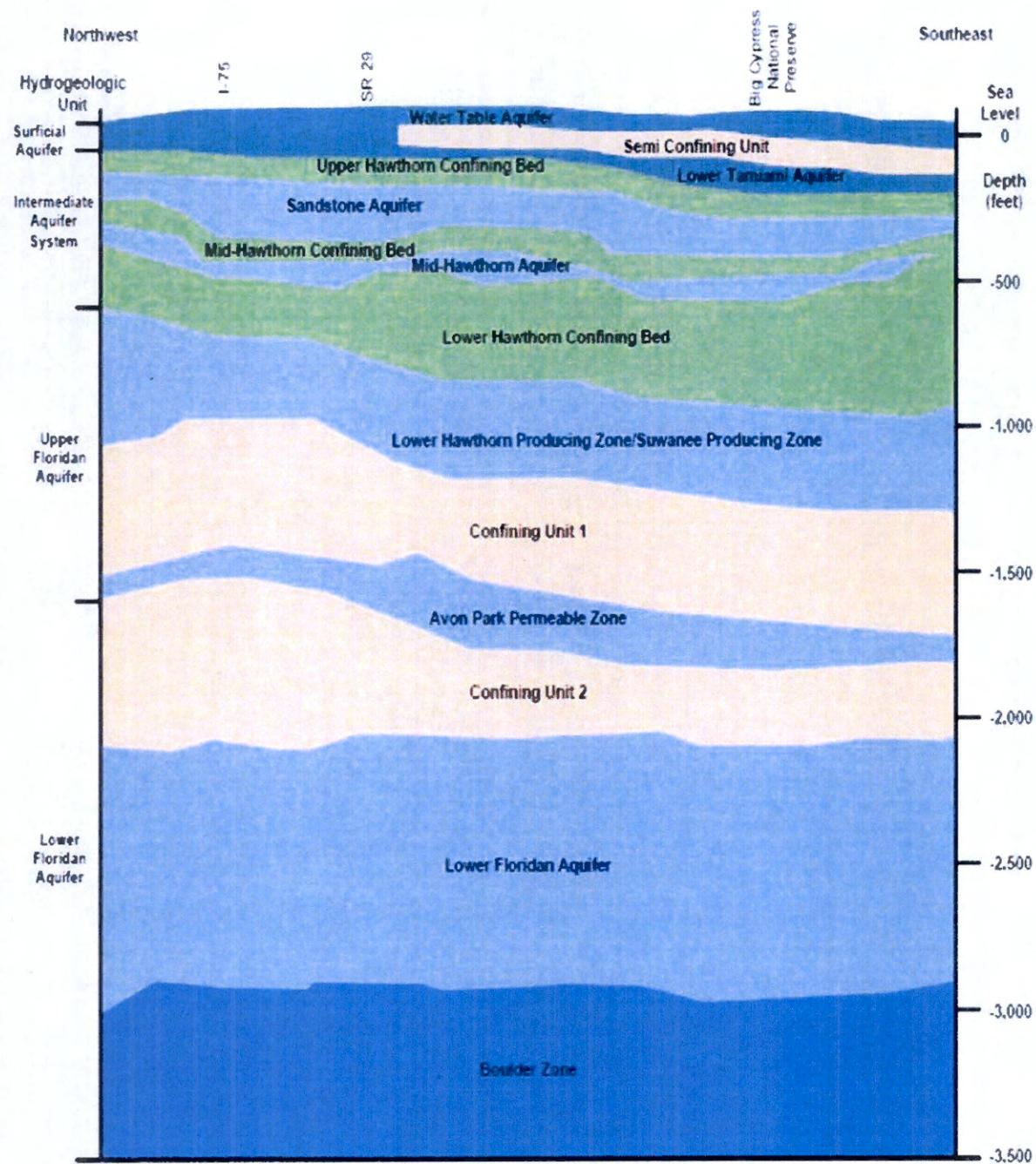


Table 1 Well Permit Number, Casing, and Depth

Well	Permit No.	Inner Casing Depth	Total Depth	Well	Permit No.	Inner Casing Depth	Total Depth
101	n/a	n/a	n/a	228	SF060905G	460	715
102	n/a	n/a	n/a	229	SF102805A	462	607.5
103	n/a	n/a	n/a	230	SF122107A	505	720
104	n/a	n/a	n/a	231	SF102805B	435	703
105	n/a	n/a	n/a	232	SF102805C	470	710
106	SF010794B	564	800	301	SF122107B	500	762
107	n/a	n/a	n/a	302	SF061906F	453	714
108	n/a	n/a	n/a	303	SF120606B	453	672
109	n/a	n/a	n/a	304	SF120606C	476	712
110	n/a	n/a	n/a	305	SF042106C	445	645
111	SF100101A	500	712	306	SF032306A	440	636
112	SF060905D	455	720	307	SF061906G	460	614
211	WW36-094346	600	762	308	SF050707C	505	702
212	WW36-094347	599	742	309	SF050707D	502	702
213	WW36-094348	589	765	310	SF050707A	521	725
214	WW36-094349	520	702	311	SF050707B	579	800
215	WW36-094350	558	722	312	SF081506A	428	475
216	WW36-094355	456	707	313	SF022707A	543	805
217	WW36-094356	440	700	314	Future Well	n/a	n/a
218	WW36-094357	495	722	315	Future Well	n/a	n/a
219	WW36-094358	515	702	316	SF122107C	590	883
220	WW36-094359	500	720	317	SF011309K	745	1100
221	WW36-094360	515	720	318	SF072406A	655	864
222	WW36-094361	515	642	319	SF042106A	468	536
223	SF06120-B	420	652	320	SF042106B	592	840
224	SF010794C	389	710	321	SF061906E	565	720
225	SF051403A	440	715	322	SF120606A	630	844
226	SF060905E	461	715	323	SF122206A	630	832
227	SF060905F	430	715	324	SF022707B	648	866

### Potable Water System

The City operates two (2) Reverse Osmosis (RO) Water Treatment Plants (WTPs), the Southwest Reverse Osmosis Water Treatment Plant (SWROWTP) and the North Reverse Osmosis Water Treatment Plant (NROWTP). The City has operated advanced water treatment processes for over 37 years. At the SWROWTP, Plant No. 1 began operation in 1977 and Plant No. 2 began operation in 1985. The NROWTP began operation in 2010. The City operates 56 raw water supply wells that withdraw brackish water from the Upper Floridan Aquifer, or more specifically the Lower Hawthorn Aquifer System. As seen in Table 1 the total depth of the wells range from 500 to 1100 feet below land surface. Furthermore, the casing of the wells range from approximately 400 to 700 feet below land surface. Because the casings penetrate below the confining layers, the wells only withdraw water from the Lower Hawthorne. Twelve (12) wells supply raw water to Plant No. 1 and twenty-two (22) wells supply raw water to Plant No. 2 at the SWROWTP and are designated the South Wells. Twenty-two (22) wells supply raw water to the North ROWTP and are designated the North Wells. The location of the South and North Wells is as shown on Figures 4 and 5, respectively.

Because the City withdraws water that is brackish, advanced treatment technology is required to reduce the total dissolved solids concentration. The finished water produced by the ROWTPs meets and surpasses all primary and secondary drinking water standards. Water quality results from the 2013 Annual Consumer Report on the Quality of Tap Water are shown in Table 2 below.

Table 2 City of Cape Coral 2013 consumer report on the quality of tap water.

**City of Cape Coral Water Quality Data Table  
for Non-Secondary Contaminants**

Contaminant	Date Sampled	Unit	MCL	MCLG	Detected Level	Range	Major Sources	Violation Yes/No
<b>Microbiological Contaminants</b>								
<b>Total Coliform</b>	2013 Monthly samples	5%	0	3%	0-3%	Naturally present in the environment	No	
<b>Radioactive Contaminants (Southwest R.O. Plant Point of Entry)</b>								
<b>Combined Radium</b>	2/01/11	pCi/L	5	0	1.34	n/a	Erosion of natural deposits	No
<b>Radioactive Contaminants (North R.O. Plant Point of Entry)</b>								
<b>Alpha Emitters</b>	1/24/11	pCi/L	15	0	3.0	n/a	Erosion of natural deposits	No
<b>Combined Radium</b>	1/24/11	pCi/L	5	0	3.3	n/a	Erosion of natural deposits	No
<b>Inorganic Contaminants (Southwest R.O. Plant Point of Entry)</b>								
<b>Fluoride</b>	02/01/11	ppm	4	4	1.1	n/a	Erosion of natural deposits; Discharge from fertilizer and aluminum factories. Water additive which promotes strong teeth when at the optimum level of 0.7 ppm	No
<b>Sodium</b>	02/01/11	ppm	160	n/a	97.3	n/a	Salt water intrusion, leaching from soil	No
<b>Inorganic Contaminants (North R.O. Plant Point of Entry)</b>								
<b>Barium</b>	02/01/11	ppm	2	2	0.0078	n/a	Discharge of drilling wastes; Discharge from metal refineries; Erosion of natural deposits	No
<b>Fluoride</b>	02/01/11	ppm	4	4	0.49	n/a	Erosion of natural deposits; Discharge from fertilizer and aluminum factories. Water additive which promotes strong teeth when at the optimum level of 0.7 ppm	No
<b>Sodium</b>	02/01/11	ppm	160	n/a	91.9	n/a	Salt water intrusion, leaching from soil	No
<b>Synthetic Organic Contaminants including Pesticides and Herbicides (North R.O. Plant Point of Entry)</b>								
<b>2,4-D</b>	2013 Quarterly	ppb	70	0	0.045	ND-0.18	Runoff from herbicide used on row crops	No
<b>TTHM's and Stage 2 Disinfectant/Disinfection By-Product (D/DBP) Parameters</b>								
<b>TTHMs [Total trihalomethanes]</b>	2013 Quarterly	ppb	80	n/a	31.3	13.9-40.1	By-product of drinking water chlorination	No
<b>HAAs [Haloacetic Acids five]</b>	2013 Quarterly	ppb	60	n/a	5.5	2.4-8.81	By-product of drinking water chlorination	No
<b>Chlorine</b>	2013 Monthly	ppm	MRDL = 4	MRDLG = 4	1.3	1.0-2.1	Water additive used to control microbes	No
Contaminant	Date Sampled	Unit	AL (Action Level)	MCLG	90th Percentile Result	No. of sites exceeding the AL	Major Sources	Violation Yes/No
<b>Lead and Copper (Tap Water)</b>								
<b>Copper</b> (tap water)	08/12	ppm	AL=1.3	1.3	0.047	0	Corrosion of household plumbing systems; Erosion of natural deposits; Leaching from wood preservatives	No
<b>Lead</b> (tap water)	08/12	ppb	AL=15	0	1.7	0	Corrosion of household plumbing systems; Erosion of natural deposits	No

In summary, the City of Cape Coral (City) desires to continue its nearly 30 year commitment to offering irrigation water to its customers. With the water quality of the reuse water being brought to public access quality and blended with fresh water from the City's canals, the City has made a concerted effort to provide the highest quality water to its customers. Based on the review of the water quality, the groundwater monitoring well data and potable water supply and treatment, it is our conclusion that there are no negative impacts associated with allowing the application of reclaimed water within the regulatory required 75-feet offset for the following reasons:

- The reclaimed water is treated to public access reclaimed water standards (high level disinfection and TSS reduction to below 5.0 mg/L)
- The groundwater monitoring wells associated with the reuse application system has not demonstrated any correlation with declining water quality associated with irrigation application of reclaimed water.
- The potable water supply wells in question are located within the Upper Floridan Aquifer system which:
  - Is protected by 300-400 foot thick clay confining layer system.
  - The wells are cased to a point below the confining layer, thereby providing further protection from migration of potential contaminants.
  - The withdrawal zone provides artesian pressure of approximately 30 feet of head at ground surface, further preventing downward migration of contaminants.
- Further protection is provided by the fact that the City's potable water treatment systems consist of reverse osmosis which would remove any dissolved or undissolved particulates.

**From:** Maier, Gary  
**To:** "[sgriffin@capecoral.net](mailto:sgriffin@capecoral.net)"  
**Cc:** "[Jeff Pearson](mailto:Jeff.Pearson@dep.state.fl.us)"  
**Subject:** City of Cape Coral Petition for Variance  
**Date:** Monday, January 04, 2016 2:33:00 PM

---

Mr. Steven D. Griffin  
Assistant City Attorney  
City of Cape Coral

RE: Request for Additional Information

Dear Mr. Griffin:

Thank you for submitting a Petition for Variance from Rule 62-610.471(1), F.A.C., on behalf of the City of Cape Coral, dated December 8, 2015 and received by the Department of Environmental Protection (DEP) on December 10, 2015.

The DEP respectfully requests the following additional information to complete the petition:

1. Please describe how application of the rule creates a “substantial hardship” or violates “principles of fairness.” [For the purposes of this question, “substantial hardship” means a demonstrated economic, technological, legal, or other type of hardship to the person requesting the variance. “Principles of fairness” are violated when the literal application of a rule affects a particular person in a manner significantly different from the way it affects other similarly situated persons who are subject to the rule.].
2. The third paragraph of the report from TetraTech (Attachment A) references “Figures 1 through 34 at the end of this report” which purportedly itemize the affected parcels. DEP did not receive these referenced figures. Please submit the omitted figures. Please submit a list of the affected parcels, including the physical addresses.
3. The petition requests a variance from the setback distance of 75 feet, but does not propose a new setback distance. What is the proposed new setback distance?
4. The list of affected wells provided in Table 1 does not include the location of each well. Please provide the location of each affected well, including the closest physical address.
5. For each of the affected wells, please submit the most recent raw water bacteriological analysis from the individual well (not composite). If the most recent analysis was a repeat analysis triggered by an earlier positive result, please describe the corrective action taken by the City between the sampling events.

The DEP suspends the processing of the City’s petition until receipt of the requested additional information.

Please feel free to contact the DEP anytime you have questions.

Best Regards,

Gary Maier

DEP South District Professional Engineer  
(239) 344-5664

\*



# CITY OF CAPE CORAL

Office Of The City Attorney

February 2, 2016

Gary Maier, P.E.  
Florida Department of Environmental Protection  
South District Office  
2295 Victoria Avenue, Suite 364  
Fort Myers, Florida 33901

**RE: RESPONSES TO REQUEST FOR ADDITIONAL INFORMATION ON  
CITY OF CAPE CORAL'S PETITION FOR VARIANCE FROM RULE 62-  
610.471(1), F.A.C.**

Dear Mr. Maier:

Enclosed please find the City of Cape Coral, Florida's ("the City") responses to the Florida Department of Environmental Protection's ("FDEP") Request for Additional Information ("RAI") regarding the City's Petition for Variance from Rule 62-610.471(1) of the Florida Administrative Code. The City's Petition was sent to FDEP on or about December 8, 2015, and the City received FDEP's RAI on or about January 4, 2016.

In particular FDEP requested the following additional information to complete the Petition:

*Request: Please describe how application of the rule creates a "substantial hardship" or violates "principles of fairness."*

*Response:* The rule that is the subject of the City's Petition creates a substantial hardship to the City's customers and residents who own property within the current setback limit, because the rule requires them to either use potable water at a much higher unit cost or pay for the capital investment and operation and maintenance costs for individual irrigation wells. In terms of principles of fairness the City currently allows reuse water at a rate of \$9.50 per month for irrigation purposes. The parcel owners who are located outside the 75-foot setback receive an unfair advantage over the parcel owners located within the setback area who must either pay for the capital costs and the operation and maintenance costs for wells or pay a higher cost for potable water. This also creates a substantial hardship to the City, because it elevates the City's costs to treat and supply potable water which are significantly greater than the costs to treat and supply irrigation water.

*Request: The third paragraph of the report from TetraTech (Attachment A) references "Figures 1 through 34 at the end of this report" which purportedly itemize the affected parcels. DEP did not receive these referenced figures. Please submit the omitted figures. Please submit a list of the affected parcels, including the physical addresses.*

**RECEIVED**

FEB 03 2016

D.E.P. South District

POST OFFICE BOX 150027  
CAPE CORAL, FLORIDA 33915-0027

TELEPHONE (239) 574-0408  
FAX (239) 574-0404

Response: Exhibit 1 enclosed with this letter includes the 34 figures and the parcel addresses. The City apologizes for any omissions.

*Request: The petition requests a variance from the setback distance of 75 feet, but does not propose a new setback distance. What is the proposed new setback distance?*

Response: In review of the existing private parcels the closest property line to any particular well is 20 feet (Vacant Parcel 33-44-23-C3-04797.0180 as shown on Figure 29 in Exhibit 1 of this letter). As a result the City requests that the setback be reduced to 20 feet.

*Request: The list of affected wells provided in Table 1 does not include the location of each well. Please provide the location of each affected well, including the closest physical address.*

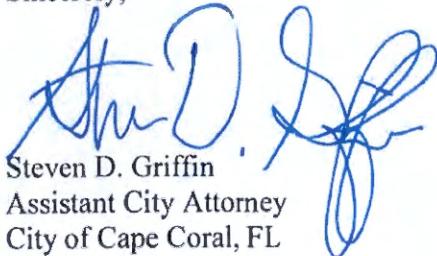
Response: The requested information may be found in Exhibit 1 of this letter.

*Request: For each of the affected wells, please submit the most recent raw water bacteriological analysis from the individual well (not composite). If the most recent analysis was a repeat analysis triggered by an earlier positive result, please describe the corrective action taken by the City between the sampling events.*

Response: Exhibit 2 enclosed with this letter includes a summary table of bacteriological test results for supply wells with the corresponding raw data for each well. Data for wells 101, 108, 111, 229, 230, and 232 are not available, because the City does not routinely sample the individual wells. Instead the City performs a composite sample of all wells prior to treatment following maintenance at individual wells.

The City respectfully requests that FDEP recommence the processing of the City's Petition now that the City has provided the requested additional information. Otherwise, please contact me if you have any additional questions or comments concerning this Petition.

Sincerely,



Steven D. Griffin  
Assistant City Attorney  
City of Cape Coral, FL

Enclosures

cc: Jeff Pearson, Cape Coral Utilities Dept.  
Jody Sorrels, Cape Coral Utilities Dept.

# EXHIBIT 2

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FEB 03 2016

D.E.P. South District

**City of Cape Coral**  
**Reuse Land Application Variance for Potable Water Supply Wells**  
**Table 1 - Bacteriological Test Results for Supply Wells**

Well No.	Sample Date	Total Coliform	E. Coli	pH
101	---	---	---	---
102	12/29/2011	A	A	7.8
103	11/9/2011	A	A	7.8
104	1/20/2005	A	---	7.3
105	4/9/2011	A	A	7.8
106	2/23/2012	A	A	7.6
107	4/13/2013	A	A	7.8
108	---	---	---	---
109	10/14/2010	A	A	7.8
110	11/16/2011	A	---	7.9
111	---	---	---	---
112	1/8/2014	A	A	7.8
211	3/19/2014	A	---	7.8
212	11/24/2014	A	A	7.8
213	10/19/2010	A	A	7.8
214	3/20/2013	A	A	7.8
215	12/30/2015	A	A	7.8
216	8/22/2005	A	---	7.5
217	1/7/2013	A	A	7.8
218	1/20/2015	A	A	7.8
219	2/5/2014	A	A	7.8
220	10/11/2004	A	---	7.8
221	10/24/2003	A	A	7.5
222	9/30/2015	A	A	7.2
223	1/5/2010	A	A	7.3
224	8/15/2007	A	A	7.5
225	1/14/2015	A	A	---
226	10/29/2007	A	---	7.3
227	11/2/2011	A	---	7.8
228	7/15/2010	A	A	7.6
229	---	---	---	---
230	---	---	---	---
231	3/14/2008	A	---	8.2
232	---	---	---	---

**RECEIVED**

FEB 03 2016

**D.E.P. South District**

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

Lee County Health Dept., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUG

Check One:  
 Collected by Lee CHD per Standard Method 9060A  
 Not collected by Lee CHD

Analysis Date & Time:  
Lab Receipt Date & Time:

12/29/11 3:00PM

I.D. NO. E25706  
REC'D FT. MYERS

Sample Accepted: 2011-DEC-29 PM 12:28  
Sample Preservation:  On ice  Not On ice  11.8 °C  
Disinfectant Check:  Not Detected  mg/L  
This sample does not meet the following NELAC requirements:

System Name: CAPE CORAL WATER

System I.D. 5390328

System Address: 3300 SW 20<sup>TH</sup> AVE

City: CAPE CORAL

System or Owner's Phone #: 239-574-0862 (DIST) 239-574-0877 (PLANT)

Fax #: 239-574-0882

Project (Location or S/D): 3300 SW 20<sup>TH</sup> AVENUE

Collector: MARY Rabeson

Collector's Phone #: 574-0875

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

Replacement (also check type of sample to be replaced)  Boil Water Notice  Clearance  Day 1  Day 2 Type \_\_\_\_\_

Sample Collection Date: 12/29/11

Other PUMP REPAIR

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Resid (mg/L)	pH	Analysis Method(s):										
						Total Coliform:	<input type="checkbox"/> SM9222B	<input checked="" type="checkbox"/> SM9223B - Coliform	E. Coli:	<input type="checkbox"/> EC + Mug	<input checked="" type="checkbox"/> SM9223B - Coliform	Non Coliform	Total Coliform	Total Coliform/Confirm.	E. Coli Confirm.	Date Qualifier <sup>2</sup>
54-0 WELL 102		12/29/11	S	—	7.8	A	A	A	V.	12/30/11	243947					

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.)

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

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:

DPD Colorimetric  Other:

Person performing analysis is (Please see instructions on reverse):  
 A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

Date & Time PWS notified by lab of positive results:

Date & Time DEP/DOH notified by lab of positive results:

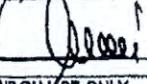
Date issued: 12/30/11

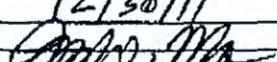
All tests are relevant to the samples. For questions about this report contact

Nelica Krekic 239-274-2200

Name/Mailing Address of Person to Receive Report

CITY OF CAPE CORAL  
PO BOX 150027  
CAPE CORAL, FL 33915

Lab Signature:  Title: ES I

<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Incomplete Collection Information
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Replacement Samples Required
<input type="checkbox"/> Repeat Samples Required	
Date Reviewed by DEP/DOH: 12/30/11	
DEP/DOH Reviewing Official: 	

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNC = too numerous to count; Data Qualifier: U = compound was analyzed for but not detected; B = Colony counts outside the acceptable range; Q = sample held beyond the accepted holding time; Y = the laboratory analysis was from an improperly preserved sample; Z = too many colonies were present (TNC)

### DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Lee County Health Dep't., Environmental Engineering  
30 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUG

Check One:  
 Collected by Lee CHD per Standard Method 9060A  
 Not collected by Lee CHD

System Name: CAPE CORAL WATER

System Address: 3300 SW 20<sup>TH</sup> AVE

System or Owner's Phone #: 239-574-0862 (DIST) 239-574-0877 (PLANT)

Project (Location or S/D): 3300 SW 20<sup>TH</sup> AVENUE

Collector: David Miller

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  
 Replacement (also check type of sample to be replaced)  Boil Water Notice  Clearance  Day 1  Day 2  Type \_\_\_\_\_  
 Other PUMP REPAIR

Sample Collection Date: 11/9/11

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type'	Disinfect Res'd (mg/L)	pH	Analysis Method(s):					
						Non Coliform	Total Coliform	Total Coliform/ Confirm.	E. Coli Confirm.	Delta Qualifier	Lab Sample Number
62	WELL 103	1325	S	—	7.8			A	A	U	242347

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

\*Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:

DPD Colorimetric  Other:

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

A certified operator (# \_\_\_\_\_)  Employed by a certified lab

Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

Date & Time PWS notified by lab of positive results:

Date & Time DEP/DOH notified by lab of positive results:

Date issued: 11/10/11

Lab Signature: [Signature] Title: ES

All tests are relevant to the samples. For questions about this report contact:

Nelisa Kreid 239-274-2200

Name/Mailing Address of Person to Receive Report

CITY OF CAPE CORAL  
PO BOX 150027  
CAPE CORAL, FL 33915

DEP/DOH USE ONLY

Satisfactory  Incomplete Collection Information

Unsatisfactory  Replacement Samples Required

Repeat Samples Required

Date Reviewed by DEP/DOH: NOV 10 2011

DEP/DOH Reviewing Official: Robert Bassam

\*DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tag; S = Special (clearance, etc.)  
 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count; Data Qualifier: U - compound was analyzed for but not detected; B - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC)  
 (ES Form Revised 4/2010)

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION  
AND LABORATORY REPORTING FORMAT**

Lee County Health Dep't., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122



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

Analysis Type: Standard Coliform Test

Check One:

- Collected by Lee CHD per Standard Method 9080A  
 Not collected by Lee CHD

Analysis Date & Time:

1/20/05 3:30pm

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not On Ice  °C

Disinfectant Check:  Not Detected  mg/L

This sample does not meet the following NELAC requirements:

System Name: CAPE CORAL WATER

System Address: 3300 S.W. 20<sup>TH</sup> AVENUE

System or Owner's Phone #: 574-0877

City: CAPE CORAL

Fax #: 574-0882

Project (Location or S.D.): P.O. WELL #104

Collector: J. LOUISI

Collector's Phone # 458-7078

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 only one)  Compliance  Repeat  Replacement  Main Clearance Day 1  Day 2

Sample Collection Date: 1-20-05  Well Survey  Other REPLACE PUMP

Collect. No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfected Res'd (mg/L)	pH	Circle one of the following Analysis Methods below:					
						ONPC-MUG SM 8223 B			MF Method: SM #222 B, G		
Non Coliform	Total Coliform	Total Coliform/Contaminant	E. Coli	Date	Lab Sample Number						
570	Well #104	8:25	R	0.0	7.3	A					

Average of disinfectant residuals for routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.)

\*Defined in Florida Administrative Code Rule 62-180, Table 1

All tests are performed in accordance with NELAC standards.

Statement of estimated uncertainty can be found in QA Manual section 22.

\*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:  DPD Colorimetric

Other:

Person performing analysis is (Please see Instructions on reverse):

- A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

For questions about this report, contact Evans Orisahwe, 239 274-2200

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

Date State notified by lab of positive results: \_\_\_\_\_

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

Lab Signature:

Title:

Name and Mailing Address of Person to Receive Report

CITY OF CAPE CORAL  
P.O. BOX 150027  
CAPE CORAL, FL 33916-0027

<input checked="" type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
<input type="checkbox"/> Unsatisfactory	
Date Reviewed by DEP/DOH: 1/21-05	
DEP/DOH Reviewing Official:	

\*DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
Results: A = coliforms are absent per 100 ml; P = coliforms are present per 100 ml; C = confluent growth; TNTC = too numerous to count  
(82-650.730 Reporting Format - Effective 01/96, Revised) EE-PW-Bact Form (8/04)

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

Lee County Health Dep't., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUG

Check One:  
 Collected by Lee CHD per Standard Method 9050A  
 Not collected by Lee CHD

System Name: CAPE CORAL WATERSystem Address: 3300 SW 20<sup>TH</sup> AVESystem or Owner's Phone #: 239-574-0862 (DIST) 239-574-0877 (PLANT)Project (Location or S/D): RO 105Collector: MARIE Robeson

2011 APR 19 AM 10:03

Analysis Date & Time: 04/19/11 3:00PM  
 Lab Receipt Date & Time: 04/19/11 3:00PM  
 I.D. NO. E25706  
 REC'D FT. MYERS

Sample Acceptance Criteria:  
 Sample Preservation  On ice  Not On ice  18° C  
 Disinfectant Check  Not Detected  mg/L  
 This sample does not meet the following NELAC requirements:

System I.D. 5360325City: CAPE CORALFax #: 239-574-0855Collector's Phone #: 239-274-2200

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  
 Replacement (also check type of sample to be replaced)  Boil Water Notice  Clearance  Day 1  Day 2  Type  
 Other WELL

Sample Collection Date: 4/19/11

Total Coliform/E. coli Sample Data						Analysis Method(s)					
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Total Coliform/ Confirm.	E. Coli/ Confirm.	Data Qualifier <sup>2</sup>	Lab Sample Number
050	Well 105	9:25	S	-	7.8	A				U	234864

Average of disinfectant residuals for distribution routine and repeat samples.  
 (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

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

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. "Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours."

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other

Date &amp; Time PWS notified by lab of positive results:

Person performing analysis is (Please see instructions on reverse):  
 A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

Date &amp; Time DEP/DOH notified by lab of positive results:

Date Issued: 04/20/11

All tests are relevant to the samples. For questions about this report contact

Nelica Krook 239-274-2200

Lab Signature: J. Miller Title: ES I

Name/Mailing Address of Person to Receive Report

CITY OF CAPE CORAL  
PO BOX 150027  
CAPE CORAL, FL 33915

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

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

4/21/11  
J. Miller

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to distribution; P = Plant Tap; S = Speciar (clearance, etc.) Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC - too numerous to count; Data Qualifier: U - compound was analyzed for but not detected; B - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC)  
 (B.R. Form Revised 4/2010)

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

Lee County Health Dep't., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUG

Check One:  
 Collected by Lee CHD per Standard Method 9060A  
 Not collected by Lee CHD

Analysis Date & Time:	02/23/12 2:40PM
Lab Receipt Date & Time:	2012 FEB 23 AM 10:45
I.D. NO. E25706 REC'D FT. MYERS	
Sample Acceptance Criteria: Sample Preservation <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input type="checkbox"/> 17 °C Disinfectant Check <input type="checkbox"/> Not Detected <input type="checkbox"/> mg/L This sample does not meet the following NELAC requirements:	

System Name: CAPE CORAL WATER

System Address: 3300 SW 20<sup>TH</sup> AVENUE

System or Owner's Phone #: 239-574-0882 (DIST) 239-574-0877 (PLANT)

Project (Location or S/D): WELL 106

Collector: MARX - [Signature]

System I.D. 5360325

City: CAPE CORAL

Fax #: 239-574-0882

Collector's Phone #: 893-2385

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  
 Replacement (also check type of sample to be replaced)  boil Water Notice  Clearance  Day 1  Day 2 Type \_\_\_\_\_

Sample Collection Date: 2/23/12

 Other WELL REPAIR

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Analysis Method(s) <sup>2</sup> :					
						Total Coliform:	<input checked="" type="checkbox"/> SM9222B	<input checked="" type="checkbox"/> SM9223B - Colilert			
						E. Coli:	<input checked="" type="checkbox"/> EC + Mug	<input checked="" type="checkbox"/> SM9223B - Colilert			
Non Coliform	Total Coliform	Total Coliform/Confirm.	E. Coli Confirm.	Data Qualifier	Lab Sample Number						
A	A	A	U		245878						

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,000. Do not include new or plant samples in the average.)

<sup>2</sup>Defined in Florida Administrative Code Rule 62-180, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:

 DPD Colorimetric  Other

Person performing analysis is (Please see instructions on reverse):  
 A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

Date &amp; Time PWS notified by lab of positive results:

Date &amp; Time DEP/DOH notified by lab of positive results:

Date Issued: 02/24/12

Lab Signature: 

Title: CHEMIST II

All tests are relevant to the samples. For questions about this report contact

Nelica Krekic 239-274-2200

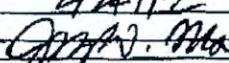
Name/Mailing Address of Person to Receive Report

CITY OF CAPE CORAL  
PO BOX 150027  
CAPE CORAL, FL 33915

DEP/DOH USE ONLY

 Satisfactory Unsatisfactory Repeat Samples Required Incomplete Collection Information Replacement Samples Required

Date Reviewed by DEP/DOH: 2/24/12

DEP/DOH Reviewing Official: 

'DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.) Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count; Data Qualifier: U - compound was analyzed for but not detected; B - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC) (EB Form Revised 4/2010)

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

Lee County Health Dept., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF *MUG*

Check One:

- Collected by Lee CHD per Standard Method 9060A  
 Not collected by Lee CHD

System Name: **CAPE CORAL WATER**System Address: **3300 SW 20<sup>TH</sup> AVENUE**System or Owner's Phone #: **239-574-0882 (DIST) 239-574-0877 (PLANT)**Project (Location or S/D): **WELL 107**Collector: **DAVID MILLER**Analysis Date & Time: **04/03/13 3:00pm**

Lab Receipt Date &amp; Time: \_\_\_\_\_

**I.D. NO. E25706  
REC'D FT. MYERS****2013 APR -3 PM 1:09****Sample Acceptance Criteria:**Sample Preservation  On Ice  Not On Ice  **7.6 °C**Disinfectant Check  Not Detected  **mp/L**

This sample does not meet the following NELAC requirements:

System I.D. **5360325**City: **CAPE CORAL**Fax #: **239-574-0882**Collector's Phone #: **574 - 0877**

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

- Replacement (also check type of sample to be replaced)  Boil Water Notice  Clearance  Day 1  Day 2 Type \_\_\_\_\_

- Other \_\_\_\_\_

Sample Collection Date: **4/3/13**

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Analysis Method(s) <sup>2</sup> :
51	WELL 107	1230	S	—	7.8	<input checked="" type="checkbox"/> Total Coliform: <input type="checkbox"/> SM9222B <input checked="" type="checkbox"/> SM9223B - Coliform <input checked="" type="checkbox"/> E. Coli: <input type="checkbox"/> EC + Mug <input checked="" type="checkbox"/> SM9223B - Coliform
						Non Coliform Total Coliform Total Coliform/Confirm. E. Coli/Confirm. Date Qualifier <sup>3</sup> Lab Sample Number
						A A U 258025

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

\*Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in DA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

## Disinfectant Residual Analytic Method:

- DPD Colorimetric  Other:

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

- A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

Date &amp; Time PWS notified by lab of positive results:

Date &amp; Time DEP/DOH notified by lab of positive results:

Date Issued: **04/04/13**

All tests are relevant to the samples. For questions about this report contact:

Nelica Krekic 238-274-2200

Name/Mailing Address of Person to Receive Report

**City of Cape Coral  
P.O. Box 150027  
Cape Coral, FL 33915**

Lab Signature: *[Signature]* Title: **CHEMIST II**

## DEP/DOH USE ONLY

- Satisfactory  Incomplete Collection Information  
 Unsatisfactory  Replacement Samples Required  
 Repeat Samples Required

Date Reviewed by DEP/DOH: **4/4/13**DEP/DOH Reviewing Official: *[Signature]*

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
Results: A = coliforms are absent; P = coliforms are present; C = constituent growth; TNTC = too numerous to count; Data Qualifier: U - compound was analyzed for but not detected; B - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC) (EE Form Revised 4/2010)

# DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Lee County Health Dep't., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUG

- Check One:  
 Collected by Lee CHD per Standard Method 9060A  
 Not collected by Lee CHD

Analysis Date & Time: 10/14/10 2:40 PM  
Lab Receipt Date & Time:

I.D. NO. E25706  
REC'D FT. MYERS

14  
10/14/10 AM 9:58

Sample Acceptance Criteria: Not to 10/15/10  
Sample Preservation  On Ice  Not On Ice  13.2°C  
Disinfectant Check  Not Detected  mg/L

This sample does not meet the following NELAC requirements:

System Name: CAPE CORAL WATER

System Address: 3300 SW 20<sup>TH</sup> AVE

System or Owner's Phone #: 239-574-0862 (DIST) 239-574-0877 (PLANT)

Project (Location or S/D): WELL REPAIR WELL # 109 (REPLACED PUMP)

Collector: RICHARD JONES

System I.D. 5380325

City: CAPE CORAL

Fax #: 239-574-0862 228345

Collector's Phone #: 239-574-0877

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

- Replacement (also check type of sample to be replaced)  boil Water Notice  Clearance  Day 1  Day 2 Type \_\_\_\_\_

Other WELL REPAIR

To be completed by collector of sample						To be completed by lab			Weight Wet Basis			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Total Coliform:	E. Coli:	Non Coliform	Total Coliform	E. Coli/ Coliform	Date Qualifier <sup>2</sup>	Lab Sample Number
53-0	RAW AT WELL 109	09/15	S	0	7.8	<input checked="" type="checkbox"/> SM9222B - Colilert	<input checked="" type="checkbox"/> SM9223B - Colilert				A	228345
						<input checked="" type="checkbox"/> EC + Mug	<input checked="" type="checkbox"/> SM9223B - Colilert					

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

<sup>1</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:

- DPD Colorimetric  Other

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

- A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

All tests are relevant to the samples. For questions about this report contact

Nelica Krekic 239-274-2200

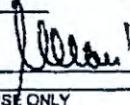
Name/Mailing Address of Person to Receive Report

CITY OF CAPE CORAL  
PO BOX 150027  
CAPE CORAL, FL 33915

Date & Time FWS notified by lab of positive results:

Date & Time DEP/DOH notified by lab of positive results:

Date Issued: 10/15/10

Lab Signature:  Title: ES

DEP/DOH USE ONLY

Satisfactory  Incomplete Collection Information

Unsatisfactory  Replacement Sample Required

Repeat Samples Required

Date Reviewed by DEP/DOH: 10/15/10

DEP/DOH Reviewing Official: Kinnane

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.).  
 Result: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNNC = too numerous to count; Date Qualifier: U - compound was analyzed for but not detected; B - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNNC).

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

Lee County Health Dep't., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

**FILE COPY**

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUG  
*(W/11/11)*

Check One:

- Collected by Lee CHD per Standard Method 9060A  
 Not collected by Lee CHD

System Name: CAPE CORAL WATER

System Address: 3300 SW 20<sup>TH</sup> AVE

System or Owner's Phone #: 239-574-0862 (DIST) 239-574-0877 (PLANT)

Project (Location or S/D): 3700 AQUALINDA BLVD SW CAPE CORAL, FL 33914

Collector: RICHARD JONES

Analysis Date & Time:  
Lab Receipt Date & Time:

11/16/11 3:00 PM

I.D. NO. E25706  
REC'D FT. MYERS

Sample Accepted: 11/16 AM 11:25 2  
Sample Preservation:  On Ice  Not On Ice   
Disinfectant Check:  Not Detected  mg/L  
This sample does not meet the following NELAC requirements:

System I.D. 5360325

City: CAPE CORAL

Fax #: 239-574-0882

Collector's Phone #: 574-0875

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  
 Replacement (also check type of sample to be replaced)  Boil Water Notice  Clearance  Day 1  Day 2 Type \_\_\_\_\_  
 Other \_\_\_\_\_

Sample Collection Date: 11/16/11

Information to be completed by collector/sampler						Information to be completed by lab performing analysis					
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Analysis Method(s) <sup>2</sup> :					
560	WELL 110	1059	S	--	7.9	<input checked="" type="checkbox"/> Total Coliform	<input checked="" type="checkbox"/> SM9222B	<input type="checkbox"/> SM9223B - Colilert	<input type="checkbox"/> E. Coli:	<input checked="" type="checkbox"/> EC + Mug <input type="checkbox"/> SM9223B - Colilert	
						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						Non Coliform	Total Coliform	Total Coliform/Confirm.	E. Coli/Confirm.	Data Qualifier <sup>3</sup>	Lab Sample Number
						A			U	242575	

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:

- DPD Colorimetric  Other:

Person performing analysis is (Please see Instructions on reverse):  
 A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

Date & Time PWS notified by lab of positive results:

Date & Time DEP/DOH notified by lab of positive results:

Date Issued: 11/17/11

All tests are relevant to the samples. For questions about this report contact

Nelica Krekic 238-274-2200

Name/Mailing Address of Person to Receive Report

CITY OF CAPE CORAL  
PO BOX 150027  
CAPE CORAL, FL 33915

Lab Signature: Debbie Title: ES I

DEP/DOH USE ONLY

- Satisfactory  Incomplete Collection Information  
 Unsatisfactory  Replacement Samples Required  
 Repeat Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count; Data Qualifier: U - compound was analyzed for but not detected; B - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC)  
(DEP Form Revised 4/2010)

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

Florida Department of Health Lee County, Environmental Engineering  
80 S. Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUG

Check One:

- Collected by DOH Lee per Standard Method 9080A  
 Not collected by DOH Lee

Analysis Date & Time: 01/08/14 2:40PM  
Lab Receipt Date & Time:

I.D. NO. E25706  
REC'D FT. MYERS

2014 JAN -8 AM 9:51

Sample Acceptance Criteria:

Sample Preservation  On Ice  Not On Ice  59 °C

Disinfectant Check  Not Detected  mg/L

This sample does not meet the following NELAC requirements:

System Name: CAPE CORAL WATERSystem I.D. 5380325System Address: 3300 SW 20TH AVENUECity: CAPE CORALSystem or Owner's Phone #: 239-574-0882 (DIST) 239-574-0877 (PLANT)Fax #: 239-574-0882Project (Location or S/D): 112 2021 SW 36THCollector: MIKE (15002)Collector's Phone #: 242-3410

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

Replacement (also check type of sample to be replaced)  Boil Water Notice  Clearance  Day 1  Day 2 Type Repair

Sample Collection Date: 1-8-14

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Analysis Method(s):																																																					
52	Well # 112	0900	S	7.8		<input checked="" type="checkbox"/> Total Coliform: <input type="checkbox"/> SM9222B - Colilert <input checked="" type="checkbox"/> E. Coli: <input type="checkbox"/> EC + Mug <input checked="" type="checkbox"/> SM9223B - Colilert <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Non Coliform</th> <th>Total Coliform</th> <th>Total Coliform Confir.</th> <th>E. Coli/Confir.</th> <th>Date Qualifier<sup>2</sup></th> <th>Lab Sample Number</th> </tr> <tr> <td></td> <td>A</td> <td>A</td> <td>U</td> <td>268404</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						Non Coliform	Total Coliform	Total Coliform Confir.	E. Coli/Confir.	Date Qualifier <sup>2</sup>	Lab Sample Number		A	A	U	268404																																					
Non Coliform	Total Coliform	Total Coliform Confir.	E. Coli/Confir.	Date Qualifier <sup>2</sup>	Lab Sample Number																																																						
	A	A	U	268404																																																							

*Bacteriologically clean*

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include new plant samples in the average.)

<sup>1</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

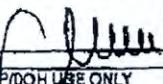
Disinfectant Residual Analysis Method:

DPD Colorimetric  Other

Person performing analysis is (Please see instructions on reverse):  
 A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

Date &amp; Time PWS notified by lab of positive results:

Date &amp; Time DEP/DOH notified by lab of positive results:

Date Issued: 01/09/14Lab Signature: Title: CHEMIST II

DEP/DOH USE ONLY

- Satisfactory  Incomplete Collection Information  
 Unsatisfactory  Replacement Samples Required  
 Repeat Samples Required

Date Reviewed by DEP/DOH: 1-9-14DEP/DOH Reviewing Official: Debra J. Lewis

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
 Results: A = coliforms are absent; P = coliforms are present; C = coliform growth; TNTC = too numerous to count; Date Qualifier: U = compound was analyzed for but not detected;  
 B = Colony counts outside the acceptable range; Q = sample held beyond the accepted holding time; Y = the laboratory analysis was from an improperly preserved sample; Z = too many colonies were present (TNTC). (EE Form Revised 7/2013)

03/19/2014 13:08 2392742201

DRINKING WATER MICROBIAL SAMPLE COLLECTION  
AND LABORATORY REPORTING FORMAT

Florida Department of Health Lee County, Environmental Engineering  
60 S. Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

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

Analysis Requested: Total Coliform/E. coli Type: MF Mug

Check One:

- Collected by DOH Lee per Standard Method 9060A  
 Not collected by DOH Lee

*SP*  
Mike 3/19/14

LCHD ENV ENG

PAGE 01/02

Analysis Date & Time: 03/19/14 3:00PM  
Lab Receipt Date & Time: \_\_\_\_\_

I.D. NO. E25706  
REC'D FT. MYERS

Sample Date: 2014 MAR 19 AM 9:34Sample Preservation:  On Ice  Not On Ice  34 °CDisinfectant Check:  Not Detected  mg/L

This sample does not meet the following NELAC requirements:

System Name: CAPE CORAL WATER

System I.D. 5360325

System Address: 3300 SW 20<sup>TH</sup> AVENUE

City: CAPE CORAL

System or Owner's Phone #: 239-574-0862 (DIST) 239-574-0877 (PLANT)

Fax #: 239-574-0882

Project (Location or S/D): 1900 TRAFALGAR DR W

Collector's Phone #: 2423422

Collector: MIKE CASON

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

- Replacement (also check type of sample to be replaced)  Boil Water Notice  Clearance  Day 1  Day 2 Type \_\_\_\_\_

Sample Collection Date: 3/19/14  Other well repair

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Analysis Method(s):												
						<input checked="" type="checkbox"/> Total Coliform	<input type="checkbox"/> SM9222B	<input type="checkbox"/> SM9223B - Colilert	<input checked="" type="checkbox"/> E. Coli	<input checked="" type="checkbox"/> EC + Mug	<input type="checkbox"/> SM9223B - Colilert	Non Coliform	Total Coliform	Total Coliform/Confirm.	E. Coli/Confirm.	Date Qualifier	Lab Sample Number	
50	RD 211	9:00AM	S	-	7.8	A			U									270905

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.)

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E. Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:

- DPD Colorimetric  Other

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

- A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

All tests are relevant to the samples. For questions about this report contact

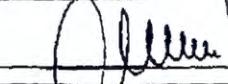
Nelica Krekic 239-274-2200

Name/Mailing Address of Person to Receive Report

City of Cape Coral  
P.O. Box 150027  
Cape Coral, FL 33915

Date &amp; Time PWS notified by lab of positive results:

Date &amp; Time DEP/DOH notified by lab of positive results:

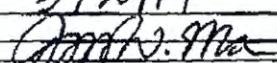
Date issued: 05/20/14Lab Signature: 

Title: CHEMIST II

## DEP/DOH USE ONLY

- Satisfactory  Incomplete Collection Information  
 Unsatisfactory  Replacement Samples Required

- Repeat Samples Required

Date Reviewed by DEP/DOH: 3/20/14DEP/DOH Reviewing Official: 

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC ~ too numerous to count; Data Qualifier: U - compound was analyzed for but not detected;  
B - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC). (EE Form Revised 7/2013)

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

Florida Department of Health Lee County, Environmental Engineering  
60 S. Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF *MUG*

Check One:  
 Collected by DOH Lee per Standard Method 9060A  
 Not collected by DOH Lee

Analysis Date & Time:	11/24/14 2:50 PM
Lab Receipt Date & Time:	
I.D. NO. E25706 REC'D FT. MYERS	
2014 NOV 24 AM 10:15	
Sample Acceptance Criteria:	
Sample Preservation	<input checked="" type="checkbox"/> On ice <input type="checkbox"/> Not On ice <input type="checkbox"/> 5.4 °C
Disinfectant Check	<input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:	

System Name: CAPE CORAL WATER System I.D. 5360325

System Address: 3300 SW 20<sup>TH</sup> AVENUE City: CAPE CORAL

System or Owner's Phone #: 239-574-0862 (DIST) 239-574-0877 (PLANT) Fax #: 239-574-0882

Project (Location or S/D): WELL 212 1700 TRAF+LGR PRKY

Collector: MARK Robeson Collector's Phone #: 895-2884

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

Replacement (also check type of sample to be replaced)     Boll Water Notice     Clearance     Day 1     Day 2    Type \_\_\_\_\_

Sample Collection Date: 11/24/14  Other \_\_\_\_\_

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Analysis Method(s):
54	Well 212	Am 9:5	S		7.8	<input checked="" type="checkbox"/> Total Coliform: <input type="checkbox"/> SMB222B <input checked="" type="checkbox"/> SMB223B - Colilert <input checked="" type="checkbox"/> E. Coli: <input type="checkbox"/> EC + Mug <input checked="" type="checkbox"/> SM9223B - Colilert
						Non Coliform    Total Coliform    Total Coliform/ Confirm    E. Coli/Confirm    Date Qualifier <sup>2</sup> Lab Sample Number
						A A U 280087

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

<sup>1</sup>Defined in Florida Administrative Code Rule 62-180, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:

DPD Colorimetric     Other

Person performing analysis is (Please see instructions on reverse):  
 A certified operator (# \_\_\_\_\_)     Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)     Employed by DEP or DOH

Date & Time PWS notified by lab of positive results: \_\_\_\_\_

Date & Time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Issued: 11/25/14

All tests are relevant to the samples. For questions about this report contact

Nelka Krleic 239-274-2200

Name/Mailing Address of Person to Receive Report:

City of Cape Coral  
P.O. Box 150027  
Cape Coral, FL 33915

Lab Signature: *[Signature]* Title: CHEMIST II

<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Incomplete Collection Information
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Replacement Samples Required
<input type="checkbox"/> Repeat Samples Required	
Date Reviewed by DEP/DOH: <u>11/25/14</u>	
DEP/DOH Reviewing Official: <u>J. Krleic, MPA</u>	

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc). Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count; Data Qualifier: U - compound was analyzed for but not detected; B - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC). (EE Form Revised 7/2013)

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

Lee County Health Dep't., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUG

Check One:  
 Collected by Lee CHD per Standard Method 9050A  
 Not collected by Lee CHD

System Name: CAPE CORAL WATER  
 System Address: 3300 SW 20<sup>TH</sup> AVE  
 System or Owner's Phone #: 239-574-0862 (DIST) 239-574-0877 (PLANT)  
 Project (Location or S/D): WELL REPAIR WELL # 213 (REPLACED PUMP)  
 Collector: ESTON HIGGINS BOTHAM  
 Collector's Phone #: 239-574-0877

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  
 Replacement (also check type of sample to be replaced)  boil Water Notice  Clearance  Day 1  Day 2 Type \_\_\_\_\_  
 Other WELL REPAIR

Sample Collection Date: 10/19/10

Sample Information						Analysis Method(s)					
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH						
59-0	RAW AT WELL 213	0845	S	0.0	7.8						
						A	A	V	228491		

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.)

<sup>1</sup>Defined in Florida Administrative Code Rule 82-160, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other  
 Person performing analysis is (Please see instructions on reverse):  
 A certified operator (#\_\_\_\_\_ )  Employed by a certified lab  
 Supervised by a cert operator (#\_\_\_\_\_ )  Employed by DEP or DOH

Date & Time PWS notified by lab of positive results:

Date & Time DEP/DOH notified by lab of positive results:

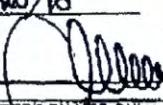
Date Issued: 10/19/10

All tests are relevant to the samples. For questions about this report contact

Notice Krekio 239-274-2200

Name/Mailing Address of Person to Receive Report

CITY OF CAPE CORAL  
PO BOX 150027  
CAPE CORAL, FL 33915

Lab Signature:  Title: ES I

<b>DEP/DOH USE ONLY</b>	
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Incomplete Collection Information
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Replacement Samples Required
<input type="checkbox"/> Repeat Samples Required	
Data Reviewed by DEP/DOH: <u>10/20/10</u>	
DEP/DOH Reviewing Official: <u>Debra K. Krekio, P.S.T.E.</u>	

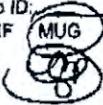
<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
 Results: A - coliforms are absent; P - coliforms are present; C - confluent growth; TNNC - too numerous to count; Data Qualifier: U - compound was analyzed for but not detected; 0 - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNNC)  
 (EG Form Revised 4/2010)

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

Lee County Health Dep't., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUG

Check One:  
 Collected by Lee CHD per Standard Method 9060A  
 Not collected by Lee CHD



Analysis Date & Time:	03/20/13 3:00 PM
Lab Receipt Date & Time:	03/20/13 3:00 PM
I.D. NO.	E25706
REC'D FT. MYERS	
2013 MAR 20 PM 12:34	
Sample Acceptance Criteria:	
Sample Preservation	<input checked="" type="checkbox"/> On ice <input type="checkbox"/> Not On ice <input checked="" type="checkbox"/> 6.0 °C
Disinfectant Check	<input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> mg/L
This sample does not meet the following NELAC requirements:	

System Name: CAPE CORAL WATER

System I.D. 5260325

System Address: 3300 SW 20<sup>TH</sup> AVENUE

City: CAPE CORAL

System or Owner's Phone #: 239-574-0882 (DIST) 239-574-0877 (PLANT)

Fax #: 239-574-0882

Project (Location or S/D): WELL 214

Collector: DAVID MILLER

Collector's Phone #: 239-574-0877

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

Replacement (also check type of sample to be replaced)  Boil Water Notice  Clearance  Day 1  Day 2 Type \_\_\_\_\_

Sample Collection Date: 3/20/13  Other \_\_\_\_\_

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Analysis Method(s)*:								
						Total Coliform:	<input type="checkbox"/> SM9222B <input checked="" type="checkbox"/> SM9223B - Collert	E. Coli:	<input type="checkbox"/> EC + Mug <input checked="" type="checkbox"/> SM9223B - Collert	Non Coliform	Total Coliform	Total Coliform/ Confirm.	E. Coli/ Confirm.	Data Qualifier <sup>2</sup>
1	WELL 214	1045	S -	7.8						A A				257570

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.)

\*Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:

DPD Colorimetric  Other

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

A certified operator (# \_\_\_\_\_)  Employed by a certified lab

Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

All tests are relevant to the samples. For questions about this report contact:

Nelica Krkic 239-274-2200

Name/Mailing Address of Person to Receive Report

City of Cape Coral  
P.O. Box 150027  
Cape Coral, FL 33915

Date &amp; Time PWS notified by lab of positive results:

Date &amp; Time DEP/DOH notified by lab of positive results:

Date issued: 03/21/13

Lab Signature: Title: CHEMIST II

DEP/DOH USE ONLY	
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Incomplete Collection Information
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Replacement Samples Required
<input type="checkbox"/> Repeat Samples Required	
Date Reviewed by DEP/DOH: 3/21/13	
DEP/DOH Reviewing Official:	

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count; Data Qualifier: U = compound was analyzed for but not detected; B - Colony counts outside the acceptable range; Q = sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC) (DE Form Revised 4/2010)

## **DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

Florida Department of Health Lee County, Environmental Engineering  
60 S. Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
**Analysis Requested:** Total Coliform/E. coli Type: MF  KIDS

**Check One:**  
 Collected by DOH Lee per Standard Method 9060A  
 Not collected by DOH Lee

**System Name:** CAPE CORAL WATER      **System I.D.:** 5360325  
**System Address:** 1300 SW 20TH AVENUE      **City:** CAPE CORAL  
**System or Owner's Phone #:** 239-574-0759 (DIST) 239-574-0877 (PLANT)      **Fax #:** 239-574-0882  
**Project (Location or S/D):** 1200 KISMET PARKWAY, CAPE CORAL, FLORIDA  
**Collector:** MURKIE, DOROTHY      **Collector's Phone #:** 574 0877

**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  
 Replacement (also check type of sample to be replaced)    Boil Water Notice    Clearance    Day 1    Day 2    Type 1 well

**Sample Collection Date:** 17/30/13    Other

**Sample Collection Date:** 12/30/13  **Other** \_\_\_\_\_

<sup>2</sup>Defined in Florida Administrative Code Rule 62-150, Table 1.

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 2. Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

#### Disinfectant Residual Analysis Method:

DPD Colorimetric       Other:

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

A certified operator (# \_\_\_\_\_)       Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)       Employed by DEP or DOH

Date & Time PWS notified by lab of positive results:

Date & Time DEP/DOH notified by lab of positive results:

Date Issued: 12/31/15 2:45AM

All tests are relevant to the samples. For questions about this report contact

Nelce Kotkis 230-274-2200

**Name/Mailing Address of Person to Receive Report:**

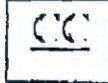
**CITY OF CAPE CORAL  
3300 SW 20<sup>TH</sup> AVENUE  
CAPE CORAL, FLORIDA  
FAX: 239-574-0882**

DEP/DOH USE ONLY	
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Incomplete Collection Information
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Replacement Samples Required
<input type="checkbox"/> Repeat Samples Required	
Date Reviewed by DEP/DOH:	12/21/11
DEP/DOH Reviewing Official:	BB

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.). Results: A - coliforms are absent; P - coliforms are present; C - confluent growth; TNTC - too numerous to count; Data Qualifier: U - compound was analyzed for but not detected; R - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC). (DE Form Revised 7/2013)

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION  
AND LABORATORY REPORTING FORMAT**

Lee County Health Dept., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122



Analysis Date & Time:

*8/22/05 c 2:37 PM*

100-100-706  
100-100-706

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

Analysis Type: Standard Coliform Test

Check One:

- Collected by Lee CHD per Standard Method 9060A  
 Not collected by Lee CHD

Sample Acceptance Criteria: 2005 AUG 22 PH 2:40

Sample Preservation:  On Ice  Not On Ice  °C  
Disinfectant Check:  Not Detected  mg/L

This sample does not meet the following NELAC requirements:

I.D. 5360325

City: CAPE CORAL

System Name: CAPE CORAL WATER

System Address: 3300 S.W. 20<sup>TH</sup> AVENUE

System or Owner's Phone #: 574-0877

Fax #: 574-0882

Project (Location or S/D): CAPE CORAL AREA, WELL #218 - REPAIR

Collector: V. L. C. / S. J.

Collector's Phone #: 468-7078

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:

- Compliance  Repeat  Replacement  Main Clearance  Day 1  Day 2

Sample Collection Date: 8/22/05

1/2

- Well Survey  Other WELL REPAIR

To be completed by collector of sample						To be completed by lab		Weight Wet Basis	
Collect. No	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect. Resid' (mg/L)	pH	Circle one of the following Analysis Methods below:		Method	SM 0222 B, C
						ONPG-MUG SM 9223 B	MI Method		
60-0261811/216		8:45	S	0	7.5	A		016230	

Average of disinfectant residuals for routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Defined in Florida Administrative Code Rule 02-160, Table 1

All tests are performed in accordance with NELAC standards.

Statement of estimated uncertainty can be found in QA Manual section 22.

\*Results are presumptive. Total coliform or E. coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:  DPD Colorimetric

Other

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

- A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

For questions about this report, contact Evans Onisakwe, 239 274-2200

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

Date State notified by lab of positive results: \_\_\_\_\_

Date issued: *8/23/05*

Lab Signature: *P. Truett*

Title: *Lab. Tech. M.*

Name and Mailing Address of Person to Receive Report

CITY OF CAPE CORAL  
P.O. BOX 150027  
CAPE CORAL, FL 33915-0027

<input checked="" type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
<input type="checkbox"/> Unsatisfactory	
Date Reviewed by DEP/DOH: <i>8/24/05</i>	
DEP/DOH Reviewing Official: <i>R. B. McRae</i>	

<sup>1</sup>DEP Sample Type Codes. D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (discharge, etc.)  
Results: A = coliforms are absent per 100 ml; P = coliforms are present per 100 ml; C = confluent growth; TNTC = too numerous to count  
(82-550.730 Reporting Format - Effective 01/95, Revised) EE-PW-Bact Form (8/04)

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

Lee County Health Dept., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUG *(10/10)*

Check One:  
 Collected by Lee CHD per Standard Method 9050A  
 Not collected by Lee CHD

System Name: CAPE CORAL WATER

System Address: 3300 SW 20<sup>TH</sup> AVENUE

System or Owner's Phone #: 239-574-0882 (DIST) 239-574-0877 (PLANT)

Project (Location or S/D): WELL #217

Collector: DAVID MILLER

Analysis Date & Time: 01/01/13 3:00pm  
Lab Receipt Date & Time:

I.D. NO. E25706  
REC'D FT. MYERS

SAMPLE NUMBER: 7 AM 9:10

Sample Preservation  On Ice  Not On Ice  5.6 mg/L  
Disinfectant Check  Not Detected  mg/L  
This sample does not meet the following NELAC requirements:

System I.D. 5360328

City: CAPE CORAL

Fax #: 239-574-0882

Collector's Phone #: 574-0877

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  Walk Survey

Replacement (also check type of sample to be replaced)  boil Water Notice  Clearance  Day 1  Day 2 Type \_\_\_\_\_

Other \_\_\_\_\_

Sample Collection Date: 1/7/13

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Analysis Method(s) <sup>2</sup> :					
						Non Coliform	Total Coliform	SM9222B - Colilert	E. Coli	EC + Mug	SM9223B - Colilert
301	WELL 217	0830	S	0	7.8	A	A	U	256112		

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,000. Do not include new or plant samples in the average.)

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:

DPD Colorimetric  Other:

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

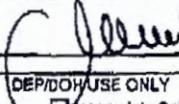
A certified operator (# \_\_\_\_\_)  Employed by a certified lab

Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

Date & Time PWB notified by lab of positive results:

Date & Time DEP/DOH notified by lab of positive results:

Date issued: 01/03/13

Lab Signature: 

Title: CHEMIST II

DEP/DOH USE ONLY

Satisfactory

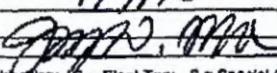
Unsatisfactory

Incomplete Collection Information

Replacement Samples Required

Repeat Samples Required

Date Reviewed by DEP/DOH: 1/9/13

DEP/DOH Reviewing Official: 

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count; Data Qualifier: U - compound was analyzed for but not detected; B - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC) (IB Print Revised 4/2010)

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

Florida Department of Health Lee County, Environmental Engineering  
60 S. Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF *MUG*

Check One:

- Collected by DOH Lee per Standard Method 9080A  
 Not collected by DOH Lee

Analysis Date & Time: 01/20/15 3:05pm  
Lab Receipt Date & Time: \_\_\_\_\_

I.D. NO. E25706  
REC'D FT. MYERS

Sample Accepted 2015 JAN 20 AM 9:33

Sample Preservation  On Ice  Not On Ice  3:24c  
Disinfectant Check  Not Detected  mg/L  
This sample does not meet the following NELAC requirements:

System Name: CAPE CORAL WATER

System I.D. 5360326

System Address: 3300 SW 20<sup>TH</sup> AVENUE

City: CAPE CORAL

System or Owner's Phone #: 239-574-0882 (DIST), 239-574-0877 (PLANT)

Fax #: 239-574-0882

Project (Location or S/D): Well # 218

Collector: DAVID MILLER

Collector's Phone #: 239-574-0877

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  
 Replacement (also check type of sample to be replaced)  Boil Water Notice  Clearance  Day 1  Day 2 Type \_\_\_\_\_

Sample Collection Date: 1/20/15

Other

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Analysis Method(s):					
						Non Coliform	Total Coliform	Total Coliform/Confirm.	E. Coli Confirm.	Date Qualifier	Lab Sample Number
1	WELL #218	0900	S	—	7.8			A	A	U	281832

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,500. Do not include raw or plant samples in the average.)

\*Defined in Florida Administrative Code Rule 62-180, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:

- DPD Colorimetric  Other

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

- A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

Date & Time PWS notified by lab of positive results: \_\_\_\_\_

Date & Time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Issued: 01/21/15

All tests are relevant to the samples. For questions about this report contact:

Nelica Krekic 239-274-2200

Name/Mailing Address of Person to Receive Report:

City Of Cape Coral  
P.O. Box 150027  
Cape Coral, Florida 33915

Lab Signature: *Zulema Vazquez* Title: *Lab Tech II*  
Date: *01/21/15*

DEP/DOH USE ONLY

- Satisfactory  Incomplete Collection Information  
 Unsatisfactory  Replacement Samples Required  
 Repeat Samples Required

Date Reviewed by DEP/DOH: 1/21/15

DEP/DOH Reviewing Official: J. Miller

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count; Date Qualifier: U - compound was analyzed for but not detected;  
B - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC). (EE Form Revised 7/2013)

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

Florida Department of Health Lee County, Environmental Engineering  
60 S. Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUG

Check One:  
 Collected by DOH Lee per Standard Method 9060A  
 Not collected by DOH Lee

Analysis Date & Time: 02/05/14 3:30PM  
Lab Receipt Date & Time:

I.D. NO. E25706  
REC'D FT. MYERS

Sample Accepted Date: 2014 FEB 5 PM 12:38  
Sample Preservation  On Ice  Not On Ice  36 °C  
Disinfectant Check  Not Detected  mg/L  
This sample does not meet the following NELAC requirements:

System Name: CAPE CORAL WATER

System I.D. 5360325

System Address: 3300 SW 20<sup>TH</sup> AVENUE

City: CAPE CORAL

System or Owner's Phone #: 239-574-0862 (DIST) 239-574-0877 (PLANT)

Fax #: 239-574-0882

Project (Location or S/D): WELL #219

Collector: MIKE (ASIAN) Collector's Phone #: 242-3470

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

Replacement (also check type of sample to be replaced)  Boll Water Notice  Clearance  Day 1  Day 2 Type Reprise

Sample Collection Date: 2-5-14

Other

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfected Res'd (mg/L)	pH	Analysis Method(s):											
						<input checked="" type="checkbox"/> Total Coliform:											
						<input checked="" type="checkbox"/> E. Coli:	<input type="checkbox"/> SM9222B	<input checked="" type="checkbox"/> SM9223B - Coliform									
						<input checked="" type="checkbox"/> EC + MUG	<input checked="" type="checkbox"/> SM9223B - Coliform										
						Non Coliform	Total Coliform	Total Coliform/Confir.	E. Coli/Confir.	Debt Qualifier	Lab Sample Number						
57	Well 219 <i>bac cleared May 1000am</i>	S	O	7.8				A	A	U	269393						

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

<sup>1</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:

DPD Colorimetric  Other:

Person performing analysis is (Please see instructions on reverse):  
 A certified operator (#       )  Employed by a certified lab  
 Supervised by a cert operator (#       )  Employed by DEP or DOH

Date & Time PWS notified by lab of positive results:

Date & Time DEP/DOH notified by lab of positive results:

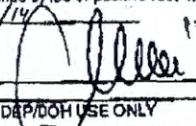
Date Issued: 02/06/14

All tests are relevant to the samples. For questions about this report contact

Nelica Krekic 238-274-2200

Name/Mailing Address of Person to Receive Report

City of Cape Coral  
P.O. Box 150027  
Cape Coral, FL 33915

Lab Signature: 

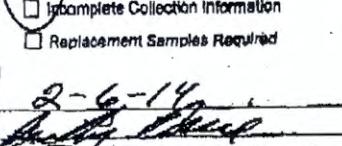
Title: CHEMIST II

DEP/DOH USE ONLY

Satisfactory  Incomplete Collection Information  
 Unsatisfactory  Replacement Samples Required

Repeat Samples Required

Date Reviewed by DEP/DOH: 2-6-14

DEP/DOH Reviewing Official: 

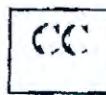
<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Test; S = Special (clearance, etc.)  
 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count; Data Qualifier: U - compound was analyzed for but not detected;  
 B - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC). (EE Form Revised 7/2013)

Oct 13 04 01:36p

P.3

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION  
AND LABORATORY REPORTING FORMAT

Lee County Health Dept., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25708 EPA No.: FL00122



Analysis Date &amp; Time:

10/14 3:30p

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

Analysis Type: Standard Coliform Test

Check One:

- Collected by Lee CHD per Standard Method 9050A  
 Not collected by Lee CHD

## Sample Acceptance Criteria:

Sample Preservation  On Ice  Not On Ice  \_\_\_\_\_ °CDisinfectant Check  Not Detected  \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements:

System Name: CAPE CORAL WATER

ID: 5360325

System Address: 3300 S.W. 20<sup>TH</sup> AVENUE

City: CAPE CORAL

System or Owner's Phone #: 574-0877

Fax #: 574-0882

Project (Location or SID): R.O. WELL #20

Collector: Bob Sam Sam

Collector's Phone #: 458-7078

## 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 only one)  Compliance  Repeat  Replacement  Main Clearance  Day 1  Day 2Sample Collection Date: 10-11-04  Well Survey  Other Repair

To be completed by collector of sample						To be completed by lab				Weight Wet Basis
Collect. No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Circle one of the following Analysis Methods below:				Lab Sample Number
						ONPG-MUG SM 0223 B	Mr Method: SM 9222 B, G	Non Coliform	Total Coliform	
3B	well b20 (G-leason Park)	9:00 AM	\$	0.0	7.0	A				981071

Average of disinfectant residuals for routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,000. Do not include new or plant samples in the average.)

<sup>1</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards

Statement of estimated uncertainty can be found in QA Manual section 22

\*Results are presumptive. Total coliform or T. Coli confirmation will follow in 24-48 hours

Disinfectant Residual Analysis Method:  DPD Colorimetric Other

Person performing analysis is (Please see Instructions on reverse):

- A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

For questions about this report, contact Evans Ortsakwe, 239 274-2200

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

Date State notified by lab of positive results: \_\_\_\_\_

Date issued: 10/12/04

Lab Signature: \_\_\_\_\_

Title: CM

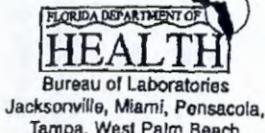
Name and Mailing Address of Person to Receive Report

DIVERSIFIED DRILLING CORP.  
5620 LEE STREET  
LEHIGH ACRES, FL 33971

DEP/DOH USE ONLY				
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Incomplete Collection Information			
<input type="checkbox"/> Repeat Samples Required	<input type="checkbox"/> Replacement Samples Required			
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unavailable			
Date Reviewed by DEP/DOH: 10/12/04				
DEP/DOH Reviewing Official: <i>Karenla Hines</i>				

<sup>1</sup>DLT Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (Clearance, etc.)  
 Results: A = coliforms are absent per 100 mL; P = coliforms are present per 100 mL; C = confluent growth; TNTC = too numerous to count.  
 [62-550.730 Reporting Format - Effective 01/95, Revised] EE-PW-Bact Form (6/04)

S.C.



073742

For Lab Use Only

27 OCT 24 PM 9:10

SAMPLE COLLECTION AND REPORT FORM  
FOR DRINKING WATER  
BACTERIOLOGICAL ANALYSIS

Press hard, (5) copies (Page 1 of 1)

## Analysis Requested: (please check all that apply):

- Standard Coliform Test  
 HPC  
 Other: \_\_\_\_\_

System/Owner's Name: CAPE CORAL WATER  
 County: LEE Collector: J. Povisil Collector Phone #: 458-7078  
 Collection Address: R.O. WELL #221 (FORMERLY 21)  
 Collection City: CAPE CORAL Collection State: FL Collection Zip: \_\_\_\_\_

Comments: \_\_\_\_\_

*The following information must be completed if requesting DEP compliance drinking water analysis*

System I.D. Number: 5360325 System Phone Number: 574-0877 District: SFL

## Type of Supply (check appropriate box):

- Community Water System  Noncommunity Water System  Nontransient/Noncommunity  Limited Use System  
 Private well  Swimming pool  Bottled water  Other: \_\_\_\_\_

## Type of Sample (check appropriate box):

- Compliance  Main Clearance  
 Repeat  Replacement  Well Survey  
 Other: WELL SURVEY

Coll. No.	Sample Point (Location or Specific Address)	Date Coll.	Time Coll.	Raw/ Dist.	Cl Res'd	pH	To be completed by lab				
							Analysis Method:	MF	MTF	MMO-MUG	HPC
							Non Coliform	Total Coliform	E.coli/FC	Lab Number	
50-0 Raw - WELL	19/20	10/24	7:30	R	0.0	7.5	A	A		0014718	
51-0 Raw - well	21/20	10/24	1:30	R	0.0	7.5	A	A		0014719	
	221										

All tests are performed in accordance with NELAC standards.

A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count  
 MF = SM9222B + D; MTF = 9221B + ECMUG; MMO/MUG = SM9223B; HPC = SM9215B

Comments: \_\_\_\_\_

\_\_\_\_\_

## Name and Mailing Address of Person to Receive Report

CITY OF CAPE CORAL  
 P.O. BOX 150027  
 CAPE CORAL, FL 33915-0027

- Satisfactory  
 Incomplete Collection Information  
 Repeat Samples  
 Replacement Samples

Date Reported: 10/25-03

Reviewing Official: Rosetta Hale

Title: Engineer II

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

Florida Department of Health Lee County, Environmental Engineering  
60 S. Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUG

Check One:  
 Collected by DOH Lee per Standard Method 9060A  
 Not collected by DOH Lee

System Name: CAPE CORAL WATER

System Address: 3300 SW 20<sup>th</sup> AVENUE

System or Owner's Phone #: 239-574-0862 (DIST) 239-574-0877 (PLANT)

Project (Location or S/L): 100 GLEASON PARKWAY, CAPE CORAL, FLORIDA

Collector: MARK ROBERTSON

Analysis Date & Time:	09/30/15 2:45PM
Lab Receipt Date & Time:	
<b>I.D. NO. E25706</b>	
<b>REC'D FT. MYERS</b>	
<b>2015 SEP 30 AM 11:22</b>	
Sample Acceptance Criteria:	
Sample Preservation: <input checked="" type="checkbox"/> On ice <input type="checkbox"/> Not On ice <input type="checkbox"/> 10.0 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> mg/L This sample does not meet the following NELAC requirements:	

System I.D. 5380325

City: CAPE CORAL

Fax #: 239-574-0882

Collector's Phone #: 239-574-0877

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

Replacement (also check type of sample to be replaced)  Boil Water Notice  Clearance  Day 1  Day 2 Type \_\_\_\_\_

Sample Collection Date: 9/30/15  Other Repair

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Analysis Method(s) <sup>2</sup> :				
702	WELL #222	AM 11:00	-	-	7.2	<input checked="" type="checkbox"/> Total Coliform: <input type="checkbox"/> SM9222B <input checked="" type="checkbox"/> SM9223B - Colilert	<input checked="" type="checkbox"/> E. Coli: <input type="checkbox"/> EC + Mug <input checked="" type="checkbox"/> SM9223B - Colilert			
						<input type="checkbox"/> Non Coliform	<input type="checkbox"/> Total Coliform	<input type="checkbox"/> Total Coliform/ Confirmed	<input type="checkbox"/> E. Coli Confirmed	<input type="checkbox"/> Date Qualified
						A	A	U	V	291116

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,800. Do not include raw or plant samples in the average.)

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

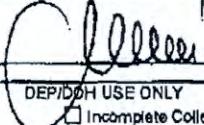
## Disinfectant Residual Analysis Method:

- DPD Colorimetric  Other:  
 Person performing analysis is (Please see instructions on reverse):  
 A certified operator (#\_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (#\_\_\_\_\_)  Employed by DEP or DOH

Date &amp; Time PWS notified by lab of positive results:

Date &amp; Time DEP/DOH notified by lab of positive results:

Date Issued: 10/01/15 3:05PM

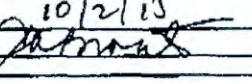
Lab Signature: 

Title: CHEMIST II

## DEP/DOH USE ONLY

- Satisfactory  Incomplete Collection Information  
 Unsatisfactory  Replacement Samples Required  
 Repeat Samples Required

Date Reviewed by DEP/DOH: 10/21/15

DEP/DOH Reviewing Official: 

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.) Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count; Date Qualified: U = compound was analyzed for but not detected; B = Colony counts outside the acceptable range; Q = sample held beyond the accepted holding time; Y = the laboratory analysis was from an improperly preserved sample; Z = too many coliforms were present (TNTC). (R2 Form R-vised 7/2013)

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION  
AND LABORATORY REPORTING FORMAT**

Lee County Health Dept., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

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

Analysis Type: Standard Coliform Test

Check One:

- Collected by Lee CHD per Standard Method 9060A  
 Not collected by Lee CHD

Analysis Date & Time: 01/05/10 2:10 PM

I.D. NO. E25706  
REC'D FT. MYERS

DL 1/5/10

2010 JAN 5 AM 9:13

Sample Acceptance Criteria:

Sample Preservation  On Ice  Not On Ice  18 °C  
Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements:

System Name: CITY OF CAPE CORAL

System Address: 3300 SW 20<sup>TH</sup> AVENUE

System or Owner's Phone #: 674-0877

Project (Location or S/D): WELL #223

Collector: MIKE CASSON

I.D. 5360325

City: CAPE CORAL

Fax #: 239-574-0855

Collector's Phone # 674-0877

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:  Compliance  Repeat  Replacement  Main Clearance  Day 1  Day 2

Well Survey  Other REPLACE MOTOR

Sample Collection Date: 1-5-10

To be completed by collector of sample						To be completed by lab					Weight Wet Basis	
Collect. No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Circle one of the following Analysis Methods below:					MF Method: SM 9222 B	Lab Sample Number
						Non Coliform	Total Coliform	Total Coliform/ Confirm.	E. Coli Confir.	Data Qualifier <sup>2</sup>		
	500 RAW 223	8:30 AM S	0.0	7.3			A	A			217695	

\*Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

All tests are performed in accordance with NELAC standards.  
Statement of estimated uncertainty can be found in QA Manual section 22.  
\*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:  DPD Colorimetric

Other:

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

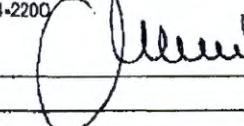
- A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

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

Date State notified by lab of positive results: \_\_\_\_\_

Date Issued: 01/06/10

All tests are relevant to the samples. For questions about this report, contact Nelica Krekic at 239 274-2200

Lab Signature:   
Title: ES I

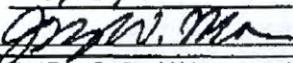
Name and Mailing Address of Person to Receive Report

CITY OF CAPE CORAL  
P.O. BOX 150027  
CAPE CORAL, FL 33915

DEP/DOH USE ONLY

- Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Unsatisfactory

Date Reviewed by DEP/DOH: 1/6/10

DEP/DOH Reviewing Official: 

DRINKING WATER MICROBIOLOGICAL SAMPLE COLLECTION  
AND LABORATORY REPORTING FORMAT

Lee County Health Dept., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E257 6 EPA No.: FL00122



Analysis Date &amp; Time: 8-15-07 at 9:00 PM

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

Analysis Type: Standard Coliform Test

Check One:

- Collected by Lee CHD per Standard Method 9080A  
 Not collected by Lee - HD

Sample Acceptance Criteria: 0/7/1

Sample Preservation:  On Ice  Not On Ice  [ ] mg.Disinfectant Check:  Not Detected  mg/l

This sample does not meet the following NELAC requirements:

System Name: CAPE CORAL WATER I.D. 5360328

System Address: 2300 S. N. 20<sup>TH</sup> AVENUE City: CAPE CORAL

System or Owner's Phone #: 574-0872 Fax #: 574-0852

Project (Location or S/D) WELL #21-REPAIR

Collector: H. G. STRADES Collector's Phone # 533-7134

Type of Supply: (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Unlined Use System  Bottled Water  Private Well  Swimming Pool  Other \_\_\_\_\_

Reason for Sampling: (check only one)  Compliance  Repeat  Replacement  Main Clearance  Day 1  DaySample Collection Date: 8/15/07 140452  Well Survey  Other WELL REPAIR

Collect. No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Resid' (mg/L)	pH	Circle one of the following Analysis Methods below:					
						Non Coliform	Total Coliform	Total Coliform Confir.	E. Coli Confir.	Date Collected	Lab Sample Number
50-0	New at well	8:00 AM	S	0.0	7.5	A	A				140637

*Bacteriologically Cleaned*

Average of disinfectant residuals for routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Defined in Florida Administrative Code Rule 62-180, Table 1

All tests are performed in accordance with NELAC standards.

Statement of estimated uncertainty can be found in QA Manual section 22.

\*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:  DOPO Colorimetric Other:

Person performing analysis (Please see Instructions on reverse):

- DO certified operator (R. )  Employed by a certified lab  
 Supervised by a cert. o. supervisor (R. )  Employed by DEP or DOH

For questions about this report, contact Evans Ortsakwe, 239 274-2200

Date PW3 notified by lab of positive results: \_\_\_\_\_

Date State notified by lab of positive results: \_\_\_\_\_

Date issued: 8/16/07

Lab Signature: *R. G. Strades*Title: *Lab Tech. II*

DEP/DOH USE ONLY

- Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Unsatisfactory

Date Reviewed by DEP/DOH: 8/16/07

DEP/DOH Reviewing Official: *J. G. Strades, M.S.*

\*DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant TIG; S = Special (clearance, etc.)  
Results: A = coliform are absent per 100 ml; P = coliform are present per 100 ml; C = confluent growth; TNTC = too numerous to count  
(G2-550.730 Reporting Format - Effective 01/95, Revised) EE-PW-Bact Form (6/04)

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

Florida Department of Health Lee County, Environmental Engineering  
60 S. Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUG

Check One:  
 Collected by DOH Lee per Standard Method 9050A  
 Not collected by DOH Lee

System Name: CAPE CORAL WATERSystem Address: 3300 SW 20<sup>TH</sup> AVENUESystem or Owner's Phone #: 239-574-0862 (DIST) 239-574-0877 (PLANT)Project (Location or S/D): WELL 225Collector: Gabriel Rodriguez

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  
 Replacement (also check type of sample to be replaced)       Boil Water Notice       Clearance       Day 1       Day 2      Type Clearance  
 Other \_\_\_\_\_

Sample Collection Date: 1-14-15

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Analysis Method(s):					
						Non Coliform	Total Coliform	Total Coliform/Confirm.	E. Coli/Confirm.	Date Qualifier	Lab Sample Number
52	WELL 225	8:37 AM				A	A	A	U	281711	

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Defined in Florida Administrative Code Rule 62-150, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:  
 DPD Colorimetric       Other

Person performing analysis is (Please see instructions on reverse):  
 A certified operator (# \_\_\_\_\_)       Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)       Employed by DEP or DOH

Date &amp; Time PWS notified by lab of positive results:

Date &amp; Time DEP/DOH notified by lab of positive results:

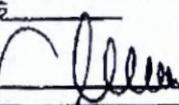
Date Issued: 1/15/15

All tests are relevant to the samples. For questions about this report contact

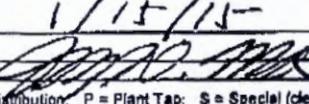
Nelica Krekic 239-274-2200

Name/Mailing Address of Person to Receive Report:

City of Cape Coral  
P.O. Box 150027  
Cape Coral, FL 33915

Lab Signature:  Title: CHEMIST II

DEP/DOH USE ONLY

- Satisfactory       Incomplete Collection Information  
 Unsatisfactory       Replacement Samples Required  
 Repeat Samples Required  
Date Reviewed by DEP/DOH: 1/15/15  
DEP/DOH Reviewing Official: 

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc). Results: A - coliforms are absent; P - coliforms are present; C - confluent growth; TNTC - too numerous to count; Data Qualifier: U - compound was analyzed but not detected; B - Colony counts outside the acceptable range; O - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC). (EE Form Revised 7/2013)



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

Lee County Health Dep't., Environmental Engineering  
60 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: Sub-Contract LCHD  
Analysis Requested: Total Coliform/E. coli Type: MF MG

Check One:

Collected by Lee CHD per Standard Method 9000A ✓  
 Not collected by Lee CHD

System Name: CAPE CORAL WATER

System Address: 3300 SW 20<sup>TH</sup> AVE

System or Owner's Phone #: 239-574-0882 (DIST) 239-574-0877 (PLANT)

Project (Location or S/D): WELL 227 (1606 SW 28<sup>TH</sup> TERRACE CAPE CORAL)

Collector: RICHARD JONES

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

Replacement (also check type of sample to be replaced)  Boil Water Notice  Clearance  Day 1  Day 2 Type \_\_\_\_\_

Other \_\_\_\_\_

Sample Collection Date: 11/2/11

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Analysis Method(s):					
						Non Coliform	Total Coliform	Total Coliform/Confirm.	E. Coli/Confirm.	Date Qualifier <sup>2</sup>	Lab Sample Number
51	WELL 227	0910	R	—	7.8	A				V	241974

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,800. Do not include raw or plant samples in the average.)

Defined in Florida Administrative Code Rule 62-180, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in OA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other

Person performing analysis is (Please see instructions on reverse):  
 A certified operator (F \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (S \_\_\_\_\_)  Employed by DEP or DOH

All tests are relevant to the samples. For questions about this report contact:

Nelica Krekic 239-274-2200

Name/Mailing Address of Person to Receive Report

CITY OF CAPE CORAL  
PO BOX 150027  
CAPE CORAL, FL 33915

DEP/DOH USE ONLY	
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Incomplete Collection Information
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Replacement Sample Required
<input type="checkbox"/> Repeat Samples Required	
Date Reviewed by DEP/DOH: 11/3/11	
DEP/DOH Reviewing Official: George M.	

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count; Date Qualifier: U = compound was analyzed for but not detected; B = Colony counts outside the acceptable range; Q = sample held beyond the accepted holding time; Y = the laboratory analysis was from an improperly preserved sample; Z = too many colonies were present (TNTC)  
(EPA Form Revised 4/2010)

2 11.04

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

Lee County Health Dept., Environmental Engineering  
80 Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200  
Certification No.: E25706 EPA No.: FL00122

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
Analysis Requested: Total Coliform/E. coli Type: MF MUS

**Check One:**

- Collected by Lee CHD per Standard Method 9050A  
 Not collected by Lee CHD

Analysis Date - Time: 07/15/10 2:50PM  
Lab Receipt Date & Time:

I.D. NO. E25706  
REC'D FT. MYERS

2010 JUL 15 AM 10: 22

**Sample Acceptance Criteria:**

Sample Preservation  On ice  Not On ice  9.6 °C  
Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

System Name: CAPE CORAL WATER

System Address: 3300 SW 20<sup>TH</sup> AVE

System or Owner's Phone #: 239-574-0862 (DIST) 239-574-0877 (PLANT)

Project (Location or S/D): CAPE CORAL AREA WELL #228

Collector: MARK Robeson

System I.D. 5380325

City: CAPE CORAL

Fax #: 239-574-0865 574-0882 : 242-3429

Collector's Phone #: 993-2884

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

Replacement (also check type of sample to be replaced)  Boil Water Notice  Clearance  Day 1  Day 2 Type \_\_\_\_\_

Other \_\_\_\_\_

Sample Collection Date: 7/15/10

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type'	Disinfect Resid (mg/L)	pH	Analysis Method(s):											
						<input checked="" type="checkbox"/> Total Coliform:	<input type="checkbox"/> SM9222B	<input checked="" type="checkbox"/> SM9223B - Colilert	<input checked="" type="checkbox"/> E. Coli:	<input type="checkbox"/> EC + Mug	<input checked="" type="checkbox"/> SM9223B - Colilert	Non Conform	Total Coliform	Total Coliform/ Confirm.	E. Coli/ Confirm.	Data Qualifier <sup>a</sup>	Lab Sample Number
51-D	2nd fl 228	9:30	S	/	7.6				A	A	U	225015					

Average of disinfectant residuals for distribution routine and repeat samples.  
(Complete for community and non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.)

<sup>a</sup>Defined in Florida Administrative Code Rule 62-180, Table 1

All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22. \*Results are presumptive. Total coliform or E.Coli confirmation will follow in 24-48 hours.

Disinfectant Residual Analysis Method:

DEP Colorimetric  Other \_\_\_\_\_

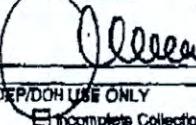
Person performing analysis is (Please see instructions on reverse):

- A certified operator (# \_\_\_\_\_)  Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)  Employed by DEP or DOH

Date & Time PWS notified by lab of positive results:

Date & Time DEP/DOH notified by lab of positive results:

Date issued: 07/16/10

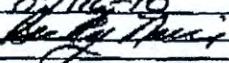
Lab Signature:  Title: ES I

All tests are relevant to the samples. For questions about this report contact:

Nefca Kralic 239-274-2200

Name/Mailing Address of Person to Receive Report

CITY OF CAPE CORAL,  
PO BOX 160027  
CAPE CORAL, FL 33915

<b>DEP/DOH USE ONLY</b>	
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Incomplete Collection Information
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Replacement Samples Required
<input type="checkbox"/> Repeat Samples Required	
Date Reviewed by DEP/DOH: 07/16/10	
DEP/DOH Reviewing Official: 	

<sup>a</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); R = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count; Data Qualifier: U - compound was analyzed for but not detected; B - Colony counts outside the acceptable range; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC)  
(DE Form Revised 4/2010)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION  
AND LABORATORY REPORTING FORMAT



16880 GATOR RD.  
FT. MYERS, FL 33912  
239-590-0337  
E05457

Report Number: FO PD 3160 Sub-Contract Lab ID: \_\_\_\_\_  
Analyses Requested: (please check all that apply)  
 Standard Coliform Test  
 HPC  
 Other: \_\_\_\_\_

Lab Receipt Date & Time:	<u>3/14/08 0200 SEC</u>
Analysis Date & Time:	<u>3/14/08 1030A</u>
Sample Acceptance Criteria:	
Sample Preservation	<input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input type="checkbox"/> 4°C
Disinfectant Check	<input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> mg/L
This sample does not meet the following NELAC requirements:	

System Name: Cape Coral well # 231 PWS I.D.                   

System Address: City: Cape(Coral)  
System or Owner's Phone #: 239 368 6404 Fax #: \_\_\_\_\_  
Collector: LLC DRILLING Collector's Phone #: \_\_\_\_\_

Type of Supply: (check only one)

Community Water System    Noncommunity Water System    Nontransient Noncommunity Water System    Limited Use System  
 Private Well    Swimming Pool    Bottled Water    Other \_\_\_\_\_

Reason for Sampling: (check only one)    Routine Compliance    Repeat    Replacement    Main Clearance    Well Survey    Other

Sample Collection Date: 3/13 - 3/14 08 2 days

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Total Coliform Analysis Method: <u>MPN</u>				
Fecal or E. coli Analysis Method:						Non	Total	Fecal or	Date	Lab
						Coliform	Coliform	E. Coli	Qualified	Sample Number
	Well # 231 3/13/08	11:15	R	0.0	8.2	A				01A
	Well # 231 3/14/08	7:15	R	0.0	8.2	A				02A

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,000. Do not include raw or plant sample in the average.)

<sup>1</sup>Defined in Florida Administrative Code Rule 62-100, Table 1  
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method:  DPD Colorimetric    Other: \_\_\_\_\_  
Person performing analysis:  
 A certified operator (# \_\_\_\_\_)    Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)    Employed by DEP or DOH

Date PWS notified by lab of positive results: \_\_\_\_\_  
Date State notified by lab of positive results: \_\_\_\_\_

Name and Mailing Address of Person to Receive Report

Diversified Drilling Co. Inc.

Lab Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

<input type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

# EXHIBIT 1

NOTE: EXHIBIT 1 IS STORED ELECTRONICALLY IN A  
RESTRICTED SECTION OF OCULUS LOCATED AS  
FOLLOWS:

Potable Water Systems Restricted  
Profile: Plans and Specifications  
Facility ID: 5360325  
Document Date: 02/03/2016  
Received Date: 02/03/2016  
Document Type: Plans  
Document Subject: Response to RAI  
County: Lee

RECEIVED  
FEB 03 2016  
D.E.P. South District