





# Drinking Water Update Northeast District

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Northeast District  
Florida Department of Environmental Protection

Focus on Change | April 2, 2024



# Drinking Water Contacts

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

| Staff                | Role          | Phone Number | Email  |
|----------------------|---------------|--------------|--|
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| Lydia Joyner         | Permitting    | 904-256-1525 | <a href="mailto:Lydia.joyner@floridadep.gov">Lydia.joyner@floridadep.gov</a>                 |



# When to Contact Us

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Ownership changes
  - We can send an update form to complete and return.
- Food License Paperwork
  - New convenience stores and restaurants or ownership transfers typically require a new food service license. Their form requires the regulating certify the drinking water is acceptable. Any out of compliance issues must be resolved before we will sign.
- Positive Bacteriological Results
  - Best to contact DEP to ensure repeat sampling is conducted correctly.
- Boil Water Events
  - Contact us with questions about notification, sampling, and rescission.
- Post Hurricane Communication.
- If you have an emergency and are unable to reach your inspector, you can call the main number 904-256-1700 and ask for a drinking water inspector.



# Resources

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Water and Domestic Wastewater Operator Certification Program:
  - <https://floridadep.gov/water/certification-restoration/content/water-and-domestic-wastewater-operator-certification-program>
- FDEP Business Portal:
  - <https://www.fldepportal.com/DepPortal/go/home>
- Northeast District Drinking Water Monitoring Schedules:
  - <https://floridadep.gov/northeast/ne-compliance-assurance/content/compliance-assurance-resources>
- Drinking Water Forms:
  - <https://floridadep.gov/water/source-drinking-water/content/drinking-water-forms-reporting-formats>
- Oculus Login:
  - <https://depdms.dep.state.fl.us/Oculus/servlet/login>



# CCR Due Dates

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- **April 1:** Systems that sell water to another water system must provide data to the system and submit the Certification of Delivery of Consumer Confidence Information to Supplied Systems, DEP Form 62-555.900(21).
- **July 1:** CCRs must be distributed to customers.
- **August 10:** Certification of Delivery (COD), DEP Form 62-555.900(19) must be submitted to Northeast District.
- Northeast District Outreach will be conducted like the past three years. Emails were sent in March to all CWS Operators, Facility contacts, and Facility owners with instructions for requesting assistance.



# Cross Connection Control

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Florida Department of Environmental Protection  
**CROSS CONNECTION CONTROL PROGRAM ANNUAL REPORT**

Instructions: Each community water system serving more than 10,000 persons shall complete and submit this report annually. The first annual report shall cover calendar year 2008, and subsequent annual reports shall cover each calendar year thereafter. This report shall be submitted to the appropriate Department of Environmental Protection district office or Approved County Health Department within 90 days of the end of the calendar year covered by the report. Where noted in this report, fill in on the: CWS = community water system; DC = domestic check valve assembly; DCDA = domestic check device assembly; DdC = dual check device; PDS = private in-line backflow assembly; PDS = public water system; RP = reduced pressure principle assembly; and RPSA = reduced pressure principle detector assembly.

I. General Information  
 PWS Identification Number: \_\_\_\_\_  
 CWS Name: \_\_\_\_\_  
 CWS Owner: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person's Title: \_\_\_\_\_  
 Contact Person's Address: \_\_\_\_\_  
 Contact Person's Phone: \_\_\_\_\_  
 Contact Person's E-Mail: \_\_\_\_\_

II. Written Cross-Connection Control Plan  
 • Does the CWS identified in Part I of this report have a written cross-connection control plan that meets the requirements described in Table 62-101.280-2, which appears at the end of Rule 62-101.280, F.A.C.?  Yes  No  
 • If "No" is provided in Part VI of this report a description of revisions or actions necessary to bring the CWS's written cross-connection control plan into conformance with Table 62-101.280-2 and a schedule for completing such revisions or actions.

III. Inventory of Service Connections, and Inventory of Backflow Protection Being Required or at the Service Connections, at the End of Calendar Year?

| Category of Service Connections                               | Number Being Served (Year) | Number with an AS or at the Service Connection | Number with a DdC, PDS, RP, or RPSA at or at the Service Connection | Number with a DdC or at the Service Connection |
|---|----------------------------|--|---|--|
| A. All residential service connections                        |                            |  |   |  |
| 1. Standard service connections                               |                            |  |   |  |
| 2. Dual and domestic service connections                      |                            |  |   |  |
| 3. Dual and DC service connections                            |                            |  |   |  |
| 4. Total residential service connections (A.1 + A.2 + A.3)    |                            |  |   |  |
| B. Nonresidential service connections                         |                            |  |   |  |
| 1. Standard service connections                               |                            |  |   |  |
| 2. Dual and domestic service connections                      |                            |  |   |  |
| 3. Dual and DC service connections                            |                            |  |   |  |
| 4. Total nonresidential service connections (B.1 + B.2 + B.3) |                            |  |   |  |
| Total service connections (A.4 + B.4)                         |                            |  |   |  |

IV. Inventory of Backflow Protection, and Backflow Protection Requirements of Service Connections, at the End of Calendar Year?

| Type & Location of Backflow Protection                                     | Number Required During the Year | Number Installed During the Year | Number Installed Required During the Year |
|--|---------------------------------|----------------------------------|---|
| A. AS or at the service connection   |                                 |                                  |   |
| B. DdC, DCDA, PDS, RP, or RPSA at or at the service connection             |                                 |                                  |   |
| C. DdC, DCDA, PDS, RP, or RPSA at or at the residential service connection |                                 |                                  |   |
| D. DdC or at all residential service connections                           |                                 |                                  |   |

Form 62-101.280-2 (Effective May 1, 2010)  
 Reprinted by reference to paragraph 62-101.280(2)(b), F.A.C. Page 2 of 2

## Cross-Connection Control Program Annual Report

- Due March 31
- Required for all systems with a population over 10,000.



# Lead Service Line Inventories (LSLI)

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Lead Service Line Inventories are due into our office for ALL NTNC and Community systems by October 16, 2024
- LSLIs must use be in EPA template located on the DEP website
- Every line connecting to every building in your distribution system must be accounted for and correctly identified
- Your lead service line inventory will likely have more entries than your registered service





# Inspections

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

### *Before the Inspection:*

- Systems will be contacted by the inspector to arrange an inspection date.

### *After the Inspection:*

- DEP Inspector will email a list of deficiencies.
- Response is needed within **14 days**, indicating corrective action completed or timeframe.
- *A picture is worth a thousand words!*





# Common Deficiencies

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Logbook does not indicate operator in and out times to verify visits.
- Operation and Maintenance (O&M) Manual.
- Monthly Operation Report (MOR) Submittal.
- Threaded taps without Vacuum Breakers (VBs).
- Sanitary Seals – No gaps/opening, also ensure gaps at electrical conduit sealed.
- Flow meter verification - every five years.
- PW Compatible products.



# Common Deficiencies

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION



### Finished Water Tank Inspection

- 11"x15" manhole.
- Due every five years.
- FL Licensed Professional Engineer.
- Signed & Sealed Document.



# Compliance Schedule

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

| 9-year Compliance Cycle |      |      |                       |      |      |                       |      |      |
|-------------------------|------|------|-----------------------|------|------|-----------------------|------|------|
| 1st Compliance Period   |      |      | 2nd Compliance Period |      |      | 3rd Compliance Period |      |      |
| 2020                    | 2021 | 2022 | 2023                  | 2024 | 2025 | 2026                  | 2027 | 2028 |
| LCWS                    | SCWS | NTNC | LCWS                  | SCWS | NTNC | LCWS                  | SCWS | NTNC |

- 2024: Second year of 2nd Compliance Period of 9-year Compliance Cycle.
- Small Community Water Systems, population under 3,301.
- A compliance schedule overview is available on the NED Compliance Assurance Resources Page.



# Quality Assurance Reviews

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- The Department is standardizing and implementing a formal review process for Quality Assurance (QA), which includes reports submitted by systems.
- We will be reviewing reports submitted on a select number of the systems receiving an inspection.
  - You may be asked for information on a previously submitted monitoring report.
  - You may see comments in the inspection report to include information on future report submittals.
- You can find more information on QA at <https://floridadep.gov/dear/quality-assurance>.



# Monitoring Schedule

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

## *Schedules provided as a courtesy*

- Owners are responsible to ensure sampling is completed.
- Systems are responsible for tracking changes in monitoring based on results.
- Chemical Report Review Guide available at <https://floridadep.gov/northeast/ne-compliance-assurance/content/compliance-assurance-resources>.



# Sampling Requirements

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Inorganics, SOCs, VOCs, Secondaries, and Rads Sampling must be conducted at the *entry point to distribution tap* – the last tap before the water leaves the plant.
- Disinfection Byproducts (DBPs) must be sampled in accordance with the approved plan, including location and sampling timeframe\*
  - Systems on Annual or Triennial must provide a month.
  - Systems on Quarterly must provide a week (i.e. Second week in 1<sup>st</sup> month).

*\*Samples taken outside the designated timeframes cannot be accepted for compliance - a violation will be generated and public notice will be required.*



# Lead and Copper Tap Sampling

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Must be sampled in accordance with the approved plan on file.
- Changes to sampling pool must be approved *prior* to sampling.
- Contact DEP staff if there is a participation issue that may cause you to not meet your required number of sampling sites.
- Consumer Notice form must be provided to customers and a copy with the Certification of Delivery form submitted to DEP.





# Synthetic Organics

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- During the 2023-2025 sampling years, as the 2nd Compliance Period of 9-year Compliance Cycle, Synthetic Organic Contaminant (SOC) waiver will be available.
- Large CWS are required to sample two sets of SOCs in their monitoring year, next due 2026.
  - You may request a waiver for one or both *sets*. Waiver(s) *must* be submitted during 2026.
  - We request that waivers be submitted by June 30, 2026, to allow time for sampling in case of a denial.



# Asbestos

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- During 2020 – 2022, all CWS and NTNC sampled or submitted certification there is no asbestos-containing piping in their system.
- DEP Form 62-555.900(10) served as both the asbestos-free certification form *and* sampling plan, if applicable.
- Next monitoring period for Asbestos will be 2029-2031.



# Report Review

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- *Review the results when received from labs.*
  - Maximum Contaminant Levels (MCLs) and Regulation Detection Limits (RDLs) are listed under 62-550 Florida Administrative Code, available through <https://www.flrules.org/>.
- Quick review guide available on the Northeast District Compliance Assurance Page.



# Quarterly Monitoring

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Quarterly monitoring will be required if:
  - Nitrate or Nitrite  $\geq \frac{1}{2}$  MCL.
  - Inorganic contaminants  $>$  MCL.
  - Volatile Organic Contaminant (VOC)  $>$  0.5 milligrams per Liter (mg/L).
  - Synthetic Organic Contaminant (SOC)  $>$  Regulatory Detection Level (RDL).
  - Radionuclides  $>$  MCL.
  - DBP  $>$  60 micrograms per Liter ( $\mu\text{g}/\text{L}$ ) for Haloacetic Acids (HAA5s) and 80  $\mu\text{g}/\text{L}$  for Total Trihalomethanes (TTHMs).



# Checking the MCL

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Laboratory results will indicate the MCLs for each contaminant.

| Contam ID | Contam Name    | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification |
|-----------|----------------|-----|-------|-----------------|------------|-------------------|---------|---------------|---------------|-----------------------|
| 1040      | Nitrate (as N) | 10  | mg/L  | 0.20            | U          | EPA 300.0         | 0.20    | 01/12/2021    | 23:20         | E82574                |
| 1041      | Nitrite (as N) | 1   | mg/L  | 0.20            | U          | EPA 300.0         | 0.20    | 01/12/2021    | 23:20         | E82574                |

| Contam ID | Contam Name                  | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Regulatory MRL** | Analysis Date | Analysis Time | DOH Lab Cert # |
|-----------|------------------------------|-----|-------|-----------------|------------|-------------------|---------|------------------|---------------|---------------|----------------|
| 2941      | Chloroform                   | N/A | ug/L  | 125             | L          | EPA524.2          | 0.500   | 1.0              | 06/09/20      |               | E83018         |
| 2942      | Bromoform                    | N/A | ug/L  | 0.500           | U          | EPA524.2          | 0.500   | 1.0              | 06/09/20      |               | E83018         |
| 2943      | Bromodichloromethane         | N/A | ug/L  | 12.2            |            | EPA524.2          | 0.500   | 1.0              | 06/09/20      |               | E83018         |
| 2944      | Dibromochloromethane         | N/A | ug/L  | 0.650           | I          | EPA524.2          | 0.500   | 1.0              | 06/09/20      |               | E83018         |
| 2950      | Total Trihalomethanes (TTHM) | 80  | ug/L  | 138             |            | EPA524.2          | 0.500   | ---              | 06/09/20      |               | E83018         |

\*U qualifier indicates the result was below detection limit.



# VOC and SOC Detections

## Quarterly Monitoring Required

- Volatile Organic Contaminant (VOC) > 0.5 milligrams per Liter (mg/L).

VOLATILE ORGANICS  
62-550.310(2)(b)

Report Number / Job ID: 439072DW1  
PWS ID (From Page 1): Quarterly Xylenes

| Contam ID | Contam Name | MCL   | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | RDL | Analysis Date | Analysis Time | DOH Lab Cert # |
|-----------|-------------|-------|-------|-----------------|-----------|-------------------|---------|-----|---------------|---------------|----------------|
| 2955      | Xylenes     | 10000 | ug/L  | 5.08            |           | EPA524.2          | 0.500   | 0.5 | 06/11/20      |               | E83018         |

- Synthetic Organic Contaminant (SOC) > Regulatory Detection Level (RDL).

| Contam ID | Contam Name               | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | RDL | Extraction Date | Analysis Date | Analysis Time | DOH Lab Certification |
|-----------|---------------------------|-----|-------|-----------------|------------|-------------------|---------|-----|-----------------|---------------|---------------|-----------------------|
| 2039      | Di(2-ethylhexyl)phthalate | 6   | ug/L  | 1.4             |            | EPA 525.2         | 0.27    | 0.6 | 20-Nov-2017     | 20-Nov-2017   | 15:49         | E12700                |



# Lab Documentation

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Lab reports may omit information about the analysis that DEP needs to accept the results.
  - For example, explanations for certain qualifier codes.
- We may contact the lab to speak with the lab manager directly. However, not all labs will speak with DEP without your permission.
- If we cannot obtain the needed information, your results may be rejected.



# Lab Documentation

## Qualifier Codes

- Various qualifier codes may be indicated on lab reports, some are acceptable and some will result in the analysis being rejected and repeat samples are required.
- "J" qualifiers must be accompanied with additional information from lab specifying the Laboratory Control Sample (LCS), Matrix Spike (MS) and Matrix Spike Duplicate (MSD) results so that the Department can determine whether the result is acceptable.
- Unacceptable results will require a replacement sample or a monitoring violation will be generated and public notice required.





# Annual VOC and SOC

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- VOCs and SOCs are required to monitor annually following completion of four quarters of monitoring following a detection.
- Annual monitoring must be conducted during the quarter with the highest result.
- Samples not conducted in the highest quarter will result in monitoring violations and potentially extend annual monitoring.
- When in doubt, contact your inspector.



# Confirmation Samples

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- A confirmation sample is required if Secondary contaminant result  $>$  MCL.
- Confirmation sampling can be conducted if DBP result is over the MCL.
  - *Depending on sampling frequency it may or may not be used to calculate a quarterly average.*
  - *However, the confirmation sample cannot be used to avoid increased monitoring.*



# Bacteriological Sampling

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Sampling requirements based on two rules:
  - Ground Water Rule, 40 CFR 141 Subpart S.
  - Revised Total Coliform Rule, 40 CFR 141 Subpart Y.
- Positive Samples – Notify DEP ASAP for information on repeat sampling.
  - On the lab form, the “REPEAT” box must be checked for repeat sampling after positives.



# Positive Bacti Results

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- A = absent or satisfactory.
- P = presence, positive, unsatisfactory and requires additional monitoring.

| To be completed by collector of sample                                       |   |                                      |             |                              |    | To be completed by lab      |                |   |                             |              |
|--|---|--------------------------------------|-------------|------------------------------|----|-----------------------------|----------------|---|-----------------------------|--------------|
| Sample #   | Sample Point (Location or Specific Address) | Sample Collection Time (24 hr clock) | Sample Type | Disinfectant Residual (mg/L) | pH | Analysis Method(s) (SM9223) |                |   |                             |              |
|  |   |                                      |             |                              |    | Non-Coliform                | Total Coliform | Fecal <u>E. coli</u> , Enterococci, or Coliphage <sup>3</sup> | Data Qualifier <sup>4</sup> | Lab Sample # |
| <b>Total Coliform Positive Distribution Sample - Requires Repeat Samples</b> |   |                                      |             |                              |    |                             |                |   |                             |              |
| 2  | well 4                                      | 11:00 AM                             | R           | X                            |    |                             | A              | A   |                             | 002          |
| 3  | office 405                                  | 11                                   | D           | 1.5                          |    |                             | P              | A   |                             | 003          |

| Sample Number | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type <sup>1</sup> | Disinfectant Residual (mg/L) | Laboratory Sample Number | Total Coliform | E. coli | DQ <sup>2</sup> |
|---------------|---|------------------------|--------------------------|------------------------------|--------------------------|----------------|---------|-----------------|
| 1             | well 1                                      | 12:10                  | R                        | -                            | M205553                  | A              |         |                 |
| 2             | well 2                                      | 12:22                  | R                        | -                            | M205554                  | P              | P       |                 |
| 3             | Town Hall                                   | 12:45                  | D                        | 0.8                          | M205555                  | A              |         |                 |


Report / Submission Number:

**E.Coli Positive Well Sample - Requires Mandatory BWN & 5 Well Samples ASAP**



# Bacteriological Sampling

## Common Revised Total Coliform Violations

- Insufficient repeat sampling.
  - Three repeats for every distribution TC+, even if only one service connection.
- Untimely repeat sampling.
  - Repeats should be collected within 24 hours.
- Insufficient distribution samples following TC+. 
  - Systems on quarterly must collect three distribution samples the month following a TC+ distribution sample.

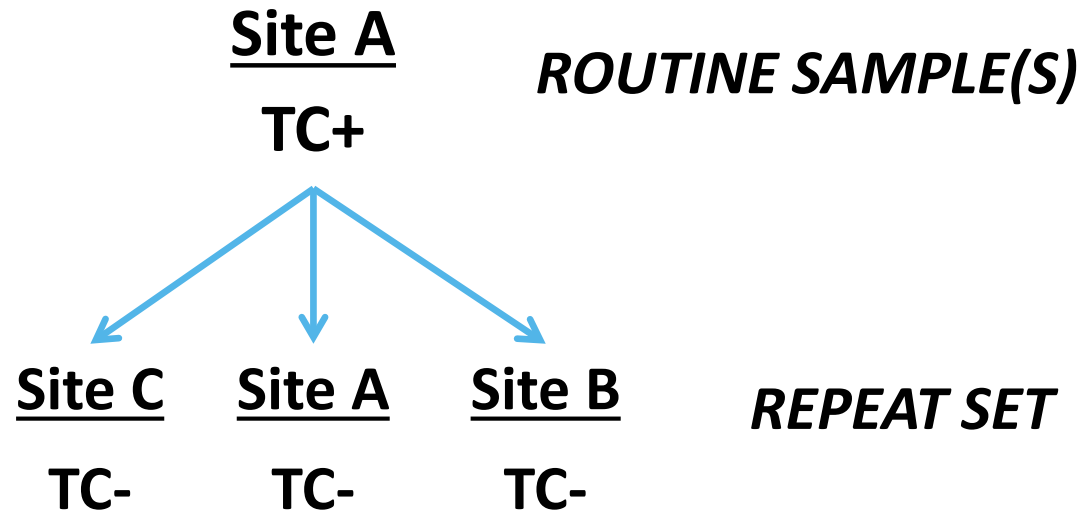
More than one of the above violations can result in increased, monthly monitoring for systems on routine, quarterly monitoring.



# Bacteriological Positives

## Repeat Samples

**\*MARK YOUR SAMPLES AS REPEAT ON THE BACTERIOLOGICAL FORM\***

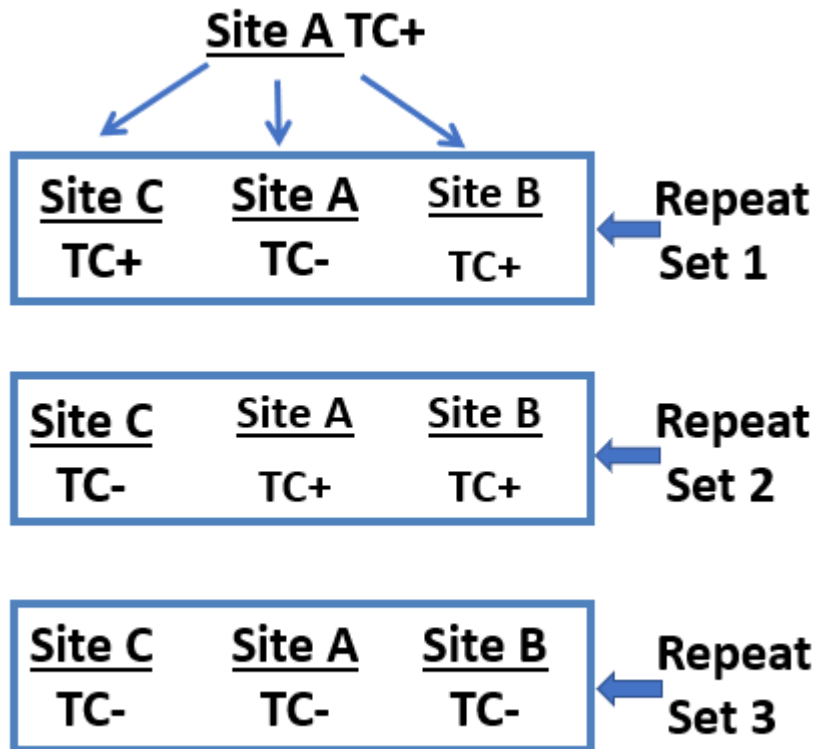


- For each routine TC+, collect 3 repeat samples
- All TC+ samples must be tested for *E.coli*



# Bacteriological Repeats

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION



- In this example, there are a total of 9 repeat samples at 3 sites.
  - REMEMBER: Systems must collect **one** set of 3 repeats until either:
    - TC is not detected in one complete set of repeats.
- OR*
- System determines that a Treatment Technique trigger has been exceeded and notifies the state.



# Revised Total Coliform Rule

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Assessments are evaluations of the system's source water, treatment, distribution system and related operational practices to identify **sanitary defects**.
  - **Sanitary Defects** are anything that could provide a pathway for entry of microbial contaminations into the distribution system or are indicative of failure or imminent failure of a barrier to contamination that is already in place.
- Type of assessment (Level 1 or Level 2) depends on the severity and frequency of contamination or failure to monitor.

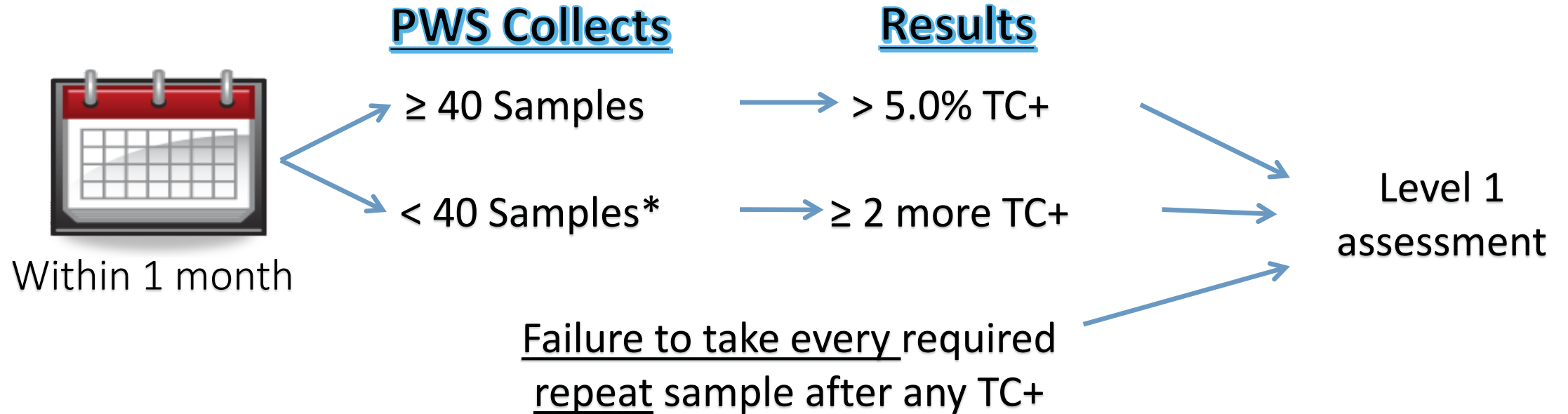
***\*DUE WITHIN 30 DAYS\****





# Level 1 Assessment

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

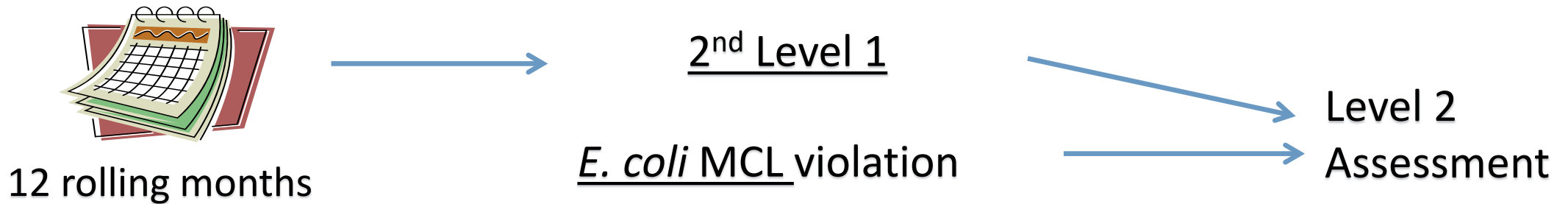


\*Note: the 40 samples per month includes routine and repeat samples.



# Level 2 Assessment

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION



- Level 2 Assessments are more detailed and cannot be completed by the same person who did the Level 1.



# Public Notices

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Public Notice is required for any missed monitoring and Maximum Contaminant Level (MCL) exceedances.
- You must submit a copy of the Notice *and* the Certification of Delivery of Public Notice, Form 62-555.900(22).
- Time frames:
  - Acute violations= 24hrs.
  - Non-Acute violation= 30days.
  - Monitoring= 90days.

***\*You must submit both to complete the Public Notice requirement!\****



# Boil Water Notices

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

| <b>PBWN Event Timeline</b>                    |                                       |   |
|---|---------------------------------------|---|
| <b>Unplanned Event Notification</b>           |                                       | <b>Planned Event Notification</b>       |
| <i>Department</i>                             | <i>Customers</i>                      | <i>Department &amp; Customers</i>       |
| ASAP by 12:00pm of the following business day | ASAP but within 24 hours of the event | No later than the previous business day |

- A copy of the PBWN must be furnished to both television and radio stations broadcasting in the affected area.
- The PBWN must be rescinded in the same manner as it was issued following receipt of satisfactory bacteriological samples.
- The items below must be reported to the Department following the issuance of a PBWN:
  - A copy of the Issued PBWN.
  - A copy of the satisfactory lab reports.
  - A copy of the issued rescission.



# Monthly Operation Reports

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

### MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: \_\_\_\_\_ Plant Name: \_\_\_\_\_

#### III. Daily Data for the Month/Year of: \_\_\_\_\_

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours Plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* |   |  |   |                    |                            |                               |  |  |  | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|--------------------------|--|---|---|--|---|--------------------|----------------------------|-------------------------------|--|--|--|---|--|
|                  |   |                          |  | CT Calculations   |   |  |   |                    | UV Dose                    |                               |  |  |  |   |  |
|                  |   |                          |  | Peak Flow Rate, gpd   | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp. of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm <sup>2</sup> | Minimum UV Dose Required, mW-sec/cm <sup>2</sup> |  |   |  |
| 1                |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 2                |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 3                |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 4                |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 5                |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 6                |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 7                |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 8                |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 9                |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 10               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 11               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 12               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 13               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 14               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 15               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 16               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 17               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 18               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 19               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 20               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 21               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 22               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 23               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 24               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 25               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 26               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 27               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 28               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 29               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 30               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| 31               |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| Total            |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| Average          |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |
| Maximum          |   |                          |  |   |   |  |   |                    |                            |                               |  |  |  |   |  |

4-log/CT approved systems must provide Lowest Residual

Use the "Comment" Column when Daily Flows exceed the Permitted Maximum Daily Capacity.

Provide the values for average and maximum flows.

Total 0  
Average  
Maximum 0

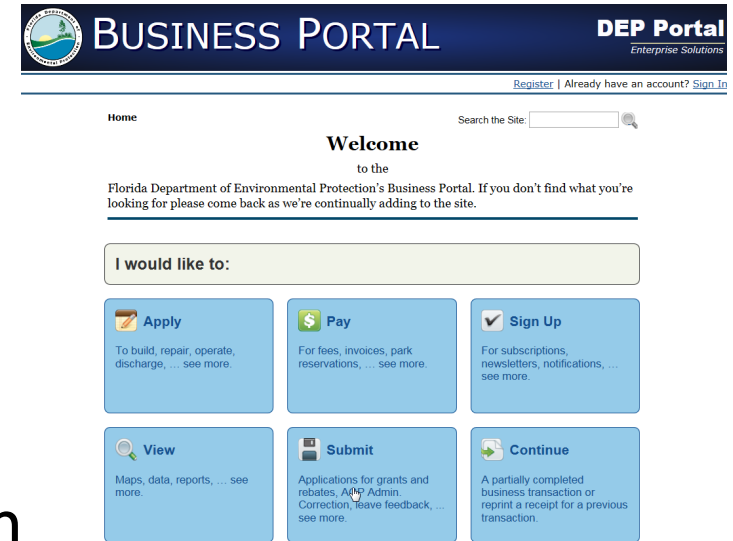
\* Refer to the instructions for this report to determine which plants must provide this information



# eMOR Application

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- eMOR is applicable to the DEP Form 62-555.900(3) only.
- Accessible through DEP Business Portal <http://www.fldepportal.com/>.
- You will complete the MOR using the application
  - A completed MOR form will be generated, emailed to you, flow data is uploaded to DEP's database, and a copy of the MOR is placed into Oculus (DEP's electronic documents management system accessible to the public).
- Step-by-step guide is available, ask any inspector.





# Report Submittal

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Email: [DEP\\_NED@dep.state.fl.us](mailto:DEP_NED@dep.state.fl.us)

Mail: 8800 Baymeadows Way W, Suite 100, Jacksonville, FL 32256

Fax: 904-256-1589

Reports due by the **10<sup>th</sup> of the month** following the month of sampling *or* 10 days within receipt of results.



# Report Cover Pages

## Sampler Cover Page

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

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

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Sample Date: \_\_\_\_\_ Sample Time: \_\_\_\_\_ AM PM (C)  
Sample Location (be specific): \_\_\_\_\_ Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**Sample Type (Check Only One)** **Reason(s) for Sample (Check all that apply)**

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

\*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. \*\*See 62-550.550(4) for requirements and attach a results page for each site.

**SAMPLER CERTIFICATION**

I, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_  
Sampler's E-mail: \_\_\_\_\_

Reporting Format 62-550.730  
Effective January 1995, Revised December 2012

Page 1 of 9

- Completed & signed by the individual who collected the samples.
- Frequently not submitted with reports.
- **Must be submitted for DEP to accept your results.**





# Report Cover Pages

## Laboratory Cover Page

- Completed by the laboratory.
- Contact your lab if this page was not included in your report.

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

Lab Name: \_\_\_\_\_ Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:** \_\_\_\_\_

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: \_\_\_\_\_

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

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

### LAB CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_



# Chain of Custody

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- A chain of custody form should be submitted with chemical reports.
- Ensure the dates on the chain of custody are accurate and reflect the sample date documented on the sampler cover page.

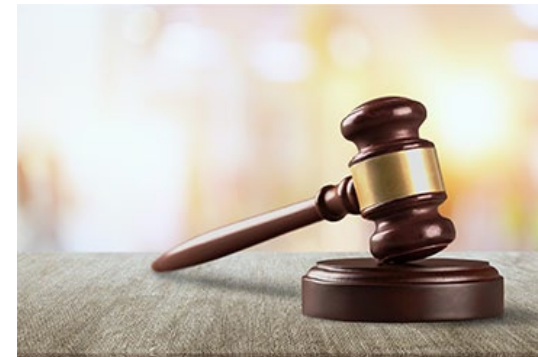


# Compliance and Enforcement

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

### *What happens when a system doesn't comply?*

- Compliance Assistance Offer (CAO) letters.
  - Inspection; Reporting; Monitoring.
- Warning Letters.
  - Precursor to enforcement action.
- Enforcement Actions.
  - Consent Orders.
    - Short Form.
    - Long Form.
  - Notice of Violations .





# Post Hurricane Communication

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Once your system is again operational:
  - Notify the Department of Environmental Protection (DEP) by phone or through WATER Tracker.
  - Issue Precautionary Boil Water Notices (PBWNs) as appropriate.
    - Power-loss drains storage tank(s) → systemwide pressure loss
    - Main break(s).
    - Flooding of well or damaged unpressurized lines.
  - PBWN sampling requirements vary with cause → Consult with DEP District Office.
  - Rescind PBWNs after receiving appropriate satisfactory results.



# Further Resources

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

### Northeast District Compliance Assurance Resources:

<https://floridadep.gov/northeast/ne-compliance-assurance/content/compliance-assurance-resources>

### Drinking Water Forms Page:

<https://floridadep.gov/water/source-drinking-water/content/drinking-water-forms-reporting-formats>



# THANK YOU

**Shane Tierney**

Environmental Manager

Florida Department of Environmental Protection

Contact Information:

904-256-1642

[Shane.tierney@floridadep.gov](mailto:Shane.tierney@floridadep.gov)

Main NED DEP Phone: 904-256-1700

