



Midway Water System

Date: 10/18/21

BOIL WATER NOTICE

To Residents or Business of: 5000 Block of Soundside Dr. West to Gulf Breeze Pkwy.

Reason: Cross Connection

Utility Action: Water Samples

As a precaution, we advise that all water used for drinking, cooking, making ice, brushing teeth, or washing dishes be boiled.

This "BOIL WATER NOTICE" will remain in effect until the problem has been corrected and a bacteriological survey and samples are taken. You will be officially notified after several days when sampling clears and the water is proven safe to drink.

Under a boil water notice, water used for consumption can be disinfected by any one of the following methods:

- Bringing the water to a rolling boil and holding it there for one minute.
- Using a disinfecting chemical. If you cannot boil water, you should put eight(8) drops of common household bleach (unscented) which is about 1/8th a teaspoon, into one(1) gallon of tap water, then shake it, and allow it to stand for 30 minutes. There should be a slight chlorine odor. Use common household bleach that has 5% to 6% active ingredients. Use food grade containers. OR
- Using water purification tablets or iodine that many sports and camping stores sell, and follow their directions.
- You can also buy commercial bottled water for consumption and food preparation as an alternative.
- Businesses should take steps to post notices at, or disabling water fountains and ice machines. If you have visitors or employees, use commercial bottled water for drinking and preparations.

If you have any questions concerning this, please visit our website at www.midwaywater.com or contact Midway Water System at 850-932-5188.

A Non-Profit Community Owned Corporation
4971 Gulf Breeze Parkway Gulf Breeze Florida 32563-9286
Office: 932-5188 Fax: 850 932-9607

Water Main Break/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.
The use of this form is recommended.

Once complete, please submit this form by email to: alexandria.woodson@dep.state.fl.us
For questions, please call (850) 595-0640

Utility: Midway Water System
Reported to: DEP
Reported by: Craig Mattingly

PWS I.D. Number: 1570470
Date: 10/18/21 Time: 2:10pm
Phone: 850-932-5188

Are you reporting scheduled maintenance? Yes No

Are you reporting a water main break? Yes No Size of water main broken? _____

Was a precautionary boil water notice issued? Yes No If PBWN was not issued, please explain why? Other - Explain below

Date issued: 10/18/21

How was it issued?

Door Hangers
Email
Hand Delivered
Posting
Telephone
TV/Radio

*Please note: bacteriological samples must still be collected for BMP repairs.

Was the local Health Department notified? Yes No

Other: Cross Connection

Was water service interrupted? Yes No How long was service interrupted? _____

Address/Location of water main break or scheduled maintenance: 5000 Soundside Dr.

Number of **Residential** connections affected? 500 Number of **Commercial** connections affected? 2

Were any critical use facilities affected? Yes No

If yes, select those affected: school child day care establishment assisted living facility
 nursing home dialysis center hospital/health care center
 food establishment

Malfunction OTHER THAN MAIN BREAK (check ALL that apply)

- Zero pressure ___ Pressure below 20 psi
- Plant shut down
- Chlorine residual below 0.2 free mg/L
- High service pump failure
- Clarifier Failure ___ Filtration system problem
- Well Pump Failure
- Power outage
- Chemical feed system failure: Chemical: _____
- Turbidity MCL violation ___ Daily ___ Monthly

Maintenance (check ALL that apply)

- Clean aerator
- Clean storage tank
- H.S. Pump replacement
- Well pump replacement: Well # _____
- Water main replacement: Size _____
- Valve Replacement: Size _____
- Other, explain: Cross connection by the City of Gulf Breeze

Additional Information:

See attached sheet.

Estimated time for completion of repairs/scheduled maintenance: _____

Bacteriological samples required? Yes Number of samples and date(s) of collection: 1 upstream, 3 at Center, 1 downstream

Chemical recheck samples required? _____ Number of samples and date(s) of collection: _____

**Please e-mail or fax bacteriological and chemical results and/or notice of rescission ASAP to the DEP.
Please remember to report this event on your next Monthly Operating Report (MOR).**

Additional Information: Cross connection by the City of Gulf Breeze discovered on 10/18/21 at the 5000 block of Soundside Dr. Cross connection has been eliminated.

Sampling Info:

1. Upstream @ Hyd. 4115 Soundside Dr.
2. Hyd. @Ent. To Areca Palm Dr.
3. Hyd. @Ent. To Sabel Palm Dr.
4. Hyd. @ Ent. To Lombardy Dr.
5. Downstream @ 5012 Soundside Dr.

QC Report sampling attached from previous weeks.

DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORTING FORMAT
62-550.730 Reporting Format Effective 01/1/95 Revised 02/2010

FUTURE LABS INC
5756 STEWART STREET
MILTON, FL 32570
850-623-6110
ID# E81304

*BMAP sub 10-7-21
Set #1*

Relinquished by / Date / Time 10-5-21 [Signature] 0935
 Accepted by / Date / Time _____
 Relinquished by / Date / Time _____
 Lab Receipt Date & Time Alexis Bissonnette 10-5-21/0935
 Analysis Date & Time 10-5-21/1120
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 6.2 °C
 Disinfectant Check: Not Detected Detected
 This sample does not meet the following criteria: _____

Area 1570470MIC 100521

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

Public Water System (PWS) Name: **MIDWAY WATER SYSTEM, INC** PWS I.D. **1570470**
 PWS Address: 4971 GULF BREEZE PARKWAY City: GULF BREEZE, FL 32563
 PWS or PWS Owner's Phone #: 850-932-5188 Fax #: 850-932-5612
 Collector: **Craig Mattingly** Collector's Phone #: 850-791-0204

Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: Customer - Quality

Sample Collection Date: 10-5-21

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	gnd Sample Type <u>DS</u>	Free Disinfectant Residual (mg/L)	Total Disinfectant Residual (mg/L)	pH	Analysis Method(s):			
							Total Coliform	E. coli	Data Qualifier ²	Lab Sample #
1.	Hyd @ Entrance to Arica Palm Dr. Upstream	8:02	<u>DS</u>	1.30	1.40	7.1	A	A		21DW-6207
2.	Hyd @ Entrance to downtown Sabel Palm Dr.	8:20	<u>DS</u>	1.00	1.10	7.0	A	A		21DW-6208
3.	4593 Sandside Dr	8:26	<u>DS</u>	1.20	1.25	7.0	A	A		21DW-6209
										21DW-
										21DW-
										21DW-
										21DW-

Average of disinfectant residuals for distribution routine & repeat samples.⁴
 Free chlorine or Total chlorine (circle one). Free chlorine

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# 0021046)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report issued: 10-07-2021
 Lab Signature: [Signature]
 Title: QA/QC Officer

(Name and Mailing Address of Person to Receive Report)
 MIDWAY WATER SYSTEM, INC
 ATTN: CRAIG MATTINGLY
 4971 GULF BREEZE PARKWAY
 GULF BREEZE, FL 32563

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

¹ For Sample Types see Instructions item I 16.
² For Analysis Methods see Instructions item II 6.
³ Defined in Florida Administrative Code Rule 62-160, Table 1.
⁴ Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

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DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT
(62-550.730 Reporting Format Effective 3/1/1995 Revised 02/2010)

FUTURE LABS INC
5756 STEWART STREET
MILTON, FL 32570
850-623-6110
ID# E81304

Relinquished by / Date / Time GA 10-11-21/1402
 Accepted by / Date / Time _____
 Relinquished by / Date / Time _____
 Lab Receipt Date & Time HELEN BISSONNETTE 10-11-21/1402
 Analysis Date & Time 10-11-21/1410
 Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 5.2 °C
 Disinfectant Check Not Detected _____
 This sample does not meet the following NELAP requirements:

Sample ID# 1570470MIC 101121QC

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

Public Water System (PWS) Name: **MIDWAY WATER SYSTEM, INC** PWS I.D. **1570470**
 PWS Address: 4971 GULF BREEZE PARKWAY City: GULF BREEZE, FL 32563
 PWS or PWS Owner's Phone #: 850-932-5188 Fax #: 850-932-5612
 Collector: Craig Mattingly Collector's Phone #: 850-791-0204

Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: Quality

Sample Collection Date: 10-11-21

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Free Disinfectant Residual (mg/L)	Total Disinfectant Residual (mg/L)	pH	Analysis Method(s) ²			
							Total Coliform	E. coli	Data Qualifier ³	Lab Sample #
1	Upstream @ 4257 Gulf Breeze Pkwy.	12:49	S	1.0	1.1	7.1	A	A		21DW-6391
2	Hyd. @ 4279 Conradina Dr.	12:39	S	1.0	1.1	7.0	A	A		21DW-6392
3	Downstream @ Hyd. 4403 Soundside Dr.	12:30	S	1.0	1.1	7.0	A	A		21DW-6393
										21DW-
										21DW-
										21DW-
										21DW-
										21DW-
										21DW-

Average of disinfectant residuals for distribution routine & repeat samples.⁴
 (Free chlorine or total chlorine (circle one))

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# 0021046)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report Issued: 10-12-2021
 Lab Signature: [Signature]
 Title: QA/QC Officer

(Name and Mailing Address of Person to Receive Report)
 MIDWAY WATER SYSTEM, INC
 ATTN: CRAIG MATTINGLY
 4971 GULF BREEZE PARKWAY
 GULF BREEZE, FL 32563

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

¹ For Sample Types see Instructions item I.16.
² For Analysis Methods see Instructions item II.6.
³ Defined in Florida Administrative Code Rule 62-160, Table 1.
⁴ Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

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