

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Well #2 for the Port of the Islands Public Drinking Water System Tested Positive for *E. coli* Contamination

Our water system detected fecal indicators (*E. coli*) in one of our wells. As our customers, you have a right to know what happened and what we are doing to correct this situation. On October 22, 2021, we were notified that a routine bacteriological sample we collected from Well #2 on October 20, 2021, tested positive for *E. coli* bacteria. Upon notification, we immediately removed Well #2 from service. Currently raw water is being supplied by the water system's other wells.

What should I do?

Since Well #2 has been removed from service, customers need not take any action at this time.

What does this mean? HEALTH EFFECTS

Inadequately treated or inadequately protected water may contain disease-causing organisms. These organisms can cause symptoms such as diarrhea, nausea, cramps, and associated headaches. *Fecal indicators are microbes whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term health effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.* These symptoms are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice.

What is being done?

The water system is currently investigating the cause of the *E. coli*-positive bacteriological sample from Well #2, and will be required to collect 5 additional samples from this Well within 24 hours, to confirm the level of contamination. Also, once the 5 additional samples have been collected and the investigation is complete, the water system will be required to correct the problem, disinfect Well #2, and perform a satisfactory 10 sample well survey on it. Once this has been accomplished, Well #2 can be placed back into service. Until that time, the water system will be using its other Wells to serve its customers and meet its water demand.

Additional Information :

For more information please contact MITCH GILBERT at (239) 435-0951, or contact

Name

Phone

Patty Baron at the Department of Environmental Protection at patty.baron@floridaDEP.gov

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly. You can do this by posting this notice in a public place or distributing copies by hand or mail.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)
 1001 Corporate Avenue, Suite 102
 Tel: (941) 625-3137
 Fax: (941) 240-3071
 Contact: Melinda Merchant

For Lab use Only E85086

Benchmark Environmental, Inc.
 North Port, FL 34289

Lab Receipt Date & Time: 10/20/21 12:05 pm
 Analysis Date & Time: 10/20/21 13:47 pm
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4.7°C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: S21120576 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Port of the Islands WTP

PWS I.D. 5110230

PWS Address: 12600 Union Rd.

City: Naples

PWS or PWS Owner's Phone #: 239-642-9169

Fax #: 888-862-0321

Collector: Mitch Gilbert

Collector's Phone 239-825-7818

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 10/1/21 mm 10/20/21 date taken from sample bottles. 1

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² : Colilert, SM9223B				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	Well #2	0558	R	0	7.0	P		10/20/21 mm AP		1
2	Well #1	0615	R	0	7.1	A		A		2
3	Well #3	0634	R	0	7.0	A		A		3
4	Lot 22 Sunset Cay	0645	D	2.0	7.7	A		A		4
5	Lot 27 NewPort Cay	0650	D	1.9	7.6	A		A		5

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

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

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

A certified operator (#14411 219157)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: 10/21/21 1520

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

Date Report Issued: 10/21/21

Lab Signature: [Signature]

Title: lab analyst

Name / Mailing Address of Additional Person to Receive Report

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

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 Naples, FL 34119