

# WASTEWATER SPILLAGE REPORTS

**Mission:**  
To protect, promote & improve the health  
of all people in Florida through integrated  
state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

### WASTEWATER SPILLAGE REPORT

**PHONE #561-837-5947/837-5900(Ext. 6) Fax#561-837-5293**

**CONTACT: Pamela Lape Off-hours, weekends, holidays- 561-881-1888  
(Medical VIP Answering Service)**

Utility: City of Delray Beach Contact person: Scott W. Solomon

Phone #: 561-573-0470 Date and time of Incident: 10/05/2018 – 8:30 pm

Description of Incident: Comcast (or their contractor) bored a conduit through the lift stations electrical conduit severing the cables for the transducer level control, high well alarm and the high well backup float. This caused the station to provide inaccurate wetwell level readings, allowing the station to backup and overflow from a nearby sanitary sewer manhole into a storm sewer catch basin.

(See attachment of Damaged electrical conduit )

Cause of Incident: Lift Station #9 failure

Location of Incident (directions) Lift Station #9 at 96 NE 1<sup>st</sup> Ave

Estimated amount of spillage: 2000 to 2500 gallons  
*(Attach a separate sheet explaining how you arrived at this amount if needed)*

Estimated affected area: 5' x 2'

Corrective Action: Placed lift station in manual mode and pumped down the station. Cleaned up area with HTH and fresh water. Placed station in high well backup.

Bodies of water effected: Intracoastal waterway (Immediate Sampling Required)

Storm Drains effected: Yes

Signs/Notification and Actions: Poured HTH in to catch basin and added fresh water from a fire hydrant.

Clean Up: Wash down area with fresh water & HTH

Disinfected With: HTH

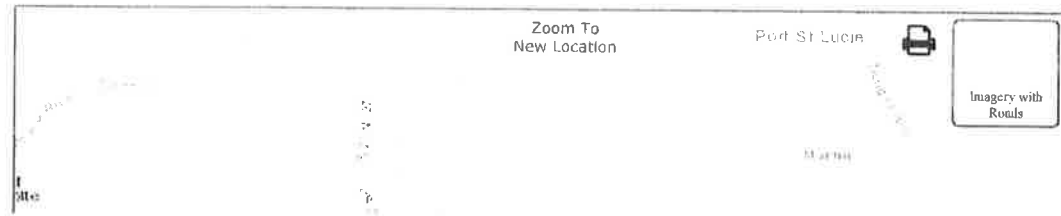
Back to Normal: Yes Date: 10/05/2018 Time: 11:00 pm

Comments:

**The Health Department and FDEP/SED - Denise Watts at (561) 681-6701, via e-mail – [Denise.Watts@dep.state.fl.us](mailto:Denise.Watts@dep.state.fl.us) must be notified within 24-hours for any amount of spillage and this report e-mail. Spills greater than 1,000 gallons or any discharge to surface waters must also be called to the State Warning Point at **1-800-320-0519**.**

**Florida Department of Health,  
In Palm Beach County**  
Division of Environmental Public Health  
P.O. Box 29, 800 Clematis Street, West Palm Beach, FL 33402  
PHONE: 561-837-5900 • FAX: 561-837-5293  
[FloridaHealth.gov](http://FloridaHealth.gov), [Flhealthpalmbeach.org](http://Flhealthpalmbeach.org)





**Facility Information**

Please enter or update the requested information about the facility/installation at which the Incident occurred.

Facility/Installation Name : \*

Address Line 1 :

Address Line 2 :

Directions :

City :

State :

Zip Code :

**Reporter Details**

Please enter or update the requested information about the person reporting the Incident.

Name : \*

Title : \*

E-mail Address : \*

Phone Number : \*

Ext. :

I am the : \*

Operator of the Facility/Installation

Owner of the Facility/Installation

Other

**Contact Details**

you have a summary e-mail from the State Watch Office, you may copy that and paste it here) : \*

Please select all counties directly affected by the Incident : \*

<input type="checkbox"/> Alachua	<input type="checkbox"/> Duval	<input type="checkbox"/> Holmes	<input type="checkbox"/> Miami-Dade	<input type="checkbox"/> Seminole
<input type="checkbox"/> Baker	<input type="checkbox"/> Escambia	<input type="checkbox"/> Indian River	<input type="checkbox"/> Monroe	<input type="checkbox"/> St. Johns
<input type="checkbox"/> Bay	<input type="checkbox"/> Flagler	<input type="checkbox"/> Jackson	<input type="checkbox"/> Nassau	<input type="checkbox"/> St. Lucie
<input type="checkbox"/> Bradford	<input type="checkbox"/> Franklin	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Okaloosa	<input type="checkbox"/> Sumter
<input type="checkbox"/> Brevard	<input type="checkbox"/> Gadsden	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Okeechobee	<input type="checkbox"/> Suwannee
<input type="checkbox"/> Broward	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Lake	<input type="checkbox"/> Orange	<input type="checkbox"/> Taylor
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Glades	<input type="checkbox"/> Lee	<input type="checkbox"/> Osceola	<input type="checkbox"/> Union
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Gulf	<input type="checkbox"/> Leon	<input checked="" type="checkbox"/> Palm Beach	<input type="checkbox"/> Volusia
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Levy	<input type="checkbox"/> Pasco	<input type="checkbox"/> Wakulla
<input type="checkbox"/> Clay	<input type="checkbox"/> Hardee	<input type="checkbox"/> Liberty	<input type="checkbox"/> Pinellas	<input type="checkbox"/> Walton
<input type="checkbox"/> Collier	<input type="checkbox"/> Hendry	<input type="checkbox"/> Madison	<input type="checkbox"/> Polk	<input type="checkbox"/> Washington
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hernando	<input type="checkbox"/> Manatee	<input type="checkbox"/> Putnam	
<input type="checkbox"/> DeSoto	<input type="checkbox"/> Highlands	<input type="checkbox"/> Marion	<input type="checkbox"/> Santa Rosa	
<input type="checkbox"/> Dixie	<input type="checkbox"/> Hillsborough	<input type="checkbox"/> Martin	<input type="checkbox"/> Sarasota	

Start Date and Time of the Incident : \*

03/22/2018 06:30 AM

Is the Incident on-going : \*

- Yes
- No

End Date and Time of the Incident :

03/22/2018 06:30 PM

Please select the location where the Incident occurred : \*

- [Ombudsman and Public Services](#)
- [Recreation and Parks](#)
- [Regulatory Programs](#)
- [Springs](#)
- [State Lands](#)
- [Sustainable Initiatives Programs](#)
- [Technology and Information Services](#)
- [Waste Management](#)
- [Water Policy](#)
- [Water Resource Management](#)
- [Water Restoration Assistance](#)
  
- **Districts**
- [Central District](#)
- [Northeast District](#)
- [Northwest District](#)
- [South District](#)
- [Southeast District](#)
- [Southwest District](#)
  
- [Air](#)
- [Lands](#)
- [Parks & Rec](#)
- [Waste](#)
- [Water](#)

**You are submitting a Public Notice of Pollution in accordance with Section 403.077, F.S., which is intended to prevent harm to human health, welfare, or property by assisting the control of pollution. This rule specifies that "reportable releases" are required to be reported to the Department.**

**Please be aware that while submission of a Notice through this website complies with the requirements of §403.077, F.S., it does not relieve you of any obligation to report to the State Watch Office.**

**Field marked with \* are necessary to implement the Subscription service required by statute.**

**Incident Information**

**Please enter or update the requested information about the Incident.**

Please enter a name for the Incident :

State Watch Office Incident Number or Case ID :

Incident Report (Please enter the information provided to the State Watch Office. If

Please enter or update the requested information about the person to be contacted for further information concerning the Incident.

Name : *	<input type="text" value="Scott Solomon"/>
Phone : *	<input type="text" value="(561) 243-7309"/>
Ext. :	<input type="text"/>
E-mail Address : *	<input type="text" value="solomon@mydelraybeach.com"/>

*Public Notice of Pollution — 3.8.40.453  
Office of Technology and Information Services*

*[Site Map](#) — For Business Issues, call Service Desk; For Technical Assistance, call Service Desk or [Contact Us via email](#)*

Some content provided in alternative formats. The following icons link to free Reader/Viewer software:

[PDF:](#) | [Word:](#) | [Excel:](#)

© Copyright 2017 [Florida Department of Environmental Protection](#)

- [Accessibility Information](#)
- [Disclaimer](#)
- [Privacy Statement](#)

**From:** no-reply@dep.state.fl.us  
**Sent:** Wednesday, October 10, 2018 10:14 AM  
**To:** Solomon, Scott; Solomon, Scott  
**Subject:** Public Notice of Pollution - Initial Notice



## Florida Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Noah Valenstein  
Secretary

### Pollution Notice

Thank you for submitting a Public Notice of Pollution for a reportable Incident in compliance with Section 403.077, F.S.

Your DEP Incident ID is **2422**. Please use this ID during any future correspondence with the Department concerning this Incident.

To update the information you have entered please click the link the below:

[Update My Notice](#)

**Type of Notice:** Initial Report

**Date of Notice:** 10/10/2018

#### Incident Information

**Name of Incident:** Lift Station #9

**State Watch Office Case Number:** 20186236

**Start of Incident:** 10/05/2018 08:30

**End of Incident:** 10/05/2018 23:00

#### Incident Description

Description of Incident: Comcast (or their contractor) bored a conduit through the lift station's electrical conduit severing the cables for the transducer level control, high well alarm and the high well backup float. This caused the station to provide inaccurate wetwell level readings, allowing the station to backup and overflow from a nearby sanitary sewer manhole into a storm sewer catch basin.

#### Incident Location

**Facility/Installation Name:** Lift Station #9

**Address Line 1:** 96 NE 1 ST Ave

**Address Line 2:**

**Directions:**

**Mission:**  
To protect, promote & improve the health  
of all people in Florida through integrated  
state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**WASTEWATER SPILLAGE REPORT**

**PHONE #561-837-5947/837-5900(Ext. 6) Fax#561-837-5293**

**CONTACT: Pamela Lape Off-hours, weekends, holidays- 561-881-1888  
(Medical VIP Answering Service)**

Utility: City of Delray Beach Contact person: Scott W. Solomon

Phone #: 561-573-0470 Date and time of Incident: 10/05/2018 – 8:30 pm

Description of Incident: Comcast (or their contractor) bored a conduit through the lift stations electrical conduit severing the cables for the transducer level control, high well alarm and the high well backup float. This caused the station to provide inaccurate wetwell level readings, allowing the station to backup and overflow from a nearby sanitary sewer manhole into a storm sewer catch basin.

(See attachment of Damaged electrical conduit )

Cause of Incident: Lift Station #9 failure

Location of Incident (directions) Lift Station #9 at 96 NE 1<sup>st</sup> Ave

Estimated amount of spillage: 2000 to 2500 gallons  
*(Attach a separate sheet explaining how you arrived at this amount if needed)*

Estimated affected area: 5' x 2'

Corrective Action: Placed lift station in manual mode and pumped down the station. Cleaned up area with HTH and fresh water. Placed station in high well backup.

Bodies of water effected: Intracoastal waterway (Immediate Sampling Required)

Storm Drains effected: Yes

Signs/Notification and Actions: Poured HTH in to catch basin and added fresh water from a fire hydrant.

Clean Up: Wash down area with fresh water & HTH

Disinfected With: HTH

Back to Normal: Yes Date: 10/05/2018 Time: 11:00 pm

Comments:

**The Health Department and FDEP/SED - Denise Watts at (561) 681-6701, via e-mail – [Denise.Watts@dep.state.fl.us](mailto:Denise.Watts@dep.state.fl.us) must be notified within 24-hours for any amount of spillage and this report e-mail. Spills greater than 1,000 gallons or any discharge to surface waters must also be called to the State Warning Point at 1-800-320-0519.**



**Mission:**  
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

*FIR*

**Celeste Philip, MD, MPH**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

**WASTEWATER SPILLAGE REPORT**

**PHONE #561-837-5947/837-5900(Ext. 6) Fax#561-837-5293**

**CONTACT: Pamela Lape Off-hours, weekends, holidays- 561-881-1888 (Medical VIP Answering Service)**

Utility: City of Delray Beach Contact person: Scott W Solomon  
Phone #: (561) 243-7309 Date and time of Incident: Nov. 5, 2018, 2:30pm

**Description of Incident:** While a Contractor was clearing land at 660 Linton Blvd, a sanitary sewer manhole and casting was hit and pushed off the manhole corbel allowing dirt and debris to enter the manhole plugging the invert, causing the sewer system to backup and discharge from upstream manholes.

**Cause of Incident:** Plugged sanitary sewer main invert due to construction activities.

**Location of Incident (directions)** Rear of building at 510 Linton Blvd.  
**Estimated amount of spillage:** A total of approximately 600 gallons was discharged into the stormwater system, at a rate of 5 gallons per minute for 2 hours.  
**(Attach a separate sheet explaining how you arrived at this amount if needed)**

**Estimated affected area:** 2 areas approximately 10ft x 25ft.  
**Corrective Action:** Used Vaccon to clear dirt/debris blockage from the sanitary sewer main

**Bodies of water effected:** NO (Immediate Sampling Required)  
**Storm Drains effected:** Yes, spill was contained within the storm sewer system.  
**Signs/Notification and Actions:** None

**Clean Up:** Washed down area with fresh water, vacuumed all liquid from catch basins added HTH to upstream catch basin and flushed with fresh water from a fire hydrant.

**Disinfected With:** HTH  
**Back to Normal:** Yes **Date:** Nov. 5, 2018 **Time:** 3:30pm  
**Comments:**

**The Health Department and FDEP/SED - Denise Watts at (561) 681-6701, via e-mail – [Denise.Watts@dep.state.fl.us](mailto:Denise.Watts@dep.state.fl.us) must be notified within 24-hours for any amount of spillage and this report e-mail.** Spills greater than 1,000 gallons or any discharge to surface waters must also be called to the State Warning Point at **1-800-320-0519**.

**Florida Department of Health,  
In Palm Beach County**  
Division of Environmental Public Health  
P.O. Box 29, 800 Clematis Street, West Palm Beach, FL 33402  
PHONE: 561-837-5900 • FAX: 561-837-5293  
**FloridaHealth.gov, Flhealthpalmbeach.org**



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Celeste Philip, MD, MPH**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

### WASTEWATER SPILLAGE REPORT

**PHONE #561-837-5947/837-5900(Ext. 6) Fax#561-837-5293**

**CONTACT: Pamela Lape Off-hours, weekends, holidays- 561-881-1888 (Medical VIP Answering Service)**

**Utility:** City of Delray Beach **Contact person:** Scott W. Solomon

**Phone #:** 561-243-7309 **Date and time of Incident:** 1/19/19 11:00 A.M.

**Description Incident:** Alarm was sent to WTP indicating a high well at the lift station. The plant operator then called out the technician. Upon arrival at 11:15 A.M. at the lift station the technician saw sewage spilling from the doorway into the drainage ditch and then into a discharge pipe that leads to the E-4 Canal.

**Cause of Incident:** Lift Station # 50 had Starter Failure with its 3 pumps.

**Location of Incident (directions)** 2200 Lowson Drive.

**Estimated amount of spillage:** A total of approximately 700 gallons was discharged into the E-4 Canal.

*(Attach a separate sheet explaining how you arrived at this amount if needed)*

**Estimated affected area:** Approximately 10 ft. x 10 ft.

**Corrective Action:** Reset the controls and restarted pumps.

**Bodies of water effected:** Yes (Immediate Sampling Required) See attached..

**Storm Drains effected:** No.

**Signs/Notification and Actions:** None

**Clean Up:** Washed down area with fresh water, vacuumed all liquid from area.

**Disinfected With:** No

**Back to Normal:** Yes **Date:** 1/19/19 **Time:** 11:20 A.M.

**Comments:** Notified DEP, State Warning Point and Health Dept.

The Health Department and FDEP/SED - Denise Watts at (561) 681-6701, via e-mail – [Denise.Watts@dep.state.fl.us](mailto:Denise.Watts@dep.state.fl.us) must be notified within 24-hours for any amount of spillage and this report e-mail. Spills greater than 1,000 gallons or any discharge to surface waters must also be called to the State Warning Point at 1-800-320-0519.

**Florida Department of Health,  
In Palm Beach County**

Division of Environmental Public Health  
P.O. Box 29, 800 Clematis Street, West Palm Beach, FL 33402  
PHONE: 561-837-5900 • FAX: 561-837-5293

**FloridaHealth.gov, FHealthpalmbeach.org**



**Accredited Health Department**  
Public Health Accreditation Board

**CITY OF DELRAY BEACH ; LAB ID E56367**

200 SW 6th Street, Delray Beach, FL 33444-2698

Ph # (561) 243-7316 - Fax # (561) 243-7316

Palm Beach County

System ID # 450-0351 • DER District IV

Filter: Millipore, Lot # C1-141-08

Petri Dishes: Fisherbrand Lot # C1-137-13

MFC Rosalic Acid Lot # C1-146-08

Sample bottles-Lot # C1-142-09

Dil.wtr- Lot # C1-141-07

Precision Water bath 44.5 C +/- 0.2

SM9222D

Exp. 10/31/19

Exp. 02/28/20

Exp. 06/06/19

Exp 03/16/20

Exp. 03/28/20



## Sewer Spill Lift Station 50 Fecal Coliform Analysis Report

Log #	Site #	Sample Site Location by Address	Date collected	Time collected	Result (CFU)	DL Units	Analyst
		Blank			<1	1 cfu/100 ml	ZE
19190	1	Center	1/19/2019	13:30	270	1 cfu/100 ml	ZE
19189	2	300' South of Spill	1/19/2019	13:35	7,636	1 cfu/100 ml	ZE
19188	3	300' North of Spill	1/19/2019	13:37	6,273	1 cfu/100 ml	ZE
		(-) Control			<1	1 cfu/100 ml	ZE
		(+) Control			42	1 cfu/100 ml	ZE
		Blank			<1	1 cfu/100 ml	ZE

BDL = Below Detection Limit ; DL= Detection limit ;

Sample collected By Christine Ferrigan Date & Time 01/19/19 @ 13:30 to 13:35 hr

Samples received in Lab 01/19/19 16:50hr

Samples set up By: ZE Date: 01/19/19 17:45hr

Samples read By: ZE Date: 01/20/19 16:30hr

Analysis Method: (circle) MF MTF PA MMO-MUG SPC Other: \_\_\_\_\_

Report submitted by Jean A Monzono Date: 1/23/19

**CITY OF DELRAY BEACH ; LAB ID E56367**  
 200 SW 6th Street, Delray Beach, FL 33444-2698  
 Ph # (561) 243-7318 - Fax # (561) 243-7316  
 Palm Beach County  
**System ID # 450-0351 - DER District IV**

Filter: Millipore, Lot # C1-141-08 Exp. 10/31/19  
 Petri Dishes: Fisherbrand Lot # C1-137-13 Exp. 02/28/20  
 MFC Rosalic Acid Lot # C1-146-08 Exp. 06/06/19  
 Sample bottles-Lot # C1-142-09 Exp 03/16/20  
 Dil.wtr- Lot # C1-141-07 Exp. 03/28/20  
 Precision Water bath 44.5 C +/- 0.2  
 SM9222D



### Sewer Spill Lift Station 50 Fecal Coliform Analysis Report

Log #	Site #	Sample Site Location by Address	Date collected	Time collected	Result (CFU)	DL Units	Analyst
		Blank			<1	1 cfu/100 ml	ZE
19191	1	Center	1/20/2019	10:30	340	1 cfu/100 ml	ZE
19192	2	300' South of Spill	1/20/2019	10:35	4,300	1 cfu/100 ml	ZE
19193	3	300' North of Spill	1/20/2019	10:40	420	1 cfu/100 ml	ZE
		(-) Control			<1	1 cfu/100 ml	ZE
		(+) Control			52	1 cfu/100 ml	ZE
		Blank			<1	1 cfu/100 ml	ZE

BDL = Below Detection Limit ; DL= Detection limit ;

Sample collected By Christine Ferrigan Date & Time 01/20/19 @ 10:30 to 10:40hr  
 Samples received in Lab 01/20/19 @ 11:00 hr  
 Samples set up By: ZE Date: 01/20/19 14:50hr  
 Samples read By: ZE Date: 01/21/19 14:05hr

Analysis Method: (circle) MF MTF PA MMO-MUG SPC Other: \_\_\_\_\_

Report submitted by: Juan A. Mazono Date: 1/23/19

**CITY OF DELRAY BEACH ; LAB ID E56367**

200 SW 6th Street, Delray Beach, FL 33444-2698

Ph # (561) 243-7318 - Fax # (561) 243-7316

Palm Beach County

System ID # 450-0351 • DER District IV

Filter: Millipore, Lot # C1-141-08

Exp. 10/31/19

Petri Dishes: Fisherbrand Lot # C1-137-13

Exp. 02/29/20

MFC Rosalic Acid Lot # C1-146-08

Exp. 08/06/19

Sample bottles-Lot # C1-142-09

Exp 03/16/20

Dil.wtr- Lot # C1-141-07

Exp. 03/28/20

Precision Water bath 44.5 C +/- 0.2

SM9222D



## Sewer Spill Lift Station 50 Fecal Coliform Analysis Report

Log #	Site #	Sample Site Location by Address	Date collected	Time collected	Result (CFU)	DL Units	Analyst
		Blank			<1	1 cfu/100 ml	ZE
19208	1	Center	1/21/2019	10:05	173	1 cfu/100 ml	ZE
19209	2	300' South of Spill	1/21/2019	10:10	127	1 cfu/100 ml	ZE
19210	3	300' North of Spill	1/21/2019	10:20	191	1 cfu/100 ml	ZE
		(-) Control			<1	1 cfu/100 ml	ZE
		(+) Control			71	1 cfu/100 ml	ZE
		Blank			<1	1 cfu/100 ml	ZE

BDL = Below Detection Limit ; DL= Detection limit ;

Sample collected By Christine Ferrigan Date & Time 01/21/19 @ 10:05 to 10:20 hr

Samples received in Lab 01/21/19 10:35hr

Samples set up By: ZE Date: 01/21/2019 14:40hr

Samples read By: ZE Date: 01/22/2019 13:10hr

Analysis Method: (circle) MF MTF PA MMO-MUG SPC Other: \_\_\_\_\_

Report submitted by: Juan A. Moreno Date: 1/23/19

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Vision:** To be the Healthiest State in the Nation

**WASTEWATER SPILLAGE REPORT**

**Contact: Pamela Lape @ (561) 837-5947/837-5900(Ext. 6) Fax (561) 837-5476**  
**Off-hours, weekends, holidays: (561) 881-1888 (Medical VIP Answering Service)**  
**Email- [FDOHPB-Spills@flhealth.gov](mailto:FDOHPB-Spills@flhealth.gov)**

Utility: City of Delray Beach Contact person: Paul H. DeCarolis

Phone #: 561-243-7000 ext. 4206 Date and time of Incident: 6/7/2019 @ 0800 hrs.

Description of Incident: Contractor working at L/S 50 noticed sewer bubbling from ground near E-4 canal – immediately notified Water/Sewer Department.

Cause of Incident: Lift Station #50 force main pipe failure, due to age.

Location of Incident (directions & Lat. Longs.): 2220 Lawson Blvd.

Estimated amount of spillage: Less than 1,000 gallons.

***(Attach a separate sheet explaining how you arrived at this amount if needed)***

Estimated affected area: 10 ft. x 10 ft.

Corrective Action: Repaired pipe.

Bodies of water affected: E-4 Canal (Immediate Sampling Required) Yes

Storm Drains affected: Drainage pipe. (See attached)

Signs/Notification and Actions: None

Clean Up: Washdown area with fresh water, vacuumed all liquid from area.

Disinfected With: No

Back to Normal: Yes Date 6/7/19 Time: 18:40 hrs.

Comments: Notified DEP, State Warning Point and Health Department

**The Health Department & FDEP/SED- Denise Watts @ (561) 681-6701 & via e-mail: [Denise.Watts@floridadep.gov](mailto:Denise.Watts@floridadep.gov) must be notified within 24-hours for any amount of spillage and this report e-mail.**

Spills greater than 1,000 gallons or **any** discharge to surface waters **must** also be called to the State Warning Point at **1-800-320-0519 & DEP Pollution Notification database:**

**<https://floridadep.gov/pollutionnotice>.**

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**WASTEWATER SPILLAGE REPORT**

**PHONE #561-837-5947/837-5900(Ext. 6) Fax#561-837-5293**

**CONTACT: Pamela Lape Off-hours, weekends, holidays- 561-881-1888 (Medical VIP Answering Service) Email- [FDOHPB-Spills@flhealth.gov](mailto:FDOHPB-Spills@flhealth.gov)**

Utility: \_\_\_\_\_ Contact person: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Date and time of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_

Cause of Incident: \_\_\_\_\_  
\_\_\_\_\_

Location of Incident (directions) \_\_\_\_\_  
Estimated amount of spillage: \_\_\_\_\_  
**(Attach a separate sheet explaining how you arrived at this amount if needed)**

Estimated affected area: \_\_\_\_\_

Corrective Action: \_\_\_\_\_  
\_\_\_\_\_

Bodies of water effected: \_\_\_\_\_ **(Immediate Sampling Required)**  
Storm Drains effected: \_\_\_\_\_  
Signs/Notification and Actions: \_\_\_\_\_

Clean Up: \_\_\_\_\_

Disinfected With: \_\_\_\_\_  
Back to Normal: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

**The Health Department and FDEP/SED - Denise Watts at (561) 681-6701, via e-mail – [Denise.Watts@dep.state.fl.us](mailto:Denise.Watts@dep.state.fl.us) must be notified within 24-hours for any amount of spillage and this report e-mail. Spills greater than 1,000 gallons or any discharge to surface waters must also be called to the State Warning Point at **1-800-320-0519**.**

## Pollution Notice

Thank you for submitting a Public Notice of Pollution for a reportable Incident in compliance with Section 403.077, F.S.

Your DEP Incident ID is **3326**. Please use this ID during any future correspondence with the Department concerning this Incident.

To update the information you have entered please click the link the below:

**[Update My Notice](#)**

**Type of Notice:** Updated Report

**Date of Notice:** 06/07/2019

### **Incident Information**

**Name of Incident:** Lift Station # 50

**State Watch Office Case Number:** 20193149

**Start of Incident:** 06/07/2019 08:00

**End of Incident:** 06/07/2019 18:40

### **Incident Description**

Lift Station # 50 force main pipe failure, due to age. 6/10/19 - Update conducted samples on Friday and again today until results are below 800. Updated spill amount to be less than 1,000 gallons.

### **Incident Location**

**Facility/Installation Name:** City of Delray Beach

**Address Line 1:** 2220 Lawson Blvd

**Address Line 2:**

**Directions:**

**City:** Delray Beach

**State:** FL

**Zip Code:** 33444

**Coordinates (in decimal degrees):**

Lat: 26.474, Long: -80.098

**[Click to view Incident Location](#)**

**Impacted Counties:** Palm Beach

### **Incident Reported By**

**Name:** Paul H. DeCarolis

**Title:** IPP Administrator

**Phone:** (561) 243-7000

**E-mail Address:** [decarolis@mydelraybeach.com](mailto:decarolis@mydelraybeach.com)

### **On-Site Contact**

**Name:** Victor Majtenyi

**Phone:** (561) 243-7328

**Ext:**

**E-mail Address:** [majtenyi@mydelraybeach.com](mailto:majtenyi@mydelraybeach.com)

To view a list of all received Public Notices of Pollution or to modify your e-mail subscription settings, please click the link below:

[Public Notice of Pollution](#)

Florida Department of Environmental Protection



**CITY OF DELRAY BEACH ; LAB ID E56367**  
 200 SW 6th Street, Delray Beach, FL 33444-2698  
 Ph # (561) 243-7318 - Fax # (561) 243-7318  
**Palm Beach County**  
**System ID # 450-0351 • DEP District IV**

Filter: Millipore, Lot # C1-141-08 Exp. 10/31/19  
 Petri Dishes: Fisherbrand Lot # C1-146-21 Exp. 09/2021  
 MFC Rosalic Acid Lot # C1-147-13 Exp. 08/28/19  
 Sample bottles-Lot # C1-142-09 Exp 03/16/21  
 Dil.wtr- Lot # C1-146-23 Exp. 10/02/20  
 Precision Water bath 44.5 C +/- 0.2  
 SM9222D



## Sewer Spill Lift Station 50 Fecal Coliform Analysis Report

Log #	Site #	Sample Site Location by Address	Date collected	Time collected	Result (CFU/100 ml)	DL Units	Analyst
		Blank			<1	1 cfu/100 ml	ZE
191944	1	Point of Discharge	6/7/2019	14:00	64000	1 cfu/100 ml	ZE
191945	2	South of Discharge	6/7/2019	14:15	218	1 cfu/100 ml	ZE
191946	3	North of Discharge	6/7/2019	14:25	27,000	1 cfu/100 ml	ZE
191947	4	Background &Dover	6/7/2019	14:30	1,820	1 cfu/100 ml	ZE
		(-) Control			<1	1 cfu/100 ml	ZE
		(+) Control			40	1 cfu/100 ml	ZE
		Blank			<1	1 cfu/100 ml	ZE

BDL = Below Detection Limit ; DL= Detection limit ;

Sample collected By Paul DeCarolls Date & Time 06/07/19 @ 14:00 to 14:30 hr  
 Samples received in Lab 06/07/19 14:45hr  
 Samples set up By: ZE Date: 06/07/19 16:10hr  
 Samples read By: ZE Date: 06/08/19 16:05hr

Analysis Method: (circle) MF MTF PA MMO-MUG SPC Other: \_\_\_\_\_

Report submitted by: Jon A Manzano Date: 6/19/19

**CITY OF DELRAY BEACH ; LAB ID E56367**  
 200 SW 6th Street, Delray Beach, FL 33444-2898  
 Ph # (561) 243-7318 - Fax # (561) 243-7316  
**Palm Beach County**  
 System ID # 450-0351 • DEP District IV

Filter: Millipore, Lot # C1-141-08 Exp. 10/31/19  
 Petri Dishes: Fisherbrand Lot # C1-146-21 Exp. 09/2021  
 MFC Rosalic Acid Lot # C1-147-13 Exp. 06/28/19  
 Sample bottles-Lot # C1-142-09 Exp 03/16/21  
 Dil.wtr- Lot # C1-146-23 Exp. 10/02/20  
 Precision Water bath 44.5 C +/- 0.2  
 SM9222D



## Sewer Spill Lift Station 50 Fecal Coliform Analysis Report

Log #	Site #	Sample Site Location by Address	Date collected	Time collected	Result (CFU/100 ml)	DL Units	Analyst
		<b>Blank</b>			<1	1 cfu/100 ml	ZE
<b>191955</b>	<b>1</b>	<b>Point of Discharge</b>	<b>6/10/2019</b>	<b>9:00</b>	<b>9820</b>	1 cfu/100 ml	ZE
<b>191956</b>	<b>2</b>	<b>South of Discharge</b>	<b>6/10/2019</b>	<b>9:05</b>	<b>928</b>	1 cfu/100 ml	ZE
<b>191957</b>	<b>3</b>	<b>North of Discharge</b>	<b>6/10/2019</b>	<b>9:15</b>	<b>2,200</b>	1 cfu/100 ml	ZE
<b>191958</b>	<b>4</b>	<b>Background &amp;Dover</b>	<b>6/10/2019</b>	<b>9:20</b>	<b>910</b>	1 cfu/100 ml	ZE
		(-) Control			<1	1 cfu/100 ml	ZE
		(+) Control			97	1 cfu/100 ml	ZE
		Blank			<1	1 cfu/100 ml	ZE

BDL = Below Detection Limit ; DL= Detection limit ;

Sample collected By Paul DeCarolis Date & Time 06/10/19 @ 09:00 to 09:20hr  
 Samples received In Lab 06/10/19@ 09:10 hr  
 Samples set up By: ZE Date: 06/10/19 11:15hr  
 Samples read By: ZE Date: 06/11/19 11:05hr

Analysis Method: (circle) MF MTF PA MMO-MUG SPC Other: \_\_\_\_\_

Report submitted by Juan A Monzono Date: 6/19/19

**CITY OF DELRAY BEACH ; LAB ID E56367**  
 200 SW 6th Street, Delray Beach, FL 33444-2698  
 Ph # (561) 243-7318 - Fax # (561) 243-7316  
 Palm Beach County  
 System ID # 450-0351 • DEP District IV

Filter: Millipore, Lot # C1-141-08 Exp. 10/31/19  
 Petri Dishes: Fisherbrand Lot # C1-146-21 Exp. 09/2021  
 MFC Rosalic Acid Lot # C1-149-25 Exp. 010/24/19  
 Sample bottles-Lot # C1-142-09 Exp 03/16/21  
 Dil.wtr- Lot # C1-146-23 Exp. 10/02/20  
 Precision Water bath 44.5 C +/- 0.2  
 SM9222D



## Sewer Spill Lift Station 50 Fecal Coliform Analysis Report

Log #	Site #	Sample Site Location by Address	Date collected	Time collected	Result (CFU/100ml)	DL Units	Analyst
		Blank			<1	1 cfu/100 ml	ZE
191972	1	Point of Discharge	6/11/2019	8:30	1140	1 cfu/100 ml	ZE
191973	2	South of Discharge	6/11/2019	8:35	1,000	1 cfu/100 ml	ZE
191974	3	North of Discharge	6/11/2019	8:40	230	1 cfu/100 ml	ZE
191975	4	Background &Dover	6/11/2019	8:45	1,270	1 cfu/100 ml	ZE
		(-) Control			<1	1 cfu/100 ml	ZE
		(+) Control			14	1 cfu/100 ml	ZE
		Blank			<1	1 cfu/100 ml	ZE

BDL = Below Detection Limit ; DL= Detection limit :

Sample collected By Paul DeCarolis Date & Time 06/11/19 @ 08:30 to 08:45 hr

Samples received In Lab 06/11/19 09:10hr

Samples set up By: ZE Date: 06/11/2019 12:10hr

Samples read By: ZE Date: 06/12/2019 12:20hr

Analysis Method: (circle) MF MTF PA MMO-MUG SPC Other: \_\_\_\_\_

Report submitted by: Juan A Monzono Date 6/19/19

**CITY OF DELRAY BEACH ; LAB ID E56367**  
 200 SW 6th Street, Delray Beach, FL 33444-2698  
 Ph # (561) 243-7318 - Fax # (561) 243-7316  
**Palm Beach County**  
**System ID # 450-0351 • DEP District IV**

Filter: Millipore, Lot # C1-141-08 Exp. 10/31/19  
 Petri Dishes: Fisherbrand Lot # C1-146-21 Exp. 09/2021  
 MFC Rosalic Acid Lot # C1-149-25 Exp. 010/24/19  
 Sample bottles-Lot # C1-142-09 Exp 03/16/21  
 Dil.wtr- Lot # C1-146-23 Exp. 10/02/20  
 Precision Water bath 44.5 C +/- 0.2  
 SM9222D



## Sewer Spill Lift Station 50 Fecal Coliform Analysis Report

Log #	Site #	Sample Site Location by Address	Date collected	Time collected	Result (CFU/100ml)	DL Units	Analyst
		Blank			<1	1 cfu/100 ml	ZE
192040	1	Point of Discharge	6/12/2019	8:45	90	1 cfu/100 ml	ZE
192041	2	South of Discharge	6/12/2019	8:50	300	1 cfu/100 ml	ZE
192042	3	North of Discharge	6/12/2019	8:55	100	1 cfu/100 ml	ZE
192043	4	Background &Dover	6/12/2019	9:00	3,200	1 cfu/100 ml	ZE
		(-) Control			<1	1 cfu/100 ml	ZE
		(+) Control			27	1 cfu/100 ml	ZE
		Blank			<1	1 cfu/100 ml	ZE

BDL = Below Detection Limit ; DL= Detection limit ;

Sample collected By Paul DeCarolls Date & Time 06/12/19 @ 08:45 to 09:00 hr  
 Samples received in Lab 06/12/19 09:10hr  
 Samples set up By: ZE Date: 06/12/2019 15:40hr  
 Samples read By: ZE Date: 06/13/2019 15:35hr

Analysis Method: (circle) MF MTF PA MMO-MUG SPC Other: \_\_\_\_\_

Report submitted by: Juan A. Menzies Date: 6/19/19

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Vision:** To be the Healthiest State in the Nation

---

**WASTEWATER SPILLAGE REPORT**

**Contact: Pamela Lape @ (561) 837-5947/837-5900(Ext. 6) Fax (561) 837-5476**  
**Off-hours, weekends, holidays: (561) 881-1888 (Medical VIP Answering Service)**  
**Email- [FDOHPB-Spills@flhealth.gov](mailto:FDOHPB-Spills@flhealth.gov)**

**Utility: City of Delray Beach**

**Contact person: Paul H. DeCarolis**

**Phone #:561-243-7000 Ext 4206**

**Date and time of Incident: 7/3/2019 and 1100 hrs.**

**Description of Incident: Sewer Blockage.**

---

**Cause of Incident: Blockage occurred due to excessive grease from a restaurant.**

**Location of Incident (directions & Lat. Longs): 777 East Atlantic Ave.**

**Estimated amount of spillage: Approximately 2500 gallons of sewage was discharged between 1100 to 1430 hrs.**

**Estimated affected area: East side of parking lot.**

**Corrective Action: Blockage was cleared, site was cleaned and samples taken from the Intracoastal Waterway.**

**Bodies of water affected: Yes.**

**(Sampling Required) Yes.**

**Storm Drains affected: Yes.**

**Signs/Notification and Actions: No.**

**Clean Up: Yes.**

**Disinfected With: HTH.**

**Back to Normal: Yes. Date: 7/3/19 Time:1430 hrs.**

**Comments: Notified State Warning Point, DEP and Health Dept that same day.**

**The Health Department & FDEP/SED- Denise Watts @ (561) 681-6701 & via e-mail: [Denise.Watts@floridadep.gov](mailto:Denise.Watts@floridadep.gov) must be notified within 24-hours for any amount of spillage and this report e-mail.**

Spills greater than 1,000 gallons or **any** discharge to surface waters **must** also be called to the State Warning Point at **1-800-320-0519 & DEP Pollution Notification database:**

**<https://floridadep.gov/pollutionnotice>.**

## Notice of Submission

Pursuant to Section 403.077, F.S., the Department of Environmental Protection has received the following Public Notice of Pollution for a reportable release. All information displayed was submitted by the reporting party.

**Type of Notice:** Initial Report

**Date of Notice:** 07/03/2019

### **Incident Information**

**Name of Incident:** Initial Report

**State Watch Office Case Number:** 20193652

**Start of Incident:** 07/03/2019 11:00

**End of Incident:** 07/03/2019 14:30

### **Incident Description**

On 7-3-2019, a sewer blockage occurred at 777 E. Atlantic Ave due to excessive grease from a restaurant. This caused a sewer spill in parking lot that spilled over to storm drain connected to intracoastal (located at Veterans Park). Blockage was cleared, site was cleaned and sampling from intracoastal were taken immediately. Approximately 2500 gallons of sewage was discharged between 11am to 2:30pm.

### **Incident Location**

**Facility/Installation Name:** City of Delray Beach

**Address Line 1:** 777 E Atlantic Ave

**Address Line 2:**

**Directions:** East side in parking lot area

**City:** Delray Beach

**State:** FL

**Zip Code:** 33444

**Coordinates (in decimal degrees):**

Lat: 26.462, Long: -80.064

**Click to view Incident Location**

**Impacted Counties:** Palm Beach

### **Incident Reported By**

**Name:** Chris Ferrigan

**Title:** IPP Inspector

**Phone:** (561) 243-7000

**E-mail Address:** [Ferriganc@mydelraybeach.com](mailto:Ferriganc@mydelraybeach.com)

### **On-Site Contact**

**Name:** Victor Majtenyi

**Phone:** (561) 243-7328

**Ext:**

**E-mail Address:** [majtenyi@mydelraybeach.com](mailto:majtenyi@mydelraybeach.com)

To view a list of all received Public Notices of Pollution or to modify your e-mail subscription settings, please click the link below:

[Public Notice of Pollution](#)





**Report To:**  
 Juan Manzano  
 City of Delray Beach-Env. Svcs. Dept.  
 434 South Swinton Avenue  
 Delray Beach FL, 33444

**Page 1 of 2**

**Report Printed:** 7/11/2019  
**Work Order #** 19G0176  
**Project:** Sewer Spill  
 Veterans Park to Intracoastal

**Lab ID:** 19G0176

**Received Date:** 07/03/19 17:30

**Matrix:** Water

**Collected By:** Chris Ferrigan

**Analysis:** Enterococci

**Laboratory Analysis Report**

Sample ID	Collect:Date/Time	Result	QC	Units	Dil	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
<b>Microbiology</b>											
#1 Point of Discharge	07/03/19 16:00	4		CFU/100 ml	1	1	1	EPA 1600	07/03 18:00	07/04 18:05	BRM
#2 300' N. of Spill	07/03/19 16:15	2		CFU/100 ml	1	1	1	EPA 1600	07/03 18:00	07/04 18:05	BRM
#3 Background	07/03/19 16:22	44		CFU/100 ml	1	1	1	EPA 1600	07/03 18:00	07/04 18:05	BRM
#4 300' S. of Spill	07/03/19 16:33	3		CFU/100 ml	1	1	1	EPA 1600	07/03 18:00	07/04 18:05	BRM

Florida-Spectrum Environmental Services, Inc.  
 1460 W. McNab Road, Fort Lauderdale, FL 33309

Pembroke Laboratory  
 528 Gooch Rd.  
 Fort Mead, FL 33841

Big Lake Laboratory  
 610 Parrot Ave. N.  
 Okeechobee, FL 34972

Lakeland Laboratory  
 1910 Harden Blvd.  
 Lakeland, FL 33803

Savannah Laboratory  
 108 Airport Park Dr.  
 Garden City, GA 31408



**Report To:**  
 Juan Manzano  
 City of Delray Beach-Env. Svcs. Dept.  
 434 South Swinton Avenue  
 Delray Beach FL, 33444

**Page 2 of 2**  
**Report Printed:** 7/11/2019  
**Work Order #** 19G0176  
**Project:** Sewer Spill  
 Veterans Park to Intracoastal

**Notes and Definitions**

- U Indicated that the compound was analyzed for but not detected. This shall be used to indicate that the specific component was not detected. The value associated with the qualifier shall be the laboratory method detection limit.
- DET Analyte DETECTED
- ND Analyte NOT DETECTED at or above the detection limit
- NR Not Reported
- dry Sample results reported on a dry weight basis
- RPD Relative Percent Difference
- V Indicated that the analyte was detected in both the sample and the associated method blank.
- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- Z Too many colonies were present for accurate counting.

QC=Qualifier Codes as defined by DEP 62-160  
 Unless indicated, soil results are reported on actual (wet) weight basis.  
 Work performed by outside (subcontracted) labs denoted by SUB in Analyst Field.  
 Results relate only to this sample.

Suresh (Bobby) Supan - CSM

*x Suresh Bobby Supan*

Authorized CSM Signature (954) 978-6400  
 Florida-Spectrum Environmental Services, Inc.  
 Certification# E86006

All NELAP certified analysis are performed in accordance with Chapter 64E-1 Florida Administrative code, which has been determined to be equivalent to NELAC standards. Analysis certified by programs other than NELAP are designated with a "-".

Florida-Spectrum Environmental Services, Inc.  
 1460 W. McNab Road, Fort Lauderdale, FL 33309

Pembroke Laboratory  
 528 Gooch Rd.  
 Fort Mead, FL 33841

Big Lake Laboratory  
 610 Parrot Ave. N.  
 Okeechobee, FL 34972

Lakeland Laboratory  
 1910 Harden Blvd.  
 Lakeland, FL 33803

Savannah Laboratory  
 108 Airport Park Dr.  
 Garden City, GA 31408

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Vision:** To be the Healthiest State in the Nation

**WASTEWATER SPILLAGE REPORT**

**PHONE #561-837-5947/837-5900(Ext. 6) Fax#561-837-5293**

**CONTACT: Pamela Lape Off-hours, weekends, holidays- 561-881-1888  
(Medical VIP Answering Service)Email – FDOHPB@flhealth.gov**

**Utility: City of Delray Beach**

**Contact person: Paul H. DeCarolis**

**Phone #:561-243-7000 Ext. 4206**

**Date and time of Incident: 7/31/19 & 2130 hrs**

**Description of Incident: Force main pipe failure.**

**Cause of Incident: Force main pipe failure, due to age.**

**Location of Incident (directions) 30 Andrews Ave.**

**Estimated amount of spillage: 25,000 gallons.**

**Estimated affected area: 10 by 10 feet.**

**Corrective Action: City Crew responded and shut downs lift stations to that system and repaired the pipe.**

**Bodies of water effected: Yes.**

**(Immediate Sampling Required): Yes..**

**Storm Drains effected: Yes**

**Signs/Notification and Actions: No.**

**Clean Up: and City crew cleaned up site.**

**Disinfected With: Yes.**

**Back to Normal: Yes.**

**Date: 8/1/19 Time: 1400 hrs.**

**Comments: Notified Pamela Lape (DOH) , Denise Watts( DEP), State Warning Point the same day of spill. Pamela Lape inspected site on 8/1/19 at 1100 hrs.**

**[SED.Wastewater@dep.state.fl.us](mailto:SED.Wastewater@dep.state.fl.us) must be notified within 24-hours for any amount of spillage and this report e-mail. Spills greater than 1,000 gallons or any discharge to surface waters must also be called to the State Warning Point at 1-800-320-0519.**

**7/2015**

**Florida Department of Health**

Palm Beach County, Division of Environmental Public Health  
P.O. Box 29, 800 Clematis Street, West Palm Beach, FL 33402  
PHONE: 561-837-5900 • FAX : 561-837-5294

**[www.FloridasHealth.com](http://www.FloridasHealth.com)**

TWITTER:HealthyFLA  
FACEBOOK:FLDepartmentofHealth  
YOUTUBE: fldoh

[Skip Navigation](#)  
[Skip to main content](#)

Florida Department of Environmental Protection

- [A-Z Index](#)
- [Forms](#)
- [News](#)
- [Events](#)
- [Contact Us](#)

- 
- 
- 
- 

MENU



Pollution Notice *Enterprise Solutions*

- [About DEP](#)
- [How Do I](#)
  - [Access The DEP Business Portal](#)
  - [Apply for a Career with DEP](#)
  - [Cleanup Sites Contaminated by Discharges of Petroleum](#)
  - [Dispose of Unwanted Medicine](#)
  - [Find a Permit](#)
  - [Find a Spring](#)
  - [Find Beach Flag Information](#)
  - [Find Parks, Trails, & Recreation Areas](#)
  - [Find Water Supply Plans](#)
  - [Get GIS Data](#)
  - [Get Training and Certifications](#)
  - [Learn about Florida's Coral Reefs](#)
  - [Learn about Sinkholes](#)
  - [Learn about Wastewater Management](#)
  - [Protect Florida's Water Resources](#)
  - [Protect the Environment from Solid and Hazardous Wastes](#)
  - [Purchase Property](#)
  - [Report Algal Blooms](#)
  - [Research Florida Geology](#)
  - [Review Agency Rules](#)
  - [See Pollution Notices](#)
  - [View Interactive Maps of Florida](#)
- [Divisions](#)
  - [Administrative Services](#)
  - [Air Resource Management](#)
  - [Cabinet Affairs](#)
  - [Communications](#)
  - [Ecosystem Projects](#)
  - [Ecosystems Restoration](#)
  - [Emergency Response](#)
  - [Environmental Assessment and Restoration](#)
  - [Florida Coastal Office](#)
  - [Florida Geological Survey](#)
  - [General Counsel](#)
  - [Inspector General](#)
  - [Intergovernmental Programs](#)
  - [Land and Recreation](#)
  - [Legislative Affairs](#)
  - [Office of Operations](#)
  - [Office of the Secretary](#)

- [Ombudsman and Public Services](#)
- [Recreation and Parks](#)
- [Regulatory Programs](#)
- [Springs](#)
- [State Lands](#)
- [Sustainable Initiatives Programs](#)
- [Technology and Information Services](#)
- [Waste Management](#)
- [Water Policy](#)
- [Water Resource Management](#)
- [Water Restoration Assistance](#)
  
- **Districts**
- [Central District](#)
- [Northeast District](#)
- [Northwest District](#)
- [South District](#)
- [Southeast District](#)
- [Southwest District](#)
  
- [Air](#)
- [Lands](#)
- [Parks & Rec](#)
- [Waste](#)
- [Water](#)

You are submitting a Public Notice of Pollution in accordance with [§403.077, F.S.](#), which is intended to prevent harm to human health, welfare, or property by assisting the control of pollution. This rule specifies that "reportable releases" are required to be reported to the Department.

Please be aware that while submission of a Notice through this website complies with the requirements of [§403.077, F.S.](#), it does not relieve you of any obligation to report to the State Watch Office or other authority required by your permit or state law.

Any updates to this Notice will not be reflected in your SSO Report. To update your SSO report, please use the [DEP Business Portal](#)

#### Incident Information

Please enter or update the requested information about the Incident.

Please  
enter a  
name for the Incident : Lift Station # 18 Force Main break (30 Andrews Ave).

State  
Watch  
Office  
Incident  
Number or  
Case ID : 20194221

Incident  
Report  
(Please  
enter the  
information  
provided to  
the State

Watch Office. If you have a summary e-mail from the State Watch Office, you may copy that and paste it here) : \*

Lift Station # 18 force main pipe failure, due to age. Initial spill amount to be estimated at 25,000 gallons of sewage. Contacted Department of Health, DEP and State Warning point. A total of five samples were taken at the Intracoastal Waterway. Also, Pamela Lape (DOH) conducted a site visit .

Please select all counties directly affected by the Incident : \*

<input type="checkbox"/> Alachua	<input type="checkbox"/> Duval	<input type="checkbox"/> Holmes	<input type="checkbox"/> Miami-Dade	<input type="checkbox"/> Seminole
<input type="checkbox"/> Baker	<input type="checkbox"/> Escambia	<input type="checkbox"/> Indian River	<input type="checkbox"/> Monroe	<input type="checkbox"/> St. Johns
<input type="checkbox"/> Bay	<input type="checkbox"/> Flagler	<input type="checkbox"/> Jackson	<input type="checkbox"/> Nassau	<input type="checkbox"/> St. Lucie
<input type="checkbox"/> Bradford	<input type="checkbox"/> Franklin	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Okaloosa	<input type="checkbox"/> Sumter
<input type="checkbox"/> Brevard	<input type="checkbox"/> Gadsden	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Okeechobee	<input type="checkbox"/> Suwannee
<input type="checkbox"/> Broward	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Lake	<input type="checkbox"/> Orange	<input type="checkbox"/> Taylor
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Glades	<input type="checkbox"/> Lee	<input type="checkbox"/> Osceola	<input type="checkbox"/> Union
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Gulf	<input type="checkbox"/> Leon	<input checked="" type="checkbox"/> Palm Beach	<input type="checkbox"/> Volusia
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Levy	<input type="checkbox"/> Pasco	<input type="checkbox"/> Wakulla
<input type="checkbox"/> Clay	<input type="checkbox"/> Hardee	<input type="checkbox"/> Liberty	<input type="checkbox"/> Pinellas	<input type="checkbox"/> Walton
<input type="checkbox"/> Collier	<input type="checkbox"/> Hendry	<input type="checkbox"/> Madison	<input type="checkbox"/> Polk	<input type="checkbox"/> Washington
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hernando	<input type="checkbox"/> Manatee	<input type="checkbox"/> Putnam	
<input type="checkbox"/> DeSoto	<input type="checkbox"/> Highlands	<input type="checkbox"/> Marion	<input type="checkbox"/> Santa Rosa	
<input type="checkbox"/> Dixie	<input type="checkbox"/> Hillsborough	<input type="checkbox"/> Martin	<input type="checkbox"/> Sarasota	

Start Date and Time of the Incident : \* 07/31/2019 09:30 PM

Is the Incident on-going : \*   
  Yes   
  No

End Date and Time of the Incident : 08/01/2019 02:00 PM

Please select the location where the Incident occurred : \*



**Release Migration Details**

Please enter or update the requested information about the facility/installation at which the Incident occurred.

Has the impact of the Incident migrated outside the property boundaries of the installation? \*

Yes

No

**Facility Information**

Please enter or update the requested information about the facility/installation at which the Incident occurred.

Facility/Installation Name : \*                      City of Delray Beach

Address Line 1 :                                      30 Andrews Ave

Address Line 2 :

Directions :

Atlantic Ave and head east to Andrews Ave and make a left.

City :    Delray Beach

State :    Florida ▾

Zip Code :    33444

**Reporter Details**

Please enter or update the requested information about the person reporting the Incident.

Name : \*    Paul H. DeCarolis

Title : \*     IPP Administrator

E-mail Address : \* decarolis@mydelraybeach.com  
 Phone Number : \* (561) 243-7000  
 Ext. : 4206

I am the : \*  
 Operator of the Facility/Installation  
 Owner of the Facility/Installation  
 Other

**Contact Details**

Please enter or update the requested information about the person to be contacted for further information concerning the Incident.

Name : \* Ralph Lugo (Water/Sewer Manager)  
 Phone : \* (561) 243-7312  
 Ext. :  
 E-mail Address : \* rlugo@mydelraybeach.com

*Public Notice of Pollution — 3.8.49.490  
 Office of Technology and Information Services*

[Site Map](#) — For Business Issues, call Service Desk; For Technical Assistance, call Service Desk or [Contact Us via email](#)

Some content provided in alternative formats. The following icons link to free Reader/Viewer software:

[PDF:](#) | [Word:](#) | [Excel:](#)

© Copyright 2017 [Florida Department of Environmental Protection](#)

- [Accessibility Information](#)
- [Disclaimer](#)
- [Privacy Statement](#)

**July 2019**

Su	Mo	Tu	We	Th	Fr	Sa
30	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	1	2	3
4	5	6	7	8	9	10

**Today**

August 05, 2019

Juan Manzano  
City of Delray Beach  
200 SW 6th St.  
Delray Beach, FL 33444

RE: Project: SPILL SEWER  
Pace Project No.: 35486367

Dear Juan Manzano:

Enclosed are the analytical results for sample(s) received by the laboratory on August 01, 2019. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Lisa Harvey  
lisa.harvey@pacelabs.com  
(386) 672-5668  
Project Manager

Enclosures

cc: Cindy Kushner, City of Delray Beach



## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

## CERTIFICATIONS

Project: SPILL SEWER  
Pace Project No.: 35486367

---

### South Florida Certification IDs

3610 Park Central Blvd N, Pompano Beach, FL 33064

Florida Certification #: E86240

---

## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

## SAMPLE SUMMARY

Project: SPILL SEWER  
Pace Project No.: 35486367

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35486367001	POINT OF DISCHARGE	Water	08/01/19 10:00	08/01/19 11:58
35486367002	300' N OF SPILL	Water	08/01/19 10:10	08/01/19 11:58
35486367003	BACKGROUND-N	Water	08/01/19 10:25	08/01/19 11:58
35486367004	300' S OF SPILL	Water	08/01/19 10:40	08/01/19 11:58
35486367005	BACKGROUND-S	Water	08/01/19 10:45	08/01/19 11:58

## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**SAMPLE ANALYTE COUNT**

Project: SPILL SEWER  
Pace Project No.: 35486367

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35486367001	POINT OF DISCHARGE	Enterolert/Quanti-Tray	ANM	1	PASI-SF
35486367002	300' N OF SPILL	Enterolert/Quanti-Tray	ANM	1	PASI-SF
35486367003	BACKGROUND-N	Enterolert/Quanti-Tray	ANM	1	PASI-SF
35486367004	300' S OF SPILL	Enterolert/Quanti-Tray	ANM	1	PASI-SF
35486367005	BACKGROUND-S	Enterolert/Quanti-Tray	ANM	1	PASI-SF

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**ANALYTICAL RESULTS**

Project: SPILL SEWER  
Pace Project No.: 35486367

---

**Sample: POINT OF DISCHARGE**      **Lab ID: 35486367001**      Collected: 08/01/19 10:00      Received: 08/01/19 11:58      Matrix: Water

---

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>Enterolert/Quanti-Tray</b>									
Analytical Method: Enterolert/Quanti-Tray      Preparation Method: Enterolert/Quanti-Tray									
Enterococci	657	MPN/100mL	10.0	10.0	10	08/01/19 13:14	08/02/19 13:22		

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**ANALYTICAL RESULTS**

Project: SPILL SEWER  
Pace Project No.: 35486367

Sample: 300' N OF SPILL		Lab ID: 35486367002		Collected: 08/01/19 10:10		Received: 08/01/19 11:58		Matrix: Water	
Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>Enterolert/Quanti-Tray</b>									
Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray									
Enterococci	86.0	MPN/100mL	10.0	10.0	10	08/01/19 13:14	08/02/19 13:22		

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**ANALYTICAL RESULTS**

Project: SPILL SEWER  
Pace Project No.: 35486367

Sample: BACKGROUND-N		Lab ID: 35486367003	Collected: 08/01/19 10:25	Received: 08/01/19 11:58	Matrix: Water				
Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>Enterolert/Quanti-Tray</b>									
Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray									
Enterococci	122	MPN/100mL	10.0	10.0	10	08/01/19 13:14	08/02/19 13:22		

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**ANALYTICAL RESULTS**

Project: SPILL SEWER  
Pace Project No.: 35486367

**Sample: 300' S OF SPILL**      **Lab ID: 35486367004**      Collected: 08/01/19 10:40      Received: 08/01/19 11:58      Matrix: Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>Enterolert/Quanti-Tray</b>									
Analytical Method: Enterolert/Quanti-Tray      Preparation Method: Enterolert/Quanti-Tray									
Enterococci	216	MPN/100mL	10.0	10.0	10	08/01/19 13:14	08/02/19 13:22		

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**ANALYTICAL RESULTS**

Project: SPILL SEWER  
Pace Project No.: 35486367

Sample: BACKGROUND-S		Lab ID: 35486367005		Collected: 08/01/19 10:45		Received: 08/01/19 11:58		Matrix: Water	
Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>Enterolert/Quanti-Tray</b>									
Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray									
Enterococci	63.0	MPN/100mL	10.0	10.0	10	08/01/19 13:14	08/02/19 13:22		

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.



## QUALIFIERS

Project: SPILL SEWER  
Pace Project No.: 35486367

---

### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.  
ND - Not Detected at or above adjusted reporting limit.  
TNTC - Too Numerous To Count  
MDL - Adjusted Method Detection Limit.  
PQL - Practical Quantitation Limit.  
RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.  
S - Surrogate  
1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.  
Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.  
LCS(D) - Laboratory Control Sample (Duplicate)  
MS(D) - Matrix Spike (Duplicate)  
DUP - Sample Duplicate  
RPD - Relative Percent Difference  
NC - Not Calculable.  
SG - Silica Gel - Clean-Up  
U - Indicates the compound was analyzed for, but not detected.  
N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.  
Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.  
TNI - The NELAC Institute.

### LABORATORIES

PASI-SF Pace Analytical Services - South Florida

### ANALYTE QUALIFIERS

U Compound was analyzed for but not detected.

## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**QUALITY CONTROL DATA CROSS REFERENCE TABLE**

Project: SPILL SEWER  
Pace Project No.: 35486367

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35486367001	POINT OF DISCHARGE	Enterolert/Quanti-Tray	559282	Enterolert/Quanti-Tray	559283
35486367002	300' N OF SPILL	Enterolert/Quanti-Tray	559282	Enterolert/Quanti-Tray	559283
35486367003	BACKGROUND-N	Enterolert/Quanti-Tray	559282	Enterolert/Quanti-Tray	559283
35486367004	300' S OF SPILL	Enterolert/Quanti-Tray	559282	Enterolert/Quanti-Tray	559283
35486367005	BACKGROUND-S	Enterolert/Quanti-Tray	559282	Enterolert/Quanti-Tray	559283

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.



**MO# : 35486367**

LAB ANALYSIS

Page 13 of 4

Company Name: *City Delivery Bch.* PO#

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alt: *Shaw 11/11/2010* Fax# \_\_\_\_\_

email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Name: *Richard Hanks Spill - 5000* Proj # \_\_\_\_\_

Sampler Signature: *PHD* Circle One Event:  Daily  Weekly  Monthly  Quarterly  Semi-Annual  Annual  N/A

Sample #	Sample ID	Collect Date	Collect Time	Matrix Code	Field Filtered	Integrity OK(Y/N)	Total # of containers
1	<i>Porter Delivery</i>	<i>8-1-19</i>	<i>10:41 AM</i>	<i>SLD</i>			<i>1</i>
2	<i>Porter Delivery</i>	<i>8-1-19</i>	<i>10:42 AM</i>	<i>SLD</i>			<i>1</i>
3	<i>Porter Delivery - N</i>	<i>8-1-19</i>	<i>11:25 AM</i>	<i>SLD</i>			<i>1</i>
4	<i>Porter Delivery Spill</i>	<i>8-1-19</i>	<i>12:46 PM</i>	<i>SLD</i>			<i>1</i>
5	<i>Porter Delivery - S</i>	<i>8-1-19</i>	<i>12:45 PM</i>	<i>SLD</i>			<i>1</i>
6							
7							
8							
9							
10							

Sample	TRC	pH	Pres Codes	Parameters
				<i>Enterance</i>

**EXAMPLE**  
Diss. Lead 6010

Container Type Codes	Matrix Codes	Preservative Type Codes	REMARKS
AV Amber Vial CV Clear Vial P Plastic AL Amber Litter CL Clear Litter AP Amber Plastic AG Amber Glass S Soil Jar PPV Progressive Vial	DL Oil SL Sludge SO Soil Sediment AO Aqueous Y Yeast PE Petroleum O Other (Please specify)	A. None B. HNO3 C. H2SO4 D. NaOH E. HCL F. MeOH G. Na2S2O3 H. NaHSO4 I. Ice J. MCAA K. Zn Acetate L. Other	<i>ENTERANCE</i>

Item	Relinquished by	Affiliation	Date	Time	Circle QA/QC Report Level	EDD (Fees May Apply)	Received by	Affiliation	Date	Time	Required State Certification	Lab Used Only
1	<i>Fuller</i>	<i>City Delivery</i>	<i>8-1-19</i>	<i>11:58 AM</i>	1 2 3 4 CLP AFCEE	ADAPT SEDD ERPIMS TSV	<i>Fuller</i>	<i>City Delivery</i>	<i>8-1-19</i>	<i>11:58 AM</i>	FL GA SC NC NJ	1 2 3 4 5
2												
3												
4												

Pompano Lab 954-582-4300 Revision: F-ALL-C-007 - Rev.00

COC Serial # **140825**

**WO#: 35486367**

**(SCUR)**

Project #  
 Project Manager:  
 Client:

PM: LHM  
 CLIENT: 38-CITDEL  
 Due Date: 08/05/19

Date and Initials of person:  
 Examining contents: 08/01/19  
 Label:  
 Deliver:  
 pH: MAF

Thermometer Used T-330 Date 08/01/19 Time 11:58 Initials RV

State of Origin \_\_\_\_\_  For NY projects all containers referred to as PC

- |   |   |
|---|---|
| Cooler #1 Temp. °C <u>3.6</u> (Visual) <u>0.0</u> (Correction Factor) <u>3.6</u> (Actual) | <input type="checkbox"/> Samples on ice cooling process has begun |
| Cooler #2 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)                | <input type="checkbox"/> Samples on ice cooling process has begun |
| Cooler #3 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)                | <input type="checkbox"/> Samples on ice cooling process has begun |
| Cooler #4 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)                | <input type="checkbox"/> Samples on ice cooling process has begun |
| Cooler #5 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)                | <input type="checkbox"/> Samples on ice cooling process has begun |
| Cooler #6 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)                | <input type="checkbox"/> Samples on ice cooling process has begun |

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other \_\_\_\_\_  
 Shipping Method:  First Overnight  Priority Overnight  Standard Overnight  Ground  International Priority  
 Other \_\_\_\_\_

Billing:  Recipient  Sender  Third Party  Credit Card  Unknown

Tracking # \_\_\_\_\_

Custody Seal on Cooler/Box Present:  Yes  No Seals intact:  Yes  No Ice: Wet Blue Dry None

Packing Material:  Bubble Wrap  Bubble Bags  None  Other PLASTIC BAG

Samples shorted to lab (If Yes, complete) Shorted Date 08/07/19 Shorted Time 1205 Qty 5

**Comments:**

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature & Sampler Name COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample ID & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Preservation Information Preservation # _____ Lot # Trace # _____ Date _____ Time _____ MIB # _____
All Containers needing preservation are found to be in compliance with EPA recommendations	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Exceptions (UVA-Ciform, TOC, O&G, Carbamates)		
Headspace in 1/0A Vials? (>5mm)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Top Blank Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

Client Notification/ Resolution: Person Contacted \_\_\_\_\_ Date/Time \_\_\_\_\_

Comments/ Resolution (use back for additional comments) \_\_\_\_\_

Project Manager Review \_\_\_\_\_ Date \_\_\_\_\_

August 05, 2019

Juan Manzano  
City of Delray Beach  
200 SW 6th St.  
Delray Beach, FL 33444

RE: Project: SEWAGE SPILL LS #18  
Pace Project No.: 35486567

Dear Juan Manzano:

Enclosed are the analytical results for sample(s) received by the laboratory on August 02, 2019. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Lisa Harvey  
lisa.harvey@pacelabs.com  
(386) 672-5668  
Project Manager

Enclosures

cc: Cindy Kushner, City of Delray Beach



## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

## CERTIFICATIONS

Project: SEWAGE SPILL LS #18  
Pace Project No.: 35486567

---

### South Florida Certification IDs

3610 Park Central Blvd N, Pompano Beach, FL 33064

Florida Certification #: E86240

---

## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

### SAMPLE SUMMARY

Project: SEWAGE SPILL LS #18

Pace Project No.: 35486567

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35486567001	POINT OF DISCHARGE	Water	08/02/19 10:30	08/02/19 11:54
35486567002	300' N OF SPILL	Water	08/02/19 10:35	08/02/19 11:54
35486567003	BACKGROUND-N	Water	08/02/19 10:45	08/02/19 11:54
35486567004	300' S OF SPILL	Water	08/02/19 11:00	08/02/19 11:54
35486567005	BACKGROUND-S	Water	08/02/19 11:05	08/02/19 11:54

### REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**SAMPLE ANALYTE COUNT**

Project: SEWAGE SPILL LS #18  
Pace Project No.: 35486567

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35486567001	POINT OF DISCHARGE	Enterolert/Quanti-Tray	TAN	1	PASI-SF
35486567002	300' N OF SPILL	Enterolert/Quanti-Tray	TAN	1	PASI-SF
35486567003	BACKGROUND-N	Enterolert/Quanti-Tray	TAN	1	PASI-SF
35486567004	300' S OF SPILL	Enterolert/Quanti-Tray	TAN	1	PASI-SF
35486567005	BACKGROUND-S	Enterolert/Quanti-Tray	TAN	1	PASI-SF

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**ANALYTICAL RESULTS**

Project: SEWAGE SPILL LS #18  
Pace Project No.: 35486567

**Sample:** POINT OF DISCHARGE      **Lab ID:** 35486567001      Collected: 08/02/19 10:30      Received: 08/02/19 11:54      Matrix: Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>Enterolert/Quanti-Tray</b>									
Analytical Method: Enterolert/Quanti-Tray      Preparation Method: Enterolert/Quanti-Tray									
Enterococci	431	MPN/100mL	10.0	10.0	10	08/02/19 15:10	08/03/19 16:32		

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**ANALYTICAL RESULTS**

Project: SEWAGE SPILL LS #18  
Pace Project No.: 35486567

**Sample: 300' N OF SPILL**      **Lab ID: 35486567002**      Collected: 08/02/19 10:35      Received: 08/02/19 11:54      Matrix: Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>Enterolert/Quanti-Tray</b>									
Analytical Method: Enterolert/Quanti-Tray      Preparation Method: Enterolert/Quanti-Tray									
Enterococci	<b>181</b>	MPN/100mL	10.0	10.0	10	08/02/19 15:10	08/03/19 16:32		

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**ANALYTICAL RESULTS**

Project: SEWAGE SPILL LS #18  
Pace Project No.: 35486567

Sample: BACKGROUND-N Lab ID: 35486567003 Collected: 08/02/19 10:45 Received: 08/02/19 11:54 Matrix: Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>Enterolert/Quanti-Tray</b>									
Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray									
Enterococci	85.0	MPN/100mL	10.0	10.0	10	08/02/19 15:10	08/03/19 16:32		

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**ANALYTICAL RESULTS**

Project: SEWAGE SPILL LS #18

Pace Project No.: 35486567

**Sample: 300' S OF SPILL**      **Lab ID: 35486567004**      Collected: 08/02/19 11:00      Received: 08/02/19 11:54      Matrix: Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>Enterolert/Quanti-Tray</b>									
Analytical Method: Enterolert/Quanti-Tray      Preparation Method: Enterolert/Quanti-Tray									
Enterococci	<b>638</b>	MPN/100mL	10.0	10.0	10	08/02/19 15:10	08/03/19 16:32		

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**ANALYTICAL RESULTS**

Project: SEWAGE SPILL LS #18

Pace Project No.: 35486567

---

**Sample: BACKGROUND-S**      **Lab ID: 35486567005**      Collected: 08/02/19 11:05      Received: 08/02/19 11:54      Matrix: Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>Enterolert/Quanti-Tray</b>									
Analytical Method: Enterolert/Quanti-Tray      Preparation Method: Enterolert/Quanti-Tray									
Enterococci	121	MPN/100mL	10.0	10.0	10	08/02/19 15:10	08/03/19 16:32		

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**QUALITY CONTROL DATA**

Project: SEWAGE SPILL LS #18  
Pace Project No.: 35486567

---

QC Batch: 559829	Analysis Method: Enterolert/Quanti-Tray
QC Batch Method: Enterolert/Quanti-Tray	Analysis Description: Enterolert MPN
Associated Lab Samples: 35486567001, 35486567002, 35486567003, 35486567004, 35486567005	

---

METHOD BLANK: 3038459 Matrix: Water  
Associated Lab Samples: 35486567001, 35486567002, 35486567003, 35486567004, 35486567005

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Enterococci	MPN/100mL	1.0 U	1.0	1.0	08/03/19 16:32	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

## QUALIFIERS

Project: SEWAGE SPILL LS #18  
Pace Project No.: 35486567

---

### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.  
ND - Not Detected at or above adjusted reporting limit.  
TNTC - Too Numerous To Count  
MDL - Adjusted Method Detection Limit.  
PQL - Practical Quantitation Limit.  
RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.  
S - Surrogate  
1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.  
Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.  
LCS(D) - Laboratory Control Sample (Duplicate)  
MS(D) - Matrix Spike (Duplicate)  
DUP - Sample Duplicate  
RPD - Relative Percent Difference  
NC - Not Calculable.  
SG - Silica Gel - Clean-Up  
U - Indicates the compound was analyzed for, but not detected.  
N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.  
Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.  
TNI - The NELAC Institute.

### LABORATORIES

PASI-SF Pace Analytical Services - South Florida

### ANALYTE QUALIFIERS

U Compound was analyzed for but not detected.

## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**QUALITY CONTROL DATA CROSS REFERENCE TABLE**

Project: SEWAGE SPILL LS #18  
Pace Project No.: 35486567

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35486567001	POINT OF DISCHARGE	Enterolert/Quanti-Tray	559829	Enterolert/Quanti-Tray	559830
35486567002	300' N OF SPILL	Enterolert/Quanti-Tray	559829	Enterolert/Quanti-Tray	559830
35486567003	BACKGROUND-N	Enterolert/Quanti-Tray	559829	Enterolert/Quanti-Tray	559830
35486567004	300' S OF SPILL	Enterolert/Quanti-Tray	559829	Enterolert/Quanti-Tray	559830
35486567005	BACKGROUND-S	Enterolert/Quanti-Tray	559829	Enterolert/Quanti-Tray	559830

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.



Company Name: City of Delray PO# \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Attn: Shirley Matthews Fax# \_\_\_\_\_  
 email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Name: Andrew's Family Switzer Spill 15# 18  
 Sampler Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Frequency: Quarterly Annual Monthly N/A

MO#: **35486567**  
 35486567

Page 1 of 1

**LAB ANALYSIS**

Sample #	Sample ID	Collected Date	Collected Time	Matrix Code	Preservative Type Code	Container Type Code	Matrix Codes	Container Type Codes
1	Print of DeChang	8-2-19	10:30 AM	SW				
2	300' NY Spill	8-2-19	10:35 AM	SW				
3	Background - N	8-2-19	10:45 AM	SW				
4	300' S of Spill	8-2-19	11 AM	SW				
5	Background - S	8-2-19	11:05 AM	SW				
6								
7								
8								
9								
10								

Matrix Codes	Container Type Codes
SD: Solid Waste	ES: Enclave Sampler
GW: Groundwater	EP: Reproduced Mail
EFF: Effluent	PL: Plastic Jar
AW: Analyte Free H2O	AL: Amber Lier
WW: Wastewater	CL: Clear Lier
DW: Drinking Water	AP: Amber Plastic
SW: Surface Water	AG: Amber Glass
ML: Misc. Liquid	AWP: Amber Water
	TB: Teflon Bag
	WP: Whirl Pak
	GL: Gallon Jug
	TR: Terracore

Item	Relinquished by	Affiliation	Date	Time	Received by	Affiliation	Date	Time	Required State Condition	COG Condition	OK	Incomplete	FL	GA	SC	NC	TX	IL	Other	
1	<u>Shirley Matthews</u>	<u>City of Delray</u>	<u>8-2-19</u>	<u>11:55 AM</u>	<u>[Signature]</u>	<u>Face</u>	<u>8/2/19</u>	<u>11:54</u>												
2																				
3																				
4																				

Pompano Lab 954-582-4300 Revision: F-FALL-0-007-Rev.00

C.O.C. Serial # **140826**

**WO# : 35486567**

**(SCUR)**

Project # **PM: LMH** Due Date: **08/06/19**  
 Project Manager: **CLIENT: 36-CITDEL**  
 Client:

Date and Initials of person:  
 Examining contents: \_\_\_\_\_  
 Label: \_\_\_\_\_  
 Deliver: \_\_\_\_\_  
 pH: \_\_\_\_\_

Thermometer Used: 7-330 Date: 8/2/19 Time: 11:54 Initials: [Signature]

State of Origin: \_\_\_\_\_  For WY projects, all containers verified to ≤6 °C

Cooler #1 Temp. °C <u>6.8</u> (Visual) <u>0.0</u> (Correction Factor) <u>6.8</u> (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #2 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #3 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #4 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #5 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #6 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other \_\_\_\_\_  
 Shipping Method:  First Overnight  Priority Overnight  Standard Overnight  Ground  International Priority  
 Other \_\_\_\_\_

Billing:  Recipient  Sender  Third Party  Credit Card  Unknown

Tracking # \_\_\_\_\_

Custody Seal on Cooler/Box Present:  Yes  No Seals intact:  Yes  No Ice: Wet Blue Dry None

Packing Material:  Bubble Wrap  Bubble Bags  None  Other \_\_\_\_\_

Samples shorted to lab (If Yes, complete) Shorted Date: \_\_\_\_\_ Shorted Time: \_\_\_\_\_ Qty: \_\_\_\_\_

**Comments:**

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature & Sampler Name COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Preservation Information Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
All Containers needing preservation are found to be in compliance with EPA recommendation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions VOA, Coliform, TOC, O&G, Carbamates		
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Client Notification/ Resolution:  
 Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Comments/ Resolution (use back for additional comments): \_\_\_\_\_

Project Manager Review \_\_\_\_\_

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

August 07, 2019

Juan Manzano  
City of Delray Beach  
200 SW 6th St.  
Delray Beach, FL 33444

RE: Project: SEWAGE SPILL 8/5/19  
Pace Project No.: 35487075

Dear Juan Manzano:

Enclosed are the analytical results for sample(s) received by the laboratory on August 05, 2019. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Lisa Harvey  
lisa.harvey@pacelabs.com  
(386) 672-5668  
Project Manager

Enclosures

cc: Cindy Kushner, City of Delray Beach



## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

## CERTIFICATIONS

Project: SEWAGE SPILL 8/5/19  
Pace Project No.: 35487075

---

### South Florida Certification IDs

3610 Park Central Blvd N, Pompano Beach, FL 33064

Florida Certification #: E86240

---

## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

### SAMPLE SUMMARY

Project: SEWAGE SPILL 8/5/19  
Pace Project No.: 35487075

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35487075001	POINT OF DISCHARGE	Water	08/05/19 13:35	08/05/19 14:46
35487075002	300' N OF SPILL	Water	08/05/19 13:40	08/05/19 14:46
35487075003	300' S OF SPILL	Water	08/05/19 13:30	08/05/19 14:46

### REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**SAMPLE ANALYTE COUNT**

Project: SEWAGE SPILL 8/5/19  
Pace Project No.: 35487075

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35487075001	POINT OF DISCHARGE	Enterolert/Quanti-Tray	ANM	1	PASI-SF
35487075002	300' N OF SPILL	Enterolert/Quanti-Tray	ANM	1	PASI-SF
35487075003	300' S OF SPILL	Enterolert/Quanti-Tray	ANM	1	PASI-SF

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

### ANALYTICAL RESULTS

Project: SEWAGE SPILL 8/5/19  
Pace Project No.: 35487075

**Sample: POINT OF DISCHARGE**      **Lab ID: 35487075001**      Collected: 08/05/19 13:35      Received: 08/05/19 14:46      Matrix: Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>Enterolert/Quanti-Tray</b>									
Analytical Method: Enterolert/Quanti-Tray      Preparation Method: Enterolert/Quanti-Tray									
Enterococci	<b>51.0</b>	MPN/100mL	10.0	10.0	10	08/05/19 16:30	08/06/19 16:49		

### REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

### ANALYTICAL RESULTS

Project: SEWAGE SPILL 8/5/19  
Pace Project No.: 35487075

---

**Sample: 300' N OF SPILL**      **Lab ID: 35487075002**    Collected: 08/05/19 13:40    Received: 08/05/19 14:46    Matrix: Water

---

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>Enterolert/Quanti-Tray</b>									
Analytical Method: Enterolert/Quanti-Tray    Preparation Method: Enterolert/Quanti-Tray									
Enterococci	52.0	MPN/100mL	10.0	10.0	10	08/05/19 16:30	08/06/19 16:49		

### REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**ANALYTICAL RESULTS**

Project: SEWAGE SPILL 8/5/19  
Pace Project No.: 35487075

**Sample: 300' S OF SPILL**      **Lab ID: 35487075003**      Collected: 08/05/19 13:30      Received: 08/05/19 14:46      Matrix: Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>Enterolert/Quanti-Tray</b>									
Analytical Method: Enterolert/Quanti-Tray      Preparation Method: Enterolert/Quanti-Tray									
Enterococci	52.0	MPN/100mL	10.0	10.0	10	08/05/19 16:30	08/06/19 16:49		

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.



## QUALIFIERS

Project: SEWAGE SPILL 8/5/19  
Pace Project No.: 35487075

---

### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

### LABORATORIES

PASI-SF Pace Analytical Services - South Florida

### ANALYTE QUALIFIERS

U Compound was analyzed for but not detected.

## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

**QUALITY CONTROL DATA CROSS REFERENCE TABLE**

Project: SEWAGE SPILL 8/5/19  
Pace Project No.: 35487075

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35487075001	POINT OF DISCHARGE	Enterolert/Quanti-Tray	560510	Enterolert/Quanti-Tray	560511
35487075002	300' N OF SPILL	Enterolert/Quanti-Tray	560510	Enterolert/Quanti-Tray	560511
35487075003	300' S OF SPILL	Enterolert/Quanti-Tray	560510	Enterolert/Quanti-Tray	560511

**REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.



MO#: 35487075



Page 1 of 1

LAB ANALYSIS

Company Name: *City of Delray* PO#  
 Address:  
 City: State: Zip:  
 Attn: *Gene Manning* Fax#  
 email: Phone:

Project Name: *Arroyo/Havre* Proj #  
 Sampler Signature: *Gene Manning* Circle One Event: Daily Weekly Monthly  
 Quarterly Semi-Annual Annual N/A

Sample # Sample ID Collected Date Collect Time Matrix Code\* Field Filtered Integrity OK(Y/N) Total # of containers

Sample #	Sample ID	Collected Date	Collect Time	Matrix Code*	Field Filtered	Integrity OK(Y/N)	Total # of containers
1	<i>PAVITY DICKENS 8.5.19</i>	<i>8.5.19</i>	<i>1:35 PM SW</i>	<i>SW</i>			<i>1</i>
2	<i>300' N of Spill 8.5.19</i>	<i>8.5.19</i>	<i>1:40 PM SW</i>	<i>SW</i>			<i>1</i>
3	<i>300' S of Spill 8.5.19</i>	<i>8.5.19</i>	<i>1:35 PM SW</i>	<i>SW</i>			<i>1</i>
4							
5							
6							
7							
8							
9							
10							

Parameters

*Enterococci*

EXAMPLE  
Diss. Lead 6010

# of Containers Size/Type

1 16ozp

Container Type Codes	Matrix Codes	Preservative Type Codes	REMARKS
AV Amber Vial BV Amber Vial CW Amber Vial AL Amber Lid CL Amber Lid AP Amber Petal AG Amber Glass S Amber Sol Jar P Amber Sol Jar ESV Encore Sampler PLC Programmable PLJ Programmable Z Ziploc bag TB Tuffler bag WP Wttr pak G Gallon Jar T Gallon Jar T Programmable T Programmable	SD Solid Waste GW Ground Water EFF Effluent AFW Analyte Free H2O WW Waste Water DW Drinking Water SW Surface Water ML Misc Liquid	A. None B. HNO3 C. H2SO4 D. NaOH E. HCL F. MeOH G. Na2S2O3 H. NaHSO4 I. Ice J. MCAA K. Zn Acetate L. Other	<i>Initial Sample</i>

Short Hold	Circle QA/QC Report Level	EDD (Fees May Apply)	COC Condition	Required State Certification	Coollers #'s - Temp °C
Y N	1 2 3 4 CLP AFCEE	ADAPT SEED ERPIMS TSV	OK Incomplete	FL GA SC NC NJ PA LA TX IL	1 <i>5-6-2</i> 3 4 5

Item	Relinquished by	Affiliation	Date	Time	Received by	Affiliation	Date	Time
1	<i>Gene Manning</i>	<i>City of Delray</i>	<i>8.5.19</i>	<i>1:40</i>	<i>Gene Manning</i>	<i>City of Delray</i>	<i>8.5.19</i>	<i>1:40</i>
2								
3								
4								

Pompano Lab 954-582-4300 Revision: F-ALL-C-007-Rev.00

COC Serial # 140814

**WO# : 35487075** **SCUR)**

Project # \_\_\_\_\_  
 Project Manager: **PM: LMH** Due Date: **08/07/19**  
 Client: **CLIENT: 36-CITDEL**

Date and Initials of person:  
 Examining contents: WJA 8/5/19  
 Label: \_\_\_\_\_  
 Deliver: J.J. 8/5/19  
 pH: \_\_\_\_\_

Thermometer Used T-330 Date 8/5/19 Time 1446 Initials WJA

State of Origin FL  For IZV projects all containers chilled to -6 °C

Cooler #1 Temp. °C <u>5.6</u> (Visual) <u>0.0</u> (Correction Factor) <u>5.6</u> (Actual)	<input type="checkbox"/> Samples on ice cooling process has begun
Cooler #2 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice cooling process has begun
Cooler #3 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice cooling process has begun
Cooler #4 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice cooling process has begun
Cooler #5 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice cooling process has begun
Cooler #6 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice cooling process has begun

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other \_\_\_\_\_  
 Shipping Method:  First Overnight  Priority Overnight  Standard Overnight  Ground  International Priority  
 Billing:  Recipient  Sender  Third Party  Credit Card  Unknown

Tracking # \_\_\_\_\_  
 Custody Seal on Cooler/Box Present:  Yes  No **Seals intact:**  Yes  No Ice:  Wet  Blue  Dry  None  
 Packing Material:  Bubble Wrap  Bubble Bags  None  Other \_\_\_\_\_  
 Samples shorted to lab (If Yes, complete) Shorted Date 8/5/19 Shorted Time 1450 Qty 3

**Comments:**

Chain of Custody Present	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	
Relinquished Signature & Sample Name COC	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	
Rush FAT requested on COC	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	
Blankie indices match COC - sample IDs & date time of collection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	
A) Containers meeting all 1) Yes preservation have been checked	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	Preservation information: Preservation # _____ # of Freez # _____ Date _____ Time _____ Initials _____
B) Containers meeting preservation & a blank to be in compliance with EPA suspension protocol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	
Exceptions: VOA G-Form TQC G&S Cartridges				
Headspace in VOA vials? (if any)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	
Top Blank Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	

Client Notification/ Resolution: Person Contacted \_\_\_\_\_ Date Time \_\_\_\_\_

Comments/ Resolution (use back for additional comments): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Project Manager Review: \_\_\_\_\_ Date \_\_\_\_\_

## Pollution Notice

Thank you for submitting a Public Notice of Pollution for a reportable Incident in compliance with Section 403.077, F.S.

Your DEP Incident ID is **3572**. Please use this ID during any future correspondence with the Department concerning this Incident.

To update the information you have entered please click the link the below:

**[Update My Notice](#)**

**Type of Notice:** Updated Report

**Date of Notice:** 08/01/2019

### **Incident Information**

**Name of Incident:** Lift Station # 18 Force Main break (30 Andrews Ave).

**State Watch Office Case Number:** 20194221

**Start of Incident:** 07/31/2019 21:30

**End of Incident:** 08/01/2019 14:00

### **Incident Description**

Lift Station # 18 force main pipe failure, due to age. Initial spill amount to be estimated at 25,000 gallons of sewage. Contacted Department of Health, DEP and State Warning point. A total of five samples were taken at the Intracoastal Waterway. Also, Pamela Lape (DOH) conducted a site visit .

### **Incident Location**

**Facility/Installation Name:** City of Delray Beach

**Address Line 1:** 30 Andrews Ave

**Address Line 2:**

**Directions:** Atlantic Ave and head east to Andrews Ave and make a left.

**City:** Delray Beach

**State:** FL

**Zip Code:** 33444

**Coordinates (in decimal degrees):**

Lat: 26.465, Long: -80.06

**[Click to view Incident Location](#)**

**Impacted Counties:** Palm Beach

### **Incident Reported By**

**Name:** Paul H. DeCarolis

**Title:** IPP Administrator

**Phone:** (561) 243-7000

**E-mail Address:** [decarolis@mydelraybeach.com](mailto:decarolis@mydelraybeach.com)

### **On-Site Contact**

**Name:** Ralph Lugo (Water/Sewer Manager)

**Phone:** (561) 243-7312

**Ext:**

**E-mail Address:** [rlugo@mydelraybeach.com](mailto:rlugo@mydelraybeach.com)

To view a list of all received Public Notices of Pollution or to modify your e-mail subscription settings, please click the link below:

[Public Notice of Pollution](#)

Florida Department of Environmental Protection



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Vision:** To be the Healthiest State in the Nation

**WASTEWATER SPILLAGE REPORT**

**PHONE #561-837-5935/837-5900(Ext. 6) Fax#561-837-5293**

**CONTACT: David Hebert or Darrel Graziani Off-hours, weekends, holidays- 561-881-1888 (Medical VIP Answering Service)**

**Utility: City of Delray Beach**

**Contact person: Paul H. DeCarolis**

**Phone #:561-243-7000 Ext. 2406**

**Date and time of Incident: 08/06/19 & 1:00 P.M.**

**Description of Incident: Force main pipe break .**

**Cause of Incident: Demolition Contractor hit the force main when he was pulling out a footer.**

**Location of Incident (directions) 2501 South Federal Hwy**

**Estimated amount of spillage: Less than 500 gallons.**

**Estimated affected area: 10 by 10 feet.**

**Corrective Action: City Crew responded and shut downs lift stations to that system and repaired the pipe.**

**Bodies of water effected: No.**

**(Immediate Sampling Required): No.**

**Storm Drains effected: No.**

**Signs/Notification and Actions: No.**

**Clean Up: Spill was contained in hole and City crew cleaned up site**

**Disinfected With: No.**

**Back to Normal: Yes.**

**Date: 8/6/19 Time: 4:00 P.M.**

**Comments: Notified Pamela Lape (DOH) , Denise Watts( DEP), State Warning Point the same day of spill.**

**[SED.Wastewater@dep.state.fl.us](mailto:SED.Wastewater@dep.state.fl.us) must be notified within 24-hours for any amount of spillage and this report e-mail. Spills greater than 1,000 gallons or any discharge to surface waters must also be called to the State Warning Point at 1-800-320-0519.**

**7/2015**

**Florida Department of Health**

Palm Beach County, Division of Environmental Public Health  
P.O. Box 29, 800 Clematis Street, West Palm Beach, FL 33402  
PHONE: 561-837-5900 • FAX : 561-837-5294

**[www.FloridasHealth.com](http://www.FloridasHealth.com)**

TWITTER:HealthyFLA  
FACEBOOK:FLDepartmentofHealth  
YOUTUBE: fldoh

[Skip Navigation](#)[Skip to main content](#)

Florida Department of Environmental Protection

- [A-Z Index](#)
- [Forms](#)
- [News](#)
- [Events](#)
- [Contact Us](#)

- 
- 
- 
- 

MENU

Pollution Notice *Enterprise Solutions*

- [About DEP](#)
- [How Do I](#)
  - [Access The DEP Business Portal](#)
  - [Apply for a Career with DEP](#)
  - [Cleanup Sites Contaminated by Discharges of Petroleum](#)
  - [Dispose of Unwanted Medicine](#)
  - [Find a Permit](#)
  - [Find a Spring](#)
  - [Find Beach Flag Information](#)
  - [Find Parks, Trails, & Recreation Areas](#)
  - [Find Water Supply Plans](#)
  - [Get GIS Data](#)
  - [Get Training and Certifications](#)
  - [Learn about Florida's Coral Reefs](#)
  - [Learn about Sinkholes](#)
  - [Learn about Wastewater Management](#)
  - [Protect Florida's Water Resources](#)
  - [Protect the Environment from Solid and Hazardous Wastes](#)
  - [Purchase Property](#)
  - [Report Algal Blooms](#)
  - [Research Florida Geology](#)
  - [Review Agency Rules](#)
  - [See Pollution Notices](#)
  - [View Interactive Maps of Florida](#)
- [Divisions](#)
  - [Administrative Services](#)
  - [Air Resource Management](#)
  - [Cabinet Affairs](#)
  - [Communications](#)
  - [Ecosystem Projects](#)
  - [Ecosystems Restoration](#)
  - [Emergency Response](#)
  - [Environmental Assessment and Restoration](#)
  - [Florida Coastal Office](#)
  - [Florida Geological Survey](#)
  - [General Counsel](#)
  - [Inspector General](#)
  - [Intergovernmental Programs](#)
  - [Land and Recreation](#)
  - [Legislative Affairs](#)
  - [Office of Operations](#)
  - [Office of the Secretary](#)

provided to the State Watch Office. If you have a summary e-mail from the State Watch Office, you may copy that and paste it here) : \*

Demolition Contractor hit the force main when he was pulling out a footer. City crew responded and shut down all lift stations to that system and repaired the pipe. Less 500 gallons was contained in the hole . City crew cleaned up the site and Department of Health , Department of Environmental Protection and State Warning Point was notified.

Please select all counties directly affected by the Incident : \*

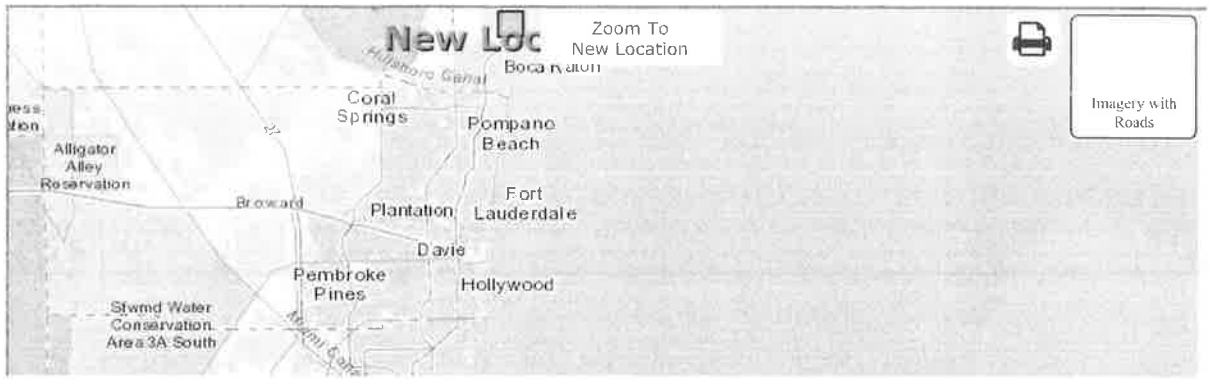
<input type="checkbox"/>	Alachua	<input type="checkbox"/>	Duval	<input type="checkbox"/>	Holmes	<input type="checkbox"/>	Miami-Dade	<input type="checkbox"/>	Seminole
<input type="checkbox"/>	Baker	<input type="checkbox"/>	Escambia	<input type="checkbox"/>	Indian River	<input type="checkbox"/>	Monroe	<input type="checkbox"/>	St. Johns
<input type="checkbox"/>	Bay	<input type="checkbox"/>	Flagler	<input type="checkbox"/>	Jackson	<input type="checkbox"/>	Nassau	<input type="checkbox"/>	St. Lucie
<input type="checkbox"/>	Bradford	<input type="checkbox"/>	Franklin	<input type="checkbox"/>	Jefferson	<input type="checkbox"/>	Okaloosa	<input type="checkbox"/>	Sumter
<input type="checkbox"/>	Brevard	<input type="checkbox"/>	Gadsden	<input type="checkbox"/>	Lafayette	<input type="checkbox"/>	Okeechobee	<input type="checkbox"/>	Suwannee
<input type="checkbox"/>	Broward	<input type="checkbox"/>	Gilchrist	<input type="checkbox"/>	Lake	<input type="checkbox"/>	Orange	<input type="checkbox"/>	Taylor
<input type="checkbox"/>	Calhoun	<input type="checkbox"/>	Glades	<input type="checkbox"/>	Lee	<input type="checkbox"/>	Osceola	<input type="checkbox"/>	Union
<input type="checkbox"/>	Charlotte	<input type="checkbox"/>	Gulf	<input type="checkbox"/>	Leon	<input checked="" type="checkbox"/>	Palm Beach	<input type="checkbox"/>	Volusia
<input type="checkbox"/>	Citrus	<input type="checkbox"/>	Hamilton	<input type="checkbox"/>	Levy	<input type="checkbox"/>	Pasco	<input type="checkbox"/>	Wakulla
<input type="checkbox"/>	Clay	<input type="checkbox"/>	Hardee	<input type="checkbox"/>	Liberty	<input type="checkbox"/>	Pinellas	<input type="checkbox"/>	Walton
<input type="checkbox"/>	Collier	<input type="checkbox"/>	Hendry	<input type="checkbox"/>	Madison	<input type="checkbox"/>	Polk	<input type="checkbox"/>	Washington
<input type="checkbox"/>	Columbia	<input type="checkbox"/>	Hernando	<input type="checkbox"/>	Manatee	<input type="checkbox"/>	Putnam		
<input type="checkbox"/>	DeSoto	<input type="checkbox"/>	Highlands	<input type="checkbox"/>	Marion	<input type="checkbox"/>	Santa Rosa		
<input type="checkbox"/>	Dixie	<input type="checkbox"/>	Hillsborough	<input type="checkbox"/>	Martin	<input type="checkbox"/>	Sarasota		

Start Date and Time of the Incident : \* 08/06/2019 01:00 PM

Is the Incident on-going : \*   
  Yes   
  No

End Date and Time of the Incident : 08/06/2019 04:00 PM

Please select the location where the Incident occurred : \*



Facility Information

Please enter or update the requested information about the facility/installation at which the Incident occurred.

Facility/Installation Name : \* Greico Ford  
 Address Line 1 : 2501 South Federal  
 Address Line 2 :

Directions :

Take I 95 to Linton Blvd and head East and make a right on Federal Hwy and head South and the Dealership on the left side.

City : Delray Beach  
 State : Florida ▾  
 Zip Code : 33444

Reporter Details

Please enter or update the requested information about the person reporting the Incident.

Name : \* Paul DeCarolis  
 Title : \* IPP Administrator  
 E-mail Address : \* p.decarolis@yahoo.com  
 Phone Number : \* (561) 523-0608  
 Ext. : 4206  
 I am the : \*

- Operator of the Facility/Installation
- Owner of the Facility/Installation
- Other

Contact Details

Please enter or update the requested information about the person to be contacted for further information concerning the Incident.

Name : \*

Phone : \*

Ext. :

E-mail Address : \*

Public Notice of Pollution — 1-849-490  
Office of Technology and Information Services

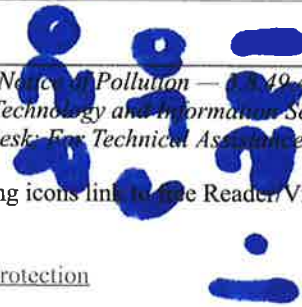
[Site Map](#) — For Business Issues, call Service Desk; For Technical Assistance, call Service Desk or [Contact Us via email](#)

Some content provided in alternative formats. The following icons link to the Reader/Viewer software:

[PDF:](#) | [Word:](#) | [Excel:](#)

© Copyright 2017 [Florida Department of Environmental Protection](#)

- [Accessibility Information](#)
- [Disclaimer](#)
- [Privacy Statement](#)



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Vision:** To be the Healthiest State in the Nation

**WASTEWATER SPILLAGE REPORT**

**PHONE #561-837-5947/837-5900(Ext. 6) Fax#561-837-5293**

**CONTACT: Pamela Lape Off-hours, weekends, holidays- 561-881-1888 (Medical VIP Answering Service)Email – FDOHPB@flhealth.gov**

**Utility: City of Delray Beach**

**Contact person: Paul H. DeCarolis**

**Phone #:561-243-7000 Ext. 2406**

**Date and time of Incident: 9/12/19 & 9:00**

**Description of Incident: Reclaim meter leak on customer side of meter.**

**Cause of Incident: Pipe Failure.**

**Location of Incident (directions) 130 Andrews Ave.**

**Estimated amount of spillage: 500 gallons.**

**Estimated affected area: 10 by 30 feet.**

**Corrective Action: City Crew responded and shut meter off and notify Property Manager (Prudent Carswell) to call her plumber to fix break.**

**Bodies of water effected: No.**

**(Immediate Sampling Required): No.**

**Storm Drains effected: Yes (Catch Basin)**

**Signs/Notification and Actions: No.**

**Clean Up: Spill was contained in swale and City crew used the Vactor truck to Vacuum up excess reclaim water in swale and catch basin.**

**Disinfected With: Yes.**

**Back to Normal: Yes.**

**Date: 9/12/19 Time: 11:00 P.M.**

**Comments: Notified Pamela Lape (DOH) , Denise Watts( DEP). Ms. Watts said to fill out the DOH Report to be on the safe side.**

**[SED.Wastewater@dep.state.fl.us](mailto:SED.Wastewater@dep.state.fl.us) must be notified within 24-hours for any amount of spillage and this report e-mail. Spills greater than 1,000 gallons or any discharge to surface waters must also be called to the State Warning Point at 1-800-320-0519.**

**Florida Department of Health**

Palm Beach County, Division of Environmental Public Health  
P.O. Box 29, 800 Clematis Street, West Palm Beach, FL 33402  
PHONE: 561-837-5900 • FAX : 561-837-5294

**[www.FloridasHealth.com](http://www.FloridasHealth.com)**

TWITTER:HealthyFLA

FACEBOOK:FLDepartmentofHealth

YOUTUBE: fldoh

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Vision:** To be the Healthiest State in the Nation

**WASTEWATER SPILLAGE REPORT**

**PHONE #561-837-5947/837-5900(Ext. 6) Fax#561-837-5293**

**CONTACT: Pamela Lape Off-hours, weekends, holidays- 561-881-1888  
(Medical VIP Answering Service)Email – FDOHPB@flhealth.gov**

**Utility: City of Delray Beach**

**Contact person: Paul H. DeCarolis**

**Phone #:561-243-7000 Ext. 2406**

**Date and time of Incident: 10/18/19 & 7:30 A.M.**

**Description of Incident: Force main pipe break .**

**Cause of Incident: Russell Engineering hit the valve on the force main, which caused the break.**

**Location of Incident: 20 North Congress Ave.**

**Amount of spillage: 18,000 Gallons.**

**Affected area: 300 by 35 feet.**

**Corrective Action: City Crew responded and shut down lift stations to that system and repaired the pipe.**

**Bodies of water effected: No.**

**(Immediate Sampling Required): No.**

**Storm Drains effected: No.**

**Signs/Notification and Actions: No.**

**Clean Up: Spill was contained in two DOT right away trenches. City crew cleaned area and used two Vactor trucks to vacuum up the sewage and HTH for odor control.**

**Disinfected With: No.**

**Back to Normal: Yes.**

**Date: 10/18/19 Time: 4:00 P.M.**

**Comments: Notified Pamela Lape (DOH) , Denise Watts( DEP), State Warning Point the same day of spill.**

**[SED.Wastewater@dep.state.fl.us](mailto:SED.Wastewater@dep.state.fl.us) must be notified within 24-hours for any amount of spillage and this report e-mail. Spills greater than 1,000 gallons or any discharge to surface waters must also be called to the State Warning Point at 1-800-320-0519.**

**Florida Department of Health**

Palm Beach County, Division of Environmental Public Health  
P.O. Box 29, 800 Clematis Street, West Palm Beach, FL 33402  
PHONE: 561-837-5900 • FAX : 561-837-5294

**[www.FloridasHealth.com](http://www.FloridasHealth.com)**

TWITTER:HealthyFLA  
FACEBOOK:FLDepartmentofHealth  
YOUTUBE: fldoh

[Skip Navigation](#)[Skip to main content](#)

Florida Department of Environmental Protection

- [A-Z Index](#)
- [Forms](#)
- [News](#)
- [Events](#)
- [Contact Us](#)

- 
- 
- 
- 

MENU

Pollution Notice *Enterprise Solutions*

- [About DEP](#)
- [How Do I](#)
  - [Access The DEP Business Portal](#)
  - [Apply for a Career with DEP](#)
  - [Cleanup Sites Contaminated by Discharges of Petroleum](#)
  - [Dispose of Unwanted Medicine](#)
  - [Find a Permit](#)
  - [Find a Spring](#)
  - [Find Beach Flag Information](#)
  - [Find Parks, Trails, & Recreation Areas](#)
  - [Find Water Supply Plans](#)
  - [Get GIS Data](#)
  - [Get Training and Certifications](#)
  - [Learn about Florida's Coral Reefs](#)
  - [Learn about Sinkholes](#)
  - [Learn about Wastewater Management](#)
  - [Protect Florida's Water Resources](#)
  - [Protect the Environment from Solid and Hazardous Wastes](#)
  - [Purchase Property](#)
  - [Report Algal Blooms](#)
  - [Research Florida Geology](#)
  - [Review Agency Rules](#)
  - [See Pollution Notices](#)
  - [View Interactive Maps of Florida](#)
- [Divisions](#)
  - [Administrative Services](#)
  - [Air Resource Management](#)
  - [Cabinet Affairs](#)
  - [Communications](#)
  - [Ecosystem Projects](#)
  - [Ecosystems Restoration](#)
  - [Emergency Response](#)
  - [Environmental Assessment and Restoration](#)
  - [Florida Coastal Office](#)
  - [Florida Geological Survey](#)
  - [General Counsel](#)
  - [Inspector General](#)
  - [Intergovernmental Programs](#)
  - [Land and Recreation](#)
  - [Legislative Affairs](#)
  - [Office of Operations](#)
  - [Office of the Secretary](#)

- [Ombudsman and Public Services](#)
- [Recreation and Parks](#)
- [Regulatory Programs](#)
- [Springs](#)
- [State Lands](#)
- [Sustainable Initiatives Programs](#)
- [Technology and Information Services](#)
- [Waste Management](#)
- [Water Policy](#)
- [Water Resource Management](#)
- [Water Restoration Assistance](#)
  
- **Districts**
- [Central District](#)
- [Northeast District](#)
- [Northwest District](#)
- [South District](#)
- [Southeast District](#)
- [Southwest District](#)
  
- [Air](#)
- [Lands](#)
- [Parks & Rec](#)
- [Waste](#)
- [Water](#)

**You are submitting a Public Notice of Pollution in accordance with §403.077, F.S., which is intended to prevent harm to human health, welfare, or property by assisting the control of pollution. This rule specifies that "reportable releases" are required to be reported to the Department.**

**Please be aware that while submission of a Notice through this website complies with the requirements of §403.077, F.S., it does not relieve you of any obligation to report to the State Watch Office or other authority required by your permit or state law.**

**You are entering a new Notice.**

**If the Incident you are reporting is a Sanitary Sewer Overflow (SSO), please use the [DEP Business Portal](#) (Select Submit, then Report) to report this Incident.**

#### Incident Information

**Please enter or update the requested information about the Incident.**

Please  
enter a  
name for  
the Incident  
:  
Lift Station # 106 (20 North Congress Ave).

State  
Watch  
Office  
Incident  
Number or  
Case ID :  
20195882

Incident  
Report  
(Please  
enter the  
information

provided to the State Watch Office. If you have a summary e-mail from the State Watch Office, you may copy that and paste it here) : \*

Russell Engineering , working for (Department of Transportation) hit the valve on the force main which caused the break. 18,000 gallons of sewage contained in the DOT right away. No bodies of water , were affected. Two Vactor trucks were used to vacuum of the sewage and used HTH for odor control.

Please select all counties directly affected by the Incident : \*

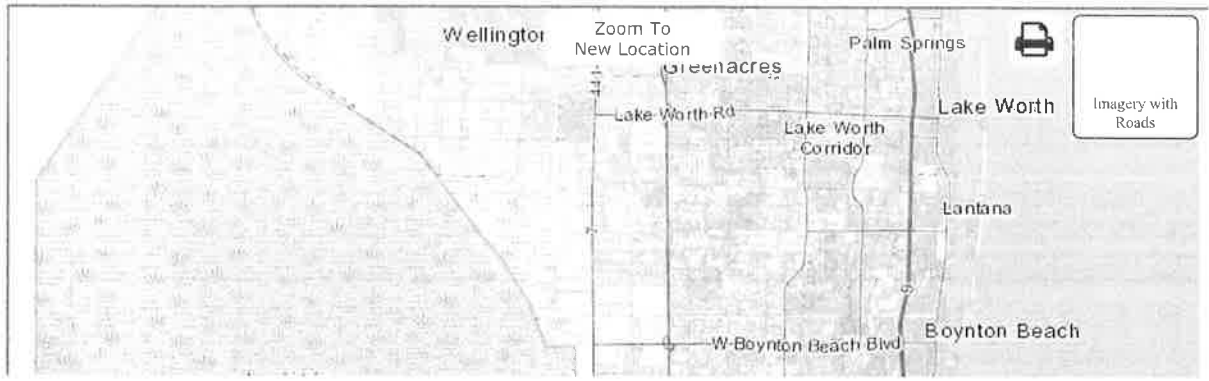
<input type="checkbox"/>	Alachua	<input type="checkbox"/>	Duval	<input type="checkbox"/>	Holmes	<input type="checkbox"/>	Miami-Dade	<input type="checkbox"/>	Seminole
<input type="checkbox"/>	Baker	<input type="checkbox"/>	Escambia	<input type="checkbox"/>	Indian River	<input type="checkbox"/>	Monroe	<input type="checkbox"/>	St. Johns
<input type="checkbox"/>	Bay	<input type="checkbox"/>	Flagler	<input type="checkbox"/>	Jackson	<input type="checkbox"/>	Nassau	<input type="checkbox"/>	St. Lucie
<input type="checkbox"/>	Bradford	<input type="checkbox"/>	Franklin	<input type="checkbox"/>	Jefferson	<input type="checkbox"/>	Okaloosa	<input type="checkbox"/>	Sumter
<input type="checkbox"/>	Brevard	<input type="checkbox"/>	Gadsden	<input type="checkbox"/>	Lafayette	<input type="checkbox"/>	Okeechobee	<input type="checkbox"/>	Suwannee
<input type="checkbox"/>	Broward	<input type="checkbox"/>	Gilchrist	<input type="checkbox"/>	Lake	<input type="checkbox"/>	Orange	<input type="checkbox"/>	Taylor
<input type="checkbox"/>	Calhoun	<input type="checkbox"/>	Glades	<input type="checkbox"/>	Lee	<input type="checkbox"/>	Osceola	<input type="checkbox"/>	Union
<input type="checkbox"/>	Charlotte	<input type="checkbox"/>	Gulf	<input type="checkbox"/>	Leon	<input checked="" type="checkbox"/>	Palm Beach	<input type="checkbox"/>	Volusia
<input type="checkbox"/>	Citrus	<input type="checkbox"/>	Hamilton	<input type="checkbox"/>	Levy	<input type="checkbox"/>	Pasco	<input type="checkbox"/>	Wakulla
<input type="checkbox"/>	Clay	<input type="checkbox"/>	Hardee	<input type="checkbox"/>	Liberty	<input type="checkbox"/>	Pinellas	<input type="checkbox"/>	Walton
<input type="checkbox"/>	Collier	<input type="checkbox"/>	Hendry	<input type="checkbox"/>	Madison	<input type="checkbox"/>	Polk	<input type="checkbox"/>	Washington
<input type="checkbox"/>	Columbia	<input type="checkbox"/>	Hernando	<input type="checkbox"/>	Manatee	<input type="checkbox"/>	Putnam		
<input type="checkbox"/>	DeSoto	<input type="checkbox"/>	Highlands	<input type="checkbox"/>	Marion	<input type="checkbox"/>	Santa Rosa		
<input type="checkbox"/>	Dixie	<input type="checkbox"/>	Hillsborough	<input type="checkbox"/>	Martin	<input type="checkbox"/>	Sarasota		

Start Date and Time of the Incident : \* 10/18/2019 07:00 AM

Is the Incident on-going : \*   
  Yes   
  No

End Date and Time of the Incident : 10/18/2019 03:55 PM

Please select the location where the Incident occurred : \*



Facility Information

Please enter or update the requested information about the facility/installation at which the Incident occurred.

Facility/Installation Name : \*

Address Line 1 :

Address Line 2 :

Directions :

Take I-95 to West Atlantic Ave and head west and pass congress and turn at the first shopping complex on the right and Lift Station # 106 is located at the North side of parking lot.

City :

State :

Zip Code :

Reporter Details

Please enter or update the requested information about the person reporting the Incident.

Name : \*

Title : \*

E-mail Address : \*

Phone Number : \*

Ext. :

I am the : \*

- Operator of the Facility/Installation
- Owner of the Facility/Installation
- Other

Contact Details

Please enter or update the requested information about the person to be contacted for further information concerning the Incident.

Name : \*

Phone : \*

Ext. :

E-mail Address : \*

Public Notice of Pollution — 3.8.49.490  
Office of Technology and Information Services

[Site Map](#) — For Business Issues, call Service Desk; For Technical Assistance, call Service Desk or [Contact Us via email](#)

Some content provided in alternative formats. The following icons link to free Reader/Viewer software:

[PDF:](#) | [Word:](#) | [Excel:](#)

© Copyright 2017 [Florida Department of Environmental Protection](#)

- [Accessibility Information](#)
- [Disclaimer](#)
- [Privacy Statement](#)



# FLORIDA DEPARTMENT OF Environmental Protection

Southeast District Office  
3301 Gun Club Road, MSC 7210-1  
West Palm Beach, FL 33406  
561-681-6600

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Noah Valenstein**  
Secretary

October 15, 2019

Doug Levine, Plant Manager  
South Central Regional WWTP  
1801 N Congress Ave  
Delray Beach, FL 33445  
[DLevine@scrwwtp.org](mailto:DLevine@scrwwtp.org)

**Re:** Compliance Assistance Offer  
South Central Regional WWTP; Facility ID No. FL0035980  
Sanitary Sewer Overflow at 30 Andrews Ave, Delray Beach FL  
SWO# 2019-4221  
Palm Beach County

Dear Mr. Levine:

On August 1, 2019 the Florida Department of Environmental Protection (“Department”) was notified by State Watch Office that the City of Delray Beach had an unauthorized discharge or unpermitted sanitary sewer overflow (“SSO”) of approximately 25,000 gallons in potential noncompliance with the requirements of Chapter 403, Florida Statutes (“Fla. Stat.”), and Section 62-620, Florida Administrative Code (“Fla. Admin. Code”), which prohibits unauthorized discharges. The purpose of this letter is to offer you compliance assistance as a means of resolving these matters.

If you have not already notified the District office of the abnormal event and submitted the follow-up 5-day report as required by permit, we request that you respond in writing within **15-days** of receipt of this Compliance Assistance Offer. Your written or emailed response should:

- Provide the most current information regarding the specific SSO incident stated above, including:
  - What is the final spill volume of the SSO?
  - Did the SSO reach surface waters?
  - How much of the SSO’s volume reached surface waters, if any?
  - How much volume of the SSO was recovered?
  - How much volume of the SSO was not recoverable?
- Describe what happened to cause the SSO;
- Describe the actions taken to remediate the SSO; and
- Describe the actions taken, or to be taken, to prevent future SSOs of this nature.

South Central Regional WWTP  
Facility ID – FL0035980  
Compliance Assistance Offer  
Page 2 of 2

Based on the details of your response to this Compliance Assistance Offer, the Department may require formal enforcement on the SSO, pursuant to your permit conditions, Chapter 62-620, Fla. Admin. Code, and Chapter 403, Fla. Stat. It is the Department's desire that you are able to adequately address the aforementioned issues so that this matter can be closed. Your failure to respond promptly may result in the initiation of formal enforcement proceedings.

Please address your response and any questions to Denise Watts of the Southeast District Office by phone at (561) 681-6701 or via e-mail at [Denise.Watts@FloridaDEP.gov](mailto:Denise.Watts@FloridaDEP.gov). We look forward to your cooperation with this matter.

Sincerely,



Lisa M. Self  
Environmental Manager  
Compliance Assurance Program

Ec: Paul DeCarolis, City of Delray Beach  
Victor Majtenyi, City of Delray Beach  
Ralph Lugo, Water/Sewer Delray Beach  
Pamela Lape, Palm Beach Health Dept  
Denise K. Watts, FDEP/SED  
Sarah L. Noble, FDEP/SED

[decarolis@mydelraybeach.com](mailto:decarolis@mydelraybeach.com)  
[Majtenyi@mydelraybeach.com](mailto:Majtenyi@mydelraybeach.com)  
[rlugo@mydelraybeach.com](mailto:rlugo@mydelraybeach.com)  
[pamela.lape@flhealth.gov](mailto:pamela.lape@flhealth.gov)  
[denise.watts@FloridaDEP.gov](mailto:denise.watts@FloridaDEP.gov)  
[Sarah.L.Noble@FloridaDEP.gov](mailto:Sarah.L.Noble@FloridaDEP.gov)



P-

**Department of Environmental  
Resources Management**

2300 North Jog Road, 4th Floor  
West Palm Beach, FL 33411-2743

(561) 233-2400

FAX: (561) 233-2414

www.pbcgov.com/erm



**Palm Beach County  
Board of County  
Commissioners**

Melissa McKinlay, Mayor

Mack Bernard, Vice Mayor

Hal R. Valeche

Paulette Burdick

Dave Kerner

Steven L. Abrams

Mary Lou Berger

**County Administrator**

Verdenia C. Baker

February 5, 2018

By Email: [decarolis@mydelraybeach.com](mailto:decarolis@mydelraybeach.com)

Paul DeCarolis  
City of Delray Beach  
434 S. Swinton Ave.  
Delray Beach, FL 33444-2612

**RE: IN COMPLIANCE LETTER**

Delray Beach City-WTP, 200 SW 6<sup>th</sup> St., Delray Beach  
DEP Facility ID #8734548  
Palm Beach County – Storage Tanks

Dear Mr. DeCarolis:

A storage tanks inspection and file review were conducted at the above noted facility on or about November 27, 2017, by the Palm Beach County Department of Environmental Resources Management. Based on the information provided during and following the inspection, the facility was determined to be in compliance with the storage tank rules and regulations.

The County appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact me at (561) 233-2505 or email, [pwille@pbcgov.org](mailto:pwille@pbcgov.org).

Sincerely,

A handwritten signature in cursive that reads "Patrick Wille".

Patrick Wille  
Storage Tank Program Supervisor  
Resources Protection

pw:ja:kle

cc: Kevin Moore, Lutz Petroleum Equipment Inc.  
– [lutzpei@bellsouth.net](mailto:lutzpei@bellsouth.net)

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**RICK SCOTT**  
Governor

**Celeste Phillip, MD, MPH**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**WASTEWATER SPILLAGE REPORT**

**PHONE #561-837-5947/837-5900(Ext. 6) Fax#561-837-5293**

**CONTACT: Pamela Lape Off-hours, weekends, holidays- 561-881-1888  
(Medical VIP Answering Service)**

**Utility: City of Delray Beach  
Phone #: 561-243-7309**

**Contact person: Scott W. Solomon  
Date and time of Incident: 3/22/2018**

**Description of Incident: Grease trap overflowed into parking lot and tracked onto N.E. 2<sup>nd</sup> Ave.**

**Cause of Incident: Lateral Stoppage**

**Location of Incident (directions) 119 East Atlantic Avenue (Tramonti Restaurant).  
Estimated amount of spillage: 1000 gallons of grey water and 50 lbs. of grease.  
*(Attach a separate sheet explaining how you arrived at this amount if needed)***

**Estimated affected area: One City block (Parking Lot) and N.E. 2<sup>nd</sup> Ave**

**Corrective Action: Cleared Lateral Stoppage.**

**Bodies of water effected: No (Immediate Sampling Required)**

**Storm Drains effected: Dead-end Storm Drain**

**Signs/Notification and Actions: Parking Lot and Road Blocked Off.**

**Clean Up: Two private companies were hired by the City to pressure wash the entire parking lot and street. They also pumped out two storm drains that were affected.**

**Disinfected With: Degreaser.**

**Back to Normal: Yes Date: 03/22/2018 Time: 6:30 p.m.**

**Comments: Called DEP, Health Dept. and State Warning Point for precautionary measures.**

**The Health Department and FDEP/SED - Denise Watts at (561) 681-6701, via e-mail – Denise.Watts@dep.state.fl.us must be notified within 24-hours for any amount of spillage and this report e-mail. Spills greater than 1,000 gallons or any discharge to surface waters must also be called to the State Warning Point at **1-800-320-0519**.**

**Florida Department of Health,  
In Palm Beach County**  
Division of Environmental Public Health  
P.O. Box 29, 800 Clematis Street, West Palm Beach, FL 33402  
PHONE: 561-837-5900 • FAX: 561-837-5293  
**FloridaHealth.gov, Fhealthpalmbeach.org**



**Accredited Health Department**  
Public Health Accreditation Board

Raider Rooter  
804 SE 1st Street  
Ste A  
Boynton Beach FL 33435



(561) 737-8818 Phone  
office@raiderrooter.com  
www.raiderrooter.com

Bill To

**City of Delray Beach**

434 S Swinton Ave  
Delray Beach FL 33444

Ship To

**Tramante**

119 east Atlantic Ave  
Delray Beach FL 33444

Work Order # 5731

Transaction Date: 03/22/2018

Terms: Due on receipt

**Invoice I4577**

Item	Description	Quantity	Price	Amount
Service Call	3 men to Power washed parking lot, scrubbed the parking lot with degreaser and pumped 1000 gallons from (2) storm drains.	1	\$5,275.00	\$5,275.00

Subtotal \$5,275.00

Tax \$0.00

Total \$5,275.00

**Acceptance**

I hereby accept the service,  
repair or replacement as  
complete and satisfactory.

Payments \$0.00

Balance Due \$5,275.00

Paul by Tramante city of Deleay