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#### January 6, 2017

#### VIA E-FILING

Carlotta S. Stauffer, Commission Clerk Office of Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399

RE: Docket No. 150269-WS; Application for limited proceeding water rate increase in Marion, Pasco, and Seminole Counties, by Utilities, Inc. of Florida. Our File No. 30057.224

Dear Ms. Stauffer:

Pursuant to PSC Order No. PSC-16-0505-PAA-WS, attached are the resulting of the sampling that was required to be done after the interconnection with Pasco County. As the sampling clearly shows, the water quality meets DEP secondary water quality standards.

Should you or Staff have any questions regarding this filing, please do not hesitate to give me a call.

Very truly yours,

/s/ Martin S. Friedman

MARTIN S. FRIEDMAN For the Firm

MSF/

cc: John Hoy (via email) Patrick Flynn (via email) Kyesha Mapp, Esquire (via email) Erik Sayler, Esquire (via email) Andrew Maurey (via email)

PUBLIC WATER SYSTEM INFORMATION (to be comp	oleted by sampler – please type or print legibl	у)
System Name: <u>Utilities, Inc. of Florida - Summertree</u>		PWS I.D. #: 651 1423
System Type (check one):	Nontransient Noncommunity	Transient Noncommunity
Address: 0.5 miles east of Little Road on SR 52	· ·	
City: Hudson	ZIP Code: <u>3466</u>	8
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler) Sample Number: $162073700$ Sample Sample Location (be specific) : $H \times chan 10$	ole Date: 12-27:46 1619 english elm	Sample Time:COY_(AMDPM (circle One)
Disinfectant Residual (Required when reporting results for trihal	u u	
Sample Type (Check Only One)		le (Check all that apply)
Distribution	DRoutine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	Clearance (permitting)
□Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comm	ents:
Ave Residence Time		
Near First Customer		
	'See 62-550.500(6) for requirements and restrict And 62-550.512(3) for nitrate or nitrite exceedar	
	SAMPLER CERTIFICATION	
1, <u>Stephen</u> Hogbersk (Print Name)	, Operator (Print 1	Title)
that the above public water system and sample collection infor	rmation is complete and correct.	
Signature;X	Date:	12-27:16
Certified Operator #: 50000 Phone #: 727-934-9137	Sample	er's Fax #: <u>727-934-2208</u>
Sampler's E-mail: sihabery@uiwater.com		
an an 192 An 1920 - An 1930 - An 1930 An 1930 - An 1930 - An 1930		

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2017
ATTACH CURRENT DOH ANALYTE *
$\pi$ $\pi$ $\pi$
Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: <u>F82574</u> , <u>F82001</u>
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
Lab Assigned Report # or Job T1620737
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics       Synthetic Organics       Volatile Organics       Disinfection Byproducts       Radionuclides       Secondaries         All Except Asbestos       All 30       All 21       Trihalomethanes       Single Sample       All 14         Yeartial       All Except Dioxin       Partial       Haloacetic Acids       Qtrly Composite**       All 14         Nitrate       Partial       Chlorite       Partial       Partial       Partial       Partial         Nitrite       Dioxin Only       Bromate       Bromate       Partial       Partial
I, Dale Uvino
(Print Namo) , do HEREBY CERTIFY
(Print Title) that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
Signature Date: 1. (17)
<ul> <li>* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.</li> <li>** Please provide radiological sample dates &amp; locations for each quarter.</li> </ul>
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)
Sample Collection & Analysis Satisfactory Ves Ves Replacement of the Period
Person Notified: Date Notified: Dete Notified: DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS

62-550.3	20				Re	port Number	/ Job ID:	<u>T162073700</u>	1	
Contam	n - Provensional and the second s		1		F	WS ID (From	Page 1):	651 1	423	
ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis	DOH Lab
1002	Aluminum	0.2	mg/L	0.12	U	EPA 200.7	0.12		Time	Certification E84589
1017	Chloride	250	mg/L	35				01/03/2017	17:04	_
1022	Соррег	1			J4	EPA 300.0	2.0	01/04/2017	21:11	E84589
1025	Fluoride		mg/L	0.0018		EPA 200.8	0.00011	01/05/2017	17:46	E82574
1028		2.0	mg/L	0.30	1	EPA 300.0	0.20	01/04/2017	21:11	E84589
	Iron	0.3	mg/L	0.029	1	EPA 200.7	0.021	01/03/2017		E84589
1032	Manganese	0.05	mg/L	0.0024		EPA 200.8	+		17:04	
1050	Silver	0.1	mg/L	0.0014			0.000055	01/05/2017	17:46	E82574
1055	Sulfate	250				EPA 200.8	0.000027	01/05/2017	17:46	E82574
1095	Zinc		mg/L	96	J4	EPA 300.0	2.0	01/04/2017	21:11	E84589
		5	mg/L	0.011		EPA 200.7	0.0020	01/03/2017	17:04	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016		E84589
1920	Odor	3	TON	1.0	U	SM 2150 B			19:03	_
1925	рН	6.5 - 8.5	SU	7.7			1.0	12/28/2016	10:15	E84589
1930	Total Dissolved Solids	500			Q	SM 4500H+B		12/30/2016	08:51	E84589
	Foaming Agents		mg/L	300		SM 2540 C	12	12/30/2016	16:15	E84589
	- Johning Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	11:00	E82007

Reporting Format 62-550,730 Effective January 1995, Revised February 2010

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\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, ?, are unacceptable for compliance with 62-550. Results qualified with a J. Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

PUBLIC WATER SYSTEM INFORMATION (to be co	ompleted by sampler – please typ	e or print legibly	
System Name: Utilities, Inc. of Florida - Summertree	e.	o or print regiony)	
System Type (check one): Defension Community Address: 0.5 miles east of Little Road on SR 52	CON Nontransient Noncomr	nunity	PWS I.D. #: <u>651 1423</u> Transient Noncommunity
City: Hudson		IP Code: <u>34668</u>	
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>			
SAMPLE INFORMATION (to be completed by sampler) Sample Number: <u>T</u> (20737002) Sa Sample Location (be specific) : <u>H</u> × <i>At</i> - <i>Qt</i> - <i>Qt</i> - <i>T</i> Disinfectant Residual (Required when reporting results for trift Sample Type (Check Only One) Distribution Entry Point (to Distribution) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer	imple Date: $(2-27)$ $1(709)$ $R_056$ halomethanes and haloacetic acids):	(6 Sa → VC C mg/L n(s) for Sample (Cl 32-550 □ edance* □ s** □	Imple Time: <u>CO33044</u> AM PM (Circle One Location Code: Field pH: ZIYCD
	'See 62-550.500(6) for requireme And 62-550.512(3) for nitrate or r	ntrite exceedances.	**See 62-550.550(4) for requirements and attach a results page for each site.
I,, Stophen, Ao. benz (Print Name) that the above public water system and sample collection info	SAMPLER CERTIF		, do HEREBY CERTIFY
Signature X		_ Date: /	12-27:17
Certified Operator #: 50 C Phone #: 727-934-9137		Sampler's Fa	x #: <u>727-93</u> 4-2208
Sampler's E-mail: sihabery@uiwater.com			
en de la grafficie de la calendaria. Antes de la calendaria de la calendaria			

LABORATORY CERTIFICATION INFORMATION (to be completed by la	ab – Please type or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH	Certification #: <u>E84589</u> Certification Expiration Date: 06/30/2017
	ATTACH CURRENT DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments	: P.O. Box Phone #:
Were any analyses subcontracted? Yes No If yes, please pro	ovide DOH certification numbers: <u>F82574</u> , <u>F8200</u>
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED
ANALYSIS INFORMATION (to be completed by lab) Date Sam	ple(s) Received: <u>12/27/2016</u>
PWS ID (From Page 1): $651433$ Sample Number (F	rom Page 1): T1620737002 Lab Assigned Report # or Job T1620737
Group(s) Analyzed & Results attached for compliance with Chapter 62-5	550, F.A.C. (Check all that apply):
InorganicsSynthetic OrganicsVolatile OrganicsAll Except AsbestosAll 30All 21X PartialAll Except DioxinPartialNitratePartialPartialNitriteDioxin OnlyAsbestos OnlyAsbestos Only	Disinfection ByproductsRadionuclidesSecondariesTrihalomethanesSingle SampleAll 14Haloacetic AcidsQtrly Composite**PartialChloriteBromateBromate
I, Dale Uvino	B CERTIFICATION
(Print Name)	, do HEREBY CERTIFY (Print Title)
that all attached analytical data are correct and unless noted meet all rec	quirements of the National Environmental Laboratory Accreditation Conference
Signature: ala Ulla	Date: $1 - 6 - 17$
** Please provide radiological sample dates & locations for each quarter.	
CONFIRMATION & NOTIFICATION IS REQUIRED NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUA	D WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES LIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH attach no	otes as necessary)
Sample Collection & Analysis Satisfactory: Yes No Replaceme	nt Sample or Report Requested: 🔄 Yes 🔄 No (circle or highlight group(s) above)
Person Notified: Date Notified:	

SECON 62-550.32	DARY CONTAMINANTS					port Number / WS ID <sub>(From P</sub>	-	1620737002 GSI	<u>-</u> [423	
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.12	υ	EPA 200.7	0.12	01/03/2017	17:15	E84589
1017	Chloride	250	mg/L	32		EPA 300.0	2.0	01/04/2017	20:21	E84589
1022	Copper	1	mg/L	0.0025		EPA 200.8	0.00011	01/05/2017	17:50	E82574
1025	Fluoride	2.0	mg/L	0.28	1	EPA 300.0	0.20	01/04/2017	20:21	E84589
1028	Iron	0.3	mg/L	0.027	1	EPA 200.7	0.021	01/03/2017	17:15	E84589
1032	Manganese	0.05	mg/L	0.0025		EPA 200.8	0.000055	01/05/2017	17:50	E82574
1050	Silver	0.1	mg/L	0.00059		EPA 200.8	0.000027	01/05/2017	17:50	E82574
1055	Sulfate	250	mg/L	88		EPA 300.0	2.0	01/04/2017	20:21	E84589
1095	Zinc	5	mg/L	0.0087	I	EPA 200.7	0.0020	01/03/2017	17:15	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:05	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:52	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	11:00	FBLOOL

Reporting Format 62-550.730 Effective January 1995, Revised February 2010

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# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format $\leq \mathcal{C} \subset \mathcal{O}_{H} \mathcal{Q}$

PUBLIC WATER SYSTEM INFORMATION (to be comp	leted by sampler – please type or print l	egibly)	
System Name: Utilities, Inc. of Florida - Summertree		PWS I.D. #: 651 14	23
System Type (check one): DCommunity Address: 0.5 miles east of Little Road on SR 52	□Nontransient Noncommunity	☐Transient Noncommunity	STRATE CONTRACTOR CONTRACT
City: Hudson	ZIP Code:	34668	<b>SAMTERSON OF BERKER OF SAMERS AND SAMERSON OF SAMERSON OF SAMERSON OF SAMERSON OF SAMERSON OF SAMERSON OF SAME</b>
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	E-Mail Address:		new and the first of the second second second and the first second
SAMPLE INFORMATION (to be completed by sampler) Sample Number: $1620737603$ Sample Sample Location (be specific) : $H \times dron / 1$			AM PM (Circle One
Disinfectant Residual (Required when reporting results for trihalo	pmethanes and haloacetic acids): r	ng/L Field pH:	, 2-3
Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer	<u>Reason(s) for S</u> Routine Compliance with 62-550 Confirmation of MCL Exceedance* Composite of Multiple Sites** Other: Sampling Procedure Used or Other Co 'See 62-550.500(6) for requirements and re And 62-550.512(3) for nitrate or nitrite exce	ample (Check all that apply)	
I,, Sticp here, Haber (Print Name) that the above public water system and sample collection inform			EREBY CERTIFY
Signature;X	Da	te: $12 - 2716$	
Certified Operator #: 50Phone #: 727-934-9137		mpler's Fax #: 727-934-2208	
Sampler's E-mail: <u>sjhabery@uiwater.com</u>			

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)	
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2017	
ATTACH CURRENT DOH ANALYTE *	****
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616	
Were any analyses subcontracted? Xes 🗌 No If yes, please provide DOH certification numbers: <u>£82574</u> , <u>£82001</u>	
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED	
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: <u>12/27/2016</u>	
PWS ID (From Page 1): 65 423 Sample Number (From Page 1): 11620737003 Lab Assigned Report # or Job 11620737	
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):	
Inorganics       Synthetic Organics       Volatile Organics       Disinfection Byproducts       Radionuclides       Secondaries         All Except Asbestos       All 30       All 21       Trihalomethanes       Single Sample       All 14         Nitrate       Partial       Partial       Haloacetic Acids       Othorite       Partial         Nitrite       Dioxin Only       Bromate       Bromate       Single Sample       Partial	
I, Dale Uvino , do HEREBY CERTIFY	
(Print Title)	
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference	
Signature: Date: 17-77	
<ul> <li>* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.</li> <li>** Please provide radiological sample dates &amp; locations for each quarter.</li> <li>CONFIRMATION &amp; NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES</li> <li>NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "&lt;" are not acceptable.)</li> </ul>	
COMPLIANCE DETERMINATION (to be completed by DEP or DOH attach notes as necessary)	
Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)	
Person Notified: Date Notified: DEP/DOH Reviewing Official:	

62-550.32	DARY CONTAMINANTS			Report Number / Job ID: <u>T1620737003</u> PWS ID (From Page 1): <u> </u>						
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.12	U	EPA 200.7	0.12	01/03/2017	17:18	E84589
1017	Chloride	250	mg/L	33		EPA 300.0	2.0	01/04/2017	22:00	E84589
1022	Copper	1	mg/L	0.0041		EPA 200.8	0.00011	01/05/2017	17:54	E82574
1025	Fluoride	2.0	mg/L	0.29	1	EPA 300.0	0.20	01/04/2017	22:00	E84589
1028	Iron	0.3	mg/L	0.024	1	EPA 200.7	0.021	01/03/2017	17:18	E84589
1032	Manganese	0.05	mg/L	0.0025		EPA 200.8	0.000055	01/05/2017	17:54	E82574
1050	Silver	0.1	mg/L	0.00032	1	EPA 200.8	0.000027	01/05/2017	17:54	E82574
1055	Sulfate	250	mg/L	89		EPA 300.0	2.0	01/04/2017	22:00	E84589
1095	Zinc	5	mg/L	0.012		EPA 200.7	0.0020	01/03/2017	17:18	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:06	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	рН	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:53	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	12/30/2016		E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	16:15 11:00	E82601

Reporting Format 62-550,730 Effective January 1995, Revised February 2010

Page 4 of 4

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PUBLIC WATER SYSTEM INFORMATION (to be completed by san	pler – please type or print legibly)
---	--------------------------------------

System Name: Utilities, Inc. of Florida - Summertree	1997, 100, 00, 500 Text of Aug 2010, 2010, 2010, 2010, 2010, 2010, 2010, 2010, 2010, 2010, 2010, 2010, 2010, 20		
System Type (check one): - Acommunity Address: 0.5 miles east of Little Road on SR 52	[]Non	ransient Noncommunity	Transient Noncommunity
City: Hudson	Mrv9395240002890009300093000930000000000000000000	ZIP Code: 346	68
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>		-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 6207367004 Sample Sample Location (be specific): Herein Content and Content	ple Date:  omethanes an	id haloacetic acids): mg/l	
	Routine	Compliance with 62-550	Die (Check all that apply)
白Entry Point (to Distribution)	/	ation of MCL Exceedance*	☐Replacement (of Invalidated Sample) ☐Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)		ite of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	
Max Residence Time	Sampling F	Procedure Used or Other Comm	ents:
Ave Residence Time     Ine     Inear First Customer			
	'See 62-550 And 62-550	.500(6) for requirements and restric 512(3) for nitrate or nitrite exceedan	tions. **See 62-550.550(4) for requirements and nces. attach a results page for each site.
	SAMF	LER CERTIFICATION	
1, <u>Stephan</u> Ho. beage (Print Name)	taren ar fingly instantion of the insta	, Operator (Print 1	-itle), do HEREBY CERTIFY
that the above public water system and sample collection infor	mation is cor	nplete and correct.	
Signature X		Date:	12-27-16
Certified Operator #:Phone #: 727-934-9137	****	Sample	er's Fax #: <u>727-93</u> 4-2208
Sampler's E-mail: sihabery@uiwater.com			
en de la composition de la composition En la composition de la En la composition de la			

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2017
ATTACH CURRENT DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616
Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: <u>587574, E82001</u>
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/27/2016
PWS ID (From Page 1): 65/ 1423 Sample Number (Sample Number (Sampl
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics       Synthetic Organics       Volatile Organics       Disinfection Byproducts       Radionuclides       Secondaries         All Except Asbestos       All 30       All 21       Trihalomethanes       Single Sample       All 14         Nitrate       Partial       Partial       Haloacetic Acids       Qtrly Composite**       Partial         Nitrite       Dioxin Only       Bromate       Bromate       Dioxin Conly       Dioxin Conly
I, Dale Uvino
(Print Name) ,, do HEREBY CERTIFY (Print Title)
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
Signature: Date Date
<ul> <li>* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.</li> <li>** Please provide radiological sample dates &amp; locations for each quarter.</li> </ul>
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)
Sample Collection & Analysis Satisfactory: 🗌 Vos. 🗍 No. Danka 🖉 🖉
Person Notified: Date Notified: Dete Notified: DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS 62-550.320			Report Number / Job ID:         T1620737004           PWS ID (From Page 1):         65 ( 142 3)							
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.12	υ	EPA 200.7	0.12	01/03/2017	17:22	E84589
1017	Chloride	250	mg/L	36		EPA 300.0	2.0	01/04/2017	22:17	E84589
1022	Соррег	1	mg/L	0.0051		EPA 200.8	0.00011	01/05/2017	17:58	E82574
1025	Fluoride	2.0	mg/L	0.28	I	EPA 300.0	0.20	01/04/2017	22:17	E84589
1028	Iron	0.3	mg/L	0.033	I	EPA 200.7	0.021	01/03/2017	17:22	E84589
1032	Manganese	0.05	mg/L	0.0028		EPA 200.8	0.000055	01/05/2017	17:58	E82574
1050	Silver	0.1	mg/L	0.00018	1	EPA 200.8	0.000027	01/05/2017	17:58	E82574
1055	Sulfate	250	mg/L	98		EPA 300.0	2.0	01/04/2017	22:17	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.7	0.0020	01/03/2017	17:22	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:07	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	рН	6.5 - 8.5	SU	7.8	Q	SM 4500H+B		12/30/2016	08:54	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.042	l	SM 5540 C	0.040	12/28/2016	13:40	E82001

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Page 4 of 4

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, ", are unacceptable for compliance with 62-550. Results qualified with a J. Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Second

PUBLIC WATER SYSTEM INFORMATION (to be com	pleted by sampler – please type or prir	nt legibly)	
System Name: Utilities, Inc. of Florida - Summertree	de a statung ya sawata may may magang magang ang ang ang ang ang ang ang ang an	PWS I.D. #: 651 1423	
System Type (check one): Decommunity	CINontransient Noncommunity	Transient Noncommunity	n-faalkata-ja
Address: 0.5 miles east of Little Road on SR 52			ni i i shudanga na
City: <u>Hudson</u>	ZIP Cod	le: <u>34668</u>	Spadolikiseng
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	E-Mail Address:		where the first of
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 16201)7005 Sam Sample Location (be specific) : NX drunt 1	ple Date: <u>12-27. (6</u>	Sample Time:ĹĹAM PI	M (Circle One)
Disinfectant Residual (Required when reporting results for triha			ensud2000397
Sample Type (Check Only One)		_ mg/L Field pH: ン, フ こ/2_ r Sample (Check all that apply)	
Distribution	Routine Compliance with 62-550		
LEntry Point (to Distribution)	Confirmation of MCL Exceedance		
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**		
Raw (at well or intake)	Other:		
Max Residence Time	Sampling Procedure Used or Other	Comments:	994999WT903
Ave Residence Time			
Near First Customer			
	'See 62-550.500(6) for requirements and And 62-550.512(3) for nitrate or nitrite e	d restrictions. **See 62-550.550(4) for requirements and exceedances. altach a results page for each site.	
	SAMPLER CERTIFICA	TION	
1, <u>Stephon</u> Habers (Print Name)	,Operator	(Print Title)	CERTIFY
that the above public water system and sample collection info	rmation is complete and correct.		
Signature		Date: / 2 - 2 ) : (-6	2019/07-40.0p
Certified Operator #: 50/2Phone #: 727-934-9137		Sampler's Fax #: <u>727-934-2208</u>	Anternology
Sampler's E-mail: sihabery@uiwater.com	nanuman managan dalam		
an an Eister († 1990) 1999 - George Alas, anderska ander 1999 - Alas Alas Alas Alas Alas Alas Alas Alas			-

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: <u>E84589</u> Certification Expiration Date: <u>06/30/2017</u>
Address: <u>9610 Princess Palm Ave Tampa, FL 33619</u> Payments: P.O. Box       Phone #: (813)630-9616         Were any analyses subcontracted?       Yes       No       If yes, please provide DOH certification numbers: <u>E 825714, E82001</u> Attach DOH ANALYTE SHEET FOR EACH SUBCONTRACTED       *         ANALYSIS INFORMATION       (to be completed by lab)       Date Sample(s) Received: <u>12/27/2016</u> PWS ID (From Page 1): <u>651</u> (423)       Sample Number (From Page 4): <u>T1620737005</u> Hold A is a bit.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics       Synthetic Organics       Volatile Organics       Disinfection Byproducts       Radionuclides       Secondaries         All Except Asbestos       All 30       All 21       Trihalomethanes       Single Sample       All 14         Nitrate       Partial       Partial       Haloacetic Acids       Othorite       Partial         Nitrite       Dioxin Only       Bromate       Bromate
I, <u>Dale Uvino</u> (Print Name) (Print Name) (Print Title) (Print Title)
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
<ul> <li>* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.</li> <li>** Please provide radiological sample dates &amp; locations for each quarter.</li> </ul>
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION       (to be completed by DEP or DOH attach notes as necessary)         Sample Collection & Analysis Satisfactory:       Yes       No       Replacement Sample or Report Requested:       Yes       No       (circle or highlight group(s) above)         Person Notified:
Reporting Format 62-550.730 Effective January 1995, Revised February 2010

SECONDARY CONTAMINANTS 62-550.320			Report Number / Job ID: T1620737005							
					F	WS ID (From F	<sup>o</sup> age 1):	651	1423	
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.12	U	EPA 200.7	0.12	01/03/2017	17:25	E84589
1017	Chloride	250	mg/L	34		EPA 300.0	2.0	01/04/2017	22:33	E84589
1022	Copper	1	mg/L	0.0046		EPA 200.8	0.00011	01/05/2017		E82574
1025	Fluoride	2.0	mg/L	0.29	1	EPA 300.0	0.20		18:09	E84589
1028	Iron	0.3	mg/L	0.025		EPA 200.7		01/04/2017	22:33	E84589
1032	Manganese	0.05	mg/L	0.0023			0.021	01/03/2017	17:25	
1050	Silver				-	EPA 200.8	0.000055	01/05/2017	18:09	E82574
		0.1	mg/L	0.000074	I	EPA 200.8	0.000027	01/05/2017	18:09	E82574
1055	Sulfate	250	mg/L	94		EPA 300.0	2.0	01/04/2017	22:33	E84589
1095	Zinc	5	mg/L	0.0098	1	EPA 200.7	0.0020	01/03/2017	17:25	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:08	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016		E84589
1925	pН	6.5 - 8.5	SU	7.7	Q	SM 4500H+B			10:15	E84589
1930	Total Dissolved Solids	500	mg/L	330				12/30/2016	08:55	
2905	Foaming Agents	0.5				SM 2540 C	12	12/30/2016	16:15	E84589
		0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	13:40	

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Page 4 of 4

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, ", are unacceptable for compliance with 62-550. Results qualified with a J. O, R, or Y must be accompanied by written justification and will be evaluated on a case hy case basis. To avoid a monitoring violation, unacceptable for results must be replaced with acceptable results from semples collected during the same monitoring period.

Sccond

PUBLIC WATER SYSTEM INFORMATION (to be c	ompleted by sampler - please type or print lo	
System Name: Utilities, Inc. of Florida - Summertre	e	зюуу
System Type (check one): Address: 0.5 miles east of Little Road on SR 52	Nontransient Noncommunity	PWS I.D. #: <u>651 1423</u>
City: <u>Hudson</u>	ZIP Code: <u>3</u> 4	4000
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	E-Mail Address;	1008
SAMPLE INFORMATION (to be completed by sampler) Sample Number: <u>1626737006</u> Sample Location (be specific): HY CHOME Disinfectant Residual (Required when reporting results for tri	$\frac{1}{1001} \frac{12}{55} \frac{16}{55}$	Sample Time:(@5)AM PM (circle on Location Code:
Disinfectant Residual (Required when reporting results for tri Sample Type (Check Only One)	halomethanes and haloacetic acids): mg	/L Field pH: Ø.6 c/2-
Distribution	Reason(s) for San	pple (Check all that apply)
	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	☐Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Com	nonte:
□Ave Residence Time □Near First Customer		nonta,
	"See 62-550.500(6) for requirements and restri And 62-550.512(3) for nitrate or nitrite exceede	ctions. **See 62-550.550(4) for requirements and ances. attach a results page for each site.
Et al li li	SAMPLER CERTIFICATION	
1. Stephen Habers	Operator	-
(Print Name)		Title), do HEREBY CERTIFY
that the above public water system and sample collection inf	ormation is complete and correct.	
Signature X	Date:	12-27:16
Certified Operator # 2012_Phone #: 727-934-9137		1 = 0 / 1
Sampler's E-mail: sihabery@uiwater.com	Sampl	er's Fax #: <u>727-934-2208</u>

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced Environmental Laboration in the
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2017
Address: 0610 Drivered D. L. M. T. S. Address: 0610 Drivered D. L. M. S.
1 Holle #. (013)030-9616
Were any analyses subcontracted? No If yes, please provide DOH certification numbers: <u>F82514</u> , <u>E82001</u>
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED
Date Sample(s) Received: 12/27/2016
PWS ID (From Page 1): 65(14) Sample Number (From Page 1): T1620737006 Lab Assigned Report # or Job T1620737
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics Synthetic Organization With the
All Except Asbestos All 30 All 21 All 21 All Tributer of Secondaries
All Except Dioxin Partial Single Sample
Asbestos Only     Dioxin Only     Bromate
I, Dale Uvino
(Print Name) , , do HEREBY CERTIFY
$(DrintTill_{*})$
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
Dete: Dete:
<ul> <li>* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.</li> <li>** Please provide radiological sample dates &amp; locations for each quarter.</li> </ul>
** Please provide radiological sample dates & locations for each quarter.
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ADE TO DE DEDODERES AS A MORE ON ANTIMATE UN NUMBER OF ANOTA
NON-DETECTS ARE TO BE REPORTED AS THE MOL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "c" are perfected as "BDL" or with a "c" are perfected as the second sec
(Non-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes or necessary)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary) Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes Vac
COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary) Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary) Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary) Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)

SECONDARY CONTAMINANTS 62-550.320		Report Number / Job ID: <u>T1620737006</u>									
					PWS ID (From Page 1):6511423						
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification :	
1002	Aluminum	0.2	mg/L	0.12	U	EPA 200.7	0.12	01/03/2017	17:29	E84589	
1017	Chloride	250	mg/L	34		EPA 300.0	2.0	01/04/2017		E84589	
1022	Соррег	1	mg/L	0.0078		EPA 200.8	0.00011		22:50	E82574	
1025	Fluoride	2.0	mg/L	0.29		EPA 300.0		01/05/2017	18:13	E84589	
1028	Iron	0.3	mg/L	0.023			0.20	01/04/2017	22:50		
1032	Manganese	0.05			1	EPA 200.7	0.021	01/03/2017	17:29	E84589	
1050			mg/L	0.0021		EPA 200.8	0.000055	01/05/2017	18:13	E82574	
	Silver	0.1	mg/L	0.000050	1	EPA 200.8	0.000027	01/05/2017	18:13	E82574	
1055	Sulfate	250	mg/L	93		EPA 300.0	2.0	01/04/2017	22:50	E84589	
1095	Zinc	5	mg/L	0.011		EPA 200.7	0.0020	01/03/2017	17:29	E84589	
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:09	E84589	
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0			E84589	
1925	pН	6.5 - 8.5	SU	7.7	Q	SM 4500H+B	1.0	12/28/2016	10:15	E84589	
1930	Total Dissolved Solids	500	mg/L	320	<u> </u>			12/30/2016	08:56		
2905	Foaming Agents					SM 2540 C	12	12/30/2016	16:15	E84589	
		0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	13:40	E82001	

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PUBLIC WATER SYSTEM INFORMATION (to be c System Name: <u>Utilities, Inc. of Florida - Summertre</u>	ompleted by san	npler – please type or print legib	
System Type (check one): Community Address: 0.5 miles east of Little Road on SR 52	and a second	ransient Noncommunity	PWS I.D. #: <u>651 1423</u>
City: <u>Hudson</u>		ZIP Code: <u>3466</u>	00
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>			
SAMDI SINEODMATION	) <u>ter Ass</u> ihalomethanes and DRoutine C Confirma Composit	12-27.16 MMPSTream RF	Le (Check all that apply) Replacement (of Invalidated Sample) Special (not for compliance with 62-550) Clearance (permitting)
	CALC 02-550.0	00(6) for requirements and restriction 12(3) for nitrate or nitrite exceedence	ons. **See 62-550.550(4) for requirements and es. attach a results page for each site.
I, <u>Stephen</u> <u>Hobery</u> (Print Name) that the above public water system and sample collection info	**************************************	ER CERTIFICATION Operator (Print Tit	le) , do HEREBY CERTIFY
Signature;X	1	Date:	12-27,16
Certified Operator #:/Phone #: <u>727-934-9137</u> Sampler's E-mail: <u>sihabery@uiwater.com</u>			s Fax #: <u>727-934-2208</u>
angen angen an natur angen angen angen angen			

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2017
Address: <u>9610 Princess Palm Ave_Tampa, FL 33619</u> Payments: P.O. Box Phone #: <u>(813)630-9616</u>
Were any analyses subcontracted? Ker No If yes, please provide DOH certification numbers: <u>E82574</u> , E82001
ANALYSIS INFORMATION       (to be completed by lab)       Date Sample(s) Received: 12/27/2016         PWS ID (From Page 1):       651 (423)       Sample Number (From Page 1): 11620737007       Lab Assigned Report # or Job 11620737         Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):       Lab Assigned Report # or Job 11620737         Inorganics       Synthetic Organics       Disinfection Byproducts       Radionuclides       Secondaries         All Except Asbestos       All 30       All 21       Trihalomethanes       Single Sample       All 14         Nitrate       Partial       Haloacetic Acids       Othorite       Partial       Partial       Partial       Partial       Partial         Nitrite       Dioxin Only       Biomate       Biomate       Biomate       Single Sample       Partial
I.       Dale Uvino       PM       , do HEREBY CERTIFY         (Print Name)       (Print Title)         that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference         Signature:       Date:       1-6-7         * Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.         ** Please provide radiological sample dates & locations for each quarter.
** Please provide radiological sample dates & locations for each quarter. CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION       (to be completed by DEP or DOH – attach notes as necessary)         Sample Collection & Analysis Satisfactory:       Yes       No       Replacement Sample or Report Requested:       Yes       No       (circle or highlight group(s) above)         Person Notified:
Reporting Format 62-550.730 Effective January 1995. Revised February 2010

SECON	IDARY CONTAMINANTS	5			Re	eport Number	/ Job ID:	T162073700	7			
Conton					PWS ID (From Page 1): 651 423							
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab		
1002	Aluminum	0.2	mg/L	0.12	U	EPA 200.7	0.12	01/03/2017		Certification # E84589		
1017	Chloride	250	mg/L	31		EPA 300.0			17:47	E84589		
1022	Copper	1	mg/L	0.0031			2.0	01/04/2017	23:06			
1025	Fluoride	2.0				EPA 200.8	0.00011	01/05/2017	18:17	E82574		
1028	Iron		mg/L	0.26		EPA 300.0	0.20	01/04/2017	23:06	E84589		
		0.3	mg/L	0.025	1	EPA 200.7	0.021	01/03/2017	17:47	E84589		
1032	Manganese	0.05	mg/L	0.0024		EPA 200.8	0.000055	01/05/2017	18:17	E82574		
1050	Silver	0.1	mg/L	0.000036	1	EPA 200.8	0.000027	01/05/2017		E82574		
1055	Sulfate	250	mg/L	84		EPA 300.0			18:17			
1095	Zinc	5	mg/L	0.013			2.0	01/04/2017	23:06	E84589		
1905	Color					EPA 200.7	0.0020	01/03/2017	17:47	E84589		
1920	Odor	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:10	E84589		
		3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589		
	рН	6.5 - 8.5	SU	7.9	Q	SM 4500H+B		12/30/2016	08:57	E84589		
1930	Total Dissolved Solids	500	mg/L	310		SM 2540 C	12			E84589		
2905	Foaming Agents	0.5	mg/L	0.040				12/30/2016	16:15	L04009		
				0.040	U	SM 5540 C	0.040	12/28/2016	13:40	E82001		

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Altamonte Springs: 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 Gainesville: 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 **Jacksonville:** 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 ☐ **Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 ☐ **Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6

-T/120 7387

Client Name: MDK SUMMERTRE?		Impa: 9610 Prince	ss Palm Ave. • T	ampa, FL 33619 •	813.630.9616 · Fa	x 813.630.4327	275 $1007$	w q
MULT Summerstrer	Project Name: 54 MMer tva	EIR	ц « щ					
Address:	P.O. Number/Project Number: 252/2	-5	SIZE & TYPE					œ
	Project Location:							NUMBER
Phone: 727-934-9137	REMARKS/SPECIAL INSTRUCTIO	NS:	R H					N
FAX:	All Samples 1-	6 were	2 7					Z
Contact: STEVE HOLEY	at Fire Hydrant.	s	REQU					<u>.</u>
Sampled By: ) CABEC/REP STEVEHaber	Sample #7		SIS 0					
	Sumpre stan Ac	mehly	UN N					Ö
Page of	master meter Ass upstream of	RPZ	SECON.					LABORATORY
SAMPLE ID SAMPLE DESCRIPTION	Grab SAMPLING							lõ
SAMPLE DESCRIPTION		TRIX NO. COUNT	PRESER- VATION					LAI
1/619 english 2/m	U12-271610494D		4					
2 11704 Rose there	102274	T V					C	201
? 11436 501FRd	1/ 1/2/102		4		And and a second s		0	.02
4 DIGOD THE	1023AM A		4					03
4 11800 Divwood	1045	14	4					
4. 11800 Duywood J 11219merganser	U LIAM	4	<u>u</u>					W4
6 11001 Kiskadeeci		$H_{\mathcal{C}}$					4	UT
			4				l	56
master mater Assan	· V V 1015	141	4				11	
upstream of nPZ							<u> </u>	07
V								
							+	
Atrix Code: WW = wastewater SW = surface water GW = ground	water DW = drinking water O = oil A = ai	r SO = soil SL = s	sludae P	reservation Code		2 (1122 1 11 11		
Solved office 12 Yes INo I Temp taken from sample				equired nH chocks		S = (H2SO4) N = (HNO	3) T = (Sodium Thiosul	lfate)
orm revised 06/15/2010	Device used for	measuring Temp by	unique identifier	(circle IR temp au	nused) J: 9A	ature when received G: LT-1 LT-2 (T: 10A)	(in degrees ce	lcius)
Relinquished by: Date Time	Da Da	le lime	FOF	RDRINKING	WATER LISE	LI-2 (1.10A)	A. JA IVI: 1A	]
2 Luch And 12/27/6 M5		16/11/15	(When	PWS Information not	otherwise supplied)	PWS ID:		
3 Aman 12 4 mg	- Ceg-12/2	3/0 1500	Con	tact Person:		Phone :		
	v			lier of Water:				
			Site-	Address:				