

June 1, 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 within six months after the interconnection with Pasco County. As the sampling clearly shows, the water quality meets DEP secondary water quality standards. Since there is no indication that any of the parameters are likely to exceed MCLs in the future, UIF requests that the Commission find the water quality satisfactory and that no further testing be required.

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 o	completed by sampler – Please type or print legibly)				
System Name: <u>Utilities, Inc.</u>	PWS I.D.#:				
System Type (check one): Community	Nontransient Noncommunity Transient Noncommunity				
Address:	 -				
City:					
Phone #: Fax #: _	E-Mail Address:				
SAMPLE INFORMATION (to be completed by sample					
Sample Number: T1707119001	Sample Date: 04/27/2017 Sample Time: 09:45 AM PM	(circle one)			
Sample Location (be specific): 11619 English Elm	Location Code (if known):				
Disinfectant Residual (Required when reporting results for	trihalomethanes and haloacetic acids): mg/L Field pH: 7.1	NAT TO STATE OF THE STATE OF TH			
Sample Type (Check Only One)					
Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance * Special (not for compliance with 62-550)					
Technologie (in invalidated Sample)					
Raw (at well or intake)	Other:				
Max Residence Time	Sampling Procedure Used or Other Comments:				
Ave Residence Time					
	See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and 62-550.512(3) for nitrate or nitrite exceedances.				
	SAMPLER CERTIFICATION				
l,	,, do HEREBY CE	RTIFY			
(Print Name)	(Print Title)				
that the above public water system and sar	nple collection information is complete and correct.				
Signature:	Date:				
Certified Operator #:	Phone #: Sampler's Fax #:				
Sampler's E-Mail:					
Reporting Format 62-550,730					

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc. — Florida POLLO 1915 1917
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: F82574, F82001
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED * ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/27/2017
PWS ID (From Page 1):
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 X Partial All Except Dioxin Partial Trihalomethanes Single Sample All 14 Nitrate Partial Chlorite Nitrite Dioxin Only Bromate
, Dale Uvino
(Brint News), 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: 5-1/-17
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.
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)
Gample 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:

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1707119001</u>

PWS ID (From Page 1): _____

Contam			Analysis Analysis Analysis I have been also as a second se								
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	0.025	U	EPA 200.7	0.025	05/02/2017	16:25	E84589	
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	15:36	E84589	
1022	Copper	1	mg/L	0.0012		EPA 200.8	0.00011	05/09/2017	13:40	E82574	
1025	Fluoride	2.0	mg/L	0.23	ı	EPA 300.0	0.20	05/02/2017	15:36	E84589	
1028	Iron	0.3	mg/L	0.12		EPA 200.7	0.021	05/02/2017	16:25	E84589	
1032	Manganese	0.05	mg/L	0.0030		EPA 200.8	0.000055	05/09/2017	13:40	E82574	
1050	Silver	0.1	mg/L	0.00049	I	EPA 200.8	0.000027	05/09/2017	13:40	E82574	
1055	Sulfate	250	mg/L	54		EPA 300.0	2.0	05/02/2017	15:36	E84589	
1095	Zinc	5	mg/L	0.030		EPA 200.7	0.0074	05/02/2017	16:25	E84589	
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:48	E84589	
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589	
1925	рН	6.5 - 8.5	SU	7.1	Q	SM 4500H+B		05/01/2017	13:40	E84589	
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	12	05/01/2017	12:42	E84589	
2905	Foaming Agents	0.5	mg/L	0.050	ı	SM 5540 C	0.040	04/28/2017	13:15	F82001	

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

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (t	o be completed by sampler – Please type or print legibly)
System Name: <u>Utilities, Inc.</u>	PWS I.D.#:
System Type (check one): Community	Nontransient Noncommunity Transient Noncommunity
Address:	Transient Worldommunity
City:	ZIP Code:
Phone #: Fax i	#: E-Mail Address:
SAMPLE INFORMATION (to be completed by sa	ampler)
Sample Number: <u>T1707119002</u>	Sample Date: 04/27/2017 Sample Time: 09:55 AM PM (circle one
Sample Location (be specific): 11704 Rosetree	Location Code (if known)
Disinfectant Residual (Required when reporting resul	is for trihalomethanes and haloacetic acids): mg/L Field pH: 7.3
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	Reason(s) for Sample (Check all that apply) Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance * Special (not for compliance with 62-550) Composite of Multiple Sites ** Clearance (permitting) Other: Sampling Procedure Used or Other Comments: *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.550(4) for requirements and
	And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site.
	SAMPLER CERTIFICATION
(Print Name)	, do HEREBY CERTIFY
	(Print Title) sample collection information is complete and correct.
ignature:	
ampler's E-Mail:	Phone #: Sampler's Fax #:
eporting Format 62-550,730	

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: 06/30/2027
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: £82574, £82001
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/27/2017
PWS ID (From Page 1): Sample Number (From Page 1): Lab Assigned Report # or Job
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 X Partial All Except Dioxin Partial Trihalomethanes Single Sample All 14 Nitrate Partial Chlorite Nitrite Dioxin Only Bromate
I, Dale Uvino
(Print Name) ,, do HEREBY CERTIFY
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
Signature: Date: Signature:
* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services. ** Please provide radiological sample dates & locations for each quarter.
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)
Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)
Person Notified: Date Notified: DEP/DOH Reviewing Official:

SECONDARY	CONTAMINANTS
CO EEO 200	

Report Number	1	Job	ID:	T1707119002
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62-550.320

PWS ID (From Page 1):

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	0.025	U	EPA 200.7	0.025	05/02/2017	16:49	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	15:52	E84589
1022	Copper	1	mg/L	0.0012		EPA 200.8	0.00011	05/05/2017	14:08	E82574
1025	Fluoride	2.0	mg/L	0.22	I	EPA 300.0	0.20	05/02/2017	15:52	E84589
1028	Iron	0.3	mg/L	0.14		EPA 200.7	0.021	05/02/2017	16:49	E84589
1032	Manganese	0.05	mg/L	0.0035		EPA 200.8	0.000055	05/05/2017	14:08	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	05/05/2017	14:08	E82574
1055	Sulfate	250	mg/L	49		EPA 300.0	2.0	05/02/2017	15:52	E84589
1095	Zinc	5	mg/L	0.029		EPA 200.7	0.0074	05/02/2017	16:49	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:50	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	рН	6.5 - 8.5	SU	7.3	Q	SM 4500H+B		05/01/2017	13:41	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	13:15	ESLOU

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

PUBLIC WATER SYSTEM INFORMATION System Name: Utilities, Inc.		
System Type (check one): Community Address:	Nontransient Noncommunity	Transient Noncommunity
Phone #: Fa	×#:	E-Mail Address:
SAMPLE INFORMATION (to be completed by	sampler)	
		Sample Time: 09:25 AM PM (circle one
Sample Location (be specific): 11436 Golf Rd		Location Code (if known):
Disinfectant Residual (Required when reporting re	sults for trihalomethanes and haloacetic acids):	mg/L Field pH: 7.3
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	Reaso Routine Compliance with Confirmation of MCL Exc	Replacement (of Invalidated Sample) seedance * Special (not for compliance with 62-550) es ** Clearance (permitting) or Other Comments: **See 62-550.550(4) for requirements and attach a results page for each site.
(Print Name)	,	, do HEREBY CERTIFY
hat the above public water system an	d sample collection information is	(Print Title)
Signature:		Date:
Certified Operator #:	Phone #:	Sampler's Fax #:
Sampler's E-Mail:		

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: 06/30/2027
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>£8a574</u> , £8a00)
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/27/2017
PWS ID (From Page 1): Sample Number (From Page 1): Lab Assigned Report # or Job
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 Haloacetic Acids Qtrly Composite** Partial Nitrite Dioxin Only Bromate
I, Dale Uvino
, do HEREBY CERTIFY
(time fide)
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Signature: Date:
Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services. ** Please provide radiological sample dates & locations for each quarter.
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)
Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)
Person Notified: Date Notified: DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: <u>T1707</u>	119003
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PWS ID (From Page 1):

Contam		(Hollinger).											
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	0.029	I	EPA 200.7	0.025	05/02/2017	16:53	E84589			
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	16:08	E84589			
1022	Copper	1	mg/L	0.0037		EPA 200.8	0.00011	05/09/2017	13:44	E82574			
1025	Fluoride	2.0	mg/L	0.23	l	EPA 300.0	0.20	05/02/2017	16:08	E84589			
1028	Iron	0.3	mg/L	0.11		EPA 200.7	0.021	05/02/2017	16:53	E84589			
1032	Manganese	0.05	mg/L	0.0031		EPA 200.8	0.000055	05/09/2017	13:44	E82574			
1050	Silver	0.1	mg/L	0.00028	1	EPA 200.8	0.000027	05/09/2017	13:44	E82574			
1055	Sulfate	250	mg/L	50		EPA 300.0	2.0	05/02/2017	16:08	E84589			
1095	Zinc	5	mg/L	0.025		EPA 200.7	0.0074	05/02/2017	16:53	E84589			
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:52	E84589			
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589			
1925	рН	6.5 - 8.5	SU	7.3	Q	SM 4500H+B		05/01/2017	13:42	E84589			
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589			
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	13:15	E82001			

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

PUBLIC WATER SYSTEM INFORMATION (to		
System Name: <u>Utilities, Inc.</u>		PWS I.D.#:
System Type (check one): Community	☐ Nontransient Noncommunity ☐ Tra	ansient Noncommunity
Address:		
Phone #: Fax a	' :	E-Mail Address:
SAMPLE INFORMATION (to be completed by sa	ampler)	
Sample Number: <u>T1707119004</u>		Sample Time: 09:35 AM PM (circle one
Sample Location (be specific): 11800 Ivywood		Location Code (if known):
Disinfectant Residual (Required when reporting resul	is for trihalomethanes and haloacetic acids):	mg/L Field pH: 7.4
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	Reason(s) fo Routine Compliance with 62-550 Confirmation of MCL Exceedan Composite of Multiple Sites **	Replacement (of Invalidated Sample) Special (not for compliance with 62-550) Clearance (permitting) Pr Comments: **See 62-550 550(4) for requirements and
	SAMPLER CERTIFICA	1-130 101 01101
,		
(Print Name)	(, do HEREBY CERTIFY
hat the above public water system and	sample collection information is com	nplete and correct.
orginalure:	Date:	
Certified Operator #:		Sampler's Fax #:
Sampler's E-Mail:		-
eporting Format 62-550,730		

LABORATORY CERTIF	ICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced En	nvironmental Laboratories Inc. Florida DOLLO VIC. 11 - 11 - 12 - 13
Address: 9610 Princess	s Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616
Were any analyses subco	1 Holle #. (013)030-9010
,	The in yes, picase provide DOH certification numbers:
ANALYSIS INFORMATIO	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
	ON (to be completed by lab) Date Sample(s) Received: 04/27/2017
	Sample Number (From Page 1): T1707119004 Lab Assigned Report # or Job T1707119
Group(s) Analyzed & Res	sults attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics	Synthetic Organica AVII (1) a
All Except Asbestos	All 30 Radionuclides Secondaries
X Partial	All Except Dioxin Partial Single Sample All 14
Nitrate	Partial Qtrly Composite**
Nitrite	Dioxin Only
Asbestos Only	☐ Bromate
Dalatti	LAB CERTIFICATION
, <u>Dale Uvino</u>	de UEDEDY GEDTIEN
_	(Print Title)
hat all attached analytical	I data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
Signature:	Sufficient Conference
Failure to provide a valid a	and current Florida DOH lab cortification available.
report, possible enforceme * Please provide radiologica	and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the attached analysis results will result in reject
	CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN OF THE TOTAL
NON-DETECTS ARE TO	CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES D BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "c" are well.
	(Non-detects reported as "BDL" or with a "<" are not acceptable.)
OMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach notes as necessary)
	(to be completed by DEP or D()H attach notes as possessed.)
	sis Satisfactory: Vos No. Della Della Control
	rsis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above) Date Notified: DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS

Report Number / Job ID: T1707119004

62-550.320

Contam			T			WS ID (From F	rage 1):	70011111111111111111111111111111111111		- Marie Mari
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	0.061	I	EPA 200.7	0.025	05/02/2017	16:56	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	16:25	E84589
1022	Copper	1	mg/L	0.0035		EPA 200.8	0.00011			E82574
1025	Fluoride	2.0	mg/L	0.22	ı	EPA 300.0	 	05/05/2017	14:11	
1028	Iron	0.3	mg/L		<u> </u>		0.20	05/02/2017	16:25	E84589
1032	Manganese			1.0		EPA 200.7	0.021	05/02/2017	16:56	E84589
1050		0.05	mg/L	0.012		EPA 200.8	0.000055	05/05/2017	14:11	E82574
	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	05/05/2017	14:11	E82574
1055	Sulfate	250	mg/L	50		EPA 300.0	2.0	05/02/2017	16:25	E84589
1095	Zinc	5	mg/L	0.034		EPA 200.7	0.0074	05/02/2017		E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7		16:56	E84589
1920	Odor	3	TON	1.0	U			04/28/2017	11:53	
1925	рН	6.5 - 8.5	SU			SM 2150 B	1.0	04/28/2017	09:30	E84589
1930	Total Dissolved Solids			7.4	Q	SM 4500H+B		05/01/2017	13:43	E84589
		500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.042	1	SM 5540 C	0.040	04/28/2017	13:15	F82001

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

	(to be completed by sampler – Please type or print legibly)
System Name: <u>Utilities, Inc.</u>	PWS I.D.#:
System Type (check one): Community	Nontransient Noncommunity Transient Noncommunity
Address:	
City:	7ID Codo:
Phone #: Fa	X #: E-Mail Address:
SAMPLE INFORMATION (to be completed by	======================================
Sample Location (be specific): 11219 Mergar	Sample Date: 04/27/2017 Sample Time: 10:10 AM PM (circle one
	10(3000 000 /:0)
Distribution Residual (Required when reporting re	sults for trihalomethanes and haloacetic acids): mg/L Field pH: 7.5
sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	
Entry Point (to Distribution)	
Plant Tap (not for compliance with 62-550)	Confirmation of MCL Exceedance * Special (not for compliance with 62-550) Composite of Multiple Sites ** Clearance (nermitting)
Raw (at well or intake)	Commung)
Max Residence Time	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	*C 00 SEC 200/21
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION
	, do HEREBY CERTIFY
(Print Name)	(D.: 1 TH.)
iat the above public water system an	d sample collection information is complete and correct.
ignature:	
	Date:
ertified Operator #:	
ertified Operator #:ampler's E-Mail:	Sampler's Fax #:

LABORATORY CERTIF	FICATION INFORMATION (to be completed by lab – Please type or print legibly)
	nvironmental Laboratories, Inc. 1511 - 2011
	Certification Expiration Date: 06/30/2027
Address: 9610 Princess	s Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)620,0616
	T Hone T , T (0.13)0301-30 10
vicie any analyses supc	contracted? Yes No If yes, please provide DOH certification numbers: <u>F82574</u> E82001
4.51.61.370.50	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATIO	ON (to be completed by lab) Date Sample(s) Received: 04/27/2017
PWS ID (From Page 1):	Sample Number (5-1) D. 10 T1707110005
	esults attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics	
All Except Asbestos	Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries
X Partial	All 21 Trihalomethanes Single Sawate
Nitrate	Haloacetic Acids Qtrly Composite**
 Nitrite	Partial Chlorite Partial
Asbestos Only	☐ Bromate
l, _Dale Uvino	LAB CERTIFICATION PM
	(Print Name) ,, do HEREBY CERTIFY
hat all attached analytica	· (PIOLIMA)
Diemet	al data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
Signature:	<u>Pake (Mr</u>
report, possible enforcement	and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the lent against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
	one against the public water system for failure to sample, and may result in notification of the DOLD water system for failure to sample, and may result in notification of the DOLD water system for failure to sample.
* Please provide radiologica	al sample dates & locations for each quarter
* Please provide radiologica	al sample dates & locations for each quarter.
Please provide radiologica	CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
Please provide radiologica	al sample dates & locations for each quarter.
NON-DETECTS ARE TO	CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES O BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
NON-DETECTS ARE TO	CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES O BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.) INATION (to be completed by DEP or DOH attach notes as necessary)
NON-DETECTS ARE TO	CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES O BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1707119005</u>

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab	Analysis	Analysis	DOH Lab
1002	Aluminum	0.2	mg/L	0.039			MDL	Date	Time	Certification :
1017	Chloride				1	EPA 200.7	0.025	05/02/2017	17:00	E84589
1022		250	mg/L	24		EPA 300.0	2.0	05/02/2017	17:31	E84589
	Copper	1	mg/L	0.0043		EPA 200.8	0.00011	05/09/2017	13:55	E82574
1025	Fluoride	2.0	mg/L	0.27	I	EPA 300.0	0.20	05/02/2017	17:31	E84589
1028	Iron	0.3	mg/L	0.55		EPA 200,7				E84589
1032	Manganese	0.05	mg/L				0.021	05/02/2017	17:00	
1050	Silver		_	0.0073		EPA 200.8	0.000055	05/09/2017	13:55	E82574
		0,1	mg/L	0.00044	1	EPA 200.8	0.000027	05/09/2017	13:55	E82574
1055	Sulfate	250	mg/L	52		EPA 300.0	2.0	05/02/2017	17:31	E84589
1095	Zinc	5	mg/L	0.031		EPA 200.7	0.0074			E84589
1905	Color	15	PCU	2,7	U			05/02/2017	17:00	
1920	Odor	3				SM 2120 B	2.7	04/28/2017	11:54	E84589
1925	На		TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
		6.5 - 8.5	SU	7.5	Q	SM 4500H+B		05/01/2017	13:44	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12			E84589
2905	Foaming Agents	0.5	mg/L	0.040				05/01/2017	12:42	
				0.040	U	SM 5540 C	0.040	04/28/2017	15:15	E82001

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

PUBLIC WATER SYSTEM INFORMATION	to be completed by sampler – Please type or print legibly)
System Name: Hillitia L.	PWS I.D.#:
System Type (check one): Community	Nontransient Noncommunity Transient Noncommunity
Address:	
City:	ZIP Code:
Phone #: Fax	#: E-Mail Address:
SAMPLE INFORMATION (to be completed by s	ampler)
Sample Number: <u>T1707119006</u>	Sample Date: 04/27/2017
Sample Location (be specific): 11001 Kisskade	E Location Code (if known)
Disinfectant Residual (Required when reporting resu	Its for trihalomethanes and haloacetic acids): mg/L Field pH: 7.4
Distribution 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	Reason(s) for Sample (Check all that apply) Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance * Special (not for compliance with 62-550) Composite of Multiple Sites ** Clearance (permitting) Other: Sampling Procedure Used or Other Comments: *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION
,	
(Print Name)	Print Title), do HEREBY CERTIFY
ignature:	sample collection information is complete and correct.
ampler's E-Mail:	Phone #: Sampler's Fax #:
eporting Format 62-550.730	

LABORATORY CERTIF	FICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced Er	nvironmental Laboratories, Inc. — Florida DOLLOGICE, VI. — Talled
	Certification Expiration Date: 06/30/2027
Address: 9610 Princes	s Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616
	contracted? Ves No. If you have it not we will be the contracted.
, , , , , , , , , , , , , , , , , , , ,	
ANAI YSIS INEODMATI	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
	ION (to be completed by lab) Date Sample(s) Received: 04/27/2017
PWS ID (From Page 1):	Sample Number (From Page 1): T1707119006 Lab Assigned Report # or Job T1707119
Group(s) Analyzed & Re	esults attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics	Synthetic Organia
All Except Asbestos	Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries
X Partial	All Eveent Display Single Sample
Nitrate	Partial Partial Qtrly Composite** Partial
Nitrite	Diovin Only
Asbestos Only	Bromate
	LAB CERTIFICATION 0
, Dale Uvino	ν_{m}
	(Print Name) ,, do HEREBY CERTIFY (Print Title)
nat all attached analytica	al data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
Signature:	
	Date:Date:
report, possible enforcem	and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the nent against the public water system for failure to sample, and may result in notification of the DOH Burgay of Laboratory.
* Please provide radiologica	tand carrient Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the nent against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
NON-DETECTS ARE TO	CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES O BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "c" are not account to be a compared to the compared to
	are not acceptable.)
OMPLIANCE DETERMI	INATION (to be completed by DEP or DOH attach notes as necessary)
	(10 00 completed by DEE Of 1)(1)H = affach notes as passages (
ample Collection & Analy	/sis Satisfactory: Voc. Who Part 1997
ample Collection & Analy erson Notified:	ysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above) Date Notified: DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID:	T1707119006
PWS ID (From Page 1):	

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	0.025	U	EPA 200.7	0.025	05/02/2017	17:04	Certification #
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/02/2017		E84589
1022	Copper	1	mg/L	0.0030		EPA 200.8	0.00011		17:47	E82574
1025	Fluoride	2.0	mg/L	0.27	1	EPA 300.0		05/09/2017	13:58	E84589
1028	Iron	0.3	mg/L	0.34	•		0.20	05/02/2017	17:47	
1032	Manganese		IIIg/L	0.34		EPA 200.7	0.021	05/02/2017	17:04	E84589
		0.05	mg/L	0.0060		EPA 200.8	0.000055	05/09/2017	13:58	E82574
1050	Silver	0.1	mg/L	0.00034	1	EPA 200.8	0.000027	05/09/2017	13:58	E82574
1055	Sulfate	250	mg/L	52		EPA 300.0	2.0	05/02/2017	17:47	E84589
1095	Zinc	5	mg/L	0.025		EPA 200.7	0.0074	05/02/2017	17:04	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:55	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0			E84589
1925	рН	6.5 - 8.5	SU	7.4	Q	SM 4500H+B	1.0	04/28/2017	09:30	E84589
1930	Total Dissolved Solids	500	mg/L	300	3			05/01/2017	13:45	
2905	Foaming Agents					SM 2540 C	12	05/01/2017	12:42	E84589
	- Garming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	15:15	F8200)

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

PUBLIC WATER SYSTEM INFORMATION (to	be completed by sampler – Please t	type or print legibly)
System Name: <u>Utilities, Inc.</u>		PWS I.D.#:
System Type (check one): Community	Nontransient Noncommunity	
Address:		
City:		7IP Code:
Phone #: Fax #:		ZIP Code: E-Mail Address:
SAMPLE INFORMATION (to be completed by san	nnler\	L-iviali Address.
Sample Number: <u>T1707119007</u>	Sample Date: 04/27/20	017 Sample Time: 09:15 AM PM (circle one)
Sample Location (be specific): Master Meter Asse	em Up Stream	Location Code (if known):
Disinfectant Residual (Required when reporting results	for tribalomethanes and balancetic soids	Location code (if known) :
Sample Type (Check Only One)		
Distribution		ason(s) for Sample (Check all that apply)
Entry Point (to Distribution)	Routine Compliance	
Plant Tap (not for compliance with 62-550)	Confirmation of MCL	Exceedance * Special (not for compliance with 62-550)
Raw (at well or intake)	Composite of Multiple	(permitting)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Use	ed or Other Comments:
Near First Customer		
	*See 62-550.500(6) for requireme And 62-550.512(3) for nitrate or n	ents and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CE	RTIFICATION
		do HEDERY CERTIFY
(Print Name)		, do HEREBY CERTIFY (Print Title)
hat the above public water system and s	ample collection information	n is complete and correct
ignature:		
		Date: Sampler's Fax #:
ampler's E-Mail:		Odinpici 5 Fax #.
eporting Format 62-550,730 fective January 1995, Revised February 2010		

LABORATORY CERTIFICA	ATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced Enviro	onmental Laboratories, Inc. — Florido DOLLO, US. V. — Touries
	ATTACH CURRENT DOLLANAL VIE *
Address: 9610 Princess Pa	alm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616
Were any analyses subcontr	racted? Yes No If yes, please provide DOH certification numbers:
	ATTACH DOH ANALYTE SHEET FOR EACH SURCONTRACTED
ANALYSIS INFORMATION	(to be completed by lab) Date Sample(s) Received: 04/27/2017
PWS ID (From Page 1):	Sample Number (From Page 1): T1707119007 Lab Assigned Report # or Job T1707119
Group(s) Analyzed & Results	s attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics All Except Asbestos Partial Nitrate Nitrite Asbestos Only	Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries All 30 All 21 Trihalomethanes Single Sample All 14 Partial Haloacetic Acids Qtrly Composite** Partial Dioxin Only Bromate
, Dale Uvino	LAB CERTIFICATION
, , , , , , , , , , , , , , , , , , , ,	(Print Name) ,, do HEREBY CERTIFY
hat all attached analytical da	(Print Litia)
Signature:	ata are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
Failure to provide a valid and	Current Florida DOH lab autiful i
report, possible enforcement a * Please provide radiological sa	current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
CO NON-DETECTS ARE TO BE	ONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES E REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
OMPLIANCE DETERMINAT	(to be completed by DEP or DOH attach notes as necessary)
ample Collection & Anglesia	Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)
- Analysis	Dalibidulory. Yes No Replacement Complete Device Devic

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1707119007

Contam				1	1	WS ID (From F	age 1/.	**************************************		
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	0.025	U	EPA 200.7	0.025	05/02/2017	17:08	E84589
1017	Chloride	250	mg/L	24	J4	EPA 300.0	2.0	05/02/2017		E84589
1022	Copper	1	mg/L	0.0029		EPA 200.8	0.00011		18:04	E82574
1025	Fluoride	2.0	mg/L					05/09/2017	14:02	
1028	Iron			0.27	1,J4	EPA 300.0	0.20	05/02/2017	18:04	E84589
		0.3	mg/L	0.085	1	EPA 200.7	0.021	05/02/2017	17:08	E84589
1032	Manganese	0.05	mg/L	0.0026		EPA 200.8	0.000055	05/09/2017	14:02	E82574
1050	Silver	0.1	mg/L	0.00033	I	EPA 200.8	0.000027	05/09/2017	14:02	E82574
1055	Sulfate	250	mg/L	52	J4	EPA 300.0	2.0	05/02/2017		E84589
1095	Zinc	5	mg/L	0.039		EPA 200.7	0.0074		18:04	E84589
1905	Color	15	PCU	2.7				05/02/2017	17:08	
1920	Odor				U	SM 2120 B	2.7	04/28/2017	11:56	E84589
		3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.6	Q	SM 4500H+B		05/01/2017	13:46	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017		E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	12:42	E82001

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

6681 Southpoint Parkway Jacksonville, Florida 32216 Office (904) 363-9350 Fax (904) 363-9354

Project No.:

Client Name:

ProjectID:

Receipt

No Exceptions were encountered.

II. Holding Times

Preparation:

All holding times were met.

Analysis:

All holding times were met.

III. Method

Analysis:

EPA 300.0

Preparation:

None

IV. Preparation

Sample preparation proceeded normally.

V. Analysis

A. Calibration:

All acceptance criteria were met.

B. Blanks:

All acceptance criteria were met.

C. Duplicates:

All acceptance criteria were met.

D. Spikes:

All acceptance criteria were met.

E. Serial Diluion:

All acceptance criteria were met.

F. Samples:

The matrix spike (MS) recoveries of Fluoride (MS 85% & MSD 86%), Chloride (MS 82% & MSD 83%), and Sulfate (MS 75% & MSD 75%) for T1707119007 were outside control criteria. Recovery in the Laboratory Control Sample (LCS) and %RPD was acceptable, which indicates the analytical batch was in control. The matrix spike outliers suggest a potential low bias in this matrix for these analytes. The affected sample is qualified to indicate matrix interference. Acceptable criteria is 90-110%.

The matrix spike (MS) recoveries of Chloride (MS 85% & MSD 86%) and Sulfate (MS 87% & MSD 87%) for T1707114004 were outside control criteria. Recovery in the Laboratory Control Sample (LCS) and %RPD was acceptable, which indicates the analytical batch was in control. The matrix spike outliers suggest a potential low bias in this matrix for these analytes. The affected sample is qualified to indicate matrix interference. Acceptable criteria is 90-110%.

G. Other:

certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental aboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. he Quality Assurance Officer, or designee, as verified by the following signature, has authorized release of the data ontained in this data package:

	Advanced Environmental Laboratories, Inc Florida's Largest Laboratory Network		cksonville, FL 32216 • 904.363.93	350 • Fax 904.36	33.9354	☐ Gainesville: ☐ <u>Miramar:</u> 10:	200 USA Today Way, Mirama	Page	Fax 954.889.2281
Client Name: Address:		Project Name: Symmer + CC Project Number:			.030.213.02/5	11_1ampa: 9610	Princess Palm Ave. • Tampa	, FL 33619 • 813.630.9616 • F	Fax 813.630.4327
Phone:	2216 615	PO Number: 252/2	5	REQUIRED SIZE & TYPE					
FAX:	134-9/37	FDEP Facility No: FDEP Facility Address:							NUMBE
Contact: Sev	e Habery Habery	Special Instructions: A 11 SQ m n (5)							
urn Around Time: STANDARD RUSH AEL Profile #:		Taken at Hydrau by except DADAPT DEQUIS DOTHER							ATORY
SAMPLE ID	SAMPLE DESCRIPTION	Grab SAMPLING Comp DATE TIME	MATRIX NO.	Preservation Field- Filtered?					ABORA
2-	11619 Finglish elm 11704 Rosetvee Cl2	7-27-179454		Filtered?	4				001
3	11436 Golf Rd C/2.	1.5 9532	3/17 1		4				ωz ω3
5	11800 Ivywood C/2	1.1 735×10/0/04	2		4				94
8	1100/ Kisskudee () master meter Assem up stream RPZ ()	21.3 1005	14 / 4	-	7				100 JOL
	up stream RP7 C/2.	1.3 4 915%	1 4 4	-	y-				007
Matrix Code: WW =	wastewater SW = surface water GW = grou	Property Control of the Control of t	The state of the s			n Code: I = ice H=(
CN: AD-051 Form I	ast revised 11/17/16 quished by: Date Time		required, pH checked d for measuring Temp b Daţe Time	y unique ide	entifier (circle IR temp	(observed) 3.7 gun used) J: 9A	G: LT-1 LT-2 T: 1	n received (corrected	d) 3.7 °C . S: 1V
2) (1)	July 27-17 (430)		I STEPHINAL WALED OSE:						
3					Supplier of Wat		P(I	one	

0.. . . .