



December 9, 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. 20150269-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 every six months after the interconnection with Pasco County.

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)

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler – Please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D.#: 

6	5	1	1	4	2	3
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System Type (check one):     Community     Nontransient Noncommunity     Transient Noncommunity

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: T1717821001    Sample Date: 10/18/2017    Sample Time: 09:45

AM
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 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: \_\_\_\_\_

**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
- Confirmation of MCL Exceedance \*
- Composite of Multiple Sites \*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

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

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

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

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## 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: 06/30/2018

**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: E84589 E82001

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/18/2017

PWS ID (From Page 1): 515863 Sample Number (From Page 1): T1717821001 Lab Assigned Report # or Job T1717821

Group(s) Analyzed & Results 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

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, 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: 11/1/2017

\* 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: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1717821001

PWS ID (From Page 1): 515863

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.11	I	EPA 300.0	0.10	10/20/2017	00:43	E84589

\*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.

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1717821001

PWS ID (From Page 1): 515863

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	10/26/2017	14:11	E84589
1017	Chloride	250	mg/L	18		EPA 300.0	1.0	10/20/2017	00:43	E84589
1022	Copper	1	mg/L	0.0017		EPA 200.8	0.00011	11/01/2017	14:32	E82574
1025	Fluoride	2.0	mg/L	0.11	I	EPA 300.0	0.10	10/20/2017	00:43	E84589
1028	Iron	0.3	mg/L	0.045	I	EPA 200.7	0.021	10/25/2017	17:51	E84589
1032	Manganese	0.05	mg/L	0.0014		EPA 200.8	0.000055	11/01/2017	14:32	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	11/01/2017	14:32	E82574
1055	Sulfate	250	mg/L	54		EPA 300.0	1.0	10/20/2017	00:43	E84589
1095	Zinc	5	mg/L	0.011		EPA 200.7	0.0074	10/25/2017	17:51	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	10/18/2017	14:38	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/18/2017	16:00	E84589
1930	Total Dissolved Solids	500	mg/L	240		SM 2540 C	12	10/24/2017	14:43	E84589
2905	Foaming Agents	0.5	mg/L	0.055	I	SM 5540 C	0.040	10/19/2017	10:28	E82001

\*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.

**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format**

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler – Please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D.#: 

6	5	1	1	4	2	3
---	---	---	---	---	---	---

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: T1717821002 Sample Date: 10/18/2017 Sample Time: 09:10

AM
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 PM (circle one)

Sample Location (be specific): 11704 RoseTree Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**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)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance \*
- Composite of Multiple Sites \*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

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**

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

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

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## 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: 06/30/2018

**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: E84589 E82001

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/18/2017

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1717821002 Lab Assigned Report # or Job T1717821

Group(s) Analyzed & Results 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

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, 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: 11/01/2017

\* 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: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1717821002

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
1025	Fluoride	4.0	mg/L	0.10	I	EPA 300.0	0.10	10/20/2017	00:59	E84589

\*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.



# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1717821002

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	0.025	U	EPA 200.7	0.025	10/26/2017	14:11	E84589
1017	Chloride	250	mg/L	16		EPA 300.0	1.0	10/20/2017	00:59	E84589
1022	Copper	1	mg/L	0.0021		EPA 200.8	0.00011	11/01/2017	14:36	E82574
1025	Fluoride	2.0	mg/L	0.10	I	EPA 300.0	0.10	10/20/2017	00:59	E84589
1028	Iron	0.3	mg/L	0.53		EPA 200.7	0.021	10/25/2017	17:55	E84589
1032	Manganese	0.05	mg/L	0.015		EPA 200.8	0.000055	11/01/2017	14:36	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	11/01/2017	14:36	E82574
1055	Sulfate	250	mg/L	46		EPA 300.0	1.0	10/20/2017	00:59	E84589
1095	Zinc	5	mg/L	0.012		EPA 200.7	0.0074	10/25/2017	17:55	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	10/18/2017	14:39	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/18/2017	16:00	E84589
1930	Total Dissolved Solids	500	mg/L	230		SM 2540 C	12	10/24/2017	14:43	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/19/2017	10:28	E82001

\*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.

**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format**

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**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler – Please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D.#: 

6	5	1	1	4	2	3
---	---	---	---	---	---	---

System Type (check one):     Community     Nontransient Noncommunity     Transient Noncommunity

Address: e. \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: T1717821003    Sample Date: 10/18/2017    Sample Time: 08:45

AM
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 PM (circle one)

Sample Location (be specific): 11436 Golf Rd    Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L    Field pH: \_\_\_\_\_

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)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance \*
- Composite of Multiple Sites \*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

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.**

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**SAMPLER CERTIFICATION**

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

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Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: E84589 E82001

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/18/2017

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1717821003 Lab Assigned Report # or Job T1717821

Group(s) Analyzed & Results 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

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

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- All 14  
 Partial

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## 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: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: T1717821003

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
1025	Fluoride	4.0	mg/L	0.10	U	EPA 300.0	0.10	10/20/2017	01:14	E84589

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1717821003

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	0.025	U	EPA 200.7	0.025	10/26/2017	14:15	E84589
1017	Chloride	250	mg/L	16		EPA 300.0	1.0	10/20/2017	01:14	E84589
1022	Copper	1	mg/L	0.0020		EPA 200.8	0.00011	11/01/2017	14:40	E82574
1025	Fluoride	2.0	mg/L	0.10	U	EPA 300.0	0.10	10/20/2017	01:14	E84589
1028	Iron	0.3	mg/L	0.93		EPA 200.7	0.021	10/25/2017	17:59	E84589
1032	Manganese	0.05	mg/L	0.025		EPA 200.8	0.000055	11/01/2017	14:40	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	11/01/2017	14:40	E82574
1055	Sulfate	250	mg/L	46		EPA 300.0	1.0	10/20/2017	01:14	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.7	0.0074	10/25/2017	17:59	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	10/18/2017	14:40	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/18/2017	16:00	E84589
1930	Total Dissolved Solids	500	mg/L	210		SM 2540 C	12	10/24/2017	14:43	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/19/2017	10:28	E82001

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# Florida Department of Environmental Protection

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**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler – Please type or print legibly)System Name: \_\_\_\_\_ PWS I.D.#: 

6	5	1	1	4	2	3
---	---	---	---	---	---	---

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)Sample Number: T1717821004 Sample Date: 10/18/2017 Sample Time: 09:30

AM
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 PM (circle one)Sample Location (be specific): 11800 Ivywood Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**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
- Confirmation of MCL Exceedance \*
- Composite of Multiple Sites \*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

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**

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

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

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## 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: 06/30/2018

**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: E84589 E82001

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/18/2017

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1717821004 Lab Assigned Report # or Job T1717821

Group(s) Analyzed & Results 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

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, 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: 11/01/2017

\* 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: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: T1717821004

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
1025	Fluoride	4.0	mg/L	0.10	I	EPA 300.0	0.10	10/20/2017	01:30	E84589



# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1717821004

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	0.025	U	EPA 200.7	0.025	10/26/2017	14:18	E84589
1017	Chloride	250	mg/L	17		EPA 300.0	1.0	10/20/2017	01:30	E84589
1022	Copper	1	mg/L	0.0045		EPA 200.8	0.00011	11/01/2017	14:44	E82574
1025	Fluoride	2.0	mg/L	0.10	I	EPA 300.0	0.10	10/20/2017	01:30	E84589
1028	Iron	0.3	mg/L	0.062	I	EPA 200.7	0.021	10/25/2017	18:03	E84589
1032	Manganese	0.05	mg/L	0.0020		EPA 200.8	0.000055	11/01/2017	14:44	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	11/01/2017	14:44	E82574
1055	Sulfate	250	mg/L	55		EPA 300.0	1.0	10/20/2017	01:30	E84589
1095	Zinc	5	mg/L	0.0074	U	EPA 200.7	0.0074	10/25/2017	18:03	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	10/18/2017	14:41	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/18/2017	16:00	E84589
1930	Total Dissolved Solids	500	mg/L	250		SM 2540 C	12	10/24/2017	14:43	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/19/2017	10:28	E82001

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D.#: 

6	5	1	1	4	2	3
---	---	---	---	---	---	---

System Type (check one):     Community     Nontransient Noncommunity     Transient Noncommunity

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1717821005    Sample Date: 10/18/2017    Sample Time: 10:05

AM
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 PM (circle one)

Sample Location (be specific): 11219 Meganser    Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L    Field pH: \_\_\_\_\_

### 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
- Confirmation of MCL Exceedance \*
- Composite of Multiple Sites \*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

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

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

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

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## 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: 06/30/2018

**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: E82574 E82001

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/18/2017

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1717821005 Lab Assigned Report # or Job T1717821

Group(s) Analyzed & Results 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

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, 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: 11/01/2017

\* 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: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: T1717821005

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
1025	Fluoride	4.0	mg/L	0.12	I	EPA 300.0	0.10	10/24/2017	20:27	E84589

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1717821005

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	0.025	U	EPA 200.7	0.025	10/26/2017	14:22	E84589
1017	Chloride	250	mg/L	17		EPA 300.0	1.0	10/24/2017	20:27	E84589
1022	Copper	1	mg/L	0.0039		EPA 200.8	0.00011	11/01/2017	14:48	E82574
1025	Fluoride	2.0	mg/L	0.12	I	EPA 300.0	0.10	10/24/2017	20:27	E84589
1028	Iron	0.3	mg/L	0.27		EPA 200.7	0.021	10/25/2017	18:06	E84589
1032	Manganese	0.05	mg/L	0.0037		EPA 200.8	0.000055	11/01/2017	14:48	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	11/01/2017	14:48	E82574
1055	Sulfate	250	mg/L	56		EPA 300.0	1.0	10/24/2017	20:27	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.7	0.0074	10/25/2017	18:06	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	10/18/2017	14:42	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/18/2017	16:00	E84589
1930	Total Dissolved Solids	500	mg/L	240		SM 2540 C	12	10/24/2017	14:43	E84589
2905	Foaming Agents	0.5	mg/L	0.086	I	SM 5540 C	0.040	10/19/2017	10:28	E82001

\*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.



# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## 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: 06/30/2018

**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: E82574 E82001

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/18/2017

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1717821006 Lab Assigned Report # or Job T1717821

Group(s) Analyzed & Results 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

- All 30
- All Except Dioxin
- Partial
- Dioxin Only

### Volatile Organics

- All 21
- Partial

### Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

### Radionuclides

- Single Sample
- Qtrly Composite\*\*

### Secondaries

- All 14
- Partial

## LAB CERTIFICATION

I, Joeseh J.Vondrick, Project Manager, 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: 11/01/2017

\* 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: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1717821006

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
1025	Fluoride	4.0	mg/L	0.12	I	EPA 300.0	0.10	10/24/2017	20:43	E84589

\*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.



# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1717821006

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	0.025	U	EPA 200.7	0.025	10/26/2017	14:25	E84589
1017	Chloride	250	mg/L	16		EPA 300.0	1.0	10/24/2017	20:43	E84589
1022	Copper	1	mg/L	0.0029		EPA 200.8	0.00011	11/01/2017	14:52	E82574
1025	Fluoride	2.0	mg/L	0.12	I	EPA 300.0	0.10	10/24/2017	20:43	E84589
1028	Iron	0.3	mg/L	0.069	I	EPA 200.7	0.021	10/25/2017	18:10	E84589
1032	Manganese	0.05	mg/L	0.0041		EPA 200.8	0.000055	11/01/2017	14:52	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	11/01/2017	14:52	E82574
1055	Sulfate	250	mg/L	52		EPA 300.0	1.0	10/24/2017	20:43	E84589
1095	Zinc	5	mg/L	0.012		EPA 200.7	0.0074	10/25/2017	18:10	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	10/18/2017	14:46	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/18/2017	16:00	E84589
1930	Total Dissolved Solids	500	mg/L	220		SM 2540 C	12	10/24/2017	14:43	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/19/2017	10:28	E82001

\*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.

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D.#: 

6	5	1	1	4	2	3
---	---	---	---	---	---	---

System Type (check one):     Community     Nontransient Noncommunity     Transient Noncommunity

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1717821007    Sample Date: 10/18/2017    Sample Time: 10:25

AM
----

 PM (circle one)

Sample Location (be specific): Master Meter Upstream RPZ    Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L    Field pH: \_\_\_\_\_

### 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
- Confirmation of MCL Exceedance \*
- Composite of Multiple Sites \*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

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

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

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

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## 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: 06/30/2018

**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: E82574 E82001

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/18/2017

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1717821007 Lab Assigned Report # or Job T1717821

Group(s) Analyzed & Results 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

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, 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: 11/01/2017

\* 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: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1717821007

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
1025	Fluoride	4.0	mg/L	0.12	I	EPA 300.0	0.10	10/24/2017	20:58	E84589

\*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.

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1717821007

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	0.025	U	EPA 200.7	0.025	10/26/2017	14:29	E84589
1017	Chloride	250	mg/L	16		EPA 300.0	1.0	10/24/2017	20:58	E84589
1022	Copper	1	mg/L	0.0041		EPA 200.8	0.00011	11/01/2017	14:56	E82574
1025	Fluoride	2.0	mg/L	0.12	I	EPA 300.0	0.10	10/24/2017	20:58	E84589
1028	Iron	0.3	mg/L	0.021	U	EPA 200.7	0.021	10/25/2017	18:14	E84589
1032	Manganese	0.05	mg/L	0.0023		EPA 200.8	0.000055	11/01/2017	14:56	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	11/01/2017	14:56	E82574
1055	Sulfate	250	mg/L	48		EPA 300.0	1.0	10/24/2017	20:58	E84589
1095	Zinc	5	mg/L	0.014		EPA 200.7	0.0074	10/25/2017	18:14	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	10/18/2017	14:47	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/18/2017	16:00	E84589
1930	Total Dissolved Solids	500	mg/L	250		SM 2540 C	12	10/24/2017	14:43	E84589
2905	Foaming Agents	0.5	mg/L	0.046	I	SM 5540 C	0.040	10/19/2017	10:28	E82001

\*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.



**Advanced Environmental Laboratories, Inc.**  
Florida's Largest Laboratory Network

- Altamonte Springs:** 300 Northlake Blvd., Ste. 1048 - Altamonte Springs, FL 32701 - 407.937.1594 - Fax 407.937.1597
- Jacksonville:** 6681 Southpoint Pkwy. - Jacksonville, FL 32216 - 904.363.9350 - Fax 904.363.9354
- Tallahassee:** 2039 North Monroe St., Suite D, Tallahassee, FL 32303 - 850.219.6274 - Fax 850.219.6275

- Gainesville:** 4965 SW 41st Blvd. - Gainesville, FL 32608 - 352.377.2349 - Fax 352.395.6630
- Miramar:** 10200 USA Today Way, Miramar, FL 33025 - 954.889.2288 - Fax 954.889.2281
- Tampa:** 9610 Princess Palm Ave. - Tampa, FL 33619 - 813.630.9616 - Fax 813.630.4327

Client Name: <b>Utilities Inc</b>	Project Name: <b>Summertree</b>	
Address:	Project Number:	BOTTLE SIZE & TYPE
Phone: <b>727-934-9137</b>	PO Number: <b>252125</b>	ANALYSIS REQUIRED  <b>Spec</b> <b>300.0 F/CI/S</b> <b>TDS</b> <b>MBAS</b> <b>200.7 Metals</b> <b>200.9 Metals</b> <b>Odor/color</b>
AX:	FDEP Facility No: <b>6511423</b>	
Contact: <b>Steve Habery</b>	FDEP Facility Address:	
Sampled By: <b>Jeff Becker</b>	Special Instructions: <b>All samples taken at FH except #7</b>	
Turn Around Time: <input type="checkbox"/> STANDARD <input checked="" type="checkbox"/> RUSH	<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other	
EL Profile #:		

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation	Field-Filtered?	ANALYSIS REQUIRED							LABORATORY I.D. NUMBER
			DATE	TIME					Spec	300.0 F/CI/S	TDS	MBAS	200.7 Metals	200.9 Metals	Odor/color	
1	11619 English Elm C12-3.2	X	10/18/17	945	DW	1			X	X	X	X	X	X		601
2	11704 Rose Tree C12-3.4	X		910		1										602
3	11436 Golf Rd C12-3.3	X		845		1										603
4	11800 Ivywood C12-3.3	X		930		1										604
5	11219 Merganser C12-3.4	X		1005		1										605
6	11001 Kisokudee C12-3.4	X		955		1										606
7	Master Meter up Stream RPZ C12-3.5	X		1025		1			X	X	X	X	X	X		607

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) 26 °C Temp. when received (corrected) 4.6 °C

CN: AD-051 Form last revised 11/17/16 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G I, T-1 LT-2 T: 10A A: 3A M: 3A S: 1V

Relinquished by:	Date	Time	Received by:	Date	Time
<i>[Signature]</i>	10/18/17	1045	<i>[Signature]</i>	10/18/17	1245
<i>[Signature]</i>	10/18/17		<i>[Signature]</i>	10/18/17	1330

**FOR DRINKING WATER USE:**

(When PWS Information not otherwise supplied) PWS ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Supplier of Water: \_\_\_\_\_

Site Address: \_\_\_\_\_