



May 24, 2018

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-2016-0505-PAA-WS, attached are the resulting of the sampling that was required to be done every six months after the interconnection with Pasco County. As one can see, the values of all secondary drinking water parameters at all six locations were below the maximum contaminant levels.

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: T1807449001 Sample Date: 05/01/2018 Sample Time: 07:45

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: 7.8

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: 05/01/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1807449001 Lab Assigned Report # or Job T1807449

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: 05/22/2018

* 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: T1807449001

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	0.30	I	EPA 300.0	0.20	05/07/2018	20:54	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: T1807449001

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	05/11/2018	16:24	E84589
1017	Chloride	250	mg/L	26		EPA 300.0	2.0	05/07/2018	20:54	E84589
1022	Copper	1	mg/L	0.00062	I	EPA 200.8	0.00035	05/16/2018	15:01	E82574
1025	Fluoride	2.0	mg/L	0.30	I	EPA 300.0	0.20	05/07/2018	20:54	E84589
1028	Iron	0.3	mg/L	0.11		EPA 200.7	0.021	05/11/2018	16:24	E84589
1032	Manganese	0.05	mg/L	0.0054		EPA 200.8	0.00055	05/16/2018	15:01	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	05/16/2018	15:01	E82574
1055	Sulfate	250	mg/L	62		EPA 300.0	2.0	05/07/2018	20:54	E84589
1095	Zinc	5	mg/L	0.011		EPA 200.7	0.0074	05/11/2018	16:24	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	05/01/2018	14:50	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	05/01/2018	14:33	E84589
1925	pH	6.5 - 8.5	SU	7.8	Q	SM 4500H+B		05/04/2018	09:35	E84589
1930	Total Dissolved Solids	500	mg/L	310		SM 2540 C	10	05/04/2018	07:36	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	05/02/2018	17:00	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: 05/01/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1807449002 Lab Assigned Report # or Job T1807449

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: 05/22/2018

* 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: T1807449002

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	0.28	I	EPA 300.0	0.20	05/07/2018	21:10	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: T1807449002

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	05/11/2018	16:35	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/07/2018	21:10	E84589
1022	Copper	1	mg/L	0.0013		EPA 200.8	0.00035	05/16/2018	15:19	E82574
1025	Fluoride	2.0	mg/L	0.28	I	EPA 300.0	0.20	05/07/2018	21:10	E84589
1028	Iron	0.3	mg/L	0.073	I	EPA 200.7	0.021	05/11/2018	16:35	E84589
1032	Manganese	0.05	mg/L	0.0036	I	EPA 200.8	0.00055	05/16/2018	15:19	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	05/16/2018	15:19	E82574
1055	Sulfate	250	mg/L	60		EPA 300.0	2.0	05/07/2018	21:10	E84589
1095	Zinc	5	mg/L	0.010		EPA 200.7	0.0074	05/11/2018	16:35	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	05/01/2018	14:50	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	05/01/2018	14:33	E84589
1925	pH	6.5 - 8.5	SU	8.0	Q	SM 4500H+B		05/04/2018	09:36	E84589
1930	Total Dissolved Solids	500	mg/L	390		SM 2540 C	10	05/04/2018	07:36	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	05/02/2018	17:00	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: E84589 E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 05/01/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1807449003 Lab Assigned Report # or Job T1807449

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: 05/22/2015

* 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: T1807449003

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	0.26	I	EPA 300.0	0.20	05/07/2018	21:26	E84589

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1807449003

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	05/11/2018	16:39	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/07/2018	21:26	E84589
1022	Copper	1	mg/L	0.0021		EPA 200.8	0.00035	05/16/2018	15:25	E82574
1025	Fluoride	2.0	mg/L	0.26	I	EPA 300.0	0.20	05/07/2018	21:26	E84589
1028	Iron	0.3	mg/L	0.064	I	EPA 200.7	0.021	05/11/2018	16:39	E84589
1032	Manganese	0.05	mg/L	0.0037	I	EPA 200.8	0.00055	05/16/2018	15:25	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	05/16/2018	15:25	E82574
1055	Sulfate	250	mg/L	59		EPA 300.0	2.0	05/07/2018	21:26	E84589
1095	Zinc	5	mg/L	0.0097	I	EPA 200.7	0.0074	05/11/2018	16:39	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	05/01/2018	14:50	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	05/01/2018	14:33	E84589
1925	pH	6.5 - 8.5	SU	8.1	Q	SM 4500H+B		05/04/2018	09:37	E84589
1930	Total Dissolved Solids	500	mg/L	430		SM 2540 C	10	05/04/2018	07:36	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U,J4	SM 5540 C	0.040	05/02/2018	17:00	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: T1807449004 Sample Date: 05/01/2018 Sample Time: 07:05

AM

 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: 7.9

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 *

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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: 05/01/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1807449004 Lab Assigned Report # or Job T1807449

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

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Signature:  Date: 05/22/2018

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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: T1807449004

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	0.28	I	EPA 300.0	0.20	05/07/2018	21:42	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: T1807449004

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	05/11/2018	16:43	E84589
1017	Chloride	250	mg/L	26		EPA 300.0	2.0	05/07/2018	21:42	E84589
1022	Copper	1	mg/L	0.0057		EPA 200.8	0.00035	05/16/2018	15:29	E82574
1025	Fluoride	2.0	mg/L	0.28	I	EPA 300.0	0.20	05/07/2018	21:42	E84589
1028	Iron	0.3	mg/L	0.28		EPA 200.7	0.021	05/11/2018	16:43	E84589
1032	Manganese	0.05	mg/L	0.0078		EPA 200.8	0.00055	05/16/2018	15:29	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	05/16/2018	15:29	E82574
1055	Sulfate	250	mg/L	60		EPA 300.0	2.0	05/07/2018	21:42	E84589
1095	Zinc	5	mg/L	0.010		EPA 200.7	0.0074	05/11/2018	16:43	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	05/01/2018	14:50	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	05/01/2018	14:33	E84589
1925	pH	6.5 - 8.5	SU	7.9	Q	SM 4500H+B		05/04/2018	09:38	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C	10	05/04/2018	07:36	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	05/02/2018	17:00	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: 33619

Phone #: _____ Fax #: _____ E-Mail Address: DUvino@AELLab.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1807449005 Sample Date: 05/01/2018 Sample Time: 08:15

AM

 PM (circle one)

Sample Location (be specific): 11219 Merganser Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.0

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: 05/01/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1807449005 Lab Assigned Report # or Job T1807449

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: 05/22/2018

* 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: T1807449005

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	0.28	I	EPA 300.0	0.20	05/07/2018	21:58	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: T1807449005

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	05/11/2018	16:46	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/07/2018	21:58	E84589
1022	Copper	1	mg/L	0.0018		EPA 200.8	0.00035	05/16/2018	15:33	E82574
1025	Fluoride	2.0	mg/L	0.28	I	EPA 300.0	0.20	05/07/2018	21:58	E84589
1028	Iron	0.3	mg/L	0.21		EPA 200.7	0.021	05/11/2018	16:46	E84589
1032	Manganese	0.05	mg/L	0.0088		EPA 200.8	0.00055	05/16/2018	15:33	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	05/16/2018	15:33	E82574
1055	Sulfate	250	mg/L	60		EPA 300.0	2.0	05/07/2018	21:58	E84589
1095	Zinc	5	mg/L	0.010		EPA 200.7	0.0074	05/11/2018	16:46	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	05/01/2018	14:50	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	05/01/2018	14:33	E84589
1925	pH	6.5 - 8.5	SU	8.0	Q	SM 4500H+B		05/04/2018	09:39	E84589
1930	Total Dissolved Solids	500	mg/L	370		SM 2540 C	10	05/04/2018	07:36	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	05/02/2018	17:00	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: 33619

Phone #: _____ Fax #: _____ E-Mail Address: DUvino@AELLab.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1807449006 Sample Date: 05/01/2018 Sample Time: 08:05

AM

 PM (circle one)

Sample Location (be specific): 11001 Kiskadee Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.1

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: 05/01/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1807449006 Lab Assigned Report # or Job T1807449

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | | | |
|--|--|----------------------------------|---|--|--|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> | <u>Radionuclides</u> | <u>Secondaries</u> |
| <input type="checkbox"/> All Except Asbestos | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes | <input type="checkbox"/> Single Sample | <input checked="" type="checkbox"/> All 14 |
| <input checked="" type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos Only | | | | | |

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: 05/22/2018

* 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: T1807449006

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	0.28	I	EPA 300.0	0.20	05/08/2018	00:38	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: T1807449006

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	05/11/2018	17:09	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/08/2018	00:38	E84589
1022	Copper	1	mg/L	0.0020		EPA 200.8	0.00035	05/16/2018	15:37	E82574
1025	Fluoride	2.0	mg/L	0.28	I	EPA 300.0	0.20	05/08/2018	00:38	E84589
1028	Iron	0.3	mg/L	0.086	I	EPA 200.7	0.021	05/11/2018	17:09	E84589
1032	Manganese	0.05	mg/L	0.0044		EPA 200.8	0.00055	05/16/2018	15:37	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	05/16/2018	15:37	E82574
1055	Sulfate	250	mg/L	61		EPA 300.0	2.0	05/08/2018	00:38	E84589
1095	Zinc	5	mg/L	0.0074	I	EPA 200.7	0.0074	05/11/2018	17:09	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	05/01/2018	14:50	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	05/01/2018	14:33	E84589
1925	pH	6.5 - 8.5	SU	8.1	Q	SM 4500H+B		05/04/2018	09:40	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C	10	05/04/2018	07:36	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	05/02/2018	17:00	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:** 380 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:** 2639 North Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275

71807449

Page _____ of _____

- Gainesville:** 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
- 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: **Utilities Inc**
Address: _____
Phone: **724-934-9137**
FAX: _____
Contact: **Steve Habery**
Sampled By: **Jeff Becker**
Turn Around Time: STANDARD RUSH
AEL Profile #: _____

Project Name: **Summertree**
Project Number: _____
PO Number: **252125**
FDEP Facility No: **6511423**
FDEP Facility Address: _____
Special Instructions: **All samples taken at FH's**
 ADaPT EquiS Other

BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	PRESERVATION						LABORATORY I.D. NUMBER
		Field-Filtered?	Ice	HCl	H2SO4	HN03	Sodium Thiosulfate	
300.0 F/CL/S-	TDS -							201
	MBAS							202
	200.7 Metals -							203
	200.8 Metals -							204
	Odor/Color -							205
								206

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT
			DATE	TIME		
1	11619 English Elm CL2-2.2	X	5/1/18	7:45	DW	
2	11704 Rose Tree CL2-4.0	X		7:55		
3	11436 Golf Rd. CL2-4.0	X		6:50		
4	11800 Ivywood CL2-2.1	X		7:05		
5	11219 Merganser CL2-3.6	X		8:15		
6	11001 Kiskadee CL2-3.9	X		8:05		

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=(HN03) T=(Sodium Thiosulfate)

Received on ice Yes No Temp taken from sample Temp from blank Where required, pH checked Temp. when received (observed) 6.5 °C Temp. when received (corrected) 5.5 °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: LT-1 LT-2 **T: 10A** A: 3A M: 3A S: 1V

Relinquished by:	Date	Time	Received by:	Date	Time
<i>[Signature]</i>	5/1/18	9:45	<i>[Signature]</i>	5/1/18	11:48
<i>[Signature]</i>	5/1/18		<i>[Signature]</i>	5/1/18	(4:00)

FOR DRINKING WATER USE:
(When PWS Information not otherwise supplied) PWS ID: _____
Contact Person: _____ Phone: _____
Supplier of Water: _____