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Orlando Fort Pierce Tallahassee Tampa Viera/Melbourne

MARTIN FRIEDMAN

407-310-2077 mfriedman@deanmead.com

January 14, 2019 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 Matter No. 070272

Dear Ms. Stauffer:

Pursuant to PSC Order No. PSC-2016-0505-PAA-WS, attached are the results 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, with the exception of minor exceedances of iron.

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)

| PUBLIC WATER SYSTEM INFORI | MATION (to be completed by sam | oler – Please type or print le | egibly) | |
|---|---|--|--|--------------------|
| System Name: | | | PWS I.D.#: | |
| System Type (check one): Com | nmunity Nontransient Nor | ncommunity Trans | sient Noncommunity | |
| Address: | | | | |
| | | | ZIP Code: | |
| Phone #: | Fax #: | E- | Mail Address: | |
| SAMPLE INFORMATION (to be co | mpleted by sampler) | | | |
| Sample Number: <u>T1817732001</u> | Sample Da | ite: 10/16/2018 | Sample Time: 08:50 | AM PM (circle one) |
| Sample Location (be specific): 1 - 1 | 1619 English Elm | | Location Code (if | known): |
| Disinfectant Residual (Required when | | | | , |
| Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 6 Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer | Routine Confirm Compos Other: Sampling F *See 62-550.500(6 And 62-550.512(3) | Reason(s) for S Compliance with 62-550 ation of MCL Exceedance site of Multiple Sites ** | Sample (Check all that apply) Replacement (of Invalidated e * Special (not for compliance wing Clearance (permitting)) Comments: **See 62-550.55 attach a resulting | |
| 1 | O.F. | | _ | to HEREBY CERTIFY |
| (Prin | t Name) | '(F | Print Title) | o Herebi Gerrii i |
| that the above public water s | ystem and sample collectio | n information is comp | olete and correct. | |
| Signature: | | Date: | | |
| Certified Operator #: | Phone #: | | Sampler's Fax #: | |
| Sampler's E-Mail: | | | | |
| D (| | | | |

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

| LABORATORY CERTIFICAT | TION INFORMATION (t | be completed by lab | Please type o | print legibly | y) | | |
|---------------------------------|------------------------------|-------------------------|-----------------------------------|------------------|-----------|--|-----------------------|
| Lab Name: Advanced Environ | nmental Laboratories, Inc | E Florida DOH Ce | ertification #: | E84589 | | _Certification Expiration Dat | te: <u>06/30/2019</u> |
| | | | | ATTACH C | CURREN | T DOH ANALYTE * | |
| Address: 9610 Princess Pal | m Ave Tampa, FL 33619 | Payments: | P.O. Box | Phone #: | (813)6 | 30-9616 | |
| Were any analyses subcontra | acted? X Yes No | If yes, please prov | ide DOH certif | cation num | nbers: | E84589 E82001 | |
| | | | AT | TACH DOH | ANALYT | TE SHEET FOR EACH SUBCO | NTRACTED * |
| ANALYSIS INFORMATION | (to be completed by lab) | Date Sampl | e(s) Received | 10/16/20 | 018 | | |
| PWS ID (From Page 1): 65114 | 423 : | Sample Number (Fro | m Page 1): <u>T18</u> | 7732001 | | Lab Assigned Report # or Jo | b <u>T1817732</u> |
| Group(s) Analyzed & Results | s attached for compliance | with Chapter 62-55 | 0, F.A.C. (Ch | eck all that app | pply): | | |
| Inorganics | Synthetic Organics_ | Volatile Organics | Disinfection | Byproducts | S | Radionuclides | <u>Secondaries</u> |
| All Except Asbestos | All 30 | All 21 | Trihalom | ethanes | _ | Single Sample | All 14 |
| X Partial | All Except Dioxin | Partial | Haloacet | c Acids | | Qtrly Composite** | X Partial |
| Nitrate | Partial | | Chlorite | | | | A randa |
| Nitrite | Dioxin Only | | Bromate | | | | |
| Asbestos Only | | | | | | | |
| | | LAB | CERTIFICA | TION | | | |
| I, Joseph J. Vondrick | | , <u> </u> | Project Mana | ager | | , do HEREB | Y CERTIFY |
| - | (Print Name) | | - | (Print Title | e) | | |
| that all attached analytical da | ata are correct and unless | s noted meet all requ | irements of th | e National E | Environr | mental Laboratory Accreditat | ion Conference |
| Signature: | Vondrik | | Date: | 10/31/20 | 018 | | |
| | against the public water sys | tem for failure to samp | | | | ned analysis results will result in ne DOH Bureau of Laboratory S | |
| C | ONFIRMATION & NOTIFIC | ATION IS REQUIRED | WITHIN 24 HR | S FOR NITR | RATE OR | NITRITE MCL EXCEEDANCE | S |
| NON-DETECTS ARE TO B | BE REPORTED AS THE ME | L WITH A "U" QUALI | FIER. (Non | -detects rep | ported as | s "BDL" or with a "<" are not | acceptable.) |
| COMPLIANCE DETERMINA | ATION (to be completed by I | DEP or DOH attach not | es as necessary) | | | | |
| Sample Collection & Analysis | • | | | eport Reque | ested: | Yes No (circle or highli | ght group(s) above) |
| Person Notified: | | Date Notified: | | | | H Reviewing Official: | |

6511423

INORGANIC CONTAMINANTS

Report Number / Job ID: T1817732001 62-550.310(1) 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 |
|--------------|----------------|-----|-------|--------------------|------------|----------------------|------------|------------------|------------------|--------------------------|
| 1025 | Fluoride | 4.0 | mg/L | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 20:54 | E84589 |

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1817732001</u>

PWS ID (From Page 1): 6511423

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------------|------------------------|------|------------|--------------------|------------|----------------------|------------|------------------|------------------|----------------------------|
| 1002 | Aluminum | 0.2 | mg/L | 0.041 | I | EPA 200.7 | 0.025 | 10/24/2018 | 23:00 | E84589 |
| 1017 | Chloride | 250 | mg/L | 22 | | EPA 300.0 | 2.0 | 10/25/2018 | 20:54 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.00041 | I | EPA 200.8 | 0.00035 | 10/25/2018 | 14:49 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 20:54 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.055 | I | EPA 200.7 | 0.021 | 10/24/2018 | 23:00 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0025 | I | EPA 200.8 | 0.00055 | 10/25/2018 | 14:49 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000068 | U | EPA 200.8 | 0.000068 | 10/25/2018 | 14:49 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 78 | | EPA 300.0 | 2.0 | 10/25/2018 | 20:54 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.0089 | I | EPA 200.7 | 0.0074 | 10/24/2018 | 23:00 | E84589 |
| 1905 | Color | 15 | PCU | 8.8 | | SM 2120 B | 2.7 | 10/17/2018 | 07:04 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/16/2018 | 16:15 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 290 | | SM 2540 C | 10 | 10/18/2018 | 09:26 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/17/2018 | 08:25 | E82001 |

| PUBLIC WATER SYSTEM INFORMATION (| o be completed by sampler – Please type or prin | t legibly) | |
|--|--|----------------------------------|-------------|
| System Name: | | PWS I.D.#: | |
| System Type (check one): Community | ☐ Nontransient Noncommunity ☐ Tra | ansient Noncommunity | |
| Address: | | | |
| | | ZIP Code: | |
| Phone #: Fa | | | |
| SAMPLE INFORMATION (to be completed by | sampler) | | |
| Sample Number: T1817732002 | Sample Date: 10/16/2018 | Sample Time: 09:00 AM PM (c | circle one) |
| Sample Location (be specific): 2 - 11704 Rose | Tree | Location Code (if known): | |
| Disinfectant Residual (Required when reporting residual) | | | |
| Sample Type (Check Only One) | | or Sample (Check all that apply) | |
| Distribution | | | |
| | Routine Compliance with 62-550 | | |
| Entry Point (to Distribution) | Confirmation of MCL Exceeda | | |
| Plant Tap (not for compliance with 62-550) | Composite of Multiple Sites * | <u> </u> | |
| Raw (at well or intake) | Other: | | |
| Max Residence Time | Sampling Procedure Used or Oth | er Comments: | |
| Ave Residence Time | | | |
| Near First Customer | *See 62-550.500(6) for requirements and And 62-550.512(3) for nitrate or nitrite exc | | |
| | SAMPLER CERTIFIC | CATION | |
| I, | , | , do HEREBY CER | TIFY |
| (Print Name) | | (Print Title) | |
| that the above public water system an | d sample collection information is co | mplete and correct. | |
| Signature: | • | • | |
| Certified Operator #: | Phone #: | | |
| Sampler's E-Mail: | | | |
| Reporting Format 62-550 730 | | | |

| LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please ty | pe or print legibly) |
|---|--|
| Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification | #: E84589 Certification Expiration Date: 06/30/2019 |
| | ATTACH CURRENT DOH ANALYTE * |
| Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box | Phone #: _(813)630-9616 |
| Were any analyses subcontracted? X Yes No If yes, please provide DOH of | ertification numbers: <u>E82574_E82001</u> |
| | ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED * |
| ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Rece | ived: 10/16/2018 |
| PWS ID (From Page 1): 6511423 Sample Number (From Page 1): | T1817732002 Lab Assigned Report # or Job T1817732 |
| Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. | (Check all that apply): |
| All Except Asbestos All 30 All 21 Triha | |
| LAB CERTIF | |
| I, Joseph J. Vondrick , Project M | lanager, do HEREBY CERTIFY |
| (Print Name) | (Print Title) |
| that all attached analytical data are correct and unless noted meet all requirements of | of the National Environmental Laboratory Accreditation Conference |
| Signature: Dat | re:10/31/2018 |
| * Failure to provide a valid and current Florida DOH lab certification number and a current Al report, possible enforcement against the public water system for failure to sample, and ma ** Please provide radiological sample dates & locations for each quarter. | |
| CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. | HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES (Non-detects reported as "BDL" or with a "<" are not acceptable.) |
| COMPLIANCE DETERMINATION (to be completed by DEP or DOH attach notes as necess | eary) |
| Sample Collection & Analysis Satisfactory: Yes No Replacement Sample of | or Report Requested: Yes No (circle or highlight group(s) above) |
| Person Notified: Date Notified: | DEP/DOH Reviewing Official: |

INORGANIC CONTAMINANTS

62-550.310(1)

PWS ID (From Page 1): 6511423

Report Number / Job ID: T1817732002

| 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 | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 21:10 | E84589 |

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1817732002</u>

PWS ID (From Page 1): ____6511423

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------------|------------------------|------|------------|--------------------|------------|----------------------|------------|------------------|------------------|----------------------------|
| 1002 | Aluminum | 0.2 | mg/L | 0.032 | ı | EPA 200.7 | 0.025 | 10/24/2018 | 23:05 | E84589 |
| 1017 | Chloride | 250 | mg/L | 22 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:10 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.00065 | I | EPA 200.8 | 0.00035 | 10/25/2018 | 14:53 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 21:10 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.094 | I | EPA 200.7 | 0.021 | 10/24/2018 | 23:05 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0037 | I | EPA 200.8 | 0.00055 | 10/25/2018 | 14:53 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000068 | U | EPA 200.8 | 0.000068 | 10/25/2018 | 14:53 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 75 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:10 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.0085 | I | EPA 200.7 | 0.0074 | 10/24/2018 | 23:05 | E84589 |
| 1905 | Color | 15 | PCU | 7.3 | | SM 2120 B | 2.7 | 10/17/2018 | 07:04 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/16/2018 | 16:15 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 430 | | SM 2540 C | 10 | 10/18/2018 | 09:26 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/18/2018 | 08:18 | E82001 |

| PUBLIC WATER SYSTEM INFORMATIO | N (to be completed by sampler – Please | type or print legibly) | | | |
|--|---|----------------------------|-------------------------------------|----------|-----------------|
| System Name: | | PWS | S I.D.#: | | |
| System Type (check one): Community | Nontransient Noncommunity | Transient Noncomr | munity | | |
| Address: | | | | | |
| | | | P Code: | | |
| Phone #: | Fax #: | E-Mail Address: | | | |
| SAMPLE INFORMATION (to be completed | by sampler) | | | | |
| Sample Number: <u>T1817732003</u> | | 2018 Sample | Time: 08:25 | AM | PM (circle one) |
| Sample Location (be specific): 3 - 11436 (| Golf Rd | | Location Code (if I | | |
| Disinfectant Residual (Required when reporting | | | | , | |
| Sample Type (Check Only One) | | eason(s) for Sample (Check | · —— | | |
| Distribution | Routine Compliance | <u> </u> | cement (of Invalidated S | Sample) | |
| Entry Point (to Distribution) | | Exceedance * Specia | | | |
| Plant Tap (not for compliance with 62-550) | Composite of Multipl | <u> </u> | INCE (permitting) | 02 000) | |
| Raw (at well or intake) | | | | | |
| Max Residence Time | | sed or Other Comments: | | | |
| Ave Residence Time | Sampling Procedure Os | sed of Other Comments. | | | |
| Near First Customer | *See 62-550.500(6) for requiren And 62-550.512(3) for nitrate or | | **See 62-550.550 attach a result | | |
| | SAMPLER C | ERTIFICATION | | | |
| I, | ,, | | , d | o HEREBY | CERTIFY |
| (Print Name | | (Print Title) | _ | | |
| that the above public water system | and sample collection informati | ion is complete and co | rrect. | | |
| Signature: | | Date: | | | |
| Certified Operator #: | Phone #: | Sample | er's Fax #: | | |
| Sampler's E-Mail: | | | | | |
| D E 400 FF0 700 | | | | | |

| LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type of | r print legibly) |
|--|--|
| Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: | E84589 Certification Expiration Date: 06/30/2019 |
| | ATTACH CURRENT DOH ANALYTE * |
| Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box | Phone #: <u>(813)630-9616</u> |
| Were any analyses subcontracted? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | ication numbers: E84589 E82001 |
| AT AT THE PROPERTY OF THE PROP | TACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED * |
| ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received | : 10/16/2018 |
| PWS ID (From Page 1): 6511423 Sample Number (From Page 1): 118 | 17732003 Lab Assigned Report # or Job <u>T1817732</u> |
| Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Ch | eck all that apply): |
| Inorganics Synthetic Organics Volatile Organics Disinfection All Except Asbestos All 30 All 21 Trihalom X Partial All Except Dioxin Partial Haloacet Nitrate Partial Chlorite Nitrite Dioxin Only Bromate | ethanes Single Sample All 14 ic Acids Qtrly Composite** X Partial |
| LAB CERTIFICA | ATION |
| I, Joseph J. Vondrick , Project Man | |
| (Print Name) | (Print Title) |
| that all attached analytical data are correct and unless noted meet all requirements of the | e National Environmental Laboratory Accreditation Conference |
| Signature: Date: | 10/31/2018 |
| * Failure to provide a valid and current Florida DOH lab certification number and a current Analytic report, possible enforcement against the public water system for failure to sample, and may restail the public water system for failure to sample, and may restail the public water system for failure to sample, and may restail the public water system for failure to sample, and may restail the public water system for failure to sample, and may restail the public water system for failure to sample, and may restail the public water system for failure to sample, and may restail the public water system for failure to sample, and may restail the public water system for failure to sample, and may restail the public water system for failure to sample, and may restail the public water system for failure to sample, and may restail the public water system for failure to sample, and may restail the public water system for failure to sample. | |
| CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HR NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Nor | S FOR NITRATE OR NITRITE MCL EXCEEDANCES 1-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 R | eport Requested: Yes No (circle or highlight group(s) above) |
| Person Notified: Date Notified: | DEP/DOH Reviewing Official: |

Report Number / Job ID: T1817732003

INORGANIC CONTAMINANTS

62-550.310(1) 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 | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 21:26 | E84589 |

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1817732003

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 | 0.052 | I | EPA 200.7 | 0.025 | 10/24/2018 | 23:32 | E84589 |
| 1017 | Chloride | 250 | mg/L | 21 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:26 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.00079 | I | EPA 200.8 | 0.00035 | 10/25/2018 | 14:57 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 21:26 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.10 | | EPA 200.7 | 0.021 | 10/24/2018 | 23:32 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0043 | | EPA 200.8 | 0.00055 | 10/25/2018 | 14:57 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000068 | U | EPA 200.8 | 0.000068 | 10/25/2018 | 14:57 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 71 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:26 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.0074 | U | EPA 200.7 | 0.0074 | 10/24/2018 | 23:32 | E84589 |
| 1905 | Color | 15 | PCU | 8.8 | | SM 2120 B | 2.7 | 10/17/2018 | 07:04 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/16/2018 | 16:15 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 320 | | SM 2540 C | 10 | 10/18/2018 | 09:26 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/18/2018 | 08:18 | E82001 |

| PUBLIC WATER SYSTEM INFORMAT | ION (to be completed by | y sampler | – Please type or prir | nt legibly) | | | - | | _ |
|--|-------------------------|-----------|--|------------------|-----------------------------------|----------|----------|--------------|---|
| System Name: | | | | PWS | 3 I.D.#: | | | | |
| System Type (check one): Commur | nity Nontransie | nt Nonco | ommunity Tr | ansient Noncomn | nunity | | | | |
| Address: | | | | | | | | | |
| City: | | | | ZII | P Code: | | | | |
| Phone #: | _ Fax #: | | | E-Mail Address: | | | | | |
| SAMPLE INFORMATION (to be complete | ted by sampler) | | | | | | | | |
| Sample Number: <u>T1817732004</u> | | ple Date: | 10/16/2018 | Sample | Time: 08:35 | AM | РМ | (circle one) | |
| Sample Location (be specific): 4 - 1180 | 0 Ivywood | | | | Location Code (if | known) : | _ | | |
| Disinfectant Residual (Required when repor | | | | | | , | | | |
| Sample Type (Check Only One) | 3 | | | or Sample (Check | <u> </u> | | | | |
| Distribution | □ R | outine Co | ompliance with 62-55 | | ement (of Invalidated | Sample) | | | |
| Entry Point (to Distribution) | | | on of MCL Exceeda | | | | | | |
| Plant Tap (not for compliance with 62-550 | | | of Multiple Sites | <u> </u> | nce (permitting) | , | | | |
| Raw (at well or intake) | , | • | | | | | | | |
| Max Residence Time | | | cedure Used or Oth | | | | | | |
| Ave Residence Time | - Caiii | Jg . 100 | | ior Committee. | | | | | |
| Near First Customer | | | or requirements and r nitrate or nitrite ex | | **See 62-550.55 attach a resul | • • | | | |
| | | SAM | PLER CERTIFIC | CATION | | | | | |
| I, | | , | | | , c | do HEREE | Y CE | RTIFY | |
| (Print Nan | ne) | | | (Print Title) | | | | | |
| that the above public water syste | m and sample col | ection in | nformation is co | mplete and co | rrect. | | | | |
| Signature: | | | Date | e: | | | | | |
| Certified Operator #: | Phone | » #: | | Sample | er's Fax #: | | | | _ |
| Sampler's E-Mail: | | | | | | | | | |
| D E | | | | | | | | | |

| LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type of | or print legibly) |
|--|---|
| Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: | E84589 Certification Expiration Date: 06/30/2019 |
| | ATTACH CURRENT DOH ANALYTE * |
| Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box | Phone #: _(813)630-9616 |
| Were any analyses subcontracted? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | fication numbers: E82574 E82001 |
| A | TTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED * |
| ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received | : <u>10/16/2018</u> |
| PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T18 | <u>17732004</u> Lab Assigned Report # or Job <u>T1817732</u> |
| Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Ch | eck all that apply): |
| Inorganics Synthetic Organics Volatile Organics Disinfection All Except Asbestos All 30 All 21 Trihalom X Partial All Except Dioxin Partial Haloace Nitrate Partial Chlorite Nitrite Dioxin Only Bromate | tic Acids |
| LAB CERTIFICA | ATION |
| I, Joseph J. Vondrick , Project Man | ager , do HEREBY CERTIFY |
| (Print Name) | (Print Title) |
| that all attached analytical data are correct and unless noted meet all requirements of the | e National Environmental Laboratory Accreditation Conference |
| Signature: Date: | 10/31/2018 |
| * Failure to provide a valid and current Florida DOH lab certification number and a current Analy report, possible enforcement against the public water system for failure to sample, and may restant Please provide radiological sample dates & locations for each quarter. | |
| CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HR NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (No | S FOR NITRATE OR NITRITE MCL EXCEEDANCES n-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 R | eport Requested: Yes No (circle or highlight group(s) above) |
| Person Notified: Date Notified: | DEP/DOH Reviewing Official: |

Report Number / Job ID: T1817732004

INORGANIC CONTAMINANTS

62-550.310(1) 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 | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 21:42 | E84589 |

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1817732004</u>

PWS ID (From Page 1): ____6511423

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------------|------------------------|------|------------|--------------------|------------|----------------------|------------|------------------|------------------|----------------------------|
| 1002 | Aluminum | 0.2 | mg/L | 0.042 | I | EPA 200.7 | 0.025 | 10/24/2018 | 23:36 | E84589 |
| 1017 | Chloride | 250 | mg/L | 22 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:42 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.00080 | | EPA 200.8 | 0.00035 | 10/25/2018 | 15:13 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 21:42 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.18 | | EPA 200.7 | 0.021 | 10/24/2018 | 23:36 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0042 | | EPA 200.8 | 0.00055 | 10/25/2018 | 15:13 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000068 | U | EPA 200.8 | 0.000068 | 10/25/2018 | 15:13 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 88 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:42 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.0082 | I | EPA 200.7 | 0.0074 | 10/24/2018 | 23:36 | E84589 |
| 1905 | Color | 15 | PCU | 8.8 | | SM 2120 B | 2.7 | 10/17/2018 | 07:04 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/16/2018 | 16:15 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 290 | | SM 2540 C | 10 | 10/18/2018 | 09:26 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/18/2018 | 08:18 | E82001 |

| PUBLIC WATER SYSTEM INFOR | RMATION (to be completed by san | npler – Please type or prin | t legibly) | |
|---|--|--|--|--------------------|
| System Name: | | | PWS I.D.#: | |
| System Type (check one): | mmunity Nontransient No | encommunity 🔲 Tra | ansient Noncommunity | |
| Address: | | | | |
| | | | ZIP Code: | |
| Phone #: | Fax #: | | E-Mail Address: | |
| SAMPLE INFORMATION (to be c | ompleted by sampler) | | | |
| Sample Number: <u>T1817732005</u> | Sample D | ate: 10/16/2018 | Sample Time: 09:25 | AM PM (circle one) |
| Sample Location (be specific): 5 - | 11219 Merganser | | Location Code (if | known): |
| Disinfectant Residual (Required whe | | | | , |
| Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer | Routing Confirm Compo Other: Sampling *See 62-550.500(And 62-550.512(3) | Reason(s) for each compliance with 62-550 mation of MCL Exceedar esite of Multiple Sites | restrictions. Replacement (of Invalidated note * Special (not for compliance w Clearance (permitting) **See 62-550.55 attach a resultion of Sample (Check all that apply) **See 62-550.55 attach a resultion of Sample (Check all that apply) | |
| I | 31 | AWIFEEN CENTIFIC | | do HEREBY CERTIFY |
| (Pri | nt Name) | , | (Print Title) | JOHENEDI GERTII I |
| that the above public water | system and sample collection | on information is cor | mplete and correct. | |
| Signature: | | Date | · | |
| Certified Operator #: | Phone #: | | Sampler's Fax #: | |
| Sampler's E-Mail: | | | | |
| D (| | | | |

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

| LABORATORY CERTIFICA | ATION INFORMATION (t | o be completed by lab | Please type o | print legibly | /) | | |
|---|--------------------------------|--------------------------|-----------------------------------|------------------|---------------------|-------------------------|------------------------|
| Lab Name: Advanced Enviro | onmental Laboratories, Inc | E Florida DOH Ce | ertification #: | E84589 | Cert | ification Expiration Da | ate: 06/30/2019 |
| | | | | ATTACH C | CURRENT DOH | I ANALYTE * | |
| Address: 9610 Princess Pa | alm Ave Tampa, FL 33619 | Payments: | P.O. Box | Phone #: | (813)630-96 | 16 | |
| Were any analyses subcont | racted? X Yes No | If yes, please prov | ide DOH certif | ication num | nbers: <u>E8257</u> | 74 E82001 | |
| | | | AT | TACH DOH | ANALYTE SHE | EET FOR EACH SUBC | ONTRACTED * |
| ANALYSIS INFORMATION | (to be completed by lab) | Date Sampl | e(s) Received | 10/16/20 |)18 | | |
| PWS ID (From Page 1): 6511 | 1423 | Sample Number (Fro | m Page 1): <u>T18</u> | 7732005 | Lab A | ssigned Report # or J | lob <u>T1817732</u> |
| Group(s) Analyzed & Result | s attached for compliance | with Chapter 62-55 | 0, F.A.C. (Ch | eck all that app | ply): | | |
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection | Byproducts | s F | Radionuclides | Secondaries_ |
| All Except Asbestos | ☐ All 30 | All 21 | Trihalom | ethanes | | Single Sample | All 14 |
| X Partial | All Except Dioxin | Partial | Haloacet | c Acids | | Qtrly Composite** | X Partial |
| Nitrate | Partial | | Chlorite | | | | <u> </u> |
| Nitrite | Dioxin Only | | Bromate | | | | |
| Asbestos Only | | | _ | | | | |
| | | LAB | CERTIFICA | TION | | | |
| I, Joseph J. Vondrick | | , <u>P</u> | roject Mana | ger | | , do HEREE | BY CERTIFY |
| | (Print Name) | | | (Print Title | e) | | |
| that all attached analytical d | lata are correct and unless | s noted meet all requ | irements of th | e National E | Environmental | I Laboratory Accredita | ation Conference |
| Signature: | pl Vondrick | | Date: | 10/31/2 | 2018 | | |
| * Failure to provide a valid and report, possible enforcement ** Please provide radiological statement ** | t against the public water sys | stem for failure to samp | | | | | |
| | CONFIRMATION & NOTIFIC | ATION IS REQUIRED | WITHIN 24 HR | FOR NITR | ATE OR NITRI | TE MCL EXCEEDANCE | ES |
| NON-DETECTS ARE TO | BE REPORTED AS THE ME | DL WITH A "U" QUALI | FIER. (Non | -detects rep | ported as "BDL | _" or with a "<" are no | t acceptable.) |
| COMPLIANCE DETERMIN | ATION (to be completed by | DEP or DOH attach note | es as necessarv) | | | | |
| Sample Collection & Analysi | , , , , , | | | eport Reque | ested: Ye | S No (circle or high | nlight group(s) above) |
| Person Notified: | | Date Notified: | | | | /iewing Official: | |

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1817732005

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 | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 21:58 | E84589 |

SECONDARY CONTAMINANTS

62-550.320

| Report Number / Job ID: | T1817732005 |
|-------------------------|-------------|
| PWS ID (From Page 1): | V |

| 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 | 0.035 | I | EPA 200.7 | 0.025 | 10/24/2018 | 23:41 | E84589 |
| 1017 | Chloride | 250 | mg/L | 22 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:58 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.0025 | | EPA 200.8 | 0.00035 | 10/25/2018 | 15:17 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 21:58 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.35 | | EPA 200.7 | 0.021 | 10/24/2018 | 23:41 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0063 | | EPA 200.8 | 0.00055 | 10/25/2018 | 15:17 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000068 | U | EPA 200.8 | 0.000068 | 10/25/2018 | 15:17 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 84 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:58 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.0090 | I | EPA 200.7 | 0.0074 | 10/24/2018 | 23:41 | E84589 |
| 1905 | Color | 15 | PCU | 8.8 | | SM 2120 B | 2.7 | 10/17/2018 | 07:04 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/16/2018 | 16:15 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 400 | | SM 2540 C | 10 | 10/22/2018 | 15:05 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/18/2018 | 08:18 | E82001 |

| PUBLIC WATER SYSTEM INFORM | IATION (to be completed by sampler – Please | e type or print legibly) | | |
|--|---|--|--|--------------------|
| System Name: | | PWS I | .D.#: | |
| System Type (check one): Com | munity Nontransient Noncommunity | y Transient Noncommu | unity | |
| Address: | | | | |
| | | | Code: | |
| Phone #: | Fax #: | E-Mail Address: | | |
| SAMPLE INFORMATION (to be com | npleted by sampler) | | | |
| Sample Number: <u>T1817732006</u> | Sample Date: <u>10/16</u> | /2018 Sample T | ime: 09:10 | AM PM (circle one) |
| Sample Location (be specific): 6 - 11 | 001 Kiskadee | | _ocation Code (if k | known): |
| • | eporting results for trihalomethanes and haloacetic ac | | | , |
| Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62 Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer | Routine Compliance Confirmation of MC Composite of Multip Other: Sampling Procedure L *See 62-550.500(6) for require And 62-550.512(3) for nitrate | Reason(s) for Sample (Check all ce with 62-550 Replacer CL Exceedance * Special (ple Sites ** Clearance Cl | I that apply) ment (of Invalidated Solution for compliance with the compliance with t | |
| 1 | OAIIII EER | OLK III IOAIION | . d | to HEREBY CERTIFY |
| (Print | Name) , , , | (Print Title) | , ~ | |
| that the above public water sy | stem and sample collection informa | ition is complete and corr | ect. | |
| Signature: | | Date: | | |
| Certified Operator #: | Phone #: | Sampler's | s Fax #: | |
| Sampler's E-Mail: | | | | |
| D E | | | | |

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

| LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type of | r print legibly) |
|--|---|
| Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: | E84589 Certification Expiration Date: 06/30/2019 |
| | ATTACH CURRENT DOH ANALYTE * |
| Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box | Phone #: <u>(813)630-9616</u> |
| Were any analyses subcontracted? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | ication numbers: E82574 E82001 |
| АТ | TACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED * |
| ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received | : 10/16/2018 |
| PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T182 | 17732006 Lab Assigned Report # or Job <u>T1817732</u> |
| Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Che | eck all that apply): |
| Inorganics Synthetic Organics Volatile Organics Disinfection All Except Asbestos All 30 All 21 Trihalome X Partial All Except Dioxin Partial Haloacet Nitrate Partial Chlorite Nitrite Dioxin Only Bromate | ethanes Single Sample All 14 |
| LAB CERTIFICA | ATION |
| I, Joseph J. Vondrick , Project Mana | ager , do HEREBY CERTIFY |
| (Print Name) | (Print Title) |
| that all attached analytical data are correct and unless noted meet all requirements of the | e National Environmental Laboratory Accreditation Conference |
| Signature: Date: | 10/31/2018 |
| * Failure to provide a valid and current Florida DOH lab certification number and a current Analyte report, possible enforcement against the public water system for failure to sample, and may res ** Please provide radiological sample dates & locations for each quarter. | |
| CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HR: NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non | S FOR NITRATE OR NITRITE MCL EXCEEDANCES -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 Re | eport Requested: Yes No (circle or highlight group(s) above) |
| Person Notified: Date Notified: | DEP/DOH Reviewing Official: |

Report Number / Job ID: T1817732006

INORGANIC CONTAMINANTS

62-550.310(1) 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 | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 22:13 | E84589 |

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1817732006</u>

PWS ID (From Page 1): __6511423

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------------|------------------------|------|------------|--------------------|------------|----------------------|------------|------------------|------------------|----------------------------|
| 1002 | Aluminum | 0.2 | mg/L | 0.037 | I | EPA 200.7 | 0.025 | 10/24/2018 | 23:46 | E84589 |
| 1017 | Chloride | 250 | mg/L | 21 | | EPA 300.0 | 2.0 | 10/25/2018 | 22:13 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.00095 | | EPA 200.8 | 0.00035 | 10/25/2018 | 15:20 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 22:13 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.36 | | EPA 200.7 | 0.021 | 10/24/2018 | 23:46 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0069 | | EPA 200.8 | 0.00055 | 10/25/2018 | 15:20 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000068 | U | EPA 200.8 | 0.000068 | 10/25/2018 | 15:20 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 73 | | EPA 300.0 | 2.0 | 10/25/2018 | 22:13 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.0089 | I | EPA 200.7 | 0.0074 | 10/24/2018 | 23:46 | E84589 |
| 1905 | Color | 15 | PCU | 8.8 | | SM 2120 B | 2.7 | 10/17/2018 | 07:04 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/16/2018 | 16:15 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 310 | | SM 2540 C | 10 | 10/18/2018 | 09:26 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/18/2018 | 08:18 | E82001 |

| G! | Advanced Environmental Laboratories, Inc. Florida's Largest Laboratory Network | Jack | sonville: | 6681 Southpoin | Pkwy. • Jackson | a. 1048 • Altamon nville, FL 32216 • Fallahassee, FL | 904.363.9350 | Fax 904.363 | .9354 | 107.937.1597 | | Gainesy Miraman | <u>rille:</u> 4965 : r: 10200 US | A Today Way | . • Gainesville v, Miramar, FL | . 33025 • 954.8 | 352.377.2349 • Fax 9 889.2288 • Fax 9 30.9616 • Fax 8 | 954.889.228 | 81 |
|---|--|------|--|----------------|-----------------|--|--------------|-------------------------------------|------------|--------------|----------------------|--------------------|-------------------------------------|-------------|-----------------------------------|-----------------|---|-------------|---------------|
| Client Name: Address: | | | Project Number: 2639 North Monroe St., Suite D, Tallahassee, FL 32303 • 850.21 | | | | | | | | | | 2010 Tillinges | | | | | 10.000,402 | |
| Phone: 727-934-9137 FAX: Contact: Steve Habery Sampled By: Jeff Becker | | | PO Number: 252125 FDEP Facility No: 6511423 FDEP Facility Address: | | | | | | E/ CF /5 | , | MBAS | 200.7 Metals | 200.8 Metals | oder /color | | | | | 7 I.D. NUMBER |
| Turn Around Time: STANDARD RUSH AEL Profile #: | | | Special Instructions: All Samples Pulled From FH DADAPT DEQUIS DOTHER | | | | | | 300.00 | 703 | | | | | | | | | LABORATORY |
| SAMPLE ID | SAMPLE DESCRIPTION | | Grab Comp | DATE | TIME | MATRIX | NO. COUNT | Preservation Field- Filtered? | | | | | | | | | | | LAB(|
| 1 | 11619 English Elm C | | × | plicis | 850 | DW | | | | | 1 | 1 | | 1 | | | | | a) |
| | 11704 Rose Tree CL-2 | 2.5 | × | | 900 | 1 | | | | | | | | | | | | | Jec |
| _3 | 11436 GOTFRA CL-2 | 8. | V | | 325 | | | | | | | | | П | | | | | 203 |
| 4 | 11800 Ingwood-CL-1. | 4 | X | | 835 | | | | | | | 0 | | | | | | | 224 |
| _ 5 | 11219 Merganser CL - O | .7 | × | | 925 | | | | | | | | | | | | | | 25 |
| <u>(</u> | 11001 Kiskadee CL-2 | .2 | X | 1 | 910 | 1 | | | 4 | 1 | V | V | 4 | V | | | | | 26 |
| | | | | | | | | | | | | | | | | | | - 31 | |
| | | | | | | | | | | | | | | | | 36 | | | |
| Received on Ice | yes □ No □ Temp taken from sample | | | m blank | Where re | A = air Sequired, pH of | checked | | Temp. wh | en receive | ed (obser | ved) 6. | 17 | °C Te | mp. when | received | (corrected) A M: 3A | 6, |) °C |
| Relii | nquished by: Date Time Dita 10 10 10 10 10 10 10 1 | - | Rec | eived by: | 1 | Date Old 18 | Time | 2 | FO (Whe | R DRII | VKING ormation no | WAT ot otherwis | ER US | E:) PWS | ID: | | | | _ |
| 3 | | | | | | | 2 | | plier of W | | | | | | me : | | | | |
| 4 | | | | | | | | l . | e-Address | | | | | | | | | | |