mercury

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) System Name: <u>Utilities</u>, <u>Inc.</u> of Florida –lake tarpon PWS I.D. #:6521000 ☑Community ☐ Nontransient Noncommunity System Type (check one): ☐Transient Noncommunity Address: 36235 us 19 north City :palm harbor ZIP Code: 34684 Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: T1510103001 Sample Date: AM) PM (Circle One) Sample Location (be specific) :_____ Location Code: 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 Routine Compliance with 62-550 Replacement (of Invalidated Sample) ⊠Entry Point (to Distribution) Confirmation of MCL Exceedance ☐Special (not for compliance with 62-550) ☐Plant Tap (not for compliance with 62-550) ☐Composite of Multiple Sites** ☐Clearance (permitting) ☐Raw (at well or intake) Other: ☐Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time ☐Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION I, Stephen Habery Lead Operator do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #:8012 Phone #: 727-934-9137 Sampler's Fax #: 727-934-2208 Sampler's E-mail: sihabery@ujwater.com

Reposting Form at 62-550.000

Effective January 1995, Fit vised December 2013

Lab Name: Advanced Environmen	tal Laboratories, Inc Florida	ed by lab – Please type or print legibly DOH Certification #: E84589	Certification Expiration Date: 06/30/2016
Address: 9610 Princess Palm Av		ATTACH C	URRENT DOH ANALYTE * (813)630-9616
Were any analyses subcontracted	? Yes Yoo If yes, plea	ase provide DOH certification num	
ANALYSIS INFORMATION (to be PWS ID (From Page 1): 652 Group(s) Analyzed & Results attack	e completed by lab) Date	ATTACH DOH / e Sample(s) Received: 07/28/20 ² ber (From Page 1): T1510103001	NALYTE SHEET FOR EACH SUBCONTRACTED * Lab Assigned Report # or Job T1510103
Inorganics All Except Asbestos All Partial Nitrate Pa	etic Organics 30 Except Dioxin rtial Oxin Only		Radionuclides Secondaries Single Sample All 14 Qtrly Composite** Partial
, Dale Uvino		LAB CERTIFICATION	
	t Name)	_,	, do HEREBY CERTIFY
Signature: Failure to provide a valid and curren report, possible enforcement agains	t Florida DOH lab certification numb	Date: <u>\$ / 17</u>	attached analysis results will result in rejection of the on of the DOH Bureau of Laboratory Services.
CONFIR	and a resultation for each quarter.	UIRED WITHIN 24 HRS FOR NITRA	TE OR NITRITE MCL EXCEEDANCES rted as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION	(to be completed by DEP or DOH – at	tach notes as possesses.	
Sample Collection & Analysis Satist	factory: Yes No Replace	cech notes as necessary) cement Sample or Report Requesi tified:	red: Yes No (circle or highlight group(s) above)

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1510103001

PWS ID (From Page 1):

652 1000

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis	DOH Lab
1035	Mercury	0.002	mg/L	0.000064	11	EPA 245.1			Time	Certification
				0.00004			0.000064	07/31/2015	12:17	E84589

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



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	Advanced Environmental Laborato	ries, Inc.			⊒ <mark>Jackso</mark> ⊒ <u>Mirama</u> ⊒ Tallaha	nte Sprir ville: 496 nville: 66 ar: 10200 U Ssee: 128	581 South	point Pkwy Way, Mira Center Driv	. • Jacks amar, FL	onville, F . 33025 •	L 32216 • 954.889.2	904.363 2288 • Fa	ings, FL 3 • Fax 352 • 9350 • Fax 954.889	2.395.6639 ax 904.36 9.2281	07.937.159 9 3.9354	∛4 • Fax 4	07.937.15	597
Client Name:	IP UT	Project Name:	19/20				The state of the s	Ave. • Tar	mpa, FL	33619 • 8	313.630.9 T	616 • Fax	813.630	.4327		and the second second		
Address:		P.O. Number/Pro	C. 1	- / (RPO	4	BOTTLE SIZE & TYPE											~
		Project Location:		<u> </u>	100)	 											NUMBER
Phone:) 2) -	-934-9/37		ι /				ED											ME
FAX:	() 4 ((5)	FDEP Facility No	652	100 C)		JIR		\							1 1	.	\mathbb{R}
Contact: 5+011	e Halan	Project Name an	d Address:	000	20 .		EQ	7										
Sampled By:	e Habenx	14/1	ce 7	41 p	Onr	nHP	H (CUR										<u>~</u>
	STANDARD RUSH						ANALYSIS REQUIRED	2										Ä
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SAMPLE ID	SAMPLE DESCRIPTION	Gra		MPLING	MATRIX	NO.	S E											-ABORATORY I.D.
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Received on Ice	wastewater SW = surface water GW = groundstands			er O = oil	A = air So	O = soil SL	_ = sludge	P	reserva	tion Code	e: l=ice	H=(HCI	S = (H2	2SO4) N	= (HNO3)	T = (Sod	ium Thios	sulfate)
	last revised 08/18/2014	Temp	from blank					Where re	equired,	pH check	ed	Tempe	rature wh	hen receiv	red 2	(in	dearees a	·
	quished by: Date Time			Device used t	for measurin	ıg Temp by ι	unique ide					9A G: l	-T-1 LT-2	2 (T: 10.	а) A: 3A	M: 3A	S: 1V	•
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3	7/20/1)	#XX/CK	- CAUL	4 /KW	428/15	#54)								1е :			_
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					OTENANCE CONTRACTOR		IL	Site-	-Address	s:								ll.

mercury

System Type (check one):	of Florida -leke terpon Acommunity	printed to the street of the s	PWS I.D. #.§621000
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Charles and the second		reconsistent consistent consisten	
Phone # 727-934-9137	Fex #: 727-934-2208		
SAMPLE INFORMATION (to	>e completed by sempler)		
Sample Number: 12/2/	503001 San	nple Date: 10-15-15	Sample Time: 4M AM PM (Circle
Sample Location (be epecific):			Locator Code:
Disinfectant Residual (Required	when reporting results for 11th	elomethanes and heloscotic acids):mg/L	Field pH;
Sample Type (Check Only One)			ie (Chart all that sopry)
Distribution —		Difficultine Compliance with 62-560	CReplacement (of Invalidated Sample)
Sentry Point (to Distribution)		Confirmation of MCL Exceedance*	☐Special (not for compliance with 62-550)
Plant Tap (not for compliance	with 82-550)	Composite of Multiple Siles"	Clearance (permitting)
Raw (at well or Intake)		Domer Gugataly	Character of the state of the s
DMax Realdence Time		Sampling Procedure Used or Other Comme	
Java Realdence Time			
Near First Customer		Market Supplementary of the State of the Sta	
		"See 62-550 500(6) for requirements and restricti And 62-550 512(3) for nitrate or nitrite exceedant	ions "See 62-550 550(4) for requirements and ces. attach a results page for each site.
		SAMPLER CERTIFICATION	
Stephen Habery			
A STATE OF THE PROPERTY OF THE	m Namo)	Lead Operator (Print Ti	Itle) do HEREBY CERTIF
A STATE OF THE PROPERTY OF THE		Lead Operator	He)
A STATE OF THE PROPERTY OF THE	and sample collection info	Lead Operator (Print Ti	Ide) 10-/5-15
(Prince the above public water system	n and sample collection info	Print Ti Ormstion is complete and correct. Date:	10-/5-/5 r's Fax #: 727-934-2208

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: 06/30/2016
ATTACH CL	JRRENT DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #:	(813)630-9616
Were any analyses subcontracted?	pers:
ATTACH DOH A	NALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/15/201	5
PWS ID (From Page 1): Sample Number (From Page 1):	Lab Assigned Report # or Job T1514503
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply	y):
InorganicsSynthetic OrganicsVolatile OrganicsDisinfection ByproductsAll Except AsbestosAll 30All 21TrihalomethanesX PartialAll Except DioxinPartialHaloacetic AcidsNitratePartialChloriteNitriteDioxin OnlyBromate	Radionuclides Secondaries Single Sample All 14 Qtrly Composite** Partial
LAB CERTIFICATION	A
I, Angela Harlan ,,	, do HEREBY CERTIFY
that all attached analytical data are correct and unless noted meet all requirements of the National En Signature: * Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the report, possible enforcement against the public water system for failure to sample, and may result in notification.	attached analysis results will result in rejection of the
** Please provide radiological sample dates & locations for each quarter. CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRA	TE OR NITRITE MCL EXCEEDANCES
	orted 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 Reques	sted: Yes No (circle or highlight group(s) above)
	P/DOH Reviewing Official:

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1514503001

PWS ID (From Page 1):

652-1000

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1035	Mercury	0.002	mg/L	0.000084	U	EPA 245.1	0.000084	10/21/2015	15:20	E84589

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



Altamonte Springs: 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.15	Ω7
LJ <u>Gainesville:</u> 6815 SW Archer Road • Gainesville, FL 32608 • 352,377,2349 • Fax 352,395,6639	31
LJ Jacksonville: 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363, 9350 • Fax 904.363, 9354	
Miramar: 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281	1
☐ Miramar: 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 ☐ Tallahassee: 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275	Ì
Tampa: 9610 Princess Palm Avg Tampa El 22610 - 912 620 0616 - En 912 620 4207	

	,	□ <u>Tallahas</u> □ <u>Tampa:</u>	5See: 128 9610 Princ	8 Cedar ess Palm	Center Driv Ave. • Tam	e, Tallahassee ipa, FL 33619	, FL 32301 813.630.9	• 850.219 616 • Fax	9.6274 • F 813.630.	ax 850.2 4327	19.6275	151 1	50	
Client Name 1 2	Project Name: 14Ke Tan	pon m		BOTTLE SIZE & TYPE										
Address:	P.O. Number/Project Number: 2 52	128		BOT SIZ YT										H H
	Project Location: 4	200000000000000000000000000000000000000		E.			***************************************							8
Phone: 727-934-9/37	REMARKS/SPECIAL INST	RUCTIONS:		ANALYSIS REQUIRED										2
FAX:	A.				12	,	Constant					NOT CONTROL OF CONTROL		<u> </u>
contact: Steve Habery				N N	3									>
Sampled By: Steve Habery				SIS/		W. CHILD CO. CANADA						OLIO COLIO CIONI C		N N
Turn Around Time: STANDARD RUSH			a province and a prov	AL)	Mer									NA I
Pageof					2									S S
SAMPLE ID SAMPLE DESCRIPTION	Grab SAMPLING	MATRIX	NO.	PRESER- VATION	200									LABORATORY I.D. NUMBER
	Comp DATE TIME		COUNT	PRE VA										
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					NAME OF THE PARTY	-								
	And the second s					BETTA DO TO COLORADA DA SALA								
Matrix Code: WW = wastewater SW = surface water GW = grou		il A = air SC) = soil SL	_ = sludge	e Pi	reservation C	ode: I = ic	H=(HCI) S = (H2	SO4) N	= (HNO3)	T = (Sod	ium Thio	sulfate)
Received on Ice Yes No 1/2 emp taken from sample	homan-d					quired, pH che						(in		celcius)
Form revised 06/15/2010		e used for meas	suring Temp	by uniqu	ue identifier	(circle IR temp	gun used)	J: 9A	G: LT-1	LT-2	Г: 10А)	A: 3A IV	I: 1A	70.446.Emillion of principal accounts on the
Relinquished by: Date Time	Received by:	Date	Time	TO PROGRAMME CONTRACTOR OF THE		DRINKIN								
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3		-M10/1/2	10,07			tact Person: lier of Water:_					ne :			-
4						Address:	1990		1600			***************************************		

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

NOZ NOŻ

Sampler's E-mail: sinabery@ulwater.com Certified Operator #:5012 Signature: that the above public water system and sample collection information is complete and correct **INDER FIRST CLIETOTHES** Dave Residence Time (Allentry Point (to Distribution) Sample Type (Check Only One) LIMax Residence Time Draw (at well or Inteka) Disinfactant Residual (Required when reporting results for trihatometrance and haloscetic acids): Sample Location (be apacific) :.... Sample Number: SAMPLE INFORMATION (to be completed by sampler) Phone # 727-934-9137 Distribution City : pain harbor System Type (check one): System Name: Utilities, Inc. of Florida -lake terpon FUBLIC WATER SYSTEM INFORMATION (to be completed by sampler — please type or print legibly) "JPlant Tap (not for compliance with 62-550) Address: 38235 us 19 north Vadet lates 160053300 (Print Name) Minumino Phone #: 727-934-9137 Fex #: 727-934-2208 Sample Date: "See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances. Sampling Procedure Used or Other Comments: DRoutine Compliance with 62-550 Composite of Multiple Sites": Confirmation of MCL Exceedance SAMPLER CERTIFICATION Chorimasient Norcammunity E-Wall Address: Lead Operator Rescrise for Sample (Check all that apply) ZIP Code: 34684 Date: Sampler's Fax #: 727-934-2208 (Print Title) Sample Time: Clearance (permitting) Special (not for compliance with 62-550) Replacement (of Invalidated Sample) I Tansient Noncommunity TOO DI "See 62-550.550(4) for requirements and attach a results page for each site. Location Code: PWS.D. #:0521000 SO HERMEY CENTIFY ANA) PM (Circle One) . . .

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler please type or print legibly)	lated by sampler — piease type or print legibly	
System Type (check one): XCommunity Address: 36235 us 19 north	[]Nontransient Noncommunity	Transient Noncommunity
City : pelm harbor	ZIP Code: 34684	And an analysis of the state of
Phone # 727-934-9137 Fax #: 727-934-2208	E-Wall Address:	
SAMPLE INFORMATION (to be completed by sampler) Sample Number: T(60053300) Sample Sample Location (be apacific): WC((er) Sample Date: 1 - 12 - 16	Sample Time: 7 () AM PM (circle One)
Disinfactant Residual (Required when reporting results for trihatomethanes and halosostic acids):	onethenee and haloscetic acids): [7]g/[_	Field DH:
Sample Type (Check Only One)	Resonta Compliance with 63 ASO	Resson(s) for Sample (Check all that apply)
AlEntry Point (to Distribution)	[]Confirmation of MCL Exceedance"	Uspecial (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550) Raw (at well or intake)	Composite of Nutriple Sites"	Clearance (permitting)
☐Mex Residence Time	Sampling Procedure Used or Other Comments:	
☐Near First Customer		
	"See 82-550.500(6) for requirements and restrictions And 82-550.512(3) for nitrate or nitrite exceedances.	ons. **See 62-550 550(4) for requirements and attach a results page for each site.
	SAMPLEX CERTIFICATION	
i. Stephen Habery (Print Name)	Lead Operator (Print Title)	ie) do HEREBY CERTIFY
that the above public water system and sample collection information is complete and correct.	mation is complete and correct.	
Signature,	Date;	The second secon
Certified Operator #:5012 Phone #: 727-934-9137	Sampler	Sampler's Fax #: 727-934-2208
Sampler's E-mail: sihabery@ulwater.com	distanta di manda di Marien e della manda manda methorita della manda della metro della manda della manda della	

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 Gircle or highlight gr Person Notified: DEP/DOH Reviewing Official:	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.	* 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.	that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Signature: Date: 1/35/16	(Print Title)	I,Dale Uvino,,,,	Imorganics Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Se All Except Asbestos All 30 All 21 Trihalomethanes Single Sample Single Sample X Nitrate Partial Partial Chlorite X Nitrite Dioxin Only Bromate	Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):	ત્રે (ા ભુલ કાર્યા ક	Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTF ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/12/2016	ATTACH CURRENT DOH ANALYTE * Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616	Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date:	LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)
(circle or highlight group(s) above)	CEEDANCES "<" are not acceptable.)	will result in rejection of the Laboratory Services.	y Accreditation Conference		do HEREBY CERTIFY	<u>les</u> <u>Secondaries</u> ample		sport # or Job <u>T1600533</u>	EACH SUBCONTRACTED *	*	(piration Date: 06/30/2016	

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1600533001

PWS ID (From Page 1): 652/000

E84589	18:15	01/20/2016	0.000084	EPA 245.1	C	0.000084	mg/L	0.002	Mercury	1035
E84589	18:55	01/13/2016	0.18	SM 4500NO3-F	С	0.18	mg/L	_	Nitrite	1041
E84589	18:55	01/13/2016	0.18	SM 4500NO3-F		2.1	mg/L	10	Nitrate	1040
DOH Lab Certificatio	Analysis Time	Analysis Date	MDL	Analytical Method	Qualifier*	Analysis Result	Units	MCL	Name	

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

The state of the s	
PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)	r – Please type or print legibly)
System Name: Utilities, Inc.	PWS I.D.#:
System Type (check one): Community Nontransient Noncommunity	mmunity Transient Noncommunity
Address:	
City:	ZIP Code:
Phone #: Fax #:	E-Mail Address:
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: T1600533002 Sample Date:	01/12/2016 Sample Time: 09:14 AM PM (circle one)
Sample Location (be specific): Boat dock	Location Code (if known):
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids):	loacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
☐ Distribution ☐ Routine	Routine Compliance with 62-550 Replacement (of Invalidated Sample)
☐ Entry Point (to Distribution)	Confirmation of MCL Exceedance * Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites **
Raw (at well or intake)	
Max Residence Time Sampling P	Sampling Procedure Used or Other Comments:
Ave Residence Time	
Near First Customer *See 62-550.500(6) And 62-550.512(3)	*See \$2-550.500(6) for requirements and restrictions. **See \$2-550.550(4) for requirements and And \$2-550.550(4) for requirements and attach a results page for each site.
SAI	SAMPLER CERTIFICATION
	, do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system and sample collection information is complete and correct.	nformation is complete and correct.
Signature:	Date:
Certified Operator #:Phone #:Phone #:	Sampler's Fax #:
Sampler's E-Mail:	

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary) Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Person Notified: Data Noti
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.)
* 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.
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Signature:
(Print Name) (Print Title)
LAB CERTIFICATION Dale Uvino ,, do HEREBY CERTIFY
tos Only
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Trihalomethanes Single Sample All 14 Partial All Except Dioxin Partial Haloacetic Acids Qtrly Composite** Partial
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
PWS ID (From Page 1): Sample Number (From Page 1): Lab Assigned Report # or Job
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/12/2016
Were any analyses subcontracted? Yes X No If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2016 ATTACH CURRENT DOH ANALYTE
LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

OTHER CONTAMINANTS

Report Number / Job ID: T1600533002

PWS ID (From Page 1): _

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									-						Contam
														Heterotrophic Plate Count	Contam Name
						-									MCL
														Col/mL	Units
		-												1.0	Analysis Result
														C	Qualifier*
							.:	-			·			SM 9215 B (Pour	Analytical Method
														1.0	Lab MDL
·			-	-	-				-			-	-	01/12/2016	Analysis Date
														17:00	Analysis Time
														E84589	DOH Lab Certification #

Reporting Format 62-550,730
Effective January 1998, Revised February 2010

Page 3 of 3

results must be replaced with acceptable results from samples collected during the same monitoring period. 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 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



Project Name: 14/2e Tapoon m HP					
THE DITTLE & R	☐ Tampa: 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327	□ INIITamar: 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281	Jacksonville: 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354	<u>Gainesville:</u> 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639	Altamonte Springs: 528 S. Northiake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597

Relinquished by: Date Time 1	Form revised 06/15/2010	WW = wastewater SW = surface water				A	2 Boat dock	Mell	SAMPLE ID SAMPLE DESCRIPTION	Pageof	Sampled By: SHEVE HELDERY	contact: Steve Habers	FAX:		Address:	Client Name: (17)	
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FOR DRINKING WATER USE: (When PWS Information not otherwise supplied) PWS ID: Contact Person: Supplier of Water: Site-Address:	☐Where required, pH checked Temperature when received () (in degrees celcius) nique identifiër (circle IR temp gun used) J: 9A G: LT-1 LT-2 (T: 10) A: 3A M: 1A	Indge Preservation Code: $I = ice H = (HCI) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)$				1/3/16	X	(32)		Me HP	2 2	-/.	xo _s	>	TY		. ∐ampa: 9610 Princess Palm Ave. ∙ Tampa, FL 33619 ∙ 813.630.9616 ∙ Fax 813.630.4327

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Safe Drinking Water Program Laboratory Reporting Format Piotia Department of Environmental Procession

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Certified Operator #: <u>8012 Phone #: 727-934-9137</u> Sampler's E-mail: sitrabery@ulwater.com	and the source public system and sample collection information is complete and correct.	(Print Title)	Lead Operator	SAMPLER CERTIFICATION	"See 62-550.500(6) for requirements and restrictions. "See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site."			Composite of Multiple Sites***	(Ciconimation of MCL Exceedance)	☐ DRoutine Compliance with 62-560	Responde to	d when reporting results for trihatomethanes and hatoacetic acids): mg/l_ Field p	i-ocation code:	600300) Sample Date: 5 3/6 Sample Time: 8(0 AM)	SAMPLE INFORMATION (to be completed by sampler)	Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address:	City : pain harbor	Anumunose	s. Inc. of Florida Hake tarpon	PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)	WS I.D. #:6521000 munity The Code: On Code:	or print legibly) our print legibly) our print legibly) our print legibly) our code: 34654 in co	System Name: Utilities Inc. of Florida -lake tarpon System Type (check one): SCommunity Address: 38235 us 19 north City :pelm harbor Phone # 727-934-9137 Fex #: 727-934-2208 SAMPLE INFORMATION (to be completed by sampler) Sample Number: 16060000000000000000000000000000000000
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The market of the

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: DEP/DOH Review DEP/DOH Review in a Official.
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.)
* 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.
LAB CERTIFICATION (Print Name) (Print Title) (Print Title) (Print Title)
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Trihalomethanes Single Sample All 14 Nitrate Partial Partial Chlorite Qtrly Composite** Partial Asbestos Only Bromate Bromate
Analyzed & Res
eived: 05/03/2016
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers:
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2016
LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

INORGANIC CONTAMINANTS

62-550.310(1)

Contam ID

1035

Report Number / Job ID: T1606003001

PWS ID (From Page 1): 654 1000

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

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

62-550.320 SECONDARY CONTAMINANTS

Report Number / Job ID: T1606003001

PWS ID (From Page 1):

6521000

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



P.O. Number/Project Number: 232/28	$(\mathcal{A}\mathcal{A}\mathcal{A})^2$ Project Name: $\mathcal{A}\mathcal{A}\mathcal{A}$	Elivilullilelical Laboracories, Inc.	Hovanced
BOT SIZE TYPE		1.363.9354 0.219.6275	☐ Altamonte Springs: 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 ☐ Gainesville: 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 ☐ Jacksonville: 6801 Southpoint Plant • Lectronville El 20216 • Col. 2021

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Site-Address:	Supplier of Water:	Contact Person: Phone :		FOR DRINKING WATER 18		SO = soil SL = sludge Preservation Code: I = ice H=(HCI) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)			200	Samp	1/2			2		PRESERVATION	ANA Dryca TD	25	50 50	Y	<u></u>	15		BOTT		I lamba: 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327