

**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: Ravenna Park PWS I.D. # 

3	5	9	1	0	6	1
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System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 200 Weathersfield Ave  
 City: Altamonte Springs ZIP Code: 32714  
 Phone #: 407-682-5651 Fax #: 407-682-5713 E-Mail Address: sgosnell@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)  
 Sample Number: 262374DW1 Sample Date: 3/25/15 Sample Time: 9:05  AM  PM (Circle One)  
 Sample Location (be specific): POE Location Code: Ravenna Park POE  
 Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

- |   |  |
|---|--|
| <p><u>Sample Type (Check Only One)</u></p> <p><input type="checkbox"/> Distribution</p> <p><input checked="" type="checkbox"/> Entry Point (to Distribution)</p> <p><input type="checkbox"/> Plant Tap (not for compliance with 62-550)</p> <p><input type="checkbox"/> Raw (at well or intake)</p> <p><input type="checkbox"/> Max Residence Time</p> <p><input type="checkbox"/> Avg Residence Time</p> <p><input type="checkbox"/> Near First Customer</p> | <p><u>Reason(s) for Sample (Check all that apply)</u></p> <p><input type="checkbox"/> Routine Compliance (with 62-550)</p> <p><input checked="" type="checkbox"/> Confirmation of MCL Exceedance*</p> <p><input type="checkbox"/> Composite of Multiple Sites **</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Sampling Procedure Used or Other Comments: _____</p> |
|---|--|

\* 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.

I, Don HASTY, LEAD OPERATOR, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: [Signature] Date: 4-7-15  
 Certified Operator #: A-6625 Phone #: 407 948-4210 Sampler's Fax: 407 682-5713  
 Sampler's E-Mail: DLHASTY@UIWATER.COM

**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: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2015

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Phone #: 407-339-5984

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

**ANALYSIS INFORMATION**(to be completed by lab)

Date Sample(s) Received: 03/30/15

PWS ID (From Page 1): 3591061

Sample Number (From Page 1): 262374DW1

Lab Assigned Report # or Job ID: 262374

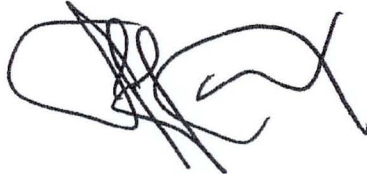
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

- | <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 type="checkbox"/> All 14             |
| <input type="checkbox"/> Partial             | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input checked="" 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            |  |                                  |   |  |   |

**LAB CERTIFICATION**

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 04/03/15

\* Failure to provide a valid and current Florida DOH certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and 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 AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE 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 (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**

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 262374DW1  
PWS ID (From Page 1): 3591061

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1930	Total Dissolved Solids	500	mg/L	240		SM2540 C	2.50	04/01/15		E83018

**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: Ravenna Park PWS I.D. # 

3	5	9	1	0	6	1
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System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 200 Weathersfield Ave  
 City: Altamonte Springs ZIP Code: 32714  
 Phone #: 407-682-5651 Fax #: 407-682-5713 E-Mail Address: sgosnell@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)  
 Sample Number: 262374DW2 Sample Date: 3/26/15 Sample Time: 8:10  AM  PM (Circle One)  
 Sample Location (be specific): POE Location Code: Ravenna Park POE  
 Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

- |   |  |
|---|--|
| <p><u>Sample Type (Check Only One)</u></p> <p><input type="checkbox"/> Distribution</p> <p><input checked="" type="checkbox"/> Entry Point (to Distribution)</p> <p><input type="checkbox"/> Plant Tap (not for compliance with 62-550)</p> <p><input type="checkbox"/> Raw (at well or intake)</p> <p><input type="checkbox"/> Max Residence Time</p> <p><input type="checkbox"/> Avg Residence Time</p> <p><input type="checkbox"/> Near First Customer</p> | <p><u>Reason(s) for Sample (Check all that apply)</u></p> <p><input type="checkbox"/> Routine Compliance (with 62-550)</p> <p><input checked="" type="checkbox"/> Confirmation of MCL Exceedance*</p> <p><input type="checkbox"/> Composite of Multiple Sites **</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Sampling Procedure Used or Other Comments: _____</p> |
|---|--|

\* 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, Dan Hasty, LEAD OPERATOR, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: [Signature] Date: 4-7-15  
 Certified Operator #: A-6625 Phone #: 407 948-4210 Sampler's Fax: 407 682-5713  
 Sampler's E-Mail: DLHASTY@UIWATER.COM

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: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2015

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Phone #: 407-339-5984

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 03/30/15

PWS ID (From Page 1): 3591061

Sample Number (From Page 1): 262374DW2

Lab Assigned Report # or Job ID: 262374

Group(s) analyzed and 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 type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" 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					

LAB CERTIFICATION

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 04/03/15

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\*\* Please provide radiological sample dates & locations for each quarter.

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Sample Collection & Analysis Satisfactory  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (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**

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 262374DW2  
PWS ID (From Page 1): 3591061

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1930	Total Dissolved Solids	500	mg/L	240		SM2540 C	2.50	04/01/15		E83018

**Florida Department of Environmental Protection  
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3	5	9	1	0	6	1
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Address: 200 Weathersfield Ave

City: Altamonte Springs ZIP Code: 32714

Phone #: 407-682-5651 Fax #: 407-682-5713 E-Mail Address: sgosnelva@water.com

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

Sample Number: 262374DW3 Sample Date: 3/27/15 Sample Time: 7:00  AM  PM (Circle One)

Sample Location (be specific): POE Location Code: Ravenna Park POE

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

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Avg Residence Time
- Near First Customer

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

\* 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, Don Hasty, LEAD OPERATOR, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: [Signature] Date: 4-7-15  
Certified Operator #: A16625 Phone #: 407 948-4210 Sampler's Fax: 407 682-5713  
Sampler's E-Mail: DLHASTY@VFWATER.COM

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**ANALYSIS INFORMATION**(to be completed by lab)

Date Sample(s) Received: 03/30/15

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Sample Number (From Page 1): 262374DW3

Lab Assigned Report # or Job ID: 262374

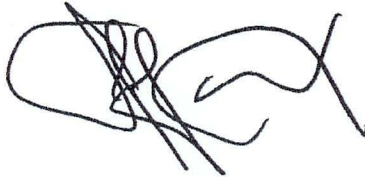
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- | <u>Inorganics</u>                            | <u>Synthetic Organics</u>                  | <u>Volatile Organics</u>         | <u>Disinfection Byproducts</u>            | <u>Radionuclides</u>                       | <u>Secondaries</u>                          |
|--|--|----------------------------------|---|--|---|
| <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 type="checkbox"/> All 14             |
| <input type="checkbox"/> Partial             | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input checked="" 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            |  |                                  |   |  |   |

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Signature:



Date: 04/03/15

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Sample Collection & Analysis Satisfactory  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

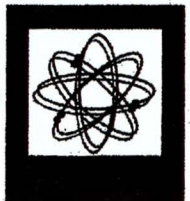


**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format**

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 262374DW3  
PWS ID (From Page 1): 3591061

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1930	Total Dissolved Solids	500	mg/L	236		SM2540 C	2.50	04/01/15		E83018



**Flowers Chemical Laboratories, Inc.**  
 481 Newburyport Ave.  
 Altamonte Springs, FL 32701  
 Bus: 407-339-5984  
 Fax: 407-260-6110

**Flowers Chemical Labs-South**  
 8253 South US Hwy. 1  
 Port St. Lucie, FL 34952  
 Bus: 772-343-8006  
 Fax: 772-343-8089

**Flowers Chemical Labs-North**  
 812 S.W. Harvey Greene Dr.  
 Madison, FL 32340  
 Bus: 850-973-6878  
 Fax: 850-973-6878

www.flowerslabs.com

Client <b>UTILITIES INC OF FL</b>	Public Water System Name <b>RAVENNA PARK</b>
Address <b>200 WEATHERSFIELD AVE</b>	PWS ID# <b>3591061</b>
<b>ALTAMONTE SPRINGS, FL 32</b>	P.O.# <b>DH252118</b>
Phone <b>407 260-5065</b>	FCL Lab Coordinator <b>ROBERT</b>
Sampled By (PRINT): <b>DON HASTY</b>	Public Water System Type: <input type="checkbox"/> Limited Use Commercial / Public <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Non-transient / Non-Community

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES						Primary Inorg.	Secondary	VOCs	SOCs	NO <sub>2</sub> /NO <sub>3</sub>	TTHM	THAA	Pb/Cu	GA / RA228 RA228	Asbestos	TDS	on ice	Field pH	Cl <sub>2</sub> Res
						NONE	NaOH	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>															
1	RAVENNA PARK POE	3-25-15	0905	262374 DW1	1	X																			
2	RAVENNA PAUL POE	3-26-15	0810		2	X																			
3	RAVENNA PAUL POE	3-27-15	0700		3	X																			
4																									
5																									
6																									
7																									
8																									
9																									
10																									

Relinquished By / Affiliation <i>[Signature]</i>	Date <b>3-30-15</b>	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation <i>[Signature]</i>	Date <b>3/30/15</b>	Time <b>1325</b>
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