DEAN MEAD

Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A. 420 South Orange Avenue, Suite 700 P.O. Box 2346 Orlando, FL 32801 Attorneys and Counselors at Law

Orlando Fort Pierce Naples Viera/Melbourne Vero Beach

MARTIN FRIEDMAN

407-310-2077 mfriedman@deanmead.com

(407) 841-1200 (407) 423-1831 Fax www.deanmead.com

May 8, 2024 VIA E-FILING

Adam Teitzman, Commission Clerk Office of Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399

RE: Docket No. 20200139-WS; Application for an increase in water and wastewater rates in Charlotte, Highlands, Lake, Lee, Marion, Orange, Pasco, Pinellas, Polk, and Seminole Counties, by Utilities, Inc. of Florida.

Dear Mr. Teitzman:

Pursuant to PSC Order No. PSC-2021-0206-FOF-WS, attached are the results of the secondary water quality sampling that was required to be done annually in the Summertree water system.

Should you or Staff have any questions regarding this filing, please do not hesitate to give me a call.

Very truly yours,

<u>/s/ Martin S. Friedman</u> MARTIN S. FRIEDMAN

MSF/

cc: Sean Twomey (via email)



Workorder: Summertree (T2407690)

May 03, 2024

Jeff Becker Utilities Inc. 2448 Arcadia Rd Holiday, FL 34690

RE: Workorder: T2407690 Summertree

Dear Jeff Becker:

Enclosed are the analytical results for sample(s) received by the laboratory on Tuesday April 2, 2024. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Orandy Detillin

Brandy Devilbiss, Project Manager I BDevilbiss@aellab.com







Advanced Environmental Laboratories, Inc 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580 Phone: (813) 630-9616 Fax: (813) 630-4327

FINAL - REVISION

Workorder: Summertree (T2407690)

Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
T2407690001	11619 English Elm	DW	EPA 200.7	04/02/2024 07:55	04/02/2024 17:05	6	NA
T2407690001	11619 English Elm	DW	EPA 300.0	04/02/2024 07:55	04/02/2024 17:05	3	NA
T2407690001	11619 English Elm	DW	SM 2120 B	04/02/2024 07:55	04/02/2024 17:05	1	NA
T2407690001	11619 English Elm	DW	SM 2150 B	04/02/2024 07:55	04/02/2024 17:05	1	NA
T2407690001	11619 English Elm	DW	SM 2540 C	04/02/2024 07:55	04/02/2024 17:05	1	NA
T2407690001	11619 English Elm	DW	SM 4500H+B	04/02/2024 07:55	04/02/2024 17:05	1	NA
T2407690001	11619 English Elm	DW	SM 5540 C	04/02/2024 07:55	04/02/2024 17:05	1	NA
T2407690002	11704 Rose Tree	DW	EPA 200.7	04/02/2024 07:35	04/02/2024 17:05	6	NA
T2407690002	11704 Rose Tree	DW	EPA 300.0	04/02/2024 07:35	04/02/2024 17:05	3	NA
T2407690002	11704 Rose Tree	DW	SM 2120 B	04/02/2024 07:35	04/02/2024 17:05	1	NA
T2407690002	11704 Rose Tree	DW	SM 2150 B	04/02/2024 07:35	04/02/2024 17:05	1	NA
T2407690002	11704 Rose Tree	DW	SM 2540 C	04/02/2024 07:35	04/02/2024 17:05	1	NA
T2407690002	11704 Rose Tree	DW	SM 4500H+B	04/02/2024 07:35	04/02/2024 17:05	1	NA
T2407690002	11704 Rose Tree	DW	SM 5540 C	04/02/2024 07:35	04/02/2024 17:05	1	NA
T2407690003	11436 Golf Rd	DW	EPA 200.7	04/02/2024 07:10	04/02/2024 17:05	6	NA
T2407690003	11436 Golf Rd	DW	EPA 300.0	04/02/2024 07:10	04/02/2024 17:05	3	NA
T2407690003	11436 Golf Rd	DW	SM 2120 B	04/02/2024 07:10	04/02/2024 17:05	1	NA
T2407690003	11436 Golf Rd	DW	SM 2150 B	04/02/2024 07:10	04/02/2024 17:05	1	NA
T2407690003	11436 Golf Rd	DW	SM 2540 C	04/02/2024 07:10	04/02/2024 17:05	1	NA
T2407690003	11436 Golf Rd	DW	SM 4500H+B	04/02/2024 07:10	04/02/2024 17:05	1	NA
T2407690003	11436 Golf Rd	DW	SM 5540 C	04/02/2024 07:10	04/02/2024 17:05	1	NA
T2407690004	11800 lvywood	DW	EPA 200.7	04/02/2024 08:10	04/02/2024 17:05	6	NA
T2407690004	11800 lvywood	DW	EPA 300.0	04/02/2024 08:10	04/02/2024 17:05	3	NA
T2407690004	11800 lvywood	DW	SM 2120 B	04/02/2024 08:10	04/02/2024 17:05	1	NA
T2407690004	11800 lvywood	DW	SM 2150 B	04/02/2024 08:10	04/02/2024 17:05	1	NA
T2407690004	11800 lvywood	DW	SM 2540 C	04/02/2024 08:10	04/02/2024 17:05	1	NA
T2407690004	11800 lvywood	DW	SM 4500H+B	04/02/2024 08:10	04/02/2024 17:05	1	NA
T2407690004	11800 lvywood	DW	SM 5540 C	04/02/2024 08:10	04/02/2024 17:05	1	NA
T2407690005	11219 Merganser	DW	EPA 200.7	04/02/2024 08:30	04/02/2024 17:05	6	NA
T2407690005	11219 Merganser	DW	EPA 300.0	04/02/2024 08:30	04/02/2024 17:05	3	NA
T2407690005	11219 Merganser	DW	SM 2120 B	04/02/2024 08:30	04/02/2024 17:05	1	NA
T2407690005	11219 Merganser	DW	SM 2150 B	04/02/2024 08:30	04/02/2024 17:05	1	NA
T2407690005	11219 Merganser	DW	SM 2540 C	04/02/2024 08:30	04/02/2024 17:05	1	NA
T2407690005	11219 Merganser	DW	SM 4500H+B	04/02/2024 08:30	04/02/2024 17:05	1	NA
T2407690005	11219 Merganser	DW	SM 5540 C	04/02/2024 08:30	04/02/2024 17:05	1	NA

Friday, May 3, 2024 10:51:47 AM Dates and times are displayed using (-04:00) Page 2 of 30

Certificate of Analysis

This report shall not be reproduced, except in full, without the written consent of Advanced Environmental Laboratories, Inc.

POWERED BY HORIZON* v.13.1.0





Workorder: Summertree (T2407690)

Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
T2407690006	11001 Kiskadee	DW	EPA 200.7	04/02/2024 08:45	04/02/2024 17:05	6	NA
T2407690006	11001 Kiskadee	DW	EPA 300.0	04/02/2024 08:45	04/02/2024 17:05	3	NA
T2407690006	11001 Kiskadee	DW	SM 2120 B	04/02/2024 08:45	04/02/2024 17:05	1	NA
T2407690006	11001 Kiskadee	DW	SM 2150 B	04/02/2024 08:45	04/02/2024 17:05	1	NA
T2407690006	11001 Kiskadee	DW	SM 2540 C	04/02/2024 08:45	04/02/2024 17:05	1	NA
T2407690006	11001 Kiskadee	DW	SM 4500H+B	04/02/2024 08:45	04/02/2024 17:05	1	NA
T2407690006	11001 Kiskadee	DW	SM 5540 C	04/02/2024 08:45	04/02/2024 17:05	1	NA





Workorder: Summertree (T2407690)

Workorder Summary

Method Comments	
COLR-SM-W	

Batch Comments

WCAt/29004 - IC,E300.0,Water

The matrix spike recovery of Chloride and Sulfate for T2407610002 was outside control criteria. Recoveries in the Laboratory Control Sample (LCS), and %RPD were acceptable, which indicates the analytical batch was in control. No further corrective action was required.

WCAt/29063 - IC,E300.0,Water

The analysis of T2405161001 and T2405161003 was performed past the recommended holding time. An internal laboratory failure occurred which resulted in the missed holding time. Efforts were made to analyze the sample as soon as the error was identified. The data is qualified to indicate the holding time violation.

The matrix spike recovery of Sulfate for T2407855028 was outside control criteria. Recoveries in the Laboratory Control Sample (LCS), and %RPD were acceptable, which indicates the analytical batch was in control. No further corrective action was required.

WCAt/29516 - TDS,SM2540C

The re-analysis of T2407690002 was performed past the recommended holding time. An internal laboratory failure occurred which resulted in the missed holding time. Efforts were made to analyze the sample as soon as the error was identified. The data is qualified to indicate the holding time violation.





Workorder: Summertree (T2407690)

QC Results Qualifiers

Parameter Qualifiers

 U
 The compound was analyzed for but not detected.

 I
 The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

 Q
 Missed Hold Time

Lab Qualifiers

- G DOH Certification #E82001 (FL NELAC) AEL-Gainesville
- T DOH Certification #E84589 (FL NELAC) AEL-Tampa



PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – please type or pl	rint legibly)
System Name: Summertree		PWS I.D. #:
System Type (check one): Community	Nontransient Noncommunity	Transient Noncommunity
Address:		
City:	ZIP C	Code:
Phone #: Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by same	oler)	
Sample Number: T2407690001 Sam	ple Date: 04/02/2024	Sample Time: 07:55 AM PM (Circle
Sample Location (be specific): 11619 English Elm		Location Code:
Disinfectant Residual (Required when reporting results for t	trihalomethanes and haloacetic acids	mg/L Field pH:
Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550 Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer	Reason(s) for S Routine Compliance with 62-550 Confirmation of MCL Exceedance [*] Composite of Multiple Sites [*] Other: Sampling Procedure Used or Other Co *See 62-550(6) for requirements and restric And 62-550.512(3) for nitrate or nitrite exce	Clearance (permitting) Clearance (permitting) mments: *See 62-550.550(4) for requirements and
I	SAMPLER CERTIFICATION	, do HEREBY CERTIFY
(Print Name	(Print	Title)
that the above public water system and sample collection	n information is complete and correct.	
Signature:		Date:
Certified Operator # Phone #		Sampler's Fax #:
Sampler's E-mail:		
Reporting Format 62-550.730	Page: 6 of 30	

Effective January 1995, Revised December 2012

LABORATORY CERTIFICATION	I INFORMATION to be	completed by lab	- please type	or print legibly)
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Lab Name: Advanced Environmental Laboratories, Inc.	Florida DOH Certification	#: E84589	Certification Expiration Date	e: 06/30/2024
		ATTACH CURRENT D	OOH ANALYTE SHEET*	
Address: 9610 Princess Palm Ave, Tampa, FL 33619		Phone #: <u>(813) 63</u>	0-9616	
Were any analyses subcontracted Ves No	If yes, please provide D	OH certification nun	nber(s): E82001	
	1	TTACH DOH ANAL	TE SHEET FOR EACH SUBC	ONTRACTED LAB
ANALYSIS INFORMATION (to be completed by lab) Date	te Sample(s) Received: _(04/02/2024		
PWS ID: (From Page 1): San	mple Number (From Page 1):	T2407690001 L	ab Assigned Report # Or Jo	b ID: <u>T2407690</u>
Group(s) Analyzed & Results attached for compliance wi	th Chapter 62-550, F.A.C. (Check all that apply):		
		nfection Byproducts	Radionuclides	<u>Secondaries</u>
All except Asbestos		Trihalomethanes	Single Sample	MII 14
Partial All Except Dioxin		Haloacetic Acids	Qtrly Composite*	Partial
Nitrate Partial		Chlorite		
Dioxin Only		Bromate		
Asbestos	LAB CERTIFICA	TION		
I, Brandy Devilbiss	,	Project Manag	er I,	do HEREBY CERTIFY
I, Brandy Devilbiss (Print Name	,	Project Manag (Print Title)	er I,	do HEREBY CERTIFY
(Print Name that all attached analytical data are correct and unless noted m	eet all requirements of the Na	(Print Title)		
(Print Name	eet all requirements of the Na	(Print Title)		
(Print Name that all attached analytical data are correct and unless noted m <i>Drandy Defiller</i>	cation number and a current <i>A</i> ilure to sample, and may resu	(Print Title) tional Environmental L Date: analyte Sheet for the a	aboratory Accreditation Confer 05/03/2024 ttached analysis results will res	ence (NELAC). sult in rejection of the report,
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certifi possible enforcement against the public water system for failed and for the public wat	cation number and a current <i>A</i> ilure to sample, and may resu ch quarter.	(Print Title) tional Environmental L Date: Analyte Sheet for the a t in notification of the l	aboratory Accreditation Confer 05/03/2024 ttached analysis results will res DOH Bureau of Laboratory Ser	ence (NELAC). sult in rejection of the report,
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certifi possible enforcement against the public water system for fa ** Please provide radiological sample dates & locations for eac	cation number and a current <i>A</i> ilure to sample, and may resu ch quarter. S REQUIRED WITHIN 24 HRS F	(Print Title) tional Environmental L Date: nalyte Sheet for the a t in notification of the l	aboratory Accreditation Confer 05/03/2024 ttached analysis results will res DOH Bureau of Laboratory Ser	rence (NELAC). sult in rejection of the report, vices.
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certifi possible enforcement against the public water system for fa ** Please provide radiological sample dates & locations for eac CONFIRMATION & NOTIFICATION I	cation number and a current A ilure to sample, and may resu ch quarter. S REQUIRED WITHIN 24 HRS F DL WITH "U" QUALIFIER. (No	(Print Title) tional Environmental L Date: nalyte Sheet for the a t in notification of the l OR NITRATE OR NITRI	aboratory Accreditation Confer 05/03/2024 ttached analysis results will res DOH Bureau of Laboratory Ser	rence (NELAC). sult in rejection of the report, vices.
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certifi possible enforcement against the public water system for fa ** Please provide radiological sample dates & locations for eac CONFIRMATION & NOTIFICATION I NON-DETECTS ARE TO BE REPORTED AS THE M COMPLIANCE DETERMINATION(to be completed by DEF	cation number and a current <i>A</i> ilure to sample, and may resu ch quarter. S REQUIRED WITHIN 24 HRS F DL WITH "U" QUALIFIER. (No P or DOH attach notes as ne	(Print Title) tional Environmental L Date: Analyte Sheet for the a t in notification of the l OR NITRATE OR NITRIT on-detects reported as "B	aboratory Accreditation Confer 05/03/2024 ttached analysis results will res DOH Bureau of Laboratory Ser	rence (NELAC). sult in rejection of the report, vices.
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certifi possible enforcement against the public water system for fa ** Please provide radiological sample dates & locations for eac CONFIRMATION & NOTIFICATION I NON-DETECTS ARE TO BE REPORTED AS THE M COMPLIANCE DETERMINATION(to be completed by DEF	cation number and a current <i>A</i> ilure to sample, and may resu ch quarter. S REQUIRED WITHIN 24 HRS F DL WITH "U" QUALIFIER. (No P or DOH attach notes as ne	(Print Title) tional Environmental L Date: analyte Sheet for the a t in notification of the l OR NITRATE OR NITRIT on-detects reported as "B accessary) eplacement Sample o	aboratory Accreditation Confer 05/03/2024 Ittached analysis results will res DOH Bureau of Laboratory Ser TE MCL EXCEEDANCES DL" or with a "<" are not acceptable	rence (NELAC). sult in rejection of the report, vices.

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: T2407690001

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	mg/L	0.40	U	EPA 300.0	0.40	04/10/2024	22:01	E84589

Page: 8 of 30

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T2407690001

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WS ID	(From Page 1):	

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	0.021	U	EPA 200.7	0.021	04/11/2024	09:46	E84589
1017	Chloride	250	mg/L	22		EPA 300.0	2.0	04/10/2024	22:01	E84589
1022	Copper	1	mg/L	0.010	Ι	EPA 200.7	0.0050	04/11/2024	09:46	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/10/2024	22:01	E84589
1028	Iron	0.3	mg/L	0.040	Ι	EPA 200.7	0.0067	04/11/2024	09:46	E84589
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/11/2024	09:46	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/11/2024	09:46	E84589
1055	Sulfate	250	mg/L	64		EPA 300.0	2.0	04/10/2024	22:01	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/11/2024	09:46	E84589
1905	Color	15	CU	4.3	U	SM 2120 B	4.3	04/03/2024	10:00	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/02/2024	17:20	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.89	Q	SM 4500H+B		04/05/2024	15:32	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	10	04/05/2024	14:00	E84589
2905	Foaming Agents	0.5	mg/L	0.090	I	SM 5540 C	0.040	04/03/2024	09:00	E82001

Page: 9 of 30

PUBLIC WATER SYSTEM INFORMAT	ON (to be completed by sampler – please type or print legibly)	
System Name: Summertree	PWS I.D. #:	
System Type (check one): Communit	y Nontransient Noncommunity Transient Noncommunity	
Address:		
-	ZIP Code:	
Phone #: Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be comple	ted by sampler)	
Sample Number: T2407690002	Sample Date: 04/02/2024 Sample Time: 07:35	AM PM (Circle One
Sample Location (be specific): 11704 Rose	Tree Location Code:	
Disinfectant Residual (Required when reportin	ng results for trihalomethanes and haloacetic acids mg/L Field pH:	
Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-54) Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer		62-550)
1	SAMPLER CERTIFICATION , do HEREBY	
(Print Name	(Print Title)	
that the above public water system and sam	ple collection information is complete and correct.	
Signature:	Date:	
Certified Operator #	Phone # Sampler's Fax #:	
Sampler's E-mail:		
Reporting Format 62-550.730	Page: 10 of 30	

Effective January 1995, Revised December 2012

LABORATORY CERTIFICATION	I INFORMATION to be	completed by lab	- please type	or print legibly)
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Lab Name: Advanced Environmental Laboratories, Inc.	Florida DOH Certification	#: E84589	Certification Expiration Date	e: 06/30/2024
	Α	TTACH CURRENT I	DOH ANALYTE SHEET*	
Address: 9610 Princess Palm Ave, Tampa, FL 33619	P	hone #: <u>(813) 63</u>	0-9616	
Were any analyses subcontracted Ves No	If yes, please provide DC	OH certification nur	nber(s): <u>E82001</u>	
	Α	TTACH DOH ANAL	YTE SHEET FOR EACH SUBC	ONTRACTED LAB
ANALYSIS INFORMATION (to be completed by lab) Date	te Sample(s) Received: 04	4/02/2024		
PWS ID: (From Page 1): San	mple Number (From Page 1): _	T2407690002 I	Lab Assigned Report # Or Jo	b ID: T2407690
Group(s) Analyzed & Results attached for compliance wi	th Chapter 62-550, F.A.C. (C	heck all that apply):		
Inorganics Synthetic Organics V	olatile Organics Disin	fection Byproducts	Radionuclides	Secondaries
All except Asbestos All 30	All 21	rihalomethanes	Single Sample	🗹 All 14
Partial All Except Dioxin	Partial H	aloacetic Acids	Qtrly Composite*	Partial
Nitrate Partial		hlorite		
Nitrite Dioxin Only	B	romate		
Asbestos	LAB CERTIFICA	ΓΙΟΝ		
I. Brandy Devilbiss		Proiect Manao	ier I	do HEREBY CERTIFY
I,Brandy Devilbiss (Print Name	,,	Project Manag (Print Title)	jer I,	do HEREBY CERTIFY
(Print Name that all attached analytical data are correct and unless noted m	eet all requirements of the Nati	(Print Title)		
(Print Name	eet all requirements of the Nation	(Print Title)		
(Print Name that all attached analytical data are correct and unless noted m <i>Orandy Ortillar</i>	cation number and a current Ar ilure to sample, and may result	(Print Title) onal Environmental L Date: nalyte Sheet for the a	aboratory Accreditation Confere 05/03/2024 attached analysis results will res	ence (NELAC). ult in rejection of the report,
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certifi possible enforcement against the public water system for failed and for the public wat	cation number and a current Ar ilure to sample, and may result ch quarter.	(Print Title) onal Environmental L Date: nalyte Sheet for the a in notification of the	aboratory Accreditation Confere 05/03/2024 attached analysis results will res DOH Bureau of Laboratory Serv	ence (NELAC). ult in rejection of the report,
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certifi possible enforcement against the public water system for fa ** Please provide radiological sample dates & locations for eac	cation number and a current Ar ilure to sample, and may result ch quarter. S REQUIRED WITHIN 24 HRS FO	(Print Title) (Print Title) Date: Date: R NITRATE OR NITRI	aboratory Accreditation Conference 05/03/2024 Attached analysis results will res DOH Bureau of Laboratory Serv TE MCL EXCEEDANCES	ence (NELAC). ult in rejection of the report, vices.
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certifi possible enforcement against the public water system for fa ** Please provide radiological sample dates & locations for eac CONFIRMATION & NOTIFICATION I	cation number and a current Ar ilure to sample, and may result ch quarter. S REQUIRED WITHIN 24 HRS FO DL WITH "U" QUALIFIER. (Nor	(Print Title) (Print Title) Date: Date: R NITRATE OR NITRI -detects reported as "E	aboratory Accreditation Conference 05/03/2024 Attached analysis results will res DOH Bureau of Laboratory Serv TE MCL EXCEEDANCES	ence (NELAC). ult in rejection of the report, vices.
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certifi possible enforcement against the public water system for fa ** Please provide radiological sample dates & locations for eac CONFIRMATION & NOTIFICATION I NON-DETECTS ARE TO BE REPORTED AS THE M COMPLIANCE DETERMINATION(to be completed by DEF	cation number and a current Ar ilure to sample, and may result ch quarter. S REQUIRED WITHIN 24 HRS FO DL WITH "U" QUALIFIER. (Nor P or DOH attach notes as nec	(Print Title) (Print Title) (Print Title) Date: Date: Ralyte Sheet for the a in notification of the R NITRATE OR NITRI -detects reported as "E essary)	aboratory Accreditation Conference 05/03/2024 Attached analysis results will res DOH Bureau of Laboratory Serv TE MCL EXCEEDANCES	ence (NELAC). ult in rejection of the report, rices.
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certifi possible enforcement against the public water system for fa ** Please provide radiological sample dates & locations for eac CONFIRMATION & NOTIFICATION I NON-DETECTS ARE TO BE REPORTED AS THE M COMPLIANCE DETERMINATION(to be completed by DEF	cation number and a current Ar ilure to sample, and may result ch quarter. S REQUIRED WITHIN 24 HRS FO DL WITH "U" QUALIFIER. (Nor P or DOH attach notes as nec	(Print Title) (Print Title) (Print Title) Date: Date: Nalyte Sheet for the a in notification of the R NITRATE OR NITRI -detects reported as "E essary) placement Sample o	aboratory Accreditation Conference 05/03/2024 attached analysis results will res DOH Bureau of Laboratory Serv TE MCL EXCEEDANCES BDL" or with a "<" are not acceptable	ence (NELAC). ult in rejection of the report, rices.

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: T2407690002

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	mg/L	0.40	U	EPA 300.0	0.40	04/10/2024	22:17	E84589

Page: 12 of 30

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T2407690002

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PWS ID (From Page 1):	
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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	0.021	U	EPA 200.7	0.021	04/11/2024	09:49	E84589
1017	Chloride	250	mg/L	22		EPA 300.0	2.0	04/10/2024	22:17	E84589
1022	Copper	1	mg/L	0.024		EPA 200.7	0.0050	04/11/2024	09:49	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/10/2024	22:17	E84589
1028	Iron	0.3	mg/L	0.038	Ι	EPA 200.7	0.0067	04/11/2024	09:49	E84589
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/11/2024	09:49	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/11/2024	09:49	E84589
1055	Sulfate	250	mg/L	64		EPA 300.0	2.0	04/10/2024	22:17	E84589
1095	Zinc	5	mg/L	0.065	Ι	EPA 200.7	0.050	04/11/2024	09:49	E84589
1905	Color	15	CU	4.3	U	SM 2120 B	4.3	04/03/2024	10:00	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/02/2024	17:20	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.95	Q	SM 4500H+B		04/05/2024	15:32	E84589
1930	Total Dissolved Solids	500	mg/L	320	Q	SM 2540 C	10	04/29/2024	14:00	E84589
2905	Foaming Agents	0.5	mg/L	0.041	I	SM 5540 C	0.040	04/03/2024	09:00	E82001

Page: 13 of 30

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – please type or pr	rint legibly)
System Name: Summertree		PWS I.D. #:
System Type (check one): Community	Nontransient Noncommunity	Transient Noncommunity
Address:		
City:	ZIP Co	ode:
Phone #: Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by samp	oler)	
Sample Number: T2407690003 Samp	ple Date: 04/02/2024	Sample Time: 07:10 AM PM (Circle O
Sample Location (be specific): 11436 Golf Rd		Location Code:
Disinfectant Residual (Required when reporting results for the	rihalomethanes and haloacetic acids	mg/L Field pH:
Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550 Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer	Reason(s) for Sa Reason(s) for Sa Routine Compliance with 62-550 Confirmation of MCL Exceedance* Composite of Multiple Sites* Other: Sampling Procedure Used or Other Con *See 62-550(6) for requirements and restrict And 62-550.512(3) for nitrate or nitrite exceeded	Clearance (permitting) mments: tions. *See 62-550.550(4) for requirements and
I	SAMPLER CERTIFICATION	, do HEREBY CERTIFY
(Print Name	(Print 1	Title)
that the above public water system and sample collection	n information is complete and correct.	
Signature:		Date:
Certified Operator # Phone #		Sampler's Fax #:
Sampler's E-mail:		
Reporting Format 62-550.730	Page: 14 of 30	

Effective January 1995, Revised December 2012

LABORATORY CERTIFICATION	I INFORMATION to be	completed by lab	- please type	or print legibly)
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Lab Name: Advanced Environmental Laboratories, Inc.	Florida DOH Certification #	E84589 C	ertification Expiration Dat	e: 06/30/2024
	TA	TACH CURRENT DO	H ANALYTE SHEET*	
Address: 9610 Princess Palm Ave, Tampa, FL 33619	Pr	one #: <u>(813)</u> 630-9	9616	
Were any analyses subcontracted Ves No	lf yes, please provide DO	H certification numb	er(s):E82001	
	TA	TACH DOH ANALYT	E SHEET FOR EACH SUBC	ONTRACTED LAB
ANALYSIS INFORMATION (to be completed by lab) Dat	e Sample(s) Received: 04	/02/2024		
PWS ID: (From Page 1): Sar	nple Number (From Page 1):	Г2407690003 La	o Assigned Report # Or Jo	bb ID: <u>T2407690</u>
Group(s) Analyzed & Results attached for compliance wit	h Chapter 62-550, F.A.C. (Cł	neck all that apply):		
Inorganics Synthetic Organics Vo	blatile Organics Disinfe	ection Byproducts	Radionuclides	Secondaries
All except Asbestos		halomethanes	Single Sample	🗹 All 14
Partial All Except Dioxin	Partial Ha	loacetic Acids	Qtrly Composite*	Partial
		lorite		
Dioxin Only	Br	omate		
Asbestos	LAB CERTIFICAT	ION		
I, Brandy Devilbiss	,	Project Manager	Ι ,	do HEREBY CERTIFY
(Print Name		(Print Title)		
that all attached analytical data are correct and unless noted me	at all van vivan anta af tha Niatia	ممال المغمم مميم مراكد المرا	oratory Accreditation Confor	
	et all requirements of the Natio	nai Environmentai Lat	oratory Accreditation Comer	ence (NELAC).
Signature:		Date:	05/03/2024	ence (NELAC).
Brandy Defillin	cation number and a current An lure to sample, and may result i	Date:	05/03/2024	sult in rejection of the report,
Signature: Orandy Detillion * Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for failed and current fo	cation number and a current An lure to sample, and may result i h quarter.	Date: alyte Sheet for the atta n notification of the DO	05/03/2024 Inched analysis results will res OH Bureau of Laboratory Ser	sult in rejection of the report,
Signature: Orandy Detillion * Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fai ** Please provide radiological sample dates & locations for each	cation number and a current An lure to sample, and may result i h quarter. S REQUIRED WITHIN 24 HRS FOR	Date:	05/03/2024 Inched analysis results will res DH Bureau of Laboratory Ser	sult in rejection of the report, vices.
Signature: Signature: Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fai Please provide radiological sample dates & locations for each confirmation & notification is 	cation number and a current An lure to sample, and may result i h quarter. S REQUIRED WITHIN 24 HRS FOR DL WITH "U" QUALIFIER. (Non-	Date: alyte Sheet for the atta n notification of the DC R NITRATE OR NITRITE detects reported as "BDL	05/03/2024 Inched analysis results will res DH Bureau of Laboratory Ser	sult in rejection of the report, vices.
Signature: * Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fai ** Please provide radiological sample dates & locations for each CONFIRMATION & NOTIFICATION IS NON-DETECTS ARE TO BE REPORTED AS THE MINIMUM COMPLIANCE DETERMINATION (to be completed by DEP	cation number and a current An lure to sample, and may result i th quarter. S REQUIRED WITHIN 24 HRS FOR DL WITH "U" QUALIFIER . (Non- or DOH attach notes as nece	Date: alyte Sheet for the atta n notification of the DC R NITRATE OR NITRITE detects reported as "BDL essary)	05/03/2024 Inched analysis results will res DH Bureau of Laboratory Ser	sult in rejection of the report, vices. e.)
Signature: * Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fai ** Please provide radiological sample dates & locations for each CONFIRMATION & NOTIFICATION IS NON-DETECTS ARE TO BE REPORTED AS THE MINI- COMPLIANCE DETERMINATION (to be completed by DEP	cation number and a current An lure to sample, and may result i th quarter. S REQUIRED WITHIN 24 HRS FOR DL WITH "U" QUALIFIER . (Non- or DOH attach notes as nece	Date: alyte Sheet for the atta n notification of the DC R NITRATE OR NITRITE detects reported as "BDL essary) lacement Sample or F	05/03/2024 Inched analysis results will res DH Bureau of Laboratory Ser MCL EXCEEDANCES " or with a "<" are not acceptable	sult in rejection of the report, vices. e.)

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: T2407690003

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	mg/L	0.40	U	EPA 300.0	0.40	04/11/2024	11:15	E84589

Page: 16 of 30

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T2407690003

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PWS ID	(From Page 1):	
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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	0.021	U	EPA 200.7	0.021	04/11/2024	09:51	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	04/11/2024	11:15	E84589
1022	Copper	1	mg/L	0.0050	U	EPA 200.7	0.0050	04/11/2024	09:51	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/11/2024	11:15	E84589
1028	Iron	0.3	mg/L	0.11		EPA 200.7	0.0067	04/11/2024	09:51	E84589
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/11/2024	09:51	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/11/2024	09:51	E84589
1055	Sulfate	250	mg/L	74		EPA 300.0	2.0	04/11/2024	11:15	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/11/2024	09:51	E84589
1905	Color	15	CU	4.3	U	SM 2120 B	4.3	04/03/2024	10:00	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/02/2024	17:20	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.50	Q	SM 4500H+B		04/05/2024	15:32	E84589
1930	Total Dissolved Solids	500	mg/L	40		SM 2540 C	10	04/05/2024	14:00	E84589
2905	Foaming Agents	0.5	mg/L	0.041	Ι	SM 5540 C	0.040	04/03/2024	09:00	E82001

Page: 17 of 30

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – please type or pl	rint legibly)
System Name: Summertree		PWS I.D. #:
System Type (check one): Community	Nontransient Noncommunity	Transient Noncommunity
Address:		
City:	ZIP C	Code:
Phone #: Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by samp	bler)	
Sample Number: T2407690004 Sam	ple Date: 04/02/2024	Sample Time: 08:10 AM PM (Circle C
Sample Location (be specific): 11800 lvywood		Location Code:
Disinfectant Residual (Required when reporting results for t	rihalomethanes and haloacetic acids	mg/L Field pH:
Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550 Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer	Reason(s) for S Routine Compliance with 62-550 Confirmation of MCL Exceedance* Composite of Multiple Sites* Other: Sampling Procedure Used or Other Co *See 62-550(6) for requirements and restric And 62-550.512(3) for nitrate or nitrite exce	Clearance (permitting)
I	SAMPLER CERTIFICATION	, do HEREBY CERTIFY
(Print Name	(Print ⁻	Title)
that the above public water system and sample collection	n information is complete and correct.	
Signature:		Date:
Certified Operator # Phone #		Sampler's Fax #:
Sampler's E-mail:		
Reporting Format 62-550.730	Page: 18 of 30	

Effective January 1995, Revised December 2012

LABORATORY CERTIFICATION	I INFORMATION to be	completed by lab	- please type	or print legibly)
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Lab Name: Advanced Environmental Laboratories, Inc.	Florida DOH Certification #	#: E84589	Certification Expiration Date	: 06/30/2024
	۲ ۵	TACH CURRENT D	OOH ANALYTE SHEET*	
Address: 9610 Princess Palm Ave, Tampa, FL 33619	Pr	none #: <u>(813) 63</u> ()-9616	
Were any analyses subcontracted Ves No	lf yes, please provide DO	H certification nun	nber(s): <u>E82001</u>	
	A I	TACH DOH ANAL	TE SHEET FOR EACH SUBC	ONTRACTED LAB
ANALYSIS INFORMATION (to be completed by lab) Da	te Sample(s) Received: 04	/02/2024		
PWS ID: (From Page 1): Sa	mple Number (From Page 1):	T2407690004 L	ab Assigned Report # Or Jo.	b ID: T2407690
Group(s) Analyzed & Results attached for compliance w	th Chapter 62-550, F.A.C. (Cl	heck all that apply):		
Inorganics Synthetic Organics	olatile Organics Disinf	ection Byproducts	Radionuclides	Secondaries
All except Asbestos All 30	All 21	ihalomethanes	Single Sample	🛃 All 14
Partial All Except Dioxin	Partial Ha	aloacetic Acids	Qtrly Composite*	Partial
Nitrate Partial		nlorite		
Nitrite Dioxin Only	Br	omate		
Asbestos	LAB CERTIFICAT	ΓΙΟΝ		
I, Brandy Devilbiss	,	Project Manag	er I ,	do HEREBY CERTIFY
I, Brandy Devilbiss (Print Name	,	Project Manag (Print Title)	er I,	do HEREBY CERTIFY
(Print Name that all attached analytical data are correct and unless noted m	eet all requirements of the Natio	(Print Title)	·	-
(Print Name	eet all requirements of the Natio	(Print Title)	·	-
(Print Name that all attached analytical data are correct and unless noted m <i>Drandy Defiller</i>	ication number and a current An ilure to sample, and may result i	(Print Title) onal Environmental L Date: palyte Sheet for the a	aboratory Accreditation Confere 05/03/2024 ttached analysis results will resu	ence (NELAC). ult in rejection of the report,
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certif possible enforcement against the public water system for fa	ication number and a current An ilure to sample, and may result i ch quarter.	(Print Title) (Print Title) Date: Date:	aboratory Accreditation Confere 05/03/2024 ttached analysis results will resu DOH Bureau of Laboratory Serv	ence (NELAC). ult in rejection of the report,
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certif possible enforcement against the public water system for fa ** Please provide radiological sample dates & locations for ea	ication number and a current An ilure to sample, and may result i ch quarter. IS REQUIRED WITHIN 24 HRS FOI	(Print Title) onal Environmental L Date: alyte Sheet for the a in notification of the l R NITRATE OR NITRI	aboratory Accreditation Confere 05/03/2024 ttached analysis results will resu DOH Bureau of Laboratory Serv	ence (NELAC). ult in rejection of the report, ices.
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certif possible enforcement against the public water system for fa ** Please provide radiological sample dates & locations for ea CONFIRMATION & NOTIFICATION	ication number and a current An ilure to sample, and may result i ch quarter. IS REQUIRED WITHIN 24 HRS FOI IDL WITH "U" QUALIFIER. (Non-	(Print Title) onal Environmental L Date: alyte Sheet for the a in notification of the l R NITRATE OR NITRI -detects reported as "B	aboratory Accreditation Confere 05/03/2024 ttached analysis results will resu DOH Bureau of Laboratory Serv	ence (NELAC). ult in rejection of the report, ices.
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certif possible enforcement against the public water system for fa ** Please provide radiological sample dates & locations for ea CONFIRMATION & NOTIFICATION NON-DETECTS ARE TO BE REPORTED AS THE M COMPLIANCE DETERMINATION(to be completed by DEF	ication number and a current An ilure to sample, and may result i ch quarter. IS REQUIRED WITHIN 24 HRS FOI IDL WITH "U" QUALIFIER. (Non-	(Print Title) onal Environmental L Date: alyte Sheet for the a in notification of the l R NITRATE OR NITRI -detects reported as "B essary)	aboratory Accreditation Confere 05/03/2024 ttached analysis results will resu DOH Bureau of Laboratory Serv	ence (NELAC). ult in rejection of the report, ices.
(Print Name that all attached analytical data are correct and unless noted m Signature: * Failure to provide a valid and current Florida DOH lab certif possible enforcement against the public water system for fa ** Please provide radiological sample dates & locations for ea CONFIRMATION & NOTIFICATION NON-DETECTS ARE TO BE REPORTED AS THE M COMPLIANCE DETERMINATION(to be completed by DEF	ication number and a current An ilure to sample, and may result i ch quarter. IS REQUIRED WITHIN 24 HRS FOI IDL WITH "U" QUALIFIER. (Non-	(Print Title) onal Environmental L Date: alyte Sheet for the a in notification of the l R NITRATE OR NITRI -detects reported as "B essary) blacement Sample o	aboratory Accreditation Confere 05/03/2024 ttached analysis results will resu DOH Bureau of Laboratory Serv TE MCL EXCEEDANCES DL" or with a "<" are not acceptable	ence (NELAC). ult in rejection of the report, ices.

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: T2407690004

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	mg/L	0.40	U	EPA 300.0	0.40	04/11/2024	11:31	E84589

Page: 20 of 30

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T2407690004

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VS IC) (From	Page 1):
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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	0.021	U	EPA 200.7	0.021	04/11/2024	09:53	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	04/11/2024	11:31	E84589
1022	Copper	1	mg/L	0.015		EPA 200.7	0.0050	04/11/2024	09:53	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/11/2024	11:31	E84589
1028	Iron	0.3	mg/L	0.030	Ι	EPA 200.7	0.0067	04/11/2024	09:53	E84589
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/11/2024	09:53	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/11/2024	09:53	E84589
1055	Sulfate	250	mg/L	110		EPA 300.0	2.0	04/11/2024	11:31	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/11/2024	09:53	E84589
1905	Color	15	CU	4.3	U	SM 2120 B	4.3	04/03/2024	10:00	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/02/2024	17:20	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.93	Q	SM 4500H+B		04/05/2024	15:32	E84589
1930	Total Dissolved Solids	500	mg/L	450		SM 2540 C	10	04/05/2024	14:00	E84589
2905	Foaming Agents	0.5	mg/L	0.085	Ι	SM 5540 C	0.040	04/03/2024	09:00	E82001

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler – please type or print leg	gibly)
System Name: Summertree		PWS I.D. #:
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: T2407690005	Sample Date: 04/02/2024 S	Sample Time: 08:30 AM PM (Circle On
Sample Location (be specific): 11219 Mergans	er	Location Code:
Disinfectant Residual (Required when reporting re	sults for trihalomethanes and haloacetic acids mo	g/L Field pH:
Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550 Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer	Reason(s) for Sample Routine Compliance with 62-550 Confirmation of MCL Exceedance* Composite of Multiple Sites* Other: Sampling Procedure Used or Other Commer *See 62-550(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedance	 Replacement (of Invalidated Sample) Special (not for compliance with 62-550) Clearance (permitting) Ints: *See 62-550.550(4) for requirements and
1	SAMPLER CERTIFICATION	, do HEREBY CERTIFY
(Print Name	,(Print Title)	, 33 HENEDT OEKTIFT
that the above public water system and sample of	collection information is complete and correct.	
Signature:	Date:	:
Certified Operator # P	hone # Sam	pler's Fax #:
Sampler's E-mail:		
Reporting Format 62-550.730	Page: 22 of 30	

Effective January 1995, Revised December 2012

LABORATORY CERTIFICATION	I INFORMATION to be	completed by lab	- please type	or print legibly)
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Lab Name: Advanced Environmental Laboratories, Inc.	Florida DOH Certification #:	E84589 C	Certification Expiration Dat	e: 06/30/2024
	ATT	ACH CURRENT DO	H ANALYTE SHEET*	
Address: 9610 Princess Palm Ave, Tampa, FL 33619	Pho	ne #: <u>(813)</u> 630-9	9616	
Were any analyses subcontracted Ves No	lf yes, please provide DOH	certification numb	er(s): E82001	
	ATT	ACH DOH ANALYT	E SHEET FOR EACH SUBC	CONTRACTED LAB
ANALYSIS INFORMATION (to be completed by lab) Dat	e Sample(s) Received: 04/0	2/2024		
PWS ID: (From Page 1): Sar	nple Number (From Page 1):	2407690005 La	b Assigned Report # Or Jo	ob ID: <u>T2407690</u>
Group(s) Analyzed & Results attached for compliance wit	h Chapter 62-550, F.A.C. (Che	ck all that apply):		
Inorganics Synthetic Organics Vo	olatile Organics Disinfec	tion Byproducts	Radionuclides	Secondaries
All except Asbestos		alomethanes	Single Sample	🗹 All 14
Partial All Except Dioxin	Partial Halo	acetic Acids	Qtrly Composite*	Partial
	Chlc			
Dioxin Only	Bror	nate		
Asbestos	LAB CERTIFICATI	ON		
I, Brandy Devilbiss	,	Project Manager	Ι ,	do HEREBY CERTIFY
(Print Name		(Print Title)		
that all attached analytical data are correct and unless noted me	eet all requirements of the Nation	al Environmental Lat	poratory Accreditation Confer	ence (NELAC).
Signature:		D (05/00/0004	
		Date:	05/03/2024	
 * Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fai ** Please provide radiological sample dates & locations for each 	lure to sample, and may result in	yte Sheet for the atta	ached analysis results will res	
 Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fai 	lure to sample, and may result in h quarter.	yte Sheet for the atta notification of the D(ached analysis results will res DH Bureau of Laboratory Ser	
 * Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fai ** Please provide radiological sample dates & locations for each 	lure to sample, and may result in th quarter. S REQUIRED WITHIN 24 HRS FOR I	yte Sheet for the atta notification of the D(NITRATE OR NITRITE	ached analysis results will res DH Bureau of Laboratory Ser MCL EXCEEDANCES	vices.
 * Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fai ** Please provide radiological sample dates & locations for each confirmation & notification is 	lure to sample, and may result in th quarter. S REQUIRED WITHIN 24 HRS FOR I DL WITH "U" QUALIFIER. (Non-de	yte Sheet for the atta notification of the DO NITRATE OR NITRITE etects reported as "BDI	ached analysis results will res DH Bureau of Laboratory Ser MCL EXCEEDANCES	vices.
 Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fai Please provide radiological sample dates & locations for each CONFIRMATION & NOTIFICATION IS NON-DETECTS ARE TO BE REPORTED AS THE MIL COMPLIANCE DETERMINATION (to be completed by DEP 	lure to sample, and may result in th quarter. S REQUIRED WITHIN 24 HRS FOR I DL WITH "U" QUALIFIER. (Non-de or DOH attach notes as neces	yte Sheet for the atta notification of the DO NITRATE OR NITRITE etects reported as "BDI sary)	ached analysis results will res DH Bureau of Laboratory Ser MCL EXCEEDANCES	vices.
 Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fai Please provide radiological sample dates & locations for each CONFIRMATION & NOTIFICATION IS NON-DETECTS ARE TO BE REPORTED AS THE MISCOMPLIANCE DETERMINATION (to be completed by DEP) 	lure to sample, and may result in th quarter. S REQUIRED WITHIN 24 HRS FOR I DL WITH "U" QUALIFIER. (Non-de or DOH attach notes as neces	yte Sheet for the atta notification of the DO NITRATE OR NITRITE etects reported as "BDI sary) acement Sample or F	ached analysis results will res DH Bureau of Laboratory Ser MCL EXCEEDANCES ." or with a "<" are not acceptabl	vices.

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: T2407690005

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	mg/L	0.40	U	EPA 300.0	0.40	04/11/2024	11:46	E84589

Page: 24 of 30

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T2407690005

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PWS ID	(From Page 1):	
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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	0.021	U	EPA 200.7	0.021	04/11/2024	09:56	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	04/11/2024	11:46	E84589
1022	Copper	1	mg/L	0.0050	Ι	EPA 200.7	0.0050	04/11/2024	09:56	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/11/2024	11:46	E84589
1028	Iron	0.3	mg/L	0.020	Ι	EPA 200.7	0.0067	04/11/2024	09:56	E84589
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/11/2024	09:56	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/11/2024	09:56	E84589
1055	Sulfate	250	mg/L	69		EPA 300.0	2.0	04/11/2024	11:46	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/11/2024	09:56	E84589
1905	Color	15	CU	4.3	U	SM 2120 B	4.3	04/03/2024	10:00	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/02/2024	17:20	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.57	Q	SM 4500H+B		04/05/2024	15:32	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C	10	04/05/2024	14:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/03/2024	09:00	E82001

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PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – please type or p	rint legibly)
System Name: Summertree		PWS I.D. #:
System Type (check one): Community	Nontransient Noncommunity	Transient Noncommunity
Address:		
City:	ZIP C	Code:
Phone #: Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by same	oler)	
Sample Number: T2407690006 Sam	ple Date: 04/02/2024	Sample Time: 08:45 AM PM (Circle C
Sample Location (be specific): 11001 Kiskadee		Location Code:
Disinfectant Residual (Required when reporting results for t	trihalomethanes and haloacetic acids	mg/L Field pH:
Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550 Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer	Reason(s) for S Reason(s) for S Routine Compliance with 62-550 Confirmation of MCL Exceedance Composite of Multiple Sites* Other: Sampling Procedure Used or Other Co *See 62-550(6) for requirements and restric And 62-550.512(3) for nitrate or nitrite exceedance	Clearance (permitting)
Ι	SAMPLER CERTIFICATION	, do HEREBY CERTIFY
(Print Name	(Print	Title)
that the above public water system and sample collection	n information is complete and correct.	
Signature:		Date:
Certified Operator # Phone #		Sampler's Fax #:
Sampler's E-mail:		
Reporting Format 62-550.730	Page: 26 of 30	

Effective January 1995, Revised December 2012

LABORATORY CERTIFICATION	I INFORMATION to be	completed by lab	- please type	or print legibly)
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Lab Name: Advanced Environmental Laboratories, Inc.	Florida DOH Certification #:	E84589 C	Certification Expiration Dat	e: 06/30/2024
	ATT	ACH CURRENT DO	H ANALYTE SHEET*	
Address: 9610 Princess Palm Ave, Tampa, FL 33619	Pho	one #: <u>(813)</u> 630-9	9616	
Were any analyses subcontracted Ves No	If yes, please provide DO⊦	l certification numb	er(s): E82001	
	ATI	ACH DOH ANALYT	E SHEET FOR EACH SUBC	CONTRACTED LAB
ANALYSIS INFORMATION (to be completed by lab) Dat	e Sample(s) Received: 04/	02/2024		
PWS ID: (From Page 1): Sar	nple Number (From Page 1):	2407690006 La	b Assigned Report # Or Jo	ob ID: <u>T2407690</u>
Group(s) Analyzed & Results attached for compliance wit	h Chapter 62-550, F.A.C. (Che	eck all that apply):		
Inorganics Synthetic Organics Vo	olatile Organics Disinfed	ction Byproducts	Radionuclides	Secondaries
All except Asbestos		alomethanes	Single Sample	🗹 All 14
Partial All Except Dioxin	Partial Hal	oacetic Acids	Qtrly Composite*	Partial
		orite		
Dioxin Only	Bro	mate		
Asbestos	LAB CERTIFICATI	ON		
I, Brandy Devilbiss	,	Project Manager	Ι ,	do HEREBY CERTIFY
(Print Name		(Print Title)		
that all attached analytical data are correct and unless noted me	et all requirements of the Nation	al Englisher was a stall all	paratory Approditation Confor	
		iai Environmentai Lar	boratory Accreditation Comer	ence (NELAC).
Signature:		Date:	05/03/2024	ence (NELAC).
Brandy Defillin	cation number and a current Ana lure to sample, and may result in	Date:	05/03/2024	sult in rejection of the report,
Signature: Orandy Detillion * Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fail	cation number and a current Ana lure to sample, and may result in ch quarter.	Date:	05/03/2024 ached analysis results will res DH Bureau of Laboratory Ser	sult in rejection of the report,
Signature: Orandy Detillion * Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fail ** Please provide radiological sample dates & locations for each	cation number and a current Ana lure to sample, and may result in ch quarter. S REQUIRED WITHIN 24 HRS FOR	Date: lyte Sheet for the atta notification of the DO	05/03/2024 ached analysis results will res DH Bureau of Laboratory Ser MCL EXCEEDANCES	sult in rejection of the report, vices.
Signature: Signature: Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fai Please provide radiological sample dates & locations for each confirmation & notification is 	cation number and a current Ana lure to sample, and may result in th quarter. S REQUIRED WITHIN 24 HRS FOR DL WITH "U" QUALIFIER. (Non-d	Date: lyte Sheet for the atta notification of the DO NITRATE OR NITRITE etects reported as "BDI	05/03/2024 ached analysis results will res DH Bureau of Laboratory Ser MCL EXCEEDANCES	sult in rejection of the report, vices.
Signature: * Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fai ** Please provide radiological sample dates & locations for each CONFIRMATION & NOTIFICATION IS NON-DETECTS ARE TO BE REPORTED AS THE MINIMUM COMPLIANCE DETERMINATION (to be completed by DEP	cation number and a current Ana lure to sample, and may result in th quarter. S REQUIRED WITHIN 24 HRS FOR DL WITH "U" QUALIFIER. (Non-d or DOH attach notes as neces	Date: lyte Sheet for the atta notification of the DO NITRATE OR NITRITE etects reported as "BDI ssary)	05/03/2024 ached analysis results will res DH Bureau of Laboratory Ser MCL EXCEEDANCES	sult in rejection of the report, vices. e.)
Signature: * Failure to provide a valid and current Florida DOH lab certific possible enforcement against the public water system for fai ** Please provide radiological sample dates & locations for each CONFIRMATION & NOTIFICATION IS NON-DETECTS ARE TO BE REPORTED AS THE MINIMUM COMPLIANCE DETERMINATION (to be completed by DEP	cation number and a current Ana lure to sample, and may result in th quarter. S REQUIRED WITHIN 24 HRS FOR DL WITH "U" QUALIFIER. (Non-d or DOH attach notes as neces	Date: lyte Sheet for the atta notification of the DO NITRATE OR NITRITE etects reported as "BDI ssary) acement Sample or F	05/03/2024 ached analysis results will res DH Bureau of Laboratory Ser MCL EXCEEDANCES " or with a "<" are not acceptable	sult in rejection of the report, vices. e.)

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: T2407690006

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	mg/L	0.40	U	EPA 300.0	0.40	04/11/2024	12:02	E84589

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SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T2407690006

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WS ID	(From Page 1):	
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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	0.021	U	EPA 200.7	0.021	04/11/2024	10:03	E84589	
1017	Chloride 250 mg/L		mg/L	23		EPA 300.0	2.0	04/11/2024	12:02	E84589	
1022	Copper	1	mg/L	0.0099	Ι	EPA 200.7	0.0050	04/11/2024	10:03	E84589	
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/11/2024	12:02	E84589	
1028	Iron	0.3	mg/L	0.064	Ι	EPA 200.7	0.0067	04/11/2024	10:03	E84589	
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/11/2024	10:03	E84589	
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/11/2024	10:03	E84589	
1055	Sulfate	250	mg/L	65		EPA 300.0	2.0	04/11/2024	12:02	E84589	
1095	Zinc	5	mg/L	0.082	Ι	EPA 200.7	0.050	04/11/2024	10:03	E84589	
1905	Color	15	CU	4.3	U	SM 2120 B	4.3	04/03/2024	10:00	E84589	
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/02/2024	17:20	E84589	
1925	pH (field pH from page 1)	6.5 - 8.5		7.96	Q	SM 4500H+B		04/05/2024	15:32	E84589	
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	10	04/05/2024	14:00	E84589	
2905	Foaming Agents	0.5	mg/L	0.061	Ι	SM 5540 C	0.040	04/03/2024	15:30	E82001	

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Altamonte Springs: 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1594 • Fax 407.937.1597 Lab ID: E53076

Altamonte Springs: 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1594 • Fax 407.937. Fort Myers: 13100 Westlinks Terrace, Ste. 10, FL 33913 • 239.674.8130 • Fax 239.674.8128 Lab ID: E84492 Florida's Largest Laboratory Network 🔲 Tallahassee: 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Fax 850.219.6275 Lab ID: E811095

Page_ of Gainesville: 4965 SW 41st Blvd., FL 32608 • 352.377.2349 • Fax 352.395.6639 Lab ID: E82001

Miramar: 10200 USA Today Way, FL 33025 • 954.889.2288 • Fax 954.889.2281 Lab ID: E82535 Tampa: 9610 Princess Palm Ave., FL 33619 • 813.630.9616 • Fax 813.630.4327 Lab ID: EB4589

Client Name: Sunshi Address: Phone: 727-934-9 FAX: Contact: Seff B Sampled By: Seff B Turn Around Time: A AEL Profile #:	Summertree Project Number: PO Number: 252125 FDEP Facility No: GS11423 FDEP Facility Address: Special Instructions: ADaPT EQUIS Other				her		ANALYSIS REQUIRED	Secondary Inorganicó			*	T 2	4 0	769	0 *	1		ABORATORY I.D. NUMBER	
SAMPLE ID	SAMPLE DESCRIPTION		Grab Comp	DATE	SAMPLING DATE TIME		NO. COUNT	Preservation Field- Filtered?											LAE
	11619 English Elm ch	-3.7	×	4/2/2	1755	Dis			×										001
2	11704 Rose Tree ch	the division of the local day in the local day	X	1	735				×										002
3	11436 GOK Rd CL.	and the second se	X		7:10				×										003
4	11800 Trywood CL	3.6	70	1	810				×										ODE
5	11219 Merganser CL-	Contract on the local division of the local	X		830				×										UUS
6	11001 Kiskadee cz.	37	×	1	845	V			×							<u></u>			Oure
Matrix Code: WW	/ = wastewater SW = surface water GW = gro	ound wate	r DW = d	Irinking wa	er O = oil	A = air S	O = soil	SL = sludg	je i	Preserva	tion Cod	e: I = ice	H=(HCI) S = (H2	2SO4) N	= (HNO3)	T = (So	dium Thic	osulfate)
and the cost of the first state of the state	Yes No Temp taken from sample	and the second se		m blank	Where r	equired, pH	checked		Temp. who										°C
Contract of the other states of the second s	Form last revised 08/07/2019 nquished by: Date Time 4/2/24/1000 4/2/24/1205		A	Dev	ce used for $F(2)$	Date	Tim	» 58	FO (Whe Co Sup	R DR	Inking formation r rson: Vater:	G WAT	ER US) PWS					