

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

(407) 841-1200 (407) 423-1831 Fax www.deanmead.com Attorneys and Counselors at Law

Orlando Fort Pierce Naples Viera/Melbourne Vero Beach

MARTIN FRIEDMAN

407-310-2077 mfriedman@deanmead.com

May 2, 2025 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, which is being filed on behalf of Sunshine Water Services Company.

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

Very truly yours,

/s/ Martin S. Friedman MARTIN S. FRIEDMAN

MSF/

cc: Sean Twomey (via email)



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

Workorder: Summertree (T2508626)

April 25, 2025

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

RE: Workorder: T2508626 Summertree

Dear Jeff Becker:

Enclosed are the analytical results for sample(s) received by the laboratory on Wednesday April 9, 2025. 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,

Brandy Devilbiss, Project Manager I

Friday, April 25, 2025 11:02:40 AM

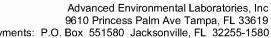
Page 1 of 35

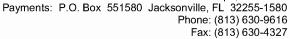
Dates and times are displayed using (-04:00)

BDevilbiss@aellab.com

Brandy Detiller









FINAL

Workorder: Summertree (T2508626)

Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
T2508626001	11619 English Elem	DW	EPA 200.7	04/09/2025 08:15	04/09/2025 12:30	6	NA
T2508626001	11619 English Elem	DW	EPA 300.0	04/09/2025 08:15	04/09/2025 12:30	3	NA
T2508626001	11619 English Elem	DW	SM 2120 B-2011 (PtCo)	04/09/2025 08:15	04/09/2025 12:30	2	NA
T2508626001	11619 English Elem	DW	SM 2150 B	04/09/2025 08:15	04/09/2025 12:30	1	NA
T2508626001	11619 English Elem	DW	SM 2540 C-2015	04/09/2025 08:15	04/09/2025 12:30	1	NA
T2508626001	11619 English Elem	DW	SM 4500 H+B-2011	04/09/2025 08:15	04/09/2025 12:30	1	NA
T2508626001	11619 English Elem	DW	SM 5540 C	04/09/2025 08:15	04/09/2025 12:30	1	NA
T2508626002	11704 Rose Tree	DW	EPA 200.7	04/09/2025 08:00	04/09/2025 12:30	6	NA
T2508626002	11704 Rose Tree	DW	EPA 300.0	04/09/2025 08:00	04/09/2025 12:30	3	NA
T2508626002	11704 Rose Tree	DW	SM 2120 B-2011 (PtCo)	04/09/2025 08:00	04/09/2025 12:30	2	NA
T2508626002	11704 Rose Tree	DW	SM 2150 B	04/09/2025 08:00	04/09/2025 12:30	1	NA
T2508626002	11704 Rose Tree	DW	SM 2540 C-2015	04/09/2025 08:00	04/09/2025 12:30	1	NA
T2508626002	11704 Rose Tree	DW	SM 4500 H+B-2011	04/09/2025 08:00	04/09/2025 12:30	1	NA
T2508626002	11704 Rose Tree	DW	SM 5540 C	04/09/2025 08:00	04/09/2025 12:30	1	NA
T2508626003	11436 Golf Rd	DW	EPA 200.7	04/09/2025 07:10	04/09/2025 12:30	6	NA
T2508626003	11436 Golf Rd	DW	EPA 300.0	04/09/2025 07:10	04/09/2025 12:30	3	NA
T2508626003	11436 Golf Rd	DW	SM 2120 B-2011 (PtCo)	04/09/2025 07:10	04/09/2025 12:30	2	NA
T2508626003	11436 Golf Rd	DW	SM 2150 B	04/09/2025 07:10	04/09/2025 12:30	1	NA
T2508626003	11436 Golf Rd	DW	SM 2540 C-2015	04/09/2025 07:10	04/09/2025 12:30	1	NA
T2508626003	11436 Golf Rd	DW	SM 4500 H+B-2011	04/09/2025 07:10	04/09/2025 12:30	1	NA
T2508626003	11436 Golf Rd	DW	SM 5540 C	04/09/2025 07:10	04/09/2025 12:30	1	NA
T2508626004	11800 Ivywood	DW	EPA 200.7	04/09/2025 08:25	04/09/2025 12:30	6	NA
T2508626004	11800 lvywood	DW	EPA 300.0	04/09/2025 08:25	04/09/2025 12:30	3	NA
T2508626004	11800 Ivywood	DW	SM 2120 B-2011 (PtCo)	04/09/2025 08:25	04/09/2025 12:30	2	NA
T2508626004	11800 lvywood	DW	SM 2150 B	04/09/2025 08:25	04/09/2025 12:30	1	NA
T2508626004	11800 Ivywood	DW	SM 2540 C-2015	04/09/2025 08:25	04/09/2025 12:30	1	NA
T2508626004	11800 lvywood	DW	SM 4500 H+B-2011	04/09/2025 08:25	04/09/2025 12:30	1	NA
T2508626004	11800 Ivywood	DW	SM 5540 C	04/09/2025 08:25	04/09/2025 12:30	1	NA
T2508626005	11219 Merganser	DW	EPA 200.7	04/09/2025 07:40	04/09/2025 12:30	6	NA
T2508626005	11219 Merganser	DW	EPA 300.0	04/09/2025 07:40	04/09/2025 12:30	3	NA
T2508626005	11219 Merganser	DW	SM 2120 B-2011 (PtCo)	04/09/2025 07:40	04/09/2025 12:30	2	NA
T2508626005	11219 Merganser	DW	SM 2150 B	04/09/2025 07:40	04/09/2025 12:30	1	NA
T2508626005	11219 Merganser	DW	SM 2540 C-2015	04/09/2025 07:40	04/09/2025 12:30	1	NA
T2508626005	11219 Merganser	DW	SM 4500 H+B-2011	04/09/2025 07:40	04/09/2025 12:30	1	NA
T2508626005	11219 Merganser	DW	SM 5540 C	04/09/2025 07:40	04/09/2025 12:30	1	NA

Friday, April 25, 2025 11:02:40 AM Dates and times are displayed using (-04:00) Page 2 of 35

Certificate of Analysis

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







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

Workorder: Summertree (T2508626)

Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
T2508626006	11001 Kiskadee	DW	EPA 200.7	04/09/2025 07:30	04/09/2025 12:30	6	NA
T2508626006	11001 Kiskadee	DW	EPA 300.0	04/09/2025 07:30	04/09/2025 12:30	3	NA
T2508626006	11001 Kiskadee	DW	SM 2120 B-2011 (PtCo)	04/09/2025 07:30	04/09/2025 12:30	2	NA
T2508626006	11001 Kiskadee	DW	SM 2150 B	04/09/2025 07:30	04/09/2025 12:30	1	NA
T2508626006	11001 Kiskadee	DW	SM 2540 C-2015	04/09/2025 07:30	04/09/2025 12:30	1	NA
T2508626006	11001 Kiskadee	DW	SM 4500 H+B-2011	04/09/2025 07:30	04/09/2025 12:30	1	NA
T2508626006	11001 Kiskadee	DW	SM 5540 C	04/09/2025 07:30	04/09/2025 12:30	1	NA





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FINAL

Workorder: Summertree (T2508626)

QC Results Qualifiers

Parameter Qualifiers

U The compound was analyzed for but not detected.

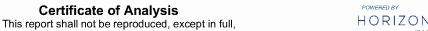
The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

Q Missed Hold Time

Lab Qualifiers

G DOH Certification #E82001 (FL NELAC) AEL-Gainesville М DOH Certification #E82535 (FL NELAC) AEL-Miami Т DOH Certification #E84589 (FL NELAC) AEL-Tampa







PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly)

PWS I.D. #: System Name: Nontransient Noncommunity Transient Noncommunity System Type (check one): Community Address: ZIP Code: Fax #: E-Mail Address: Phone #: **SAMPLE INFORMATION** (to be completed by sampler) Sample Time: 08:15 T2508626001 Sample Date: 04/09/2025 (Circle One) Sample Number: Sample Location (be specific): 11619 English Elem Location Code: Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids 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(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 . do HEREBY CERTIFY (Print Name (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Sampler's Fax #: Certified Operator # Phone # Sampler's E-mail:

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LABORATORY CERTIFICATION INFORMATION to be completed by lab – please type or print legibly)

Lab Name: Advanced Er	nvironmental Laboratories, Inc.	Florida DOH Certific	cation #:E84589	_ Certification Expiration D	ate: 06/30/2025
			ATTACH CURRENT	DOH ANALYTE SHEET*	
Address: 9610 Princes	ss Palm Ave, Tampa, FL 33619		Phone #: (813) 63	30-9616	
Were any analyses subo	contracted Ves No	If yes, please provi	ide DOH certification nu	ımber(s): E82535,E82001	
			ATTACH DOH ANAL	YTE SHEET FOR EACH SU	BCONTRACTED LAB
ANALYSIS INFORMAT	ION (to be completed by lab) Date	te Sample(s) Received	d: <u>04/09/2025</u>		
PWS ID: (From Page 1):	Sai	mple Number (From Pag	ge 1): <u>T2508626001</u>	Lab Assigned Report # Or	Job ID: <u>T2508626</u>
Group(s) Analyzed & Re	esults attached for compliance wi	th Chapter 62-550, F. <i>i</i>	A.C. (Check all that apply):		
<u>Inorganics</u>	Synthetic Organics V	olatile Organics	Disinfection Byproducts	<u>Radionuclides</u>	<u>Secondaries</u>
All except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	✓ All 14
✓ Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite*	Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos		LAB CERTII	FICATION		
Ι,	Brandy Devilbiss	,	Project Manager I		, do HEREBY CERTIFY
	(Print Name		(Print Title)		
	data are correct and unless noted m	eet all requirements of th	ne National Environmental	Laboratory Accreditation Con	ference (NELAC).
Signature:	rand Defilha		Date:	04/25/2025	
possible enforcement a	id and current Florida DOH lab certifi gainst the public water system for fa jical sample dates & locations for eac	ilure to sample, and may			
	CONFIRMATION & NOTIFICATION I	S REQUIRED WITHIN 24 H	HRS FOR NITRATE OR NITR	RITE MCL EXCEEDANCES	
NON-DETEC	TS ARE TO BE REPORTED AS THE M	DL WITH "U" QUALIFIER.	(Non-detects reported as "	BDL" or with a "<" are not accepta	able.)
COMPLIANCE DETERI	MINATION(to be completed by DEF	or DOH attach notes	as necessary)		
Sample Collection & An	alysis Satisfactory: 🔲 Yes 🔃 I	No	Replacement Sample	or Report Requested (circle o	r highlight group(s) above)
Person Notified:		_ Date Notified:	DEF	P/DOH Reviewing Official:	
Describes Francis CO EEO 720		D			

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INORGANIC	CONTAMINANTS
62-550.310(1)	

Report Number / Job ID:	T2508626001

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	04/14/2025	18:07	E84589

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T2508626001

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 #
1002	Aluminum	0.2	mg/L	0.043	I	EPA 200.7	0.024	04/21/2025	13:24	E82535
1017	Chloride	250	mg/L	30		EPA 300.0	2.0	04/14/2025	18:07	E84589
1022	Copper	1	mg/L	0.14		EPA 200.7	0.0050	04/21/2025	13:24	E82535
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/14/2025	18:07	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	04/21/2025	13:24	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:24	E82535
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/21/2025	13:24	E82535
1055	Sulfate	250	mg/L	68		EPA 300.0	2.0	04/14/2025	18:07	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/21/2025	13:24	E82535
1905	Color	15	CU	4.3	U	SM 2120 B-2011	4.3	04/10/2025	10:30	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/09/2025	15:30	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.67	Q	SM 4500 H+B-20	ļ l	04/10/2025	13:22	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C-2015	10	04/15/2025	09:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/10/2025	09:50	E82001

OTHER CONTAMINANTS Report Number / Job ID: T2508626001

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
pH for Color Analysis		N/A	SU	7.85		SM 2120 B-201		04/10/2025	10:30	E84589

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly) PWS I.D. #: System Name: Nontransient Noncommunity Transient Noncommunity System Type (check one): Community Address: ZIP Code: Fax #: E-Mail Address: Phone #: **SAMPLE INFORMATION** (to be completed by sampler) Sample Time: T2508626002 Sample Date: 04/09/2025 08:00 (Circle One) Sample Number: Location Code: Sample Location (be specific): 11704 Rose Tree Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids 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(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 . do HEREBY CERTIFY (Print Name (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Phone # Sampler's Fax #: Certified Operator # Sampler's E-mail:

*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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Reporting Format 62-550.730

Effective January 1995, Revised December 2012

LABORATORY CERTIFICATION INFORMATION to be completed by lab – please type or print legibly)

Lab Name: Advanced Environmental Laboratories, In	nc. Florida DOH Certificat	ion #: <u>E84589</u>	_ Certification Expiration Da	ate: 06/30/2025
		ATTACH CURRENT	DOH ANALYTE SHEET*	
Address: 9610 Princess Palm Ave, Tampa, FL 336	319	Phone #: (813) 63	30-9616	
Were any analyses subcontracted 💟 Yes 🔲	No If yes, please provide		mber(s): E82535,E82001	CONTRACTED LAB
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received:	04/09/2025	THE GREET FOR EAGIT GOD	
PWS ID: (From Page 1):	Sample Number (From Page	1): <u>T2508626002</u>	Lab Assigned Report # Or .	Job ID: <u>T2508626</u>
Group(s) Analyzed & Results attached for compliance	ce with Chapter 62-550, F.A.0	C. (Check all that apply):		
Inorganics Synthetic Organics All except Asbestos All 30 ✓ Partial All Except Dioxin Nitrate Partial Nitrite Dioxin Only	Volatile Organics All 21 Partial	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Otrly Composite*	Secondaries All 14 Partial
Asbestos	LAB CERTIFIC	CATION		
I, Brandy Devilbiss (Print Name	, ,	Project Mana (Print Title)	ger I	, do HEREBY CERTIFY
that all attached analytical data are correct and unless not	ted meet all requirements of the	,	Laboratory Accreditation Confe	erence (NELAC).
Signature:		Date:	04/25/2025	
 Failure to provide a valid and current Florida DOH lab possible enforcement against the public water system Please provide radiological sample dates & locations f 	for failure to sample, and may re			
CONFIRMATION & NOTIFICATION OF NON-DETECTS ARE TO BE REPORTED AS T	TION IS REQUIRED WITHIN 24 HR THE MDL WITH "U" QUALIFIER.			ole.)
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:	DEF	P/DOH Reviewing Official:	
Poparting Format 62 550 730	Paga	11 of 25		

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INORGANIC	CONTAMINANTS
62-550.310(1)	

Report Number	/ Job ID:	T25086260

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	04/20/2025	22:23	E84589

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T2508626002

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 #
1002	Aluminum	0.2	mg/L	0.024	U	EPA 200.7	0.024	04/21/2025	13:29	E82535
1017	Chloride	250	mg/L	30		EPA 300.0	2.0	04/20/2025	22:23	E84589
1022	Copper	1	mg/L	0.012		EPA 200.7	0.0050	04/21/2025	13:29	E82535
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/20/2025	22:23	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	04/21/2025	13:29	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:29	E82535
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/21/2025	13:29	E82535
1055	Sulfate	250	mg/L	67		EPA 300.0	2.0	04/20/2025	22:23	E84589
1095	Zinc	5	mg/L	0.057	I	EPA 200.7	0.050	04/21/2025	13:29	E82535
1905	Color	15	CU	4.3	U	SM 2120 B-2011	4.3	04/10/2025	10:30	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/09/2025	15:30	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.89	Q	SM 4500 H+B-20	ļ l	04/10/2025	13:22	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C-2015	10	04/15/2025	09:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/10/2025	09:50	E82001

OTHER CONTAMINANTS

Report Number / Job ID: T2508626002

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	pH for Color Analysis	N/A	SU	9.07		SM 2120 B-201		04/10/2025	10:30	E84589

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler – please type or p	orint legibly)	
System Name:		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: T2508626003	Sample Date: 04/09/2025	Sample Time: 07:10 AM PM	(Circle One)
Sample Location (be specific): 11436 Golf Rd		Location Code:	_
Disinfectant Residual (Required when reporting re-	sults 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 62-550 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 C *See 62-550(6) for requirements and restr	Clearance (permitting) omments: *See 62-550.550(4) for requirements and	_
	SAMPLER CERTIFICATION		
(Print Name	Print	, do HEREBY CERTIFY	
that the above public water system and sample of	· ·		
Signature:		Date:	_
Certified Operator # P	hone #	Sampler's Fax #:	_
Sampler's E-mail:			_

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*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

LABORATORY CERTIFICATION INFORMATION to be completed by lab – please type or print legibly)

Lab Name: Advanced Environmental Laboratories, In	c. Florida DOH Certificatio	on #: <u>E84589</u>	Certification Expiration D	ate: 06/30/2025
		ATTACH CURRENT	DOH ANALYTE SHEET*	
Address: 9610 Princess Palm Ave, Tampa, FL 336	19	Phone #: (813) 63	80-9616	
Were any analyses subcontracted Ves	No If yes, please provide I	DOH certification num	mber(s): E82535,E82001	_
		ATTACH DOH ANAL	YTE SHEET FOR EACH SUI	BCONTRACTED LAB
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received:	04/09/2025		
PWS ID: (From Page 1):	Sample Number (From Page 1)	T2508626003	Lab Assigned Report # Or	Job ID: <u>T2508626</u>
Group(s) Analyzed & Results attached for compliance	e with Chapter 62-550, F.A.C.	(Check all that apply):		
Inorganics Synthetic Organics All except Asbestos All 30 ✓ Partial All Except Dioxin Nitrate Partial Nitrite Dioxin Only	Volatile Organics All 21 Partial	sinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Qtrly Composite*	Secondaries All 14 Partial
Asbestos	LAB CERTIFIC	ATION		
I, Brandy Devilbiss	,	Project Manag	ger I	, do HEREBY CERTIFY
(Print Name		(Print Title)		•
that all attached analytical data are correct and unless note	ed meet all requirements of the Na	ational Environmental	Laboratory Accreditation Con	ference (NELAC).
Signature: Osandy Devilha		Date:	04/25/2025	
 Failure to provide a valid and current Florida DOH lab of possible enforcement against the public water system for the Please provide radiological sample dates & locations for the public water system for the public water system for the public water system for the public water system. 	or failure to sample, and may res			
CONFIRMATION & NOTIFICAT	ION IS REQUIRED WITHIN 24 HRS	FOR NITRATE OR NITR	ITE MCL EXCEEDANCES	
NON-DETECTS ARE TO BE REPORTED AS TI	HE MDL WITH "U" QUALIFIER. (N	lon-detects reported as "F	BDL" or with a "<" are not accepta	able.)
COMPLIANCE DETERMINATION(to be completed by	DEP or DOH attach notes as n	ecessary)		
Sample Collection & Analysis Satisfactory: Yes	No I	Replacement Sample	or Report Requested (circle o	r highlight group(s) above)
Person Notified:	Date Notified:	DEP	P/DOH Reviewing Official:	
Departing Fernant C2 FEO 720	D 40			

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INORGANIC	CONTAMINANTS
62-550.310(1)	

Report Number / Job ID:	T2508626003

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	04/20/2025	21:49	E84589

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T2508626003

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 #
1002	Aluminum	0.2	mg/L	0.024	I	EPA 200.7	0.024	04/21/2025	13:33	E82535
1017	Chloride	250	mg/L	30		EPA 300.0	2.0	04/20/2025	21:49	E84589
1022	Copper	1	mg/L	0.011		EPA 200.7	0.0050	04/21/2025	13:33	E82535
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/20/2025	21:49	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	04/21/2025	13:33	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:33	E82535
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/21/2025	13:33	E82535
1055	Sulfate	250	mg/L	66		EPA 300.0	2.0	04/20/2025	21:49	E84589
1095	Zinc	5	mg/L	0.053	I	EPA 200.7	0.050	04/21/2025	13:33	E82535
1905	Color	15	CU	4.3	U	SM 2120 B-2011	4.3	04/10/2025	10:30	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/09/2025	15:30	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.92	Q	SM 4500 H+B-20	ļ l	04/10/2025	13:22	E84589
1930	Total Dissolved Solids	500	mg/L	340		SM 2540 C-2015	10	04/15/2025	09:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/10/2025	09:50	E82001

OTHER CONTAMINANTS Report Number / Job ID: T2508626003

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	pH for Color Analysis	N/A	SU	7.99		SM 2120 B-201		04/10/2025	10:30	E84589

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly) PWS I.D. #: System Name: Nontransient Noncommunity Transient Noncommunity System Type (check one): Community Address: ZIP Code: Fax #: E-Mail Address: Phone #: **SAMPLE INFORMATION** (to be completed by sampler) Sample Time: T2508626004 Sample Date: 04/09/2025 08:25 (Circle One) Sample Number: Location Code: Sample Location (be specific): 11800 lvywood Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids 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(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 . do HEREBY CERTIFY (Print Name (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Sampler's Fax #: Certified Operator # Phone # Sampler's E-mail:

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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 Da	ate: 06/30/2025
	ATI	ACH CURRENT D	OH ANALYTE SHEET*	
Address: 9610 Princess Palm Ave, Tampa, FL 33619	Pho	one #: <u>(813)</u> 630)-9616	
Were any analyses subcontracted Yes No	If yes, please provide DOF	I certification num	nber(s): E82535,E82001	_
	ATT	ACH DOH ANALY	TE SHEET FOR EACH SUB	CONTRACTED LAB
ANALYSIS INFORMATION (to be completed by lab) D	ate Sample(s) Received: 04/	09/2025		
PWS ID: (From Page 1):	ample Number (From Page 1):	2508626004 L	ab Assigned Report # Or .	Job ID: <u>T2508626</u>
Group(s) Analyzed & Results attached for compliance v	with Chapter 62-550, F.A.C. (Che	eck all that apply):		
Inorganics Synthetic Organics All except Asbestos All 30 ✓ Partial All Except Dioxin Nitrate Partial Nitrite Dioxin Only	All 21 Trih Partial Hal	ction Byproducts nalomethanes oacetic Acids orite mate	Radionuclides Single Sample Qtrly Composite*	Secondaries All 14 Partial
Asbestos	LAB CERTIFICATI	ON		
I, Brandy Devilbiss		Project Manage	er l	, do HEREBY CERTIFY
(Print Name	·	(Print Title)		
that all attached analytical data are correct and unless noted	meet all requirements of the Nation	al Environmental La	aboratory Accreditation Confe	erence (NELAC).
Signature: Osandy Delilh		Date:	04/25/2025	
 Failure to provide a valid and current Florida DOH lab cert possible enforcement against the public water system for the Please provide radiological sample dates & locations for expressions. 	failure to sample, and may result in			
CONFIRMATION & NOTIFICATION	N IS REQUIRED WITHIN 24 HRS FOR	NITRATE OR NITRIT	E MCL EXCEEDANCES	
NON-DETECTS ARE TO BE REPORTED AS THE	MDL WITH "U" QUALIFIER. (Non-d	etects reported as "BI	DL" or with a "<" are not acceptal	ole.)
COMPLIANCE DETERMINATION(to be completed by DE	EP or DOH attach notes as neces	ssary)		
Sample Collection & Analysis Satisfactory: Yes	No Repl	acement Sample or	Report Requested (circle or	highlight group(s) above)
Person Notified:	Date Notified:	DEP/I	DOH Reviewing Official: _	
Departies Format C2 FF0 720	Dans. 24 of 5	15		

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INORGANIC	CONTAMINANTS
62-550.310(1)	

Report Number / Job ID:	T2508626004

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	04/20/2025	22:40	E84589

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T2508626004

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 #
1002	Aluminum	0.2	mg/L	0.024	U	EPA 200.7	0.024	04/21/2025	13:37	E82535
1017	Chloride	250	mg/L	30		EPA 300.0	2.0	04/20/2025	22:40	E84589
1022	Copper	1	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:37	E82535
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/20/2025	22:40	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	04/21/2025	13:37	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:37	E82535
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/21/2025	13:37	E82535
1055	Sulfate	250	mg/L	66	4	EPA 300.0	2.0	04/20/2025	22:40	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/21/2025	13:37	E82535
1905	Color	15	CU	4.3	U	SM 2120 B-2011	4.3	04/10/2025	10:30	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/09/2025	15:30	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.85	Q	SM 4500 H+B-20		04/10/2025	13:22	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C-2015	10	04/15/2025	09:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/10/2025	09:50	E82001

OTHER CONTAMINANTS	Report Number / Job ID: _	T2508626004
	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 #
	pH for Color Analysis	N/A	SU	8.03		SM 2120 B-201		04/10/2025	10:30	E84589

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PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly) PWS I.D. #: System Name: Nontransient Noncommunity Transient Noncommunity System Type (check one): Community Address: ZIP Code: Fax #: E-Mail Address: Phone #: **SAMPLE INFORMATION** (to be completed by sampler) Sample Time: 07:40 T2508626005 Sample Date: 04/09/2025 (Circle One) Sample Number: Location Code: Sample Location (be specific): 11219 Merganser Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids 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(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 . do HEREBY CERTIFY (Print Name (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Sampler's Fax #: Certified Operator # Phone # Sampler's E-mail:

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LABORATORY CERTIFICATION INFORMATION to be completed by lab – please type or print legibly)

Lab Name: Advanced Environmental Laboratories, I	nc. Florida DOH Certification #	t: <u>E84589</u>	Certification Expiration D	ate: 06/30/2025
	AT	TACH CURRENT	DOH ANALYTE SHEET*	
Address: 9610 Princess Palm Ave, Tampa, FL 336	619 Ph	none #: <u>(813) 63</u>	0-9616	
Were any analyses subcontracted Ves	No If yes, please provide DO	H certification nur	mber(s): E82535,E82001	
	AT	TACH DOH ANAL	YTE SHEET FOR EACH SU	SCONTRACTED LAB
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received: 04	/09/2025		
PWS ID: (From Page 1):	Sample Number (From Page 1):	T2508626005	Lab Assigned Report # Or	Job ID: <u>T2508626</u>
Group(s) Analyzed & Results attached for compliance	ce with Chapter 62-550, F.A.C. (C	neck all that apply):		
Inorganics Synthetic Organics All except Asbestos All 30 ✓ Partial All Except Dioxin Nitrate Partial Nitrite Dioxin Only	All 21 Tri Partial Ha	ection Byproducts chalomethanes aloacetic Acids nlorite omate	Radionuclides Single Sample Otrly Composite*	Secondaries All 14 Partial
Asbestos	LAB CERTIFICAT	TON		
I, Brandy Devilbiss	,	Project Manag	ger I	, do HEREBY CERTIFY
(Print Name		(Print Title)		
that all attached analytical data are correct and unless no	ted meet all requirements of the Natio	nal Environmental l	_aboratory Accreditation Conf	ference (NELAC).
Signature: Orandy Detilling		Date:	04/25/2025	
 Failure to provide a valid and current Florida DOH lab possible enforcement against the public water system Please provide radiological sample dates & locations f 	for failure to sample, and may result i			
CONFIRMATION & NOTIFICATION	TION IS REQUIRED WITHIN 24 HRS FOI	R NITRATE OR NITRI	TE MCL EXCEEDANCES	
NON-DETECTS ARE TO BE REPORTED AS 1	THE MDL WITH "U" QUALIFIER. (Non-	detects reported as "E	BDL" or with a "<" are not accepta	ible.)
COMPLIANCE DETERMINATION(to be completed by	y DEP or DOH attach notes as nece	essary)		
Sample Collection & Analysis Satisfactory: Yes	No Rep	placement Sample o	or Report Requested (circle of	r highlight group(s) above)
Person Notified:	Date Notified:	DEP	/DOH Reviewing Official:_	
Denouting Format CO FEO 730	D 00 -f	0.5		

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INORGANIC	CONTAMINANTS
62-550.310(1)	

Report Number / Job ID:	T2508626005

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	04/20/2025	22:57	E84589

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: _	T2508626005			
DIMIC 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	0.024	U	EPA 200.7	0.024	04/21/2025	13:42	E82535
1017	Chloride	250	mg/L	30		EPA 300.0	2.0	04/20/2025	22:57	E84589
1022	Copper	1	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:42	E82535
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/20/2025	22:57	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	04/21/2025	13:42	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:42	E82535
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/21/2025	13:42	E82535
1055	Sulfate	250	mg/L	67	4	EPA 300.0	2.0	04/20/2025	22:57	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/21/2025	13:42	E82535
1905	Color	15	CU	4.3	U	SM 2120 B-2011	4.3	04/10/2025	10:30	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/09/2025	15:30	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.82	Q	SM 4500 H+B-20	ļ l	04/10/2025	13:22	E84589
1930	Total Dissolved Solids	500	mg/L	280		SM 2540 C-2015	10	04/15/2025	09:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/10/2025	09:50	E82001

OTHER CONTAMINANTS Report Number / Job ID: T2508626005

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	pH for Color Analysis	N/A	SU	8.02		SM 2120 B-201		04/10/2025	10:30	E84589

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly)

System Name:		PWS I	.D. #:	
System Type (check one): Community	Nontransient Noncommunity	Transient Nonco	mmunity	
Address:				
City:	ZIP	Code:		
Phone #: Fax #:	E-Mail Address:			
SAMPLE INFORMATION (to be completed by same	pler)			
Sample Number: T2508626006 San	nple Date: 04/09/2025	Sample Time:	07:30 AM PM (C	Circle One)
Sample Location (be specific): 11001 Kiskadee		Location C	ode:	
Disinfectant Residual (Required when reporting 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 62-550 Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer	Reason(s) for Routine Compliance with 62-550 Confirmation of MCL Exceedanc Composite of Multiple Sites* Other: Sampling Procedure Used or Other C *See 62-550(6) for requirements and rest And 62-550.512(3) for nitrate or nitrite exceedance	e* Special (not for or Clearance (permi	for requirements and	
I	SAMPLER CERTIFICATION		, do HEREBY CERTIFY	
(Print Name	•	t Title)		
that the above public water system and sample collection	on information is complete and correct.			
Signature:		Date:		
Certified Operator # Phone #		Sampler's Fax #:		
Sampler's E-mail:				

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*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

LABORATORY CERTIFICATION INFORMATION to be completed by lab – please type or print legibly)

Lab Name: Advanced Er	nvironmental Laboratories, Inc.	Florida DOH Certific	cation #: <u>E84589</u>	_ Certification Expiration D	Date: 06/30/2025
			ATTACH CURRENT	DOH ANALYTE SHEET*	
Address: 9610 Princes	ss Palm Ave, Tampa, FL 33619		Phone #: (813) 6	30-9616	
Were any analyses subo	contracted Ves No	If yes, please prov	ide DOH certification nu	umber(s): E82535,E82001	
			ATTACH DOH ANA	LYTE SHEET FOR EACH SU	BCONTRACTED LAB
ANALYSIS INFORMAT	TION (to be completed by lab) Date	te Sample(s) Receive	d: 04/09/2025		
PWS ID: (From Page 1):	Sai	mple Number (From Pa	ge 1): T2508626006	Lab Assigned Report # Or	Job ID: <u>T2508626</u>
Group(s) Analyzed & Re	esults attached for compliance wi	th Chapter 62-550, F	A.C. (Check all that apply):		
<u>Inorganics</u>	Synthetic Organics V	olatile Organics	Disinfection Byproducts	<u>Radionuclides</u>	<u>Secondaries</u>
All except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	✓ All 14
✓ Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite*	Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos		LAB CERTI	FICATION		
Ι,	Brandy Devilbiss	,	Project Mana	ager I	, do HEREBY CERTIFY
	(Print Name		(Print Title)		-
	data are correct and unless noted m	eet all requirements of tl	he National Environmental	Laboratory Accreditation Con	ference (NELAC).
Signature:	mandy Defilha		Date:	04/25/2025	
possible enforcement a	id and current Florida DOH lab certifi against the public water system for fa gical sample dates & locations for eac	ilure to sample, and may			
	CONFIRMATION & NOTIFICATION I	S REQUIRED WITHIN 24 I	HRS FOR NITRATE OR NITE	RITE MCL EXCEEDANCES	
NON-DETEC	CTS ARE TO BE REPORTED AS THE M	DL WITH "U" QUALIFIER	. (Non-detects reported as	"BDL" or with a "<" are not accept	able.)
COMPLIANCE DETER	MINATION(to be completed by DEF	or DOH attach notes	as necessary)		
Sample Collection & An	alysis Satisfactory: 🔲 Yes 🔃 I	No	Replacement Sample	or Report Requested (circle of	or highlight group(s) above)
Person Notified:		Date Notified:	DEI	P/DOH Reviewing Official:	
Departies Format C2 EE0 720		D	. 04 . 6 05		

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INORGANIC	CONTAMINANTS
62-550.310(1)	

Report Number / Job ID:	T2508626006
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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	04/20/2025	22:06	E84589

SECONDARY CONTAMINANTS 62-550.320

Report Num	ber / Job ID: _	T2508626006
PW/S 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	0.024	U	EPA 200.7	0.024	04/21/2025	13:46	E82535
1017	Chloride	250	mg/L	30	1	EPA 300.0	2.0	04/20/2025	22:06	E84589
1022	Copper	1	mg/L	0.0069	I	EPA 200.7	0.0050	04/21/2025	13:46	E82535
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/20/2025	22:06	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	04/21/2025	13:46	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:46	E82535
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/21/2025	13:46	E82535
1055	Sulfate	250	mg/L	66	AA	EPA 300.0	2.0	04/20/2025	22:06	E84589
1095	Zinc	5	mg/L	0.12		EPA 200.7	0.050	04/21/2025	13:46	E82535
1905	Color	15	CU	4.3	U	SM 2120 B-2011	4.3	04/10/2025	10:30	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/09/2025	15:30	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.92	Q	SM 4500 H+B-20	L = = =	04/10/2025	13:22	E84589
1930	Total Dissolved Solids	500	mg/L	300	1	SM 2540 C-2015	10	04/15/2025	09:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/10/2025	09:50	E82001

OTHER CONTAMINANTS Report Number / Job ID: T2508626006

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method			Analysis Time	DOH Lab Certification #
	pH for Color Analysis	N/A	SU	8.13		SM 2120 B-201		04/10/2025	10:30	E84589

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GI	Advanced Environmental Laboratories, Inc Florida's Largest Laboratory Network	· UJack	sonville:	6681 Southpo	Northiake Bivd., So nint Pkwy. • Jackso nnroe St., Suite D,	nville, FL 3221	6 • 904.363.9350	• Fax 904.363		☐ <u>Mira</u>	mar: 10200 USA 1	/ 41st Blvd. • Gainesville, Foday Way, Miramar, FL Palm Ave. • Tampa, FL	330 25 • 954,889. 228	8 • Fax 954.889.	.2281
Client Name: Sunski Address:	ne Water Services	Project Na	SUM	nerti	ree			BOTTLE							
Phone:	acility No: 6511423					ANALYSIS REQUIRED SI	9						NUMBER		
FAX: Contact: Teff Sampled By: Teff Turn Around Time:	FDEP Facility Address: Special Instructions:						Enorgania		* T 2 5 0 8 6 2 6 *				LABORATORY I.D. NUN		
SAMPLE ID	SAMPLE DESCRIPTION	Grab SAMPLING MAT					MATRIX NO.	Preservation	8		1				LABORA
)	11619 English Elm CLZ-	1-5	×	4/9/2	\$ 815	DW			×						Var
2	11704 RoseTree CLZ-3	3.7	*	1	800				X		1				002
3	11436 Golf Rd. CLZ-3	3.6	X		710				×						OUS
4	11800 Ivywood CLZ-2	.8	×		825				X		1 7				00%
5	11219 Merganser CLZ-2	.9	K		740				×		1				00
b	11001 Kiskadee CLZ-3	5.7	×	4	730	7			X						067
														1	
The second of the second	= wastewater SW = surface water GW = gro	-		-	ter O = oll Where re			SL = sludg				S = (H2SO4) N =			
	last revised 11/17/16		remp iro					y unique id	Temp. when receiv lentifier (circle IR te			C Temp. when I-1 LT-2 T: 10/	•		°C
Reili	nquished by: Date Time	ľ	Rec	eived by:	1	Date	Time	-	FOR DR	INKING W	ATER USE	:			
2	RG 9928			17	Se	49	48 4	2		erson:			ne :		_
3				•			-		Supplier of \	Water:					-