# CLASS A WATER AND/OR WASTEWATER UTILITIES

# ADDITIONAL ENGINEERING INFORMATION MINIMUM FILING REQUIREMENTS

**OF** 

Peoples Water Service Company of Florida, Inc.

Exact Legal Name of Utility

# **VOLUME IIIB**



FOR THE

**TEST YEAR ENDED December 31, 2008** 

OCCUMENT NUMBER-DATE

# THE PEOPLES WATER SERVICE COMPANY OF FLORIDA, INC.

# 2008 CHEMICAL TESTING RESULTS

#### **VOLUME III-B**

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- B. Raw Tap
- C. Main Clearance
- D. Special/Random
- E. Well 3 Analysis
- F. Well 4 Analysis

FPSC-CCMMISSION CLERK

2008 Bacteriological Results



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P005322

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

12/17/2008 1:12:00PM

Date Analyzed:

12/17/2008 1:20:00PM

Date Reported: Sample Temp (°C): 12/18/2008 4:50:09PM On Ice <10

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
†	MIZZEN LN #66	12/17/2008	9:25AM	Dist	0.5	7.8	Absent		and the I beaution a control of the	PED08008347
2	BLUE ANGEL LAKES #68	12/17/2008	9:30AM	Dist	0.6	7.4	Absent			PED08008348
_3	STODDART PLACE (BACK) #6	:12/17/2008	9:40AM	Dist	0.5	7.2	Absent			PED08008349
4	COBBLEBROOKE DR #69	12/17/2008	9:53AM	Dist	0.6	7.1	Absent			PED08008350
5	GULF BREEZE AVE #64	12/17/2008	9:59AM	Dist	0.7	6.9	Absent			PED08008351
6	BAINBRIDGE AVE #56	12/17/2008	10:05AM	Dist	0.6	6.6	Absent			PED08008352
7	COLBERT AVE #49	12/17/2008	10:10AM	Dist	0.7	7.0	Absent			PED08008353

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed In Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycuit

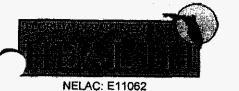
Authorized By:

William Nakashima

LIMS Report#:

DEP/DOH Use Only	Z -	
☐ Satisfactory	÷ (3)	
☐ Incomplete Collection Information	¥ 10	
Repeat Samples Required	симб 0 <b>5</b> (	
Replacement Samples Required	200	
Date Reviewed by DEP/DOH:		
DEP/DOH Reviewing Official:	·	





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P005323

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

Collector/Phone:

850-455-8552

Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

12/17/2008 1:12:00PM

Date Analyzed: Date Reported: 12/17/2008 1:20:00PM 12/18/2008 4:50:09PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

#### Collector Comments:

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Ci	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	HWY 98 MINI STORAGE #23	12/17/2008 10:25AM	Dist	0.6	6.8	Absent			PED08008354
9	KENNINGTON DR #6	12/17/2008 10:30AM	Dist	0.6	7.2	Absent			PED08008355
10	PELHAM RD #57	12/17/2008 10:35AM	Dist	0.6	6.9	Absent			PED08008356
11	MANDALAY DR (FRONT) #46	12/17/2008 10:40AM	Dist	0.6	7.0	Absent			PED08008357
12	MANDALAY DR (BACK) #5	12/17/2008 10:45AM	Dist	0.6	7.0	Absent			PED08008358
13	LEMHURST RD #17	12/17/2008 10:54AM	Dist	0.5	7.0	Absent			PED08008359
14	MAHOGONY MILL #45	12/17/2008 10:55AM	Dist	0.6	7.2	Absent			PED08008360

Lab	Commen	ts/Qua	litiers:
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Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

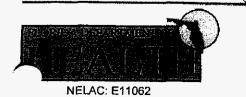
Authorized By:

William Nakashima

LIMS Report #:

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
Replacement Samples Required
Date Reviewed by DEP/DOH;
DEP/DOH Reviewing Official:





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P005324

County: Type of Supply: Escambia

Type of Sample:

Community Water System

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

**System ID:** 1170527

System Phone: 850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

12/17/2008 1:12:00PM

Date Analyzed: Date Reported: 12/17/2008 1:20:00PM 12/18/2008 4:50:09PM

Sample Temp (°C):

<10 On Ice

Chlorine Check: District:

Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	BAYSHORE DR (EAST) #19	12/17/2008 11:50AM	Dist	0.5	7.1	Absent			PED08008361
16	VALENCIA RD #28	12/17/2008 11:05AM	Dist	0.6	7.0	Absent			PED08008362
17	SW BAUBLITTS RD #52	12/17/2008 11:10AM	Dist	0.4	6.9	Absent			PED08008363
	MANOR DR #31	12/17/2008 11:15AM	Dist	0.5	6.7	Absent			PED08008364
19	RAYMOND DR #30	12/17/2008 11:19AM	Dist	0.7	6.8	Absent			PED08008365
20	PATTON DR #51	12/17/2008 11:28AM	Dist	0.6	7.0	Absent			PED08008366
Lab Comments/Qualifiers:									

Disinjectant Residuals Avg	•	
Disinfectant Residuals Meti	hod:	DPD
Disinfectant Analysis Certif	ied Operator #:	1270
All Tests Performed in Acce	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	

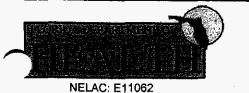
William Nakashima

1595555

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
Repeat Samples Required
Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:



Authorized By: LIMS Report #:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P005159

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

850-455-8552

System Phone: Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

12/2/2008 3:02:00PM

Date Analyzed: Date Reported: 12/2/2008 3:07:00PM 12/3/2008 5:29:52PM

Sample Temp (°C):

<10 On ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	FREEEBOARD BLVD #63	12/2/2008 9:20AM	Dist	0.6	7.5	Absent			PED08007935
2	MARLINSPIKE #65	12/2/2008 9:30AM	Dist	0.5	7.4	Absent			PED08007936
3	FOGGY BOTTOM #67	12/2/2008 9:40AM	Dist	0.6	7.6	Absent			PED08007937
4	N LOOP #29	12/2/2008 10:15AM	Dist	0.7	7.6	Absent	•	•	PED08007938
5	GULF BEACH HWY #47	12/2/2008 10:20AM	Dist	0.5	7.2	Absent			PED08007939
6	DOG TRACK #21	12/2/2008 11:30AM	Dist	0.6	7.3	Absent			PED08007940
7	CORAL CREEK DR #7	12/2/2008 11:20AM	Dist	0.6	7.6	Absent			PED08007941

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

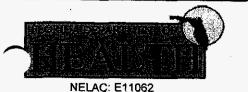
Authorized By:

William Nakashima

LIMS Report #:

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
☐ Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission (D:

P005160

County: Type of Supply: Escambia Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527 System Phone:

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

12/2/2008 3:02:00PM

Date Analyzed:

12/2/2008 3:07:00PM

Date Reported: Sample Temp (°C): 12/3/2008 5:29:53PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
STODDART (FRONT) #61	12/2/2008 11:25AM	Dist	0.6	7.6	Absent		and the second s	PED08007942
SEDGEFIELD DR #42	12/2/2008 11:40AM	Dist	0.5	7.2	Absent			PED08007943
BLAKELUY AVE #24	12/2/2008 1:30PM	Dist ·	0.5	7.1	Absent			PED08007944
S FAIRFIELD DR #14	12/2/2008 1:35PM	Dist	0.5	7.0	Absent			PED08007945
INEZ DR #22	12/2/2008 1:40PM	Dist	0.5	6.9	Absent			PED08007946
N POLK AVE #10	12/2/2008 1:45PM	Dist	0.6	7.1	Absent			PED08007947
S POLK AVE #3	12/2/2008 1:50PM	Dist	0.6	7.2	Absent			PED08007948
	STODDART (FRONT) #61  SEDGEFIELD DR #42  BLAKELUY AVE #24  S FAIRFIELD DR #14  INEZ DR #22  N POLK AVE #10	Collected  STODDART (FRONT) #61 12/2/2008 11:25AM  SEDGEFIELD DR #42 12/2/2008 11:40AM  BLAKELUY AVE #24 12/2/2008 1:30PM  S FAIRFIELD DR #14 12/2/2008 1:35PM  INEZ DR #22 12/2/2008 1:40PM  N POLK AVE #10 12/2/2008 1:45PM	Collected         /Dist           STODDART (FRONT) #61         12/2/2008 11:25AM         Dist           SEDGEFIELD DR #42         12/2/2008 11:40AM         Dist           BLAKELUY AVE #24         12/2/2008 1:30PM         Dist           S FAIRFIELD DR #14         12/2/2008 1:35PM         Dist           INEZ DR #22         12/2/2008 1:40PM         Dist           N POLK AVE #10         12/2/2008 1:45PM         Dist	Collected         /Dist         CI           STODDART (FRONT) #61         12/2/2008 11:25AM         Dist         0.6           SEDGEFIELD DR #42         12/2/2008 11:40AM         Dist         0.5           BLAKELUY AVE #24         12/2/2008 1:30PM         Dist         0.5           S FAIRFIELD DR #14         12/2/2008 1:35PM         Dist         0.5           INEZ DR #22         12/2/2008 1:40PM         Dist         0.5           N POLK AVE #10         12/2/2008 1:45PM         Dist         0.6	Collected         /Dist         CI           STODDART (FRONT) #61         12/2/2008 11:25AM         Dist         0.6         7.6           SEDGEFIELD DR #42         12/2/2008 11:40AM         Dist         0.5         7.2           BLAKELUY AVE #24         12/2/2008 1:30PM         Dist         0.5         7.1           S FAIRFIELD DR #14         12/2/2008 1:35PM         Dist         0.5         7.0           INEZ DR #22         12/2/2008 1:40PM         Dist         0.5         6.9           N POLK AVE #10         12/2/2008 1:45PM         Dist         0.6         7.1	Collected         /Dist         CI         Coliform           STODDART (FRONT) #61         12/2/2008 11:25AM         Dist         0.6         7.6         Absent           SEDGEFIELD DR #42         12/2/2008 11:40AM         Dist         0.5         7.2         Absent           BLAKELUY AVE #24         12/2/2008 1:30PM         Dist         0.5         7.1         Absent           S FAIRFIELD DR #14         12/2/2008 1:35PM         Dist         0.5         7.0         Absent           INEZ DR #22         12/2/2008 1:40PM         Dist         0.5         6.9         Absent           N POLK AVE #10         12/2/2008 1:45PM         Dist         0.6         7.1         Absent	Collected         /Dist         CI         Coliform           STODDART (FRONT) #61         12/2/2008 11:25AM         Dist         0.6         7.6         Absent           SEDGEFIELD DR #42         12/2/2008 11:40AM         Dist         0.5         7.2         Absent           BLAKELUY AVE #24         12/2/2008 1:30PM         Dist         0.5         7.1         Absent           S FAIRFIELD DR #14         12/2/2008 1:35PM         Dist         0.5         7.0         Absent           INEZ DR #22         12/2/2008 1:40PM         Dist         0.5         6.9         Absent           N POLK AVE #10         12/2/2008 1:45PM         Dist         0.6         7.1         Absent	Collected         /Dist         CI         Coliform         cfu/mL           STODDART (FRONT) #61         12/2/2008 11:25AM         Dist         0.6         7.6         Absent           SEDGEFIELD DR #42         12/2/2008 11:40AM         Dist         0.5         7.2         Absent           BLAKELUY AVE #24         12/2/2008 1:30PM         Dist         0.5         7.1         Absent           S FAIRFIELD DR #14         12/2/2008 1:35PM         Dist         0.5         7.0         Absent           INEZ DR #22         12/2/2008 1:40PM         Dist         0.5         6.9         Absent           N POLK AVE #10         12/2/2008 1:45PM         Dist         0.6         7.1         Absent

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

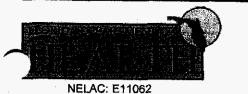
Authorized By:

William Nakashima

LIMS Report #:

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
☐ Replacement Samples Required	i
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P005161

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

Collector/Phone:

850-455-8552

Collection Addr:

RUSS BARRETT / 850-455-8552

905 LOWNDE AVENUE Pensacola, FL 32507

Date Received:

12/2/2008 3:02:00PM

Date Analyzed: Date Reported: 12/2/2008 3:07:00PM 12/3/2008 5:29:53PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

#### **Collector Comments:**

						programme and the same			-
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	HEINRICH ST #21	12/2/2008 2:00PM	Dist	0.5	7.3	Absent			PED08007949
16	STAR LAKE DR #15	12/2/2008 2:10PM	Dist	8.0	6.6	Absent			PED08007950
17	HERMEY RD #11	12/2/2008 2:15PM	Dist	0.7	6.9	Absent			PED08007951
18	CHASEVILLE ST #4	12/2/2008 2:25PM	Dist	0.6	7.5	Absent			PED08007952
19	N NAVY BLVD #35	12/2/2008 2:30PM	Dist	0.6	7.8	Absent			PED08007953
20	3960 N NAVY BLVD #36	12/2/2008 2:35PM	Dist	6.5	8.0	Absent			PED08007954

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

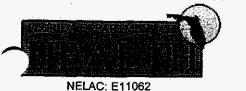
Authorized By:

William Nakashima

LIMS Report #:

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
Repeat Samples Required
Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P005081

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner: System ID: PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

850 455-8552

Collector/Phone:

RUSS BARRETT / 850 455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

11/19/2008 11:20:00AM

Date Analyzed: Date Reported: 11/19/2008 1:00:00PM 11/20/2008 3:53:07PM

Sample Temp (°C):

<10 On Ice

Chlorine Check: District:

Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LN #66	11/19/2008	8:25AM	Dist	0.6	7.4	Absent			PED08007694
2	BLUE ANGEL LAKES #68	11/19/2008	8:35AM	Dist	0.6	7.6	Absent			PED08007695
_3	N LOOP RD #29	11/19/2008	8:40AM	Dist	0.5	7.2	Absent			PED08007696
4	STODDART PL (BACK) #62	11/19/2008	8:45AM	Dist	0.5	7.3	Absent			PED08007697
5	DOG TRACK RD #21	11/19/2008	8:50AM	Dist	0.6	7.0	Absent <sup>®</sup>			PED08007698
6	CORAL CREEK DR #7	11/19/2008	8:55AM	Dist	0.5	7.3	Absent			PED08007699
7	BLAKELY AVE #24	11/19/2008	9:00AM	Dist	0.6	7.2	Absent			PED08007700

#### Lab Comments/Qualifiers:

Dis	sir	ıfe	ctai	nt	Res	sidu	als	A۷	g:	
		_			_		-			

Disinfectant Residuals Method:

DPD 12704

Disinfectant Analysis Certified Operator #:

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

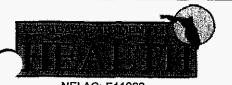
Authorized By:

William Nakashima

LIMS Report #:

DEP/DOH Use Only	
☐ Satisfactory	
Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

NELAC: E11062

Submission ID:

P005082

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850 455-8552

Collector/Phone:

RUSS BARRETT / 850 455-8552

Collection Addr:

905 LOWNDE AVE

Pensacola, FL 32507

Date Received:

11/19/2008 11:20:00AM

Date Analyzed: Date Reported: 11/19/2008 1:00:00PM

11/20/2008 3:53:08PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

**Northwest District** 

#### **Collector Comments:**

		extremely any any agency of the any management and propagating to the second of the se	· · · · · · · · · · · · · · · · · · ·				·			
	Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
	8	S FAIRFIELD DR #14	11/19/2008 9:05AM	Dist	0.5	7.0	Absent			PED08007701
	9	INEZ DR #22	11/19/2008 9:10AM	Dist	0.8	7.4	Absent			PED08007702
_	10	N POLK AVE #10	11/19/2008 9:15AM	Dist	0.8	7.4	Absent			PED08007703
	11	S POLKE AVE #3	11/19/2008 9:25AM	Dist	0.6	7.4	Absent			PED08007704
	12	SW BAUBLITTS RD #52	11/19/2008 9:30AM	Dist	0.6	7.2	Absent			PED08007705
	13	VALENCIA RD #48	11/19/2008 9:35AM	Dist	0.5	7.2	Absent			PED08007706
	14	RUE MAX RD #58	11/19/2008 9:45AM	Dist	0.6	7.2	Absent			PED08007707

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

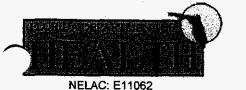
Authorized By:

William Nakashima

LIMS Report #:

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P005083

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

Collector/Phone:

850 455-8552

RUSS BARRETT / 850 455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

11/19/2008 11:20:00AM

Date Analyzed: Date Reported: 11/19/2008 1:00:00PM 11/20/2008 3:53:08PM

Sample Temp (°C): Chlorine Check:

<10 On Ice Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	MANDALY DR (FRONT) #46	11/19/2008 9:50AM	Dist	0.6	7.2	Absent			PED08007708
16	MAHOGONY MILL RD #45	11/19/2008 10:00AM	Dist	0.7	7.4	Absent	,	•	PED08007709
_17	PELHAM RD #57	11/19/2008 10:10AM	Dist	0.7	7.6	Absent			PED08007710
18	3960 NAVY BLVD #36	11/19/2008 10:15AM	Dist	0.5	7.6	Absent			PED08007711
19	N NAVY BLVD #35	11/19/2008 10:17AM	Dist	0.6	7.4	Absent			PED08007712
20	PATTON DR #51	11/19/2008 10:38AM	Dist	0.6	7.2	Absent			PED08007713

Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12074

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

1535405

DEP/DOH Use Only ☐ Satisfactory Incomplete Collection Information ☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:\_ DEP/DOH Reviewing Official:\_





#### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004947

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner: System ID: PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

850-455-8552

Collector/Phone:

D DADDETT /

Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE Pensacola, FL 32507

11/4/2008 1:33:00PM

Date Received:
Date Analyzed:
Date Reported:

11/4/2008 1:40:00PM 11/5/2008 2:41:35PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

#### **Collector Comments:**

		Of early signs in the color was presented the large and the Relationship to the								
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID	
1	INDIGO DR #8	11/4/2008 8:25AM	Dist	0.7	7.3	Absent		en egeneration general general de la de	PED08007270	
2	VONNA JO DR #20	11/4/2008 8:40AM	Dist	0.7	7.2	Absent			PED08007271	
_3	SHERMAN AVE #9	11/4/2008 8:45AM	Dist	0.7	7.3	Absent			PED08007272	
4	AMERICUS AVE #43	11/4/2008 8:50AM	Dist	0.6	7.4	Absent			PED08007273	
5	SELMA ST #59	11/4/2008 9:00AM	Dist	0.7	7.3	Absent			PED08007274	
6	GRUNDY AVE #54	11/4/2008 9:05AM	Dist	0.6	7.3	Absent			PED08007275	
7	GRUPERIA AVE #55	11/4/2008 9:10AM	Dist	0.5	7.2	Absent			PED08007276	

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

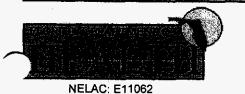
Authorized By:

William Nakashima

LIMS Report #:

DEP/DOH Use Only		
☐ Satisfactory		
☐ Incomplete Collection Information		
Repeat Samples Required	4.	
Replacement Samples Required	**	
Date Reviewed by DEP/DOH:		
DEP/DOH Reviewing Official:	· · · · · · · · · · · · · · · · · · ·	*





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004948

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

11/4/2008 1:33:00PM

Date Analyzed: Date Reported: 11/4/2008 1:40:00PM 11/5/2008 2:41:36PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

#### **Collector Comments:**

\$1000 to the contract of the c		to a comment of the second of				Mary . 1144 118 . 1444			
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	TALBERT AVE #39	11/4/2008 9:15AM	Dist	0.6	7.2	Absent			PED08007277
9	SPRINGLAKE DR #38	11/4/2008 9:25AM	Dist	0.4	7.4	Absent			PED08007278
10	SANDALWOOD APTS #40	11/4/2008 10:10AM	Dist	0.4	7.7	Absent			PED08007279
11	TWIN OAKS #33	11/4/2008 10:20AM	Dist	0.6	7.2	Absent			PED08007280
12	ALTON RD #41	11/4/2008 10:25AM	Dist	0.5	7.2	Absent			PED08007281
13	PINEWOOD LANE #25	11/4/2008 10:30AM	Dist	0.5	7.2	Absent			PED08007282
14	COAST RD #44	11/4/2008 1:10PM	Dist	0.5	8.5	Absent			PED08007283

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD 12704

Disinfectant Analysis Certified Operator #:

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

1502314

DEP/DOH Use Only

☐ Satisfactory

☐ Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

NELAC: E11062

Submission ID:

P004949

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

Phone: 850-595-8895

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

11/4/2008 1:33:00PM

Date Analyzed: Date Reported: 11/4/2008 1:40:00PM 11/5/2008 2:41:36PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

**Northwest District** 

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pΗ	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	PARK DR #13	11/4/2008 11:20AM	Dist	0.6	7.6	Absent			PED08007284
16	POPPY AVE #12	11/4/2008 10:45AM	Dist	0.6	8.0	Absent			PED08007285
17	33 BAYSHORE DR #18	11/4/2008 10:50AM	Dist	0.5	7.2	Absent			PED08007286
18	INTERBAY DR #34	11/4/2008 11:05AM	Dist	0.7	7.4	Absent			PED08007287
19	BRYANT RD #1	11/4/2008 11:10AM	Dist	0.7	7.5	Absent			PED08007288
20	N MILLS AVE #37	11/4/2008 11:50AM	Dist	0.4	7.7	Absent			PED08007289

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #: DPD 12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

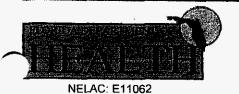
Authorized By:

William Nakashima

LIMS Report #:

DEP/DOH Use Only		
Satisfactory		
☐ Incomplete Collection Information		
Repeat Samples Required		
Replacement Samples Required	•	
Date Reviewed by DEP/DOH:		
DEP/DOH Reviewing Official:		





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

County:

P004832

Type of Supply:

Escambia

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

**Collection Addr:** 

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/15/2008 11:41:00AM

Date Analyzed: Date Reported: 10/15/2008 12:07:00PM 10/16/2008 2:20:24PM

Sample Temp (°C):

<10 On ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LANE #66	10/15/2008	9:11AM	Dist	0.5	6.9	Absent		W. 1774 St Madden	PED08006899
2	BLUE ANGEL LAKES #68	10/15/2008	9:04AM	Dist	0.4	6.8	Absent			PED08006900
_3	STODDART PLACE (BACK) #6	: 10/15/2008	9:25AM	Dist	0.5	6.8	Absent			PED08006901
4	COBBLEBROOKE DR #69	10/15/2008	9:28AM	Dist	0.5	6.8	Absent			PED08006902
5	GULF BREEZE AVE #64	10/15/2008	9:35AM	Dist	0.5	6.8	Absent			PED08006903
6	BAINBRIDGE AVE #56	10/15/2008	9:42AM	Dist	0.5	6.8	Absent			PED08006904
7	COLBERT AVE #49	10/15/2008	9:46AM	Dist	0.4	6.8	Absent			PED08006905

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

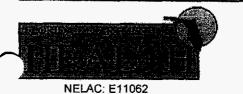
Authorized By:

William Nakashima

LIMS Report #:

DEP	/D	ОН	Use	Only
_				

- Satisfactory
- Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required Date Reviewed by DEP/DOH:
- DEP/DOH Reviewing Official:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004833

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/15/2008 11:41:00AM

Date Analyzed: Date Reported: 10/15/2008 12:07:00PM

Sample Temp (°C):

10/16/2008 2:20:24PM On ice

Chlorine Check:

<10 Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рĦ	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	HWY 98 MINI STORAGE #23	10/15/2008 9:54AM	Dist	0.4	6.8	Absent			PED08006906
9	KENNINGTON DR #6	10/15/2008 10:01AM	Dist	0.5	6.5	Absent			PED08006907
10	PELHAM RD #57	10/15/2008 10:13AM	Dist	0.5	6.8	Absent			PED08006908
11	MANDALAY DR (FRONT) #46	10/15/2008 10:21AM	Dist	0.6	6.8	Absent			PED08006909
12	MANDALAY DR (BACK) #5	10/15/2008 10:25AM	Dist	0.5	6.8	Absent			PED08006910
13	LEMHURST RD #17	10/15/2008 10:37AM	Dist	0.5	6.8	Absent			PED0800691
14	MAHOGONY MILL #45	10/15/2008 10:46AM	Dist	0.6	6.7	Absent			PED08006912

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD 12704

Disinfectant Analysis Certified Operator #:

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

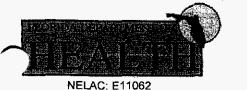
**Authorized By:** 

William Nakashima

LIMS Report #:

DEP/DOH Use Only	
☐ Satisfactory	
Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004834

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507

System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/15/2008 11:41:00AM

Date Analyzed: Date Reported: 10/15/2008 12:07:00PM 10/16/2008 2:20:24PM

Sample Temp (°C): Chlorine Check:

<10 On Ice Not Detected

District:

Northwest District

#### **Collector Comments:**

									The second secon
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	BAYSHORE DR (EAST) #19	10/15/2008 10:43AM	Dist	0.6	6.6	Absent			PED08006913
16	VALENCIA RD #28	10/15/2008 10:56AM	Dist	0.4	6.7	Absent			PED08006914
17	SW BAUBLITTS RD #52	10/15/2008 10:57AM	Dist	0.5	6.8	Absent			PED08006915
18	MANOR DR #31	10/15/2008 11:07AM	Dist	0.5	6.8	Absent			PED08006916
19	RAYMOND DR #30	10/15/2008 10:45AM	Dist	0.5	6.7	Absent			PED08006917
20	PATTON DR #51	10/15/2008 11:10AM	Dist	0.6	6.8	Absent			PED08006918

Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
Repeat Samples Required
Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:





#### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004690

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

1170527

System ID: System Phone:

850-455--8552

Collector/Phone:

Collection Addr:

B HORTON, G LEATHERBERRY / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/1/2008 11:03:00AM

Date Analyzed: Date Reported: 10/1/2008 12:20:00PM 10/2/2008 4:01:48PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	FREEBOARD BLVD #63	10/1/2008 10:18AM	Dist	0.5	7.3	Absent			PED08006536
2	MARLINSPIKE #65	10/1/2008 10:09AM	Dist	0.5	7.3	Absent			PED08006537
3	FOGGY BOTTOM #67	10/1/2008 10:24AM	Dist	0.4	7.3	Absent			PED08006538
4	N LOOP #29	10/1/2008 10:04AM	Dist	0.5	7.3	Absent			PED08006539
5	GULF BEACH HWY #47	10/1/2008 10:30AM	Dist	0.6	7.3	Absent			PED08006540
6	DOG TRACK #21	10/1/2008 9:49AM	Dist	0.5	7.4	Absent			PED08006541
7	CORAL CREEK DR #7	10/1/2008 9:52AM	Dist	0.6	7.3	Absent	,		PED08006542

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

10012

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

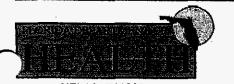
Authorized By:

William Nakashima

LIMS Report #:

DEP/DOH Use Only
□ Satisfactory
☐ Incomplete Collection Information
Repeat Samples Required
Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:
į.





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

NELAC: E11062

Submission ID:

P004691

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone: 850-455-8552

Collector/Phone:

B HORTON, G LEATHERBERRY / 850-455-8552

Collection Addr: 90

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/1/2008 11:03:00AM

Date Analyzed: Date Reported: 10/1/2008 12:20:00PM 10/2/2008 4:01:49PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist		рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	STODDART (FRONT) #61	10/1/2008 9:5	58AM Dist	0.5	7.3	Absent		The second secon	PED08006543
9	SEDGEFIELD DR #42	10/1/2008 9:4	43AM Dist	0.6	7.3	Absent			PED08006544
10	BLAKELY AVE #24	10/1/2008 9:3	34AM Dist	0.4	7.4	Absent			PED08006545
11	S FAIRFIELD DR #14	10/1/2008 9:2	23AM Dist	0.6	7.3	Absent			PED08006546
12	INEZ DR #22	10/1/2008 9:2	26AM Dist	0.6	7.3	Absent			PED08006547
13	N POLK AVE #10	10/1/2008 9:1	16AM Dist	0.7	7.4	Absent			PED08006548
14	S POLK AVE #3	10/1/2008 9:1	12AM Dist	0.6	7.4	Absent			PED08006549

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

10012

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
Repeat Samples Required
Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:





#### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P004692

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

B HORTON, G LEATHERBERRY / 850-455-8552

905 LOWNDE AVENUE Pensacola, FL 32507

10/1/2008 11:03:00AM

Date Received: Date Analyzed: Date Reported:

10/1/2008 12:20:00PM 10/2/2008 4:01:49PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	HEINRICH ST #21	10/1/2008 9:07AM	Dist	0.5	7.6	Absent			PED08006550
16	STAR LAKE DR #15	10/1/2008 8:56AM	Dist	0.6	7.2	Absent			PED08006551
_ 17	HERMEYRD #11	10/1/2008 8:49AM	Dist	0.6	7.4	Absent			PED08006552
18	CHASEVILLE ST #4	10/1/2008 8:41AM	Dist	0.4	7.9	Absent			PED08006553
19	N NAVY BLVD #35	10/1/2008 8:37AM	Dist	0.4	8.0	Absent			PED08006554
20	3960 N NAVY VLVD #36	10/1/2008 8:32AM	Dist	0.4	8.0	Absent			PED08006555

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg: Disinfectant Residuals Method:

DPD 10012

Disinfectant Analysis Certified Operator #:

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

	DEP/DOH Use Only
	☐ Satisfactory
	☐ Incomplete Collection Information
į	Repeat Samples Required
	Replacement Samples Required
	Date Reviewed by DEP/DOH:
	DEP/DOH Reviewing Official:
	L





#### Department of Health

#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004519

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

**Date Received:** 

9/17/2008 11:35:00AM

Date Analyzed: Date Reported: 9/17/2008 11:40:00AM

Sample Temp (°C):

9/18/2008 2:04:03PM <10 On ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LN #66	9/17/2008 8:45A	M Dist	0.6	7.0	Absent		prompto construction of the second	PED08006154
2	BLUE ANGEL LAKES 368	9/17/2008 8:55A	M Dist	0.6	7.0	Absent			PED08006155
~3	N LOOP RD #29	9/17/2008 9:05A	M Dist	0.5	7.2	Absent			PED08006156
4	STODDART PL (BACK) #62	9/17/2008 9:15A	M Dist	0.6	7.4	Absent			PED08006157
5	DOG TRACK RD #21	9/17/2008 9:22A	M Dist	0.6	7.4	Absent			PED08006158
6	CORAL CREEK DR #7	9/17/2008 9:28A	M Dist	0.6	7.5	Absent			PED08006159
7	BLAKELY AVE #24	9/17/2008 9:36A	M Dist	0.6	7.3	Absent			PED08006160

d:	DPD
d Operator #:	12704
dance with NELAC Stan	dards
Readycult	
William Nakashima	
1390267	
	d Operator #: dance with NELAC Stan Readycult William Nakashima

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
☐ Replacement Samples Required	
Date Reviewed by DEP/DOH:	<del></del>
DEP/DOH Reviewing Official:	



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004520

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

RUSS BARRETT / 850-456-1010 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/17/2008 11:35:00AM 9/17/2008 11:40:00AM

Date Analyzed: Date Reported:

9/18/2008 2:04:03PM

Sample Temp (°C): Chlorine Check:

<10 On Ice Not Detected

District:

**Northwest District** 

#### **Collector Comments:**

· · · · · · · · · · · · · · · · · · ·	·	****							
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	S FAIRFIELD DR #14	9/17/2008 9:45AM	Dist	0.7	7.2	Absent	**************************************	N. I. A. S. R. L.	PED08006161
9	INEZ DR #22	9/17/2008 9:50AM	Dist	0.6	7.4	Absent			PED08006162
_10	N POLK AVE 310	9/17/2008 9:58AM	Dist	0.5	7.2	Absent			PED08006163
11	S POLK AVE #3	9/17/2008 10:05AM	Dist	0.4	7.4	Absent			PED08006164
12	SW BAUBLITTS RD #52	9/17/2008 10:30AM	Dist	0.4	7.6	Absent			PED08006165
13	VALENCIA RD 348	9/17/2008 10:38AM	Dist	0.5	7.3	Absent			PED08006166
14	RUE MAX RD 358	9/17/2008 10:50AM	Dist	0.8	7.4	Absent			PED08006167

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
Repeat Samples Required
Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:



#### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004521

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

RUSS BARRETT / 850-455-8552

905 LOWNDE AVENUE Pensacola, FL 32507

9/17/2008 11:35:00AM

Date Received: Date Analyzed: Date Reported:

9/17/2008 11:40:00AM 9/18/2008 2:04:03PM

Sample Temp (°C):

<10 On Ice

Chlorine Check: District:

Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рΗ	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	MANDALY DR (FRONT) #46	9/17/2008 10:55AM	Dist	0.8	7.1	Absent		- de	PED08006168
16	MAHOGONY MILL RD #45	9/17/2008 11:00AM	Dist	8.0	7.4	Absent			PED08006169
_17	PELHAM RD #57	9/17/2008 11:10AM	Dist	0.5	7.5	Absent			PED08006170
18	3960 NAVY BLVD #36	9/17/2008 11:13AM	Dist	0.5	7.5	Absent			PED08006171
19	N NAVY BLVD #35	9/17/2008 11:20AM	Dist	0.6	7.3	Absent			PED08006172
20	PATTON DR #51	9/17/2008 11:25AM	Dist	0.6	7.1	Absent			PED08006173

Disinfectant Residuals Avg:

Disinfectant Residuals Method	l:	DPD
Disinfectant Analysis Certified	Operator #:	12074
All Tests Performed in Accord Coliform/E. Coli Method:	ance with NELA Readycult	C Standards

Authorized By: LIMS Report #: William Nakashima

1390275

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	· · · · · · · · · · · · · · · · · · ·
DEP/DOH Reviewing Official:	

DPD 12074



## Department of Health

#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

Submission ID: County:

P004337 Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507

System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

850-455-8552

Collector/Phone:

G. LEATHERBERRY / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/3/2008 2:49:00PM

Date Analyzed: Date Reported:

9/3/2008 2:55:00PM 9/4/2008 4:00:29PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

District:

Not Detected Northwest District

#### **Collector Comments:**

Collect	Sample Point	Date	Raw	Res'd	рН	Total	E.coli	НРС	Lab ID
ID		Collected	/Dist	CI		Coliform		cfu/mL	
1	INDIGO DR #8	9/3/2008 9:55AM	Dist	0.5	7.4	Absent			PED08005794
2	VONNA JO DR #20	9/3/2008 10:00AM	Dist	0.5	7.6	Absent			PED08005795
_3	SHERMAN AVE #9	9/3/2008 10:05AM	Dist	0.5	7.5	Absent			PED08005796
4	AMERICUS AVE #43	9/3/2008 10:20AM	Dist	0.7	7.2	Absent			PED08005797
5	SELMA ST #59	9/3/2008 10:35AM	Dist	0.7	7.3	Absent	٠		PED08005798
6	GRUNDY AVE #54	9/3/2008 10:45AM	Dist	0.5	7.2	Absent			PED08005799
7	GRUPERIA AVE #55	9/3/2008 10:55AM	Dist	0.7	7.3	Absent			PED08005800

Lab	Comme	nts/Q	ualifi	ers:
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Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

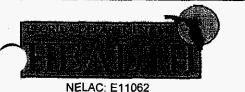
Authorized By:

William Nakashima

LIMS Report #:

1358703

DEP/DOH Use Only ■ Satisfactory Incomplete Collection Information Repeat Samples Required Replacement Samples Required Date Reviewed by DEP/DOH:\_ DEP/DOH Reviewing Official:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004338

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

P O BOX 4815 Pensacola, FL 32507

THEO DELEON

System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

850-455-8552 System Phone:

Collector/Phone:

G LEATHERBERRY / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 9/3/2008 2:49:00PM

Date Reported:

9/3/2008 2:55:00PM 9/4/2008 4:00:30PM

Sample Temp (°C): **Chlorine Check:** 

<10 On Ice

District:

Not Detected Northwest District

#### **Collector Comments:**

					441 444 Arramon (- man-	OLI AND THE ANALYSIS OF THE PROPERTY OF THE PR			CONTRACTOR OF THE PROPERTY OF
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	TALBERT AVE #39	9/3/2008 11:05AM	Dist	0.7	7.3	Absent			PED08005801
9	SPRINGLAKE DR #38	9/3/2008 11:15AM	Dist	0.7	7.2	Absent			PED08005802
<b>-10</b>	SANDALWOOD APTS #40	9/3/2008 11:25AM	Dist	0.7	7.4	Absent			PED08005803
11	TWIN OAKS #33	9/3/2008 11:35AM	Dist	0.7	8.2	Absent			PED08005804
12	ALTON RD #41	9/3/2008 11:45AM	Dist	0.7	8.3	Absent			PED08005805
13	PINEWOOD LN #25	9/3/2008 11:55AM	Dist	0.6	8.1	Absent			PED08005806
14	COAST RD #44	9/3/2008 12:10PM	Dist	0.6	7.8	Absent			PED08005807

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:	
Disinfectant Residuals Method:	
Disinfectant Analysis Certified Operator #	:

DPD 12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycuit

Authorized By: LIMS Report #: William Nakashima

1358705

DEP/DOH	Use	Only

- ☐ Satisfactory
- Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required Date Reviewed by DEP/DOH:

. ... . .

DEP/DOH Reviewing Official:



#### Department of Health

#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P004339

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

G LEATHERBERRY / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/3/2008 2:49:00PM

Date Analyzed: Date Reported: 9/3/2008 2:55:00PM

Sample Temp (°C):

9/4/2008 4:00:30PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	PARK DR #13	9/3/2008 1:15PM	Dist	0.5	7.1	Absent			PED08005808
16	POPPY AVE #12	9/5/2008 1:25PM	Dist	0.6	7.0	Absent			PED08005809
17	33 BAYSHORE DR #18	9/3/2008 1:35PM	Dist	0.6	7.0	Absent			PED08005810
18	INTERBAY DR #34	9/3/2008 1:45PM	Dist	0.6	7.0	Absent			PED08005811
19	BRYANT RD #1	9/3/2008 1:55PM	Dist	0.7	7.3	Absent			PED08005812
20	N MILLS AVE #37	9/3/2008 2:15PM	Dist	0.7	7.3	Absent			PED08005813

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

1358708

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
Repeat Samples Required
Replacement Samples Required Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

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#### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID: County:

P004219 Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

8/20/2008 2:52:00PM

Date Analyzed: Date Reported: 8/20/2008 2:57:00PM 8/21/2008 4:11:33PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** District:

Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LANE #66	8/20/2008	8:30AM	Dist	0.5	7.7	Absent		angga ngga na naganga Permanan Balababah	PED08005528
2	BLUE ANGEL LAKES #68	8/20/2008	8:40AM	Dist	0.5	7.5	Absent			PED08005529
-3	STODDART PLACE (BACK) #6	8/20/2008	8:45AM	Dist	0.5	7.6	Absent			PED08005530
4	COBBLEBROOKE DR #69	8/20/2008	8:55AM	Dist	0.5	7.6	Absent			PED08005531
5	GULF BREEZE AVE #64	8/20/2008	1:40PM	Dist	0.6	7.2	Absent			PED08005532
6	BAINBRIDGE AVE #56	8/20/2008	1:50PM	Dist	0.4	7.2	Absent			PED08005533
7	COLBERT AVE #49	8/20/2008	1:55PM	Dist	0.4	7.4	Absent			PED08005534

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:
Disinfectant Residuals Method:
Disinfectant Analysis Certified Operator #:
All Tests Performed in Accordance with NEL

DPD 12461

AC Standards

Coliform/E. Coli Method:

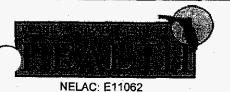
Readycult

Authorized By: LIMS Report #: **Beverly Butler** 1330804

	•	
П	Incomplete Collecti	۸n

DEP/DOH Use Only

- ☐ Satisfactory
- Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required Date Reviewed by DEP/DOH:
- DEP/DOH Reviewing Official:



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P004220

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr: 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

8/20/2008 2:52:00PM

Date Analyzed: Date Reported: 8/20/2008 2:57:00PM 8/21/2008 4:11:33PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

#### **Collector Comments:**

Coll	ect	Sample Point	Date Collected	May and proposed She and M. H. S. WAY Why	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8		HWY 98 MINI STORAGE #23	8/20/2008	2:00PM	Dist	0.4	7.3	Absent			PED08005535
9		KENNINGTON DR #6	8/20/2008	2:10PM	Dist	0.6	7.6	Absent			PED08005536
10		PELHAM RD #57	8/20/2008	2:20PM	Dist	0.6	7.8	Absent			PED08005537
11		MANDALEY DR (FRONT) #46	8/20/2008	2:25PM	Dist	0.5	7.4	Absent			PED08005538
12		MANDALAY DR (BACK) #5	8/20/2008	2:30PM	Dist	0.4	7.7	Absent			PED08005539
13		LEMHURST RD #17	8/20/2008	2:40PM	Dist	0.4	7.6	Absent			PED08005540
14		MAHOGONY MILL #45	8/20/2008	2:35PM	Dist	0.6	7.4	Absent			PED08005541
								and the second			en e

#### Lab Comments/Qualifiers:

Disinfectant	Residuals	Avg:
Disinfootont	Desiduals	11-46-0

Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:

DPD 12704

#### All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

Beverly Butler

LIMS Report #:

DEP/DOH Use Only	
☐ Satisfactory	
Incomplete Collection Information	
☐ Repeat Samples Required	
Reptacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	
	_



#### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004221

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

Collector/Phone:

850-455-8552

Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensaçola, FL 32507

Date Received:

8/20/2008 2:52:00PM

Date Analyzed: Date Reported: 8/20/2008 2:57:00PM 8/21/2008 4:11:34PM

Sample Temp (°C):

<10 On Ice

Chlorine Check: District:

Not Detected Northwest District

#### **Collector Comments:**

Colle ID	ect Sample Point	Date Collected	Raw /Dist	Res'd Cl	рĦ	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	BAYSHORE DR (EAST) #19	8/20/2008 1:34PM	Dist	0.7	7.0	Absent			PED08005542
16	VALENCIA RD #28	8/20/2008 1:46PM	Dist	0.5	7.2	Absent			PED08005543
_17	SW BAUBLITTS RD #52	8/20/2008 1:52PM	Dist	0.5	7.0	Absent			PED08005544
18	MANOR DR #31	8/20/2008 2:00PM	Dist	0.4	7.0	Absent			PED08005545
19	RAYMOND DR #30	8/20/2008 2:05PM	Dist	0.6	7.0	Absent			PED08005546
20	PATTON DR #51	8/20/2008 2:10PM	Dist	0.4	7.1	Absent			PED08005547
	The same of the first of the secondary of this consequence in the second of the second	The second section of the second section of the second sec	n pp data di banan					131. 1(1807(111884) (13184) (1	(1971) parameter trade (1921) (1921) [1924] and (1921) are trade in the decision of each or in the contract of

Lab Comments/Qualifier	8:
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Dis	infe	ctant	Re	sidu	als	A۷	g:	
_			_		-			

Disinfectant Residuals Method:

DPD 10012

Disinfectant Analysis Certified Operator #:

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

**Beverly Butler** 

LIMS Report #:

	DEP/DOH Use Only
	☐ Satisfactory
	☐ Incomplete Collection Information
	☐ Repeat Samples Required
i	Replacement Samples Required
	Date Reviewed by DEP/DOH:
	DEP/DOH Reviewing Official:



#### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004114

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

8/6/2008 2:05:00PM

Date Analyzed: Date Reported:

8/6/2008 2:19:00PM 8/7/2008 4:18:00PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

District:

Not Detected Northwest District

#### **Collector Comments:**

		halogogogya (181 1888) da la que espagnica per per esperanta de la Periode de La Companya (1811). Nota espagnica de la Companya (1811) de la Companya (181							
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	FREEBOARD AVE #63	8/6/2008 10:10AM	Dist	0.6	7.2	Absent	, and the second se		PED08005228
2	MARLINSPIKE #65	8/6/2008 10:20AM	Dist	0.5	6.9	Absent			PED08005229
_3	FOGGY BOTTOM #67	8/6/2008 10:15AM	Dist	0.5	7.3	Absent		·	PED08005230
4	N LOOP #29	8/6/2008 10:25AM	Dist	0.6	7.2	Absent			PED08005231
5	GULF BEACH HWY #47	8/6/2008 10:30AM	Dist	0.5	7.0	Absent			PED08005232
6	DOG TRACK #21	8/6/2008 10:35AM	Dist	0.5	7.1	Absent			PED08005233
7	CORAL CREEK DR #7	8/6/2008 10:40AM	Dist	0.6	6.8	Absent			PED08005234

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg	
Disinfectant Residuals Met	10
Disinfectant Analysis Certif	ie

DPD

d Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E, Coli Method:

Readycult

Authorized By:

Beverly Butler

LIMS Report #:

DEP/DOH Use	Only
Satisfactory	

- ☐ Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required Date Reviewed by DEP/DOH:
- DEP/DOH Reviewing Official:

		Í,	1
Z	9.3		



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004115

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

8/6/2008 2:05:00PM

Date Analyzed:

8/6/2008 2:19:00PM

Date Reported: Sample Temp (°C): 8/7/2008 4:18:00PM On Ice

Chlorine Check:

<10

District:

Not Detected Northwest District

**Collector Comments:** 

	The second secon								
Collect	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total E.c Coliform	oli HPG cfu/mL	Lab ID	
8	STODDART (FRONT) #61	8/6/2008 10:45AM	Dist	0.5	7.0	Absent		PED08005235	
9	SEDGEFIELD DR #42	8/6/2008 11:00AM	Dist	0.6	7.1	Absent		PED08005236	-
10	BLAKELY AVE #24	8/6/2008 10:55AM	Dist	0.5	7.2	Absent		PED08005237	
11	S FAIRFIELD DR #14	8/6/2008 11:10AM	Díst	0.4	7.0	Absent		PED08005238	
12	INEZ DR #22	8/6/2008 11:15AM	Dist	0.4	7.1	Absent		PED08005239	
13	N POLK AVE #10	8/6/2008 11:20AM	Dist	0.6	6.9	Absent		PED08005240	
14	S POLK AVE #3	8/6/2008 11:25AM	Dist	0.4	7.1	Absent		PED08005241	

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Diginfo	ctant	Residuals	Ava.

Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #: DPD 12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

**Beverly Butler** 

LIMS Report#:

•
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#### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004116

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

8/6/2008 2:05:00PM

Date Analyzed: Date Reported: 8/6/2008 2:19:00PM

Sample Temp (°C):

8/7/2008 4:18:01PM <10 On ice

Chlorine Check: District:

DEP/DOH Use Only

☐ Incomplete Collection Information☐ Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH:\_

DEP/DOH Reviewing Official:

☐ Satisfactory

Not Detected Northwest District

#### **Collector Comments:**

Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
HEINRICH ST #21	8/6/2008 11:30AM	Dist	0.6	7.4	Absent		'ANGPERE L'ARRESTE L'ARRESTE DE L'ARRESTE L'AR	PED08005242
STAR LAKE DR #15	8/6/2008 11:40AM	Dist	0.5	6.9	Absent			PED08005243
HERMEY RD #11	8/6/2008 11:45AM	Dist	0.6	6.8	Absent			PED08005244
CHASEVILLE ST #4	8/6/2008 1:50PM	Dist	0.5	7.5	Absent			PED08005245
N NAVY BLVD #35	8/6/2008 1:40PM	Dist	0.7	7.5	Absent			PED08005246
3960 N NAVY BLVD	8/6/2008 1:35PM	Dist	0.5	7.4	Absent			PED08005247
	HEINRICH ST #21  STAR LAKE DR #15  HERMEY RD #11  CHASEVILLE ST #4  N NAVY BLVD #35	Collected  HEINRICH ST #21 8/6/2008 11:30AM  STAR LAKE DR #15 8/6/2008 11:40AM  HERMEY RD #11 8/6/2008 11:45AM  CHASEVILLE ST #4 8/6/2008 1:50PM  N NAVY BLVD #35 8/6/2008 1:40PM	Collected         /Dist           HEINRICH ST #21         8/6/2008 11:30AM         Dist           STAR LAKE DR #15         8/6/2008 11:40AM         Dist           HERMEY RD #11         8/6/2008 11:45AM         Dist           CHASEVILLE ST #4         8/6/2008 1:50PM         Dist           N NAVY BLVD #35         8/6/2008 1:40PM         Dist	Collected         /Dist         CI           HEINRICH ST #21         8/6/2008 11:30AM         Dist         0.6           STAR LAKE DR #15         8/6/2008 11:40AM         Dist         0.5           HERMEY RD #11         8/6/2008 11:45AM         Dist         0.6           CHASEVILLE ST #4         8/6/2008 1:50PM         Dist         0.5           N NAVY BLVD #35         8/6/2008 1:40PM         Dist         0.7	Collected         /Dist         CI           HEINRICH ST #21         8/6/2008 11:30AM         Dist         0.6         7.4           STAR LAKE DR #15         8/6/2008 11:40AM         Dist         0.5         6.9           HERMEY RD #11         8/6/2008 11:45AM         Dist         0.6         6.8           CHASEVILLE ST #4         8/6/2008 1:50PM         Dist         0.5         7.5           N NAVY BLVD #35         8/6/2008 1:40PM         Dist         0.7         7.5	Collected         /Dist         CI         Coliform           HEINRICH ST #21         8/6/2008 11:30AM         Dist         0.6         7.4         Absent           STAR LAKE DR #15         8/6/2008 11:40AM         Dist         0.5         6.9         Absent           HERMEY RD #11         8/6/2008 11:45AM         Dist         0.6         6.8         Absent           CHASEVILLE ST #4         8/6/2008 1:50PM         Dist         0.5         7.5         Absent           N NAVY BLVD #35         8/6/2008 1:40PM         Dist         0.7         7.5         Absent	Collected         /Dist         CI         Coliform           HEINRICH ST #21         8/6/2008 11:30AM         Dist         0.6         7.4         Absent           STAR LAKE DR #15         8/6/2008 11:40AM         Dist         0.5         6.9         Absent           HERMEY RD #11         8/6/2008 11:45AM         Dist         0.6         6.8         Absent           CHASEVILLE ST #4         8/6/2008 1:50PM         Dist         0.5         7.5         Absent           N NAVY BLVD #35         8/6/2008 1:40PM         Dist         0.7         7.5         Absent	Collected         /Dist         CI         Coliform         cfu/mL           HEINRICH ST #21         8/6/2008 11:30AM         Dist         0.6         7.4         Absent           STAR LAKE DR #15         8/6/2008 11:40AM         Dist         0.5         6.9         Absent           HERMEY RD #11         8/6/2008 11:45AM         Dist         0.6         6.8         Absent           CHASEVILLE ST #4         8/6/2008 1:50PM         Dist         0.5         7.5         Absent           N NAVY BLVD #35         8/6/2008 1:40PM         Dist         0.7         7.5         Absent

Disinfe	ct	ant	R	۵۵,	id	 le	Δν	۸.

Lab Comments/Qualifiers:

Disinfectant Residuals Method:

Disinfectant Analysis Certified Operator #:

DPD 12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

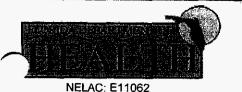
Authorized By:

Beverly Butler

LIMS Report#:

1303445

Final



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003915

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

RUSS BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

7/16/2008 1:46:00PM

Date Analyzed: Date Reported: 7/16/2008 2:15:00PM 7/17/2008 4:28:23PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** District:

Not Detected **Northwest District** 

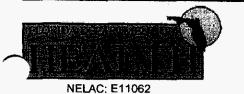
#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LN #66	7/16/2008		Dist	0.5	7.3	Absent			PED08004734
2	BLUE ANGEL LAKES #68	7/16/2008	9:26AM	Dist	0.5	7.1	Absent			PED08004735
3	N LOOP RD #29	7/16/2008	9:29AM	Dist	0.5	7.0	Absent			PED08004736
4	STODDART PL (BACK) #62	7/16/2008	9:40AM	Dist	0.4	6.9	Absent			PED08004737
-5	DOG TRACK RD #21	7/16/2008	9:46AM	Dist	0.6	7.1	Absent			PED08004738
ز	CORAL CREEK DR #7	7/16/2008	9:49AM	Dist	0.6	7.1	Absent			PED08004739
7	BLAKELY AVE #24	7/16/2008	9:56AM	Dist	0.5	7.1	Absent			PED08004740

Disinfectant Residuals Avg		
Disinfectant Residuals Meth	nod:	DPD
Disinfectant Analysis Certif	12704	
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	1256575	

DEP/DOH Use Only	
☐ Satisfactory	
Incomplete Collection Informa	ation
Repeat Samples Required	
Replacement Samples Requi	ired
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

**Submission ID:** 

P003916

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

RUSS BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

7/16/2008 1:47:00PM

Date Analyzed: Date Reported: 7/16/2008 2:15:00PM 7/17/2008 4:28:24PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	S FAIRFIELD DR #14	7/16/2008 10:00AM	Dist	0.7	7.1	Absent			PED08004741
9	INEZ DR #22	7/16/2008 10:07AM	Dist	0.5	7.2	Absent			PED08004742
10	N POLK AVE #10	7/16/2008 10:12AM	Dist	0.7	7.1	Absent			PED08004743
11	S POLK AVE #3	7/16/2008 10:19AM	Dist	0.7	7.0	Absent			PED08004744
<b>~</b> 12	SW BAUBLITTS RD #52	7/16/2008 10:24AM	Dist	0.4	6.9	Absent			PED08004745
،3	VALENCIA RD #48	7/16/2008 10:30AM	Dist	0.6	7.0	Absent			PED08004746
14	RUE MAX RD #58	7/16/2008 10:42AM	Dist	0.7	7.2	Absent			PED08004747

Disinfectant Residuals Avg: Disinfectant Residuals Meth Disinfectant Analysis Certifi	DPD 1270	
All Tests Performed in Acco	ordance with NELAC Readycult	Standards
Authorized By: LIMS Report #:	Beverly Butler 1256576	

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	•
Replacement Samples Required Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street

Pensacola, FL 32501

NELAC: E11062 Phone: 850-595-8895

Submission ID:

P003917

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

7/16/2008 1:47:00PM

Date Analyzed: Date Reported: 7/16/2008 2:15:00PM 7/17/2008 4:28:24PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

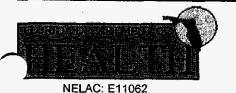
**Northwest District** 

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	MANDALY DR (FRONT) #46	7/16/2008 10:50AM	Dist	0.6	7.2	Absent			PED08004748
16	MAHOGONY MILL RD #45	7/16/2008 10:57AM	Dist	0.6	7.0	Absent			PED08004749
17	PELHAM RD #57	7/16/2008 11:10AM	Dist	0.7	6.9	Absent			PED08004750
18	3960 NAVY BLVD #36	7/16/2008 11:25AM	Dist	0.6	7.6	Absent			PED08004751
	N NAVY BVLD #35	7/16/2008 11:12AM	Dist	0.6	7.1	Absent			PED08004752
۔0	PATTON DR #51	7/16/2008 11:35AM	Dist	0.6	7.2	Absent			PED08004753

Disinfectant Residuals Avg: Disinfectant Residuals Meth Disinfectant Analysis Certif	DPD 12074	DEP/D	
All Tests Performed in Acco	Rep Rep Date R		
Authorized By: LIMS Report #:	Beverly Butler 1256577		DEP/D

DEP/DOH Use Only	·
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	<del></del>
DEP/DOH Reviewing Official:	<del></del>



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003803

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

170527

System Phone: Collector/Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

7/1/2008 1:34:00PM

Date Analyzed: Date Reported: 7/1/2008 1:45:00PM 7/2/2008 4:13:07PM

Sample Temp (°C):

2/2008 4:13:07PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	INDIGO DR #8	7/1/2008 9:24AM		0.6	7.4	Absent			PED08004396
2	VONNA JO DR #20	7/1/2008 9:34AN	Dist	0.6	7.2	Absent			PED08004397
3	SHERMAN AVE #9	7/1/2008 9:29AM	Dist	0.7	7.1	Absent			PED08004398
4	AMERICUS AVE #43	7/1/2008 9:43AN	Dist	0.7	6.7	Absent			PED08004399
~	SELMA ST #59	7/1/2008 9:49AM	Dist	0.7	6.7	Absent			PED08004400
ر	GRUNDY AVE #54	7/1/2008 9:54AN	Dist	0.7	6.8	Absent			PED08004401
7	GRUPERIA AVE #55	7/1/2008 9:54AN	Dist	0.6	6.8	Absent			PED08004402

Lab Comments/Qualifiers:

Disinfectant	Residuals	Avg:
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Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

1270

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

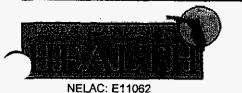
Authorized By:

**Beverly Butler** 

LIMS Report #:

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
☐ Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895 System Owner:

System Phone:

Collector/Phone: Collection Addr:

System ID:

Submission ID:

P003804

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507

Date Received:

7/1/2008 1:34:00PM

PEOPLES WATER SERVICE COMPANY

Date Analyzed: Date Reported:

District:

7/1/2008 1:45:00PM 7/2/2008 4:13:08PM

Sample Temp (°C): **Chlorine Check:** 

1170527

850-455-8552

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

<10 On ice Not Detected

**Northwest District** 

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	TALBERT AVE #39	7/1/2008 10:05AM	Dist	8.0	6.8	Absent		to the second se	PED08004403
9	SPRINGLAKE DR #38	7/1/2008 10:10AM	Dist	0.7	6.8	Absent			PED08004404
10	SANDALWOOD APTS #40	7/1/2008 10:16AM	Dist	.0.7	6.8	Absent			PED08004405
11	TWIN OAKS #33	7/1/2008 10:25AM	Dist	0.8	6.8	Absent			PED08004406
~· <sub>2</sub>	ALTON RD #41	7/1/2008 10:33AM	Dist	0.8	6.7	Absent			PED08004407
<b>13</b>	PINEWOOD LANE #25	7/1/2008 10:36AM	Dist	0.7	6.7	Absent			PED08004408
14	COAST RD #44	7/1/2008 10:54AM	Dist	0.6	6.8	Absent			PED08004409

Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD 12704

Disinfectant Analysis Certified Operator #:

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

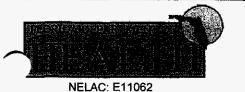
Authorized By:

**Beverly Butler** 

LIMS Report #:

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003805

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

**Collection Addr:** 

905 LOWNDE AVENUE

Pensacola, FL 32507

**Date Received:** 

7/1/2008 1:34:00PM

Date Analyzed: **Date Reported:**  7/1/2008 1:45:00PM 7/2/2008 4:13:08PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

**District:** 

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	PARK DR #13	7/1/2008 10:59AM	Dist	0.6	6.7	Absent	The second second		PED08004410
16	POPPY AVE #12	7/1/2008 11:04AM	Dist	0.6	6.8	Absent			PED08004411
17	33 BAYSHORE DR #18	7/1/2008 11:10AM	Dist	0.6	6.7	Absent			PED08004412
18	INTERBAY DR #34	7/1/2008 11:20AM	Dist	0.7	6.8	Absent			PED08004413
19	BRYANT RD #1	7/1/2008 11:30AM	Dist	0.7	6.8	Absent			PED08004414
20	N MILLS AVE #37	7/1/2008 11:59AM	Dist	0.7	7.0	Absent			PED08004415

#### Lab Comments/Qualifiers:

Disiliteciani Nesiduais Avg.
Disinfectant Residuals Method:
Disinfectant Analysis Certified

DPD 12704

d Operator #:

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

**Authorized By:** 

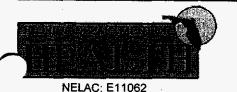
**Beverly Butler** 

LIMS Report #:

1224367

DEP/DOH Use Only

- □ Satisfactory
- ☐ Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required
- Date Reviewed by DEP/DOH:
- DEP/DOH Reviewing Official:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Submission ID:

P003686

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

6/18/2008 11:16:00AM

Date Analyzed: Date Reported: 6/18/2008 11:26:00AM

Sample Temp (°C):

6/19/2008 12:53:58PM <10 On Ice

Chlorine Check:

Not Detected

District:

**Northwest District** 

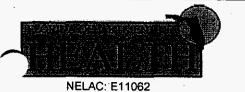
#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1		6/18/2008		Dist	0.6	7.5	Absent	and the state of t		PED08004102
2	BLUE ANGEL LAKES #68	6/18/2008	8:50AM	Dist	0.6	7.4	Absent			PED08004103
3	STODDART PLACE (BACK) #6	6/18/2008	9:00AM	Dist	0.5	7.6	Absent			PED08004104
4	COBBLEBROOKE DR #69	6/18/2008	9:05AM	Dist	0.4	7.2	Absent			PED08004105
~	GULF BREEZE AVE #64	6/18/2008	9:10AM	Dist	0.5	7.0	Absent			PED08004106
	BAINBRIDGE AVE #56	6/18/2008	9:32AM	Dist	0.6	7.1	Absent			PED08004107
7	COLBERT AVE #49	6/18/2008	9:25AM	Dist	0.6	7.1	Absent			PED08004108

Disinfectant Residuals Avg: Disinfectant Residuals Meth Disinfectant Analysis Certif	rod:	DPD 12704
All Tests Performed in Acco	•	
Authorized By: LIMS Report #:	Beverly Butler 1194844	

PM		
DEP/DOH Use Only	<u> </u>	
☐ Satisfactory		
☐ Incomplete Collection Information		
Repeat Samples Required		
☐ Replacement Samples Required Date Reviewed by DEP/DOH:		
DEP/DOH Reviewing Official:		





#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003687

County:

· Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

6/18/2008 11:16:00AM

Date Analyzed: Date Reported: 6/18/2008 11:26:00AM 6/19/2008 12:53:58PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

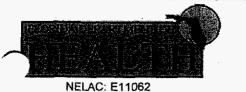
#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	HWY 98 MINI STORAGE #23		9:38AM	Dist	0.4	7.1 .	Absent			PED08004109
9	KENNINGTON DR #6	6/18/2008	9:46AM	Dist	0.4	6.9	Absent			PED08004110
- 10	PELHAM RD #57	6/18/2008	9:54AM	Dist	0.6	6.8	Absent			PED08004111
11	MANDALAY DR (FRONT) #46	6/18/2008	10:03AM	Dist	0.5	7.2	Absent			PED08004112
12	MANDALEY DR (BACK) #5	6/18/2008	10:08AM	Dist	0.5	6.9	Absent			PED08004113
13	LEMHURST RD #17	6/18/2008	10:14AM	Dist	0.6	6.9	Absent			PED08004114
14	MAHOGONY MILL #45	6/18/2008	10:19AM	Dist	0.4	7.0	Absent			PED08004115

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:  All Tests Performed in Accordance with NELAC Coliform/E. Coli Method: Readycult		DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
		Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 1194845		DEP/DOH Reviewing Official:

# Final



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003688

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552

dr: 905 LO

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

6/18/2008 11:16:00AM

Date Analyzed: Date Reported: 6/18/2008 11:26:00AM 6/19/2008 12:53:59PM

Sample Temp (°C):

<10 On ice

Chlorine Check:

Not Detected

District:

Northwest District

### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	BAYSHORE DR (EAST) #19	6/18/2008 10:24AM	Dist	0.6	7.1	Absent			PED08004116
16	VALENCIA RD #28	6/18/2008 10:37AM	Dist	0.4	7.2	Absent			PED08004117
17	S W BAUBLITTS RD #52	6/18/2008 10:42AM	Dist	0.4	7.1	Absent			PED08004118
18	MANOR DR #31	6/18/2008 10:49AM	Dist	0.6	7.1	Absent			PED08004119
<b>~</b> 9	RAYMOND DR #30	6/18/2008 10:59AM	Dist	0.6	6.9	Absent			PED08004120
_0	PATTON DR #51	6/18/2008 10:54AM	Dist	0.7	7.1	Absent			PED08004121
									and the second s

Lab	Comme	nts/Q	ualifiers:
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Disinfectant Residuals Avg: Disinfectant Residuals Meth Disinfectant Analysis Certif	iod:	DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 1194848		DEP/DOH Reviewing Official:

# Final



NELAC: E11062

# Department of Health

# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003554

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

B HORTON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

6/4/2008 1:46:00PM

Date Analyzed: Date Reported: 6/4/2008 2:06:00PM

Sample Temp (°C):

6/5/2008 2:50:56PM <10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

#### Collector Comments:

Collect ID	Sample Point	Date Collected	-	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	FREEBOARD BLVD #63	6/4/2008		Dist	0.5	7.3	Absent	#1911.411.46		PED08003745
2	FOOG BOTTOM #67	6/4/2008	9:37AM	Dist	0.4	7.2	Absent			PED08003746
3	MARLINSPIKE BLVD #65	6/4/2008	9:42AM	Dist	0.4	7.1	Absent			PED08003747
4	N LOOP #29	6/4/2008	9:47AM	Dist	0.5	7.1	Absent			PED08003748
-5	GULF BEACH HWY #47	6/4/2008	9:54AM	Dist	0.5	7.3	Absent			PED08003749
ر	STODDART PLACE APTS #61	6/4/2008	10:06AM	Dist	0.5	7.3	Absent			PED08003750
7	CORAL CREEK DR #7	6/4/2008	9:59AM	Dist	0.5	7.3	Absent			PED08003751

#### Lab Comments/Qualifiers:

Disinfectant Residuals Metl	DPD			
Disinfectant Analysis Certified Operator #:				
All Tests Performed in Acco	ordance with NELAC	Standards		
Coliform/E. Coli Method:	Readycult			
Authorized Du	Reverby Butler			

1162593

DEP/DOH Use Only	<del></del>
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	· · · · · · · · · · · · · · · · · · ·
DEP/DOH Reviewing Official:	
	<u> </u>



LIMS Report #:

Disinfectant Residuals Avg:



NELAC: E11062

# Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003555

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

B HORTON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

**Date Received:** 

6/4/2008 1:46:00PM

Date Analyzed: Date Reported: 6/4/2008 2:06:00PM 6/5/2008 2:50:57PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** District:

Not Detected **Northwest District** 

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Coliform	E.coli	HPC cfu/mL	Lab ID
8	DOG TRACK #21	6/4/2008 10:14AM	Dist	0.5	7.3	Absent		, ab. 11	PED08003752
9	SEDGEFIELD DR #42	6/4/2008 10:21AM	Dist	0.6	7.3	Absent			PED08003753
10	BLAKELY AVE #24	6/4/2008 10:29AM	Dist	0.6	7.3	Absent			PED08003754
11	S FAIRFIELD DR #14	6/4/2008 10:35AM	Dist	0.5	7.3	Absent			PED08003755
<b>~</b> ∙2	INEZ DR #22	6/4/2008 10:40AM	Dist	0.6	7.2	Absent			PED08003756
.3	N POLK AVE #10	6/4/2008 10:45AM	Dist	0.5	7.3	Absent			PED08003757
14	S POLK AVE #3	6/4/2008 10:51AM	Dist	0.5	7.2	Absent			PED08003758

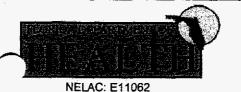
Lab Comments/Qualifiers:

Disinfectant Residuals Meth	nod:	DPD
Disinfectant Analysis Certif	ied Operator #:	10012
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	1162594	

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	
L	



Disinfectant Residuals Avg:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003556

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collection Addr:

B HORTON / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

6/4/2008 1:46:00PM

Date Analyzed: Date Reported: 6/4/2008 2:06:00PM

Sample Temp (°C):

6/5/2008 2:50:57PM <10 On ice

Chlorine Check:

Not Detected

District:

Northwest District

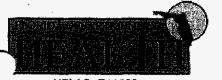
#### **Collector Comments:**

description of the second of t	description of the second seco										
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID		
15	HEINRICH ST #21	6/4/2008 10:54AM	Dist	0.5	7.4	Absent	P1.00.10.00.00.00.00.00.00.00.00.00.00.00		PED08003759		
16	STAR LAKE DR #15	6/4/2008 11:05AM	Dist	0.7	7.5	Absent			PED08003760		
17	HERMEY RD #11	6/4/2008 11:12AM	Dist	0.5	7.4	Absent			PED08003761		
18	CHASEVILLE ST #4	6/4/2008 11:30AM	Dist	0.6	6.9	Absent			PED08003762		
19	N NAVY BLVD #35	6/4/2008 11:26AM	Dist	0.6	7.0	Absent			PED08003763		
<b>_0</b>	3960 N NAVY BLVD #36	6/4/2008 11:20AM	Dist	0.5	7.0	Absent			PED08003764		

Disinfectant Residuals Avg:		
Disinfectant Residuals Meth	iod:	ØPD.
Disinfectant Analysis Certifi	10012	
All Tests Performed in Acco	rdance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	1162595	

DEP/DOH Use Only	,	
☐ Satisfactory		
Incomplete Collection Information		
Repeat Samples Required		
Replacement Samples Required Date Reviewed by DEP/DOH:	· ·	<u>.                                    </u>
DEP/DOH Reviewing Official:		





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

NELAC: E11062

Submission ID:

P003430

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

5/20/2008 2:30:00PM

Date Analyzed: Date Reported: 5/20/2008 3:10:00PM 5/21/2008 3:58:47PM

Sample Temp (°C): **Chlorine Check:** 

<10 On Ice Not Detected

District:

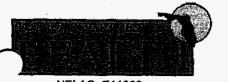
**Northwest District** 

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LANE #66	5/20/2008		Dist	0.5	7.7	Absent			PED08003417
2	BLUE ANGEL LAKES #68	5/20/2008	9:27AM	Dist	0.5	7,3	Absent			PED08003418
3	N LOOP RD #29	5/20/2008	9:32AM	Dist	0.5	7.4	Absent			PED08003419
4	STODDART PL (BACK) #62	5/20/2008	9:39AM	Dist	0.5	7.2	Absent			PED08003420
<del>-</del> 5	DOG TRACK RD #21	5/20/2008	9:47AM	Dist	0.5	7.4	Absent			PED08003421
,	CORAL CREEK DR #7	5/20/2008	9:50AM	Dist	0.6	7.4	Absent			PED08003422
7	BLAKELY AVE #24	5/20/2008	9:56AM	Dist	0.4	7.3	Absent			PED08003423

Disinfectant Residuals Avg: Disinfectant Residuals Meth Disinfectant Analysis Certif	DPD 12704						
All Tests Performed in Acco	ordance with NELAC Se Readycult	tandards					
Authorized By: LIMS Report #:	Beverly Butler 1131678						
·							

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by
DEP/DOH:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

**NELAC: E11062** 

**Submission ID:** 

P003431

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

RUSS BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

5/20/2008 2:30:00PM

Date Analyzed: Date Reported: 5/20/2008 3:10:00PM

Sample Temp (°C):

5/21/2008 3:58:47PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	S FAIRFIELD DR #14	5/20/2008 10:00AM	Dist	0.4	7.8	Absent	M		PED08003424
9	INEZ DR #22	5/20/2008 10:04AM	Dist	0.4	7.2	Absent			PED08003425
10	N POLK AVE #10	5/20/2008 10:08AM	Dist	0.5	7.2	Absent			PED08003426
11	S POLK AVE #3	5/20/2008 10:21AM	Dist	0.6	7.2	Absent			PED08003427
<del>~</del> 2	SW BAUBLITTS RD #52	5/20/2008 10:28AM	Dist	0.4	7.2	Absent			PED08003428
3	VALENCIA RD #48	5/20/2008 10:35AM	Dist	0.4	7.2	Absent			PED08003429
14	RUE MAX RD #58	5/20/2008 10:43AM	Dist	0.5	7.2	Absent			PED08003430

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD 12704

Disinfectant Analysis Certified Operator #:

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

**Beverly Butler** 

LIMS Report #:

1131679

DEP/DOH Use Only

☐ Satisfactory

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by

DEP/DOH:



# NELAC: E11062

### Department of Health

## Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P003432

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: Collector/Phone: 850-455-8552

Collection Addr:

RUSS BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

5/20/2008 2:30:00PM

Date Analyzed: Date Reported: 5/20/2008 3:10:00PM

Sample Temp (°C):

5/21/2008 3:58:48PM <10 On Ice

**Chlorine Check:** 

Not Detected

District:

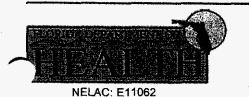
**Northwest District** 

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	MANDALY DR (FRONT) #46	5/20/2008 10:49AM	Dist	0.4	7.0	Absent			PED08003431
16	MAHOGONY MILL RD #45	5/20/2008 10:56AM	Dist	0.5	7.3	Absent			PED08003432
17 ·	PELHAM RD #57	5/20/2008 11:05AM	Dist	0.6	7.2	Absent			PED08003433
18	3960 NAVY BLVD #36	5/20/2008 11:14AM	Dist	0.6	6.7	Absent			PED08003434
<del>-</del> 19	N NAVY BLVD #35	5/20/2008 11:11AM	Dist	0.5	7.0	Absent			PED08003435
_0	PATTON DR #51	5/20/2008 11:25AM	Dist	0.6	7.1	Absent			PED08003436

Disinfectant Residuals Avg Disinfectant Residuals Meti		DPD
Disinfectant Analysis Certif	12074	
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	1131680	
·		

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	on
Repeat Samples Required	
Replacement Samples Required	<del>3</del>
Date Reviewed by	
DEP/DOH:	



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003315

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: System Phone: 1170527

850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

5/7/2008 11:23:00AM

Date Analyzed: Date Reported: 5/7/2008 11:42:00AM 5/8/2008 12:52:03PM

Sample Temp (°C): Chlorine Check: <10 On Ice

District:

Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	INDIGO DR #8	5/7/2008 9:15AM	Dist	0.5	7.2	Absent			PED08003033
2	VONNA JO DR #20	5/7/2008 9:25AM	Dist	0.6	7.2	Absent			PED08003034
3	SHERMAN AVE #9	5/7/2008 9:28AM	Dist	0.6	7.2	Absent			PED08003035
4	AMERICUS AVE #43	5/7/2008 9:33AM	Dist	0.7	7.1	Absent			PED08003036
<b>~</b> 5	SELMA ST #59	5/7/2008 9:42AM	Dist	0.7	7.2	Absent			PED08003037
ن	GRUNDY AVE #54	5/7/2008 9:45AM	Dist	0.6	7.3	Absent			PED08003038
7	GRUPERIA AVE #55	5/7/2008 9:37AM	Dist	0.7	7.1	Absent			PED08003039

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg: Disinfectant Residuals Method:

DPD 12704

Disinfectant Analysis Certified Operator #:

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

**Beverly Butler** 

LIMS Report#:

DEP/DOH Use Only
☐ Satisfactory
Incomplete Collection Information
Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:





## NELAC: E11062

## Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P003316

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

Collector/Phone:

850-455-8552

Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

5/7/2008 11:23:00AM

Date Analyzed: Date Reported: 5/7/2008 11:42:00AM

Sample Temp (°C):

5/8/2008 12:52:03PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Ci	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	TALBERT AVE #39	5/7/2008 9:49AM	Dist	0.7	7.2	Absent	ayayay ga gala da a sa da ga ayay ayay ayay ayay		PED08003040
9	SPRINGLAKE DRIVE #38	5/7/2008 9:52AM	Dist	0.7	7.3	Absent			PED08003041
10	SANDALWOOD APTS #40	5/7/2008 9:58AM	Dist	0.6	7.2	Absent			PED08003042
11	TWIN OAKS #33	5/7/2008 10:05AM	Dist	0.4	6.9	Absent			PED08003043
<b>~</b> 2	ALTON RD #41	5/7/2008 10:28AM	Dist	0.4	6.6	Absent		٠.	PED08003044
3	PINEWOOD LN #25	5/7/2008 10:30AM	Dist	0.7	7.1	Absent			PED08003045
14	COAST RD #44	5/7/2008 10:24AM	Dist	0.7	7.1	Absent			PED08003046

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #: DPD 12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

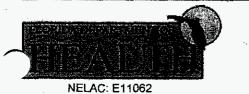
Authorized By:

**Beverly Butler** 

LIMS Report #:

DEP/DOH Use Only		
☐ Satisfactory		
Incomplete Collection In	iformation	
Repeat Samples Requir	red	
Replacement Samples	Required	
Date Reviewed by DEP/DC	)H:	
DEP/DOH Reviewing Offici	al:	





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003317

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

5/7/2008 11:23:00AM

Date Analyzed: Date Reported: 5/7/2008 11:42:00AM

Sample Temp (°C):

5/8/2008 12:52:03PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

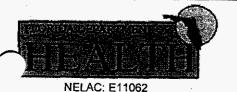
#### Collector Comments:

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	PARK DR #13	5/7/2008 10:39AM	Dist	0.5	7.3	Absent			PED08003047
16	PPOPPY AVE #12	5/7/2008 10:43AM	Dist	0.4	7.1	Absent			PED08003048
17	33 BAYSHORE DR #18	5/7/2008 10:50AM	Dist	0.5	7.2	Absent			PED08003049
18	INTERBAY DR #34	5/7/2008 10:58AM	Dist	0.5	7.3	Absent			PED08003050
<del>~</del> 9	BRYANT RD #1	5/7/2008 11:05AM	Dist	0.7	7.2	Absent			PED08003051
∠0	N MILLS AVE #37	5/7/2008 11:10AM	Dist	0.7	7.3	Absent			PED08003052

Disinfectant Residuals Avg Disinfectant Residuals Meth Disinfectant Analysis Certif	DPD 12704	
All Tests Performed in Acco Coliform/E. Coli Method:	ordance with NELAC S Readycult	tandards
Authorized By: LIMS Report #:	Beverly Butler 1100921	

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	ı
Repeat Samples Required	
Replacement Samples Required Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

P003178

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Submission ID:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

4/16/2008 1:41:00PM

Date Analyzed:

4/16/2008 2:10:00PM

Date Reported: Sample Temp (°C): 4/17/2008 3:56:50PM <10 On Ice

Chlorine Check:

Not Detected

District:

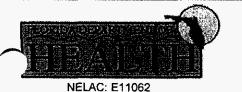
Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Łab ID
1	MIZZEN LN #66	4/16/2008		Dist	0.5	7.5	Absent			PED08002650
2	BLUE ANGEL LAKES #68	4/16/2008	9:10AM	Dist	0.4	7.5	Absent			PED08002651
3	STODDART PLACE (BACK) #6	4/16/2008	9:15AM	Dist	0.4	7.5	Absent			PED08002652
4	COBBLEBROOKE DR #69	4/16/2008	9:20AM	Dist	0.5	7.3	Absent			PED08002653
~	GULF BREEZE AVE #64	4/16/2008	9:30AM	Dist	0.7	7.6	Absent			PED08002654
ر	BAINBRIDGE AVE #56	4/16/2008	9:40AM	Dist	0.7	7.6	Absent	•		PED08002655
7	COLBERT AVE #49	4/16/2008	9:45AM	Dist	0.7	7.5	Absent			PED08002656

Disinfectant Residuals Avg Disinfectant Residuals Met	DPD	
Disinfectant Analysis Certif	12704	
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	1051934	

DEP/DOH Use Only	
☐ Satisfactory	
Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003179

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: **Collection Addr:** 

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

4/16/2008 1:41:00PM

Date Analyzed: Date Reported: 4/16/2008 2:10:00PM 4/17/2008 3:56:51PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

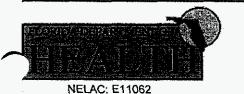
District:

Northwest District

#### **Collector Comments:**

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Ci	рН	Total Coliform	E.coli	HPC cfu/mL	Łab ID
8	HWY 98 MINI STORAGE #23	4/16/2008 9:50AM	Dist	0.5	7.5	Absent			PED08002657
9	KENNINGTON DR #6	4/16/2008 9:55AM	Dist	0.6	7.1	Absent			PED08002658
10	PELHAM RD #57	4/16/2008 10:20AM	Dist	0.8	7.4	Absent			PED08002659
11	MANDALAY DR (FRONT) #46	4/16/2008 10:10AM	Dist	0.6	7.6	Absent			PED08002660
12	MANDALAY DR (BACK) #5	4/16/2008 10:15AM	Dist	0.6	7.6	Absent			PED08002661
13	LEMHURST RD #17	4/16/2008 10:50AM	Dist	0.4	7.5	Absent			PED08002662
14	MAHOGONY MILL #45	4/16/2008 10:55AM	Dist	0.5	7.5	Absent			PED08002663

		DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
		Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 1051935		DEP/DOH Reviewing Official:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003180

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507

System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

4/16/2008 1:41:00PM1

Date Analyzed: Date Reported:

4/16/2008 2:10:00PM 4/17/2008 3:56:51PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

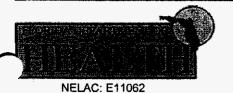
#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	 PC fu/mL	Lab ID
15	BAYSHORE DR (EAST) #19	4/16/2008 11:00AM	Dist	0.5	7.6	Absent		PED08002664
16	VALENCVIA RD #28	4/16/2008 11:10AM	Dist	0.4	7.6	Absent		PED08002665
17	SW BAUBLITTS RD #52	4/16/2008 11:15AM	Dist	0.4	7.4	Absent		PED08002666
18	MANOR DR #31	4/16/2008 11:20AM	Dist	0.5	7.4	Absent		PED08002667
9	RAYMOND DR #30	4/16/2008 11:25AM	Dist	0.7	7.6	Absent		PED08002668
∠0	PATTON DR #51	4/16/2008 11:30AM	Dist	0.7	7.6	Absent		PED08002669
							 	and the second

Lab	Comments/Qualifiers:

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:  All Tests Performed in Accordance with NELAC Sta Coliform/E. Coli Method: Readycult		DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
		Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 1051936		DEP/DOH Reviewing Official:





## **Bureau of Laboratories - Pensacola**

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P003042

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

850-455-8552

System Phone: Collector/Phone:

B HORTON / 850-455-8552

Collection Addr:

P O BOX 4815

Pensacola, FL 32507

**Date Received:** Date Analyzed:

4/1/2008 1:39:00PM 4/1/2008 2:10:00PM

Date Reported: Sample Temp (°C):

4/2/2008 2:30:00PM <10

**Chlorine Check:** 

On Ice Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	l	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	FREEBOARD BLVD #63	4/1/2008	8:55AM	Dist	0.5	7.2	Absent	The second secon	to the make passed of the second	PED08002254
2	FOGGY BOTTOM #67	4/1/2008	9:03AM	Dist	0.4	7.2	Absent			PED08002255
3	MARLINSPIKE BLVD #65	4/1/2008	9:08AM	Dist	0.6	7.0	Absent			PED08002256
4	N LOOP #29	4/1/2008	9:15AM	Dist	0.6	6.9	Absent			PED08002257
~5	GULF BEACH HWY # 47	4/1/2008	9:20AM	Dist	0.6	6.5	Absent			PÉD08002258
ن ن	STODDART PLACE APTS #61	4/1/2008	9:31AM	Dist	0.4	6.9	Absent			PED08002259
7	CORAL CREEK DR #7	4/1/2008	9:25AM	Dist	0.6	6.9	Absent			PED08002260

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg	5	
Disinfectant Residuals Meth	nod:	DPD
Disinfectant Analysis Certif	ied Operator #:	TD10012
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/F Coli Method:	Readyout	

Authorized By: LIMS Report #: **Beverly Butler** 

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

NELAC: E11062

Submission ID:

P003043

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

850-455-8552

System Phone: Collector/Phone:

B HORTON / 850-455-8552

Collection Addr:

P O BOX 4815

Pensacola, FL 32507

Date Received:

4/1/2008 1:39:00PM

4/

4/1/2008 1:39:00PM

Date Analyzed: Date Reported:

4/2/2008 2:30:00PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

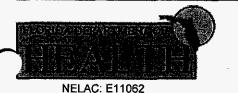
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	DOG TRACK # 21	4/1/2008 9:39AM	Dist	0.6	6.9	Absent			PED08002261
. 9	SEDGEFIELD DR #42	4/1/2008 9:47AM	Dist	0.6	7.0	Absent			PED08002262
10	BLAKELY AVE #24	4/1/2008 9:51AM	Dist	0.5	6.9	Absent			PED08002263
11	S FAIRFIELD DR #14	4/1/2008 10:00AM	Dist	0.6	6.9	Absent			PED08002264
``12	INEZ DR #22	4/1/2008 10:06AM	Dist	0.5	6.9	Absent			PED08002265
13	N POLK AVE #10	4/1/2008 10:11AM	Dist	0.6	6.9	Absent			PED08002266
14	S POLK AVE #3	4/1/2008 10:18AM	Dist	0.4	6.9	Absent			PED08002267

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg	:	
Disinfectant Residuals Met	nod:	DPD
Disinfectant Analysis Certif	ied Operator #:	TD10012
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	1016192	

DEP/DOH Use Only
☐ Satisfactory
Incomplete Collection Information
Repeat Samples Required
Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

# Final



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003044

County:

Escambia

Type of Supply: Type of Sample:

Community Water System Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507

System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

Collector/Phone:

850-455-8552

B HORTON / 850-455-8552

Collection Addr: P O BOX 4815

Pensacola, FL 32507

Date Received:

4/1/2008 1:39:00PM 4/1/2008 2:10:00PM

Date Analyzed: Date Reported: Sample Temp (°C):

4/2/2008 2:30:00PM <10 On ice

Chlorine Check:

Not Detected

District:

Northwest District

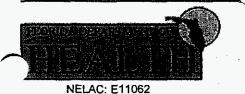
#### **Collector Comments:**

Collec ID	t Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	HEINRICH ST #21	4/1/2008 10:23AM	Dist	0.5	7.0	Absent			PED08002268
16	STAR LAKE DR #15	4/1/2008 10:30AM	Dist	0.4	7.0	Absent			PED08002269
17	HERMEY RD #11	4/1/2008 10:40AM	Dist	0.7	6.9	Absent			PED08002270
18	CHASEVILLE ST #44	4/1/2008 10:53AM	Dist	0.5	7.0	Absent			PED08002271
<b>`</b> '9	N NAVY BLVD #35	4/1/2008 10:57AM	Dist	0.6	7.0	Absent			PED08002272
20	3960 N NAVY BLVD #36	4/1/2008 11:02AM	Dist	0.6	6.9	Absent			PED08002273

Disinfectant Residuals Avg Disinfectant Residuals Met Disinfectant Analysis Certif	DPD TD10012	DEF S S	
All Tests Performed in Acc Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards	□ F □ F Date
Authorized By:	Beverly Butler		DEP
LIMS Report #:	1016193		<u> </u>

DEP/DOH Use Only	
☐ Satisfactory	
Incomplete Collection Information	
☐ Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	-,
DEP/DOH Reviewing Official:	_





#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002909

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

RUSS BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

3/18/2008 2:05:00PM

Date Analyzed: Date Reported: 3/18/2008 2:30:00PM

Sample Temp (°C):

3/19/2008 3:41:45PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

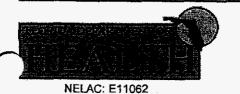
#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LN #66			Dist	0.6	7.1	Absent	· Habitana and an and an		PED08001898
2	BLUE ANGEL LAKES #68	3/18/2008	9:14AM	Dist	0.5	6.9	Absent			PED08001899
3	N LOOP RD #29	3/18/2008	9:18AM	Dist	0.6	6.9	Absent			PED08001900
4	STODDART PL (BACK) #62	3/18/2008	9:24AM	Dist	0.7	6.9	Absent			PED08001901
~	DOG TRACK RD #21	3/18/2008	9:29AM	Dist	0.6	6.9	Absent			PED08001902
J	CORAL CREEK DR #7	3/18/2008	9:35AM	Dist	0.6	6.8	Absent			PED08001903
7	BLAKELY AVE #24	3/18/2008	9:42AM	Dist	0.5	6.8	Absent			PED08001904

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg: Disinfectant Residuals Meth Disinfectant Analysis Certif	nod:	DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 984461		DEP/DOH Reviewing Official:

# Final



### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P002910

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

3/18/2008 2:05:00PM

Date Analyzed: Date Reported:

3/18/2008 2:30:00PM

Sample Temp (°C):

3/19/2008 3:41:45PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

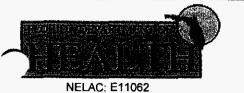
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	S FAIRFIELD DR #14	3/18/2008 9:46AM	Dist	0.6	6.7	Absent		90.000 Market State Community of the State Co	PED08001905
9	INEZ DRIVE #22	3/18/2008 9:50AM	Dist	0.5	6.9	Absent			PED08001906
3	N POLK AVE #10	3/18/2008 9:55AM	Dist	0.6	6.9	Absent			PED08001907
11	S POLK AVE #3	3/18/2008 10:01AM	Dist	0.6	6.8	Absent			PED08001908
12	SW BAUBLITTS RD #52	3/18/2008 10:07AM	Dist	0.4	6.8	Absent			PED08001909
13	VALENCIA RD #48	3/18/2008 10:15AM	Dist	0.4	6.9	Absent			PED08001910
14	RUE MAXD RD #58	3/18/2008 10:24AM	Dist	0.6	7.1	Absent			PED08001911

Lab Comments/Qualifiers:

Disinfectant Residuals Avg:		
Disinfectant Residuals Meth	od:	DPD
Disinfectant Analysis Certifi	ied Operator #:	12704
All Tests Performed in Acco	rdance with NELAC	Standards .
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	984462	

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required  Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	

# Final



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002911

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

**System ID:** 1170527

em Phone: 850-455-8552

System Phone: Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

3/18/2008 2:05:00PM

Date Analyzed: Date Reported: 3/18/2008 2:30:00PM 3/19/2008 3:41:45PM

Sample Temp (°C): Chlorine Check:

<10 On Ice Not Detected

District:

Northwest District

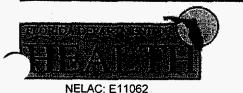
#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	MANDALY DR (FRONT) #46	3/18/2008 10:28AM	Dist	0.5	6.9	Absent			PED08001912
16	MAHOGONY MILL RD #45	3/18/2008 10:34AM	Dist	0.5	6.9	Absent			PED08001913
17	PELHAM RD #57	3/18/2008 11:04AM	Dist	0.7	7.0	Absent			PED08001914
18	3960 NAVY VLVD #36	3/18/2008 11:14AM	Dist	0.6	6.8	Absent			PED08001915
<b>`</b> •9	N NAVY BLVD #35	3/18/2008 11:10AM	Dist	0.6	6.9	Absent			PED08001916
20	PATTON DR #51	3/18/2008 11:20AM	Dist	0.6	6.9	Absent			PED08001917

Disinfectant Residuals Avg. Disinfectant Residuals Metl Disinfectant Analysis Certif	DPD 12704	
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	984453	
		- <u> </u>

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	
1	





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002769

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

County:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System iD:

1170527

System Phone: 850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

3/5/2008 1:27:00PM

Date Analyzed: Date Reported: 3/5/2008 2:02:00PM

Sample Temp (°C):

3/6/2008 4:09:47PM <10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

#### **Collector Comments:**

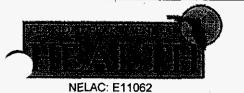
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	INDIGO DR #8	3/5/2008 9:04AM	Dîst	0.6	7.3	Absent			PED08001484
2	VONNA JO DR #20	3/5/2008 9:12AM	Dist	0.7	7.4	Absent			PED08001485
3	SHERMAN AVE #9	3/5/2008 9:18AM	Dist	0.7	7.0	Absent			PED08001486
4	AMERICUS AVE #43	3/5/2008 9:22AM	Dist	0.7	7.1	Absent			PED08001487
~	SELMA ST #59	3/5/2008 9:26AM	Dist	0.7	7.0	Absent			PED08001488
J	GRUNDY AVE #54	3/5/2008 9:29AM	Dist	0.4	7.1	Absent			PED08001489
7	GRUPERIA AVE #55	3/5/2008 9:36AM	Dist	0.7	7.2	Absent			PED08001490

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg: DPD Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #: 12704 All Tests Performed in Accordance with NELAC Standards Coliform/E. Coli Method: Readycult **Beverly Butler** Authorized By: 955837 LIMS Report #:

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	<del></del>





# **Bureau of Laboratories - Pensacola**

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002770

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

3/5/2008 1:27:00PM

Date Analyzed: Date Reported: 3/5/2008 2:02:00PM

Sample Temp (°C):

3/6/2008 4:09:47PM <10 On Ice

Chlorine Check:

Not Detected

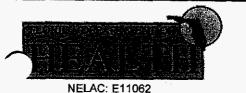
District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total E Coliform	.coli HPC cfu/m	Lab ID L
8	TALBERT AVE #39	3/5/2008 9:41AM	Dist	0.6	6.9	Absent	N 14 12 15	PED08001491
9	SPRINGLAKE DR #38	3/5/2008 9:44AM	Dist	8.0	7.1	Absent		PED08001492
10	SANDALWOOD APTS #40	3/5/2008 9:50AM	Dist	0.5	7.3	Absent		PED08001493
11	TWIN OAKS #33	3/5/2008 10:16AM	Dist	0.4	7.0	Absent		PED08001494
12	ALTON RD #41	3/5/2008 10:21AM	Dist	0.6	7.1	Absent		PED08001495
<b>í</b> 3	PINEWOOD LN #25	3/5/2008 10:26AM	Dist	0.4	7.2	Absent		PED08001496
14	COAST RD #44	:3/5/2008 10:34AM	Dist	0.4	6.8	Absent		PED08001497

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:		DPD 12704	DEP/DOH Use Only  ☐ Satisfactory ☐ Incomplete Collection Information					
All Tests Performed in Accordance with NELAC S Coliform/E. Coli Method: Readycult		Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:					
Authorized By: LIMS Report #:	Beverly Butler 955838		DEP/DOH Reviewing Official:					



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002771

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

Collector/Phone:

850-455-8552

Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

3/5/2008 1:26:00PM

Date Analyzed:

3/5/2008 2:02:00PM

Date Reported: Sample Temp (°C): 3/6/2008 4:09:47PM

Chlorine Check:

<10 On Ice Not Detected

District:

Northwest District

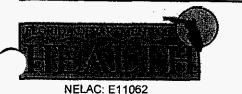
#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	PARK DR #13	3/5/2008 10:40AM	Dist	0.4	6.9	Absent		a manadaman and a program of the state of th	PED08001498
16	POPPY AVE #12	3/5/2008 10:45AM	Dist	8.0	6.9	Absent		•	PED08001499
17	33 BAYSHORE DR #18	3/5/2008 10:50AM	Dist	.9	6.9	Absent			PED08001500
18	INTERBAY DR #34	3/5/2008 11:01AM	Dist	0.6	8.1	Absent			PED08001501
9	BRYANT RD #1	3/5/2008 11:08AM	Dist	0.6	7.4	Absent			PED08001502
٥۔	N MILLS AVE #37	3/5/2008 11:13AM	Dist	0.7	7.1	Absent			PED08001503

Disinfectant Residuals Avg:			
Disinfectant Residuals Meth	DPD 12704		
Disinfectant Analysis Certif			
All Tests Performed in Acco	ordance with NELAC	Standards	
Coliform/E. Coli Method:	Readycult		
Authorized By:	Beverly Butler		
LIMS Report #:	955839		

DEP/DOH Use Only	_
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
☐ Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002680

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

2/20/2008 2:16:00PM

Date Analyzed: Date Reported: 2/20/2008 2:42:00PM 2/21/2008 4:07:44PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

**Northwest District** 

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LN #66	2/20/2008	9:55AM	Dist	0.4	8.0	Absent	***************************************		PED08001234
2	BLUE ANGEL LAKES #68	2/20/2008	10:00AM	Dist	0.6	7.4	Absent			PED08001235
3	STODDART PLACE (BACK) #6	2/20/2008	10:15AM	Dist	0.6	7.6	Absent			PED08001236
4	COBBLEBROOKE DR #69	2/20/2008	10:20AM	Dist	0.5	7.8	Absent			PED08001237
<u> </u>	GULF BREEZE AVE #64	2/20/2008	10:30AM	Dist	0.6	7.8	Absent			PED08001238
6	BAINBRIDGE AVE #56	2/20/2008	10:35AM	Dist	0.7	7.8	Absent			PED08001239
7	COLBERT AVE #49	2/20/2008	10:40AM	Dist	0.7	7.4	Absent			PED08001240

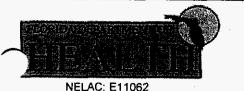
Lab Comments/Qualifiers:

Disinfectant Residuals Metl	DPD		
Disinfectant Analysis Certif	12704		
All Tests Performed in Acco	ordance with NELAC	Standards	
Coliform/E. Coli Method:	Readycult		
Authorized By:	Beverly Butler		
LING Papart #:	024541		

DEP/DOH Use Only		
Satisfactory		
Incomplete Collection I	formation	
Repeat Samples Requ	red	
Replacement Samples	Required	
Date Reviewed by DEP/D		
DEP/DOH Reviewing Offic	al:	



Disinfectant Residuals Avg:



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002681

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

D DADDETT / O

Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

2/20/2008 2:16:00PM

Date Analyzed: Date Reported: 2/20/2008 2:42:00PM 2/21/2008 4:07:44PM

Sample Temp (°C):

<10 On Ice

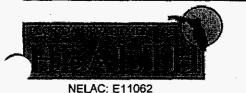
Chlorine Check: District: Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	HWY 98 MINI STORAGE #23	2/20/2008 10:50AM	Dist	0.6	7.7	Absent			PED08001241
9	KENNINGTON DR #6	2/20/2008 10:57AM	Dist	0.6	7.6	Absent			PED08001242
10	PELHAM RD #57	2/20/2008 1:25PM	Dist	0.6,	7.4	Absent			PED08001243
11	MANDALAY DR (FRONT) #46	2/20/2008 11:15AM	Dist	0.6	7.2	Absent			PED08001244
·2	MANDALAY DR (BACK) #5	2/20/2008 11:08AM	Dist	0.6	7.0	Absent			PED08001245
13	LEMHURST RD #17	2/20/2008 11:30AM	Dist	0.4	7.2	Absent			PED08001246
14	MAHOGONY MILL #45	2/20/2008 11:20AM	Dist	0.5	7.2	Absent			PED08001247

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #: All Tests Performed in Accordance with NELAC Sta Coliform/E. Coli Method: Readyoult		DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
		Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 924542		DEP/DOH Reviewing Official:





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002682

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

2/20/2008 2:16:00PM

Date Analyzed: Date Reported: 2/20/2008 2:42:00PM 2/21/2008 4:07:45PM

Sample Temp (°C):

<10 On Ice

Chlorine Check: District:

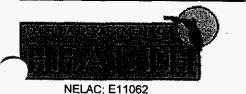
Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	Нģ	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	BAYSHORE DR (EAST) #19	2/20/2008 11:25AM	Dist	0.5	7.1	Absent	All and a Marines and a specific part of the last		PED08001248
16	VALENCIA RD #28	2/20/2008 11:40AM	Dist	0.4	7.4	Absent			PED08001249
17	SW BAUBLITTS ERD #52	2/20/2008 1:45PM	Dist	0.6	7.6	Absent			PED08001250
18	MANOR DR #31	2/20/2008 1:39PM	Dist	0.6	7.5	Absent			PED08001251
<b>√</b> 9	RAYMOND DR #30	2/20/2008 1:30PM	Dist	0.7	7.6	Absent			PED08001252
_0	PATTON DR #51	2/20/2008 2:00PM	Dist	0.6	7.6	Absent			PED08001253

Lab	Comment	s/Qua	itiers:
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Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:		DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco Coliform/E, Coli Method:	ordance with NELAC Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By:	Beverly Butler		DEP/DOH Reviewing Official:
LIMS Report #:	924543		The second secon



### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P002575

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

2/7/2008 11:31:00AM

Date Analyzed: Date Reported: 2/7/2008 12:08:00PM 2/8/2008 3:24:20PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

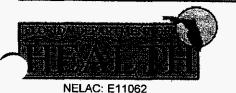
District:

Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	FREEBOARD BLVD #63	2/7/2008	9:00AM	Dist	0.6	7.4	Absent			PED08000868
2	FOGGY BOTTOM #67	2/7/2008	9:10AM	Dist	0.8	7.6	Absent			PED08000869
3	MARLINSPIKE BLVD #65	2/7/2008	9:15AM	Dist	0.8	7.4	Absent			PED08000870
4	N LOOP #29	2/7/2008	9:20AM	Dist	0.6	7.2	Absent			PED08000871
<b>~</b> 5	GULF BEACH HWY #47	2/7/2008	9:25AM	Dist	0.5	7.2	Absent			PED08000872
,	STODDART PL APTS FRONT#	42/7/2008	9:35AM	Dist	0.6	7.6	Absent			PED08000873
7	CORAL CREEK DR #7	2/7/2008	9:40AM	Dist	0.6	7.4	Absent			PED08000874

Disinfectant Residuals Avg: Disinfectant Residuals Meth		DPD	DEP/DOH Use Only			
Disinfectant Analysis Certified Operator #:		12704	☐ Incomplete Collection Information			
All Tests Performed in Acco	ordance with NELAC	Standards	Repeat Samples Required			
Coliform/E. Coli Method:	Readycult		☐ Replacement Samples Required  Date Reviewed by DEP/DOH:			
Authorized By:	Beverly Butler		DEP/DOH Reviewing Official:			
LIMS Report #:	895845					
			The state of the s			



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

1140,0.61

Submission ID:

P002576

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone: 850-455-8552

Collector/Phone:

300-400-000Z

Collection Addr:

RUSS BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

2/7/2008 11:31:00AM

Date Analyzed: Date Reported: 2/7/2008 12:08:00PM 2/8/2008 3:24:20PM

Sample Temp (°C): Chlorine Check: <10 On Ice Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	DOG TRACK #21	2/7/2008 9:50AM	Dist	0.6	7.2	Absent		-	PED08000875
9	SEDGEFIELD DR #42	2/7/2008 10:00AM	Dist	0.5	8.0	Absent			PED08000876
10	BLAKELY AVE #24	2/7/2008 10:05AM	Dist	0.5	7.6	Absent			PED08000877
11	S FAIRFIELD DR #14	2/7/2008 10:10AM	Dist	0.7	7.9	Absent			PED08000878
~2	INEZ DR #22	2/7/2008 10:15AM	Dist	0.7	7.8	Absent			PED08000879
.3	N POLK AVE #10	2/7/2008 10:20AM	Dist	0.7	8.0	Absent			PED08000880
14	S POLK AVE #3	2/7/2008 10:25AM	Dist	0.6	7.6	Absent			PED08000881

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg: Disinfectant Residuals Method:

DPD

Disinfectant Residuals method:
Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

Beverly Butler

LIMS Report #:

1	DEP/DOH Use Only
1	☐ Satisfactory
	☐ Incomplete Collection Information
	Repeat Samples Required
	☐ Replacement Samples Required
ı	Date Reviewed by DEP/DOH:
I	DEP/DOH Reviewing Official:
	☐ Replacement Samples Required Date Reviewed by DEP/DOH:





# NELAC: E11062

### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002577

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

RUSS BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

2/7/2008 11:31:00AM

Date Analyzed: Date Reported: 2/7/2008 12:08:00PM

Sample Temp (°C):

2/8/2008 3:24:21PM On Ice

Chlorine Check:

<10 Not Detected

District:

**Northwest District** 

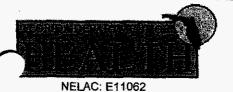
#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	HEINRICH ST #21	2/7/2008 10:35AM	Dist	0.8	7.6	Absent	Markey Aboungs on the State of	of a long	PED08000882
16	STAR LAKE DR #15	2/7/2008 10:30AM	Dist	0.9	7.7	Absent			PED08000883
17	HERMEY RD #11	2/7/2008 10:40AM	Dist	0.5	7.8	Absent			PED08000884
18	CHASEVILLE ST #4	2/7/2008 10:45AM	Dist	0.7	7.4	Absent			PED08000885
<b>~</b> 9	N NAVY BLVD #35	2/7/2008 10:50AM	Dist	0.6	7.6	Absent			PED08000886
٥۔	3960 N NAVY BLVD #36	2/7/2008 10:55AM	Dist	0.7	7.5	Absent			PED08000887

Disinfectant Residuals Avg Disinfectant Residuals Met Disinfectant Analysis Certi	hod:	DPD 12704	DEP/DOH Use ☐ Satisfactory ☐ Incomplete C
All Tests Performed in Acc Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards	☐ Repeat Sam ☐ Replacemen Date Reviewed
Authorized By: LIMS Report #:	Beverly Butler 895847		DEP/DOH Revie
	<del> </del>		

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

......

Submission ID:

P002415

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

1/15/2008 1:50:00PM

Date Analyzed: Date Reported: Sample Temp (°C): 1/15/2008 2:07:00PM 1/16/2008 6:08:05PM

Chlorine Check:

<10 On ice Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LN #66	1/15/2008	8:50AM	Dist	0.6	8.4	Absent	y (1940)		PED08000366
2	BLUE ANGEL LAKES #68	1/15/2008	8:58AM	Dist	0.6	7.8	Absent			PED08000367
3	N LOOP RD #29	1/15/2008	9:04AM	Dist	0.6	7.8	Absent			PED08000368
4	STODDART PL (BACK) #62	1/15/2008	9:10AM	Dist	0.6	7.6	Absent			PED08000369
~	DOG TRACK RD #21	1/15/2008	9:15AM	Dist	0.7	7.8	Absent			PED08000370
J	CORAL CREEK DR #7	1/15/2008	9:20AM	Dist	0.7	7.8	Absent			PED08000371
7	BLAKELY AVE #24	1/15/2008	9:28AM	Dist	0.7	7.5	Absent			PED08000372

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg: Disinfectant Residuals Method:

Disinfectant Analysis Certified Operator #:

DPD 12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

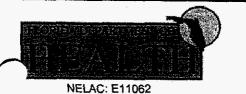
Authorized By:

**Beverly Butler** 

LIMS Report #:

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission iD:

P002416

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

RUSS BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

1/15/2008 1:50:00PM

Date Analyzed: Date Reported: 1/15/2008 2:07:00PM

Sample Temp (°C):

1/16/2008 6:08:06PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	S FAIRFIELD DR #14	1/15/2008 9:35AM	Dist	0.7	7.7	Absent	regaren gay a aktivisisis ee ee ee ee ee ee ee ee	AND THE PARTY OF T	PED08000373
9	INEZ DR #22	1/15/2008 9:40AM	Dist	0.7	7.5	Absent			PED08000374
10	N POLK AVE #10	1/15/2008 9:45AM	Dist	0.7	7.7	Absent			PED08000375
11	S POLK AVE #3	1/15/2008 10:06AM	Dist	0.7	7.8	Absent			PED08000376
12	SW BAUBLITTS RD #52	1/15/2008 10:10AM	Dist	0.4	7.8	Absent			PED08000377
3	VALENCIA RD #48	1/15/2008 10:00AM	Dist	0.5	7.6	Absent			PED08000378
14	RUE MAX RD #58	1/15/2008 10:20AM	Dist	0.6	7.6	Absent			PED08000379

### Lab Comments/Qualifiers:

Distillectant Residuals Avy.
Disinfectant Residuals Method:
Disinfectant Analysis Certified Operator #:

DPD 12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

**Beverly Butler** 

LIMS Report #:

DEP/DOH U	se Only
☐ Satisfacto	ry
Incomplete	Collection Information
Repeat Sa	imples Required
	ent Samples Required  d by DEP/DOH;
DEP/DOH Re	viewing Official:



# NELAC: E11062

## Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P002417

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

1/15/2008 1:50:00PM

Date Analyzed: Date Reported: 1/15/2008 2:07:00PM 1/16/2008 6:08:06PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

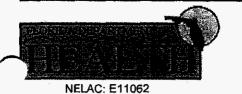
#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	MANDALY DR (FRONT) #46	1/15/2008 10:30AM	Dist	0.6	7.6	Absent		- The second sec	PED08000380
16	MAHOGONY MILL RD #45	1/15/2008 10:38AM	Dist	0.4	7.5	Absent			PED08000381
17	PELHAM RD #57	1/15/2008 10:45AM	Dist	0.8	7.8	Absent			PED08000382
18	3960 NAVY BLVD #36	1/15/2008 10:55AM	Dist	0.7	7.7	Absent			PED08000383
<del>_</del> 9	N NAVY BLVD #35 (NEW)	1/15/2008 11:00AM	Dist	8.0	8.4	Absent			PED08000384
∠0	PATTON DR #51	1/15/2008 11:10AM	Dist	0.7	7.8	Absent			PED08000385

Disinfectant Residuals Avg:		
Disinfectant Residuals Meth	nod:	DPD
Disinfectant Analysis Certif	ied Operator #:	12704
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	841897	

Di	EP/DOH Use Only
	Satisfactory
	Incomplete Collection Information
	Repeat Samples Required
	Replacement Samples Required te Reviewed by DEP/DOH:
DE	P/DOH Reviewing Official:





# Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P002299

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

850-455-8552 System Phone:

Collector/Phone:

Collection Addr:

R. BARRETT / 850-455-8552

905 LOWNDE AVE

Pensacola, FL 32507

Date Received:

1/2/2008 2:40:00PM

Date Analyzed: Date Reported: 1/2/2008 2:45:00PM 1/3/2008 4:16:00PM

Sample Temp (°C): **Chlorine Check:** 

<10 On Ice

District:

Not Detected Northwest District

### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рΗ	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	INDIGO DR #8	1/2/2008 10:05AM	Dist	0.6	7.6	Absent	* 1		PED08000012
2	VONNA JO DR #20	1/2/2008 10:25AM	Dist	0.4	7.7	Absent			PED08000013
3	SHERMAN AVE #9	1/2/2008 10:30AM	Dist	0.4	7.8	Absent			PED08000014
4	AMERICUS AVE #43	1/2/2008 10:35AM	Dist	0.8	7.5	Absent			PED08000015
~5	SELMA ST #59	1/2/2008 10:40AM	Dist	0.6	7.5	Absent			PED08000016
,	GRUNDY AVE #54	1/2/2008 10:45AM	Dist	0.6	7.6	Absent			PED08000017
7	GRUPERIA AVE #55	1/2/2008 10:52AM	Dist	0.7	7.4	Absent			PED08000018

# Lab Comments/Qualifiers:

Disinfectant Residuals Avg Disinfectant Residuals Metl	DPD 12704		
Disinfectant Analysis Certif			
All Tests Performed in Acco	ordance with NELAC	Standards	
Coliform/E. Coli Method:	Readycult		
Authorized By:	Beverly Butler		
LIMS Report #:	806679		

DEP/DOH Use Only	
☐ Satisfactory	i
☐ Incomplete Collection Information	
Repeat Samples Required	1
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	
<u></u>	





### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

NELAC: E11062

Submission ID:

P002300

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

850-455-8552 System Phone:

Collector/Phone:

Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

1/2/2008 2:41:00PM

Date Analyzed: Date Reported: 1/2/2008 2:45:00PM 1/3/2008 4:16:00PM

Sample Temp (°C): **Chlorine Check:** 

<10 On Ice Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	TALBERT AVE #39	1/2/2008 10:50AM	Dist	0.6	7.5	Absent		1000011	PED08000019
2`	SPRINGLAKE DR #38	1/2/2008 10:55AM	Dist	0.7	7.5	Absent			PED08000020
3	SANDALWOOD APTS #40	1/2/2008 11:00AM	Dist	0.6	7.6	Absent			PED08000021
4	KENNINGTON #6	1/2/2008 11:20AM	Dist	0.6	8.4	Absent			PED08000022
~	ALTON RD #41	1/2/2008 11:30AM	Dist	0.5	8.5	Absent			PED08000023
ر	PINEWOOD LN #25	1/2/2008 11:25AM	Dist	0.9	7.7	Absent			PED08000024
7	COAST RD #44	1/2/2008 11:47AM	Dist	0.8	7.4	Absent			PED08000025

# Lab Comments/Qualifiers:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD 12704

Disinfectant Analysis Certified Operator #:

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

Beverly Butler

LIMS Report #:

806682

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:





# Department of Health

# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002301

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

1/2/2008 2:41:00PM

Date Analyzed: Date Reported: 1/2/2008 2:45:00PM 1/3/2008 4:16:01PM

Sample Temp (°C): Chlorine Check:

<10 On Ice Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	PARK DR #13	1/2/2008 11:43AM	Dist	0.7	7.3	Absent			PED08000026
2	POPPY AVE #12	1/2/2008 11:40AM	Dist	8.0	7.3	Absent			PED08000027
3	33 BAYSHORE DR #18	1/2/2008 11:30AM	Dist	0.6	7.4	Absent			PED08000028
_4	INTERB AY DR #34	1/2/2008 11:29AM	Dist	0.4	7.2	Absent			PED08000029
- <del></del>	BRYANT RD #1	1/2/2008 11:14AM	Dist	0.7	7.5	Absent			PED08000030
6	N MILLS AVE #37	1/2/2008 11:05AM	Dist	0.7	7.6	Absent			PED08000031

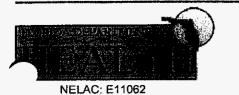
### Lab Comments/Qualifiers:

Disinfectant Residuals Avg	:			
Disinfectant Residuals Meti	nod:	DPD		
Disinfectant Analysis Certif	ied Operator #:	12704		
All Tests Performed in Acco	ordance with NELAC	Standards		
Coliform/E. Coli Method:	Readycult			
Authorized By:	Beverly Butler			
LIMS Report #:	806684			

H Use Only				
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npiete Collectio	on Information			
at Samples Re	equired			
icement Samp	les Required			
riewed by DEF	P/DOH:			
H Reviewing C	Official:			
	at Samples Re acement Samp viewed by DEF	-	factory  nplete Collection Information  at Samples Required  ncement Samples Required  nlewed by DEP/DOH:	factory  polete Collection Information  at Samples Required  scement Samples Required  vlewed by DEP/DOH:



Raw Tap



# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Submission ID:

P005252 Escambia

County:

Type of Supply:

Type of Sample:

Community Water System Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone: Collector/Phone: 850-455-8552

Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 12/9/2008 2:19:00PM 12/9/2008 2:22:00PM

Date Reported: Sample Temp (°C): 12/10/2008 3:42:01PM <10 On Ice

**Chlorine Check:** District:

Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 3 RAW	12/9/2008 9:00AM	Raw		5.4	Absent			PED08008195
2	WELL 4 RAW	12/9/2008 10:55AM	Raw		5.7	Absent			PED08008196
3	WELL 5 RAW	12/9/2008 10:20AM	Raw		5.4	Absent			PED08008197
	WELL 8 RAW	12/9/2008 10:00AM	Raw		5.6	Absent			PED08008198
5	WELL 9 RAW	12/9/2008 1.1:00AM	Raw		5.7	Absent			PED08008199
Lab Com	ments/Qualifiers:		#					and the second	<b></b>

Distillectant residuais Avg.
Disinfectant Residuals Method:
Disinfectant Analysis Certified Operator #:

DPD 12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

**Authorized By:** LIMS Report #: William Nakashima

1575680

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
Replacement Samples Required	Ne.,
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004803

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

**System ID:** 1170527

850-455-8552

System Phone: Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/13/2008 3:08:00PM

Date Analyzed: Date Reported: 10/13/2008 3:24:00PM 10/14/2008 3:56:36PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

District:

Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total E.coli Coliform	cfu/mL	Lab ID
1R	WELL 4 RAW	10/13/2008 10:10AM	Raw		5.7	Absent		PED08006847
2R	WELL 5 RAW	10/13/2008 10:35AM	Raw		5.4	Absent		PED08006848
3R	WELL 8 RAW	10/13/2008 10:50AM	Raw		5.7	Absent		PED08006849
	WELL 9 RAW	10/13/2008 10:23AM	Raw		5.7	Absent		PED08006850
Lab Comm	nents/Qualifiers:	t the community was common as an expensive common and the common a			secular to secular	MINT TO \$10 MIN MARKET TO A STATE OF THE STA		THE STATE OF THE STATE S

Disinfectant Residuals Avg	:	
Disinfectant Residuals Met	hod:	DPD
Disinfectant Analysis Certif	fied Operator #:	12704
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	

William Nakashima

1453138

DEP/DOH Use Only
☐ Satisfactory
Incomplete Collection Information
Repeat Samples Required
Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:



Authorized By: LIMS Report #:



### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004772

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON
P O BOX 4815
Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 10/9/2008 10:14:00AM

Date Analyzed: Date Reported: 10/9/2008 10:25:00AM 10/10/2008 3:06:01PM

Sample Temp (°C): Chlorine Check: <10 On Ice

District:

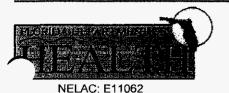
Not Detected Northwest District

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
29	WELL 3 RAW TAP	10/9/2008 9:55AM	Raw		5.2	Absent			PED08006752
Lab Comr	ments/Qualifiers:								

Disinfectant Residuals Met		DPD
Disinfectant Analysis Certif	12704	
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	William Nakashima	a
LIMC Depart #1	1445154	

•





# Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P004771

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

850-455-8552

System Phone: Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 10/9/2008 10:14:00AM

Date Reported:

10/9/2008 10:25:00AM 10/10/2008 3:06:01PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

Not Detected

District:

**Northwest District** 

#### **Collector Comments:**

Collect	Sample Point	Date	Raw	Res'd pH	Total i	E.coli HPC	Lab ID
ID		Collected	/Dist	Cl	Coliform	cfu/ml	-
28	WELL 3 RAW TAP	10/8/2008 4:00PM	Raw	5.2	Absent		PED08006751

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg: Disinfectant Residuals Methodisinfectant Analysis Certification	iod:	DPD 12704
All Tests Performed in Acco	ordance with NELAC S Readycult	tandards
Authorized By: LIMS Report #:	William Nakashima 1445153	

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# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004748

County:

Escambia

Type of Supply: Type of Sample:

Community Water System Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr: RUSS BARRETT / 850-455-8552

905 LOWNDE AVENUE Pensacola, FL 32507

Date Received:

10/8/2008 8:53:00AM

Date Analyzed: Date Reported: 10/8/2008 11:15:00AM 10/9/2008 1:34:45PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

District:

Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw Res	'd pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
27	WELL 3 RAW TAP	10/8/2008 8:35AM	Raw	5.2	Absent			PED08006695
	ments/Qualifiers:							

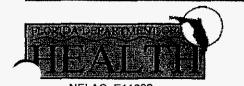
Disinfectant Residuals Meti Disinfectant Analysis Certif	DPD 12704	
All Tests Performed in Acco	ordance with NELAC S Readycult	tandards
Authorized By:	William Nakashima	

1442022

DEP/DOH Use Only	
☐ Satisfactory	
Incomplete Collection Informat	ion
☐ Repeat Samples Required	
Replacement Samples Require	ed
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	

# **Fina**i

LIMS Report #:



# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004747

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO.

THEO DELEON
P O BOX 4815
Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

**System Phone:** 850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr: 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/8/2008 8:53:00AM

Date Analyzed: Date Reported: 10/8/2008 11:15:00AM 10/9/2008 1:34:45PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

Oniorine Check:

Not Detected Northwest District

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
26	WELL 3 RAW TAP	10/7/2008 4:00P	_	10 1 10 10 10 10 10 10 10 10 10 10 10 10	5.2	Absent			PED08006694
Lab Comm	nents/Qualifiers:								

Disinfectant Residuals Avg Disinfectant Residuals Metl Disinfectant Analysis Certif	DPD 12704						
All Tests Performed in Accordance with NELAC Standards							
Coliform/E. Coli Method: Readycult							
Authorized By:	William Nakashim	а					
LIMS Report #:	1442020	-					

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# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004736

County:

Escambia

Type of Supply: Type of Sample:

Community Water System Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/7/2008 9:16:00AM

Date Analyzed:

10/7/2008 10:05:00AM

Date Reported: Sample Temp (°C): 10/8/2008 2:21:09PM On Ice

Chlorine Check:

<10 Not Detected

District:

**Northwest District** 

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Ci	рН	Total Coliform	E.çoli	HPC cfu/ml.	Lab ID
25	WELL 3 RAW TAP	10/7/2008 8:30AM	Raw		5.2	Absent	Salama Sanda and Salama Salama		PED08006660

All Tests Performed in Accordance with NELAC Sta	indards
Disinfectant Analysis Certified Operator #:	12704
Disinfectant Residuals Method:	DPD
Disinfectant Residuals Avg:	

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

1438281

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:



# Department of Health

# **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004735

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: System Phone: 1170527

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 10/7/2008 9:16:00AM

Date Reported:

10/7/2008 10:05:00AM 10/8/2008 2:21:09PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

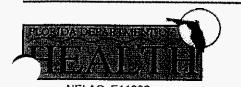
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/ml.	Lab ID
24	WELL 3 RAW TAP	10/6/2008 3:00PM	Raw		5.2	Absent	Harman contract state		PED08006659
Lab Comr	nents/Qualifiers:			······································					

Lab	Com	ment	s/Qua	uriers

Disimeciani Residuais Avy		
Disinfectant Residuals Metl	nod:	DPD
Disinfectant Analysis Certif	12704	
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	William Nakashim	a
LIMS Report #:	1438280	
		<u> </u>

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	•
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004725

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON
P O BOX 4815
Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: System Phone: 1170527

850-455-8552

Collector/Phone:

RUSS BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/6/2008 9:07:00AM

Date Analyzed: Date Reported: 10/6/2008 10:45:00AM 10/7/2008 3:10:46PM

Sample Temp (°C): Chlorine Check:

<10 On Ice Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd pH Cl	Total Coliform	E.coli	HPC cfu/mL	Lab ID
23	WELL 3 RAW TAP	10/6/2008 8:25AM	Raw	5.2	Absent			PED08006631

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg: Disinfectant Residuals Meth Disinfectant Analysis Certifi	DPD 12704	
All Tests Performed in Acco Coliform/E. Coli Method:	rdance with NELAC S Readycult	tandards
Authorized By: LIMS Report #:	William Nakashima 1434404	

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

NELAC: E11062 Phone: 850-595-8895

Submission ID:

P004724

County:

Escambia

Type of Supply: Type of Sample:

Community Water System

-

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone: 8

850-455-852

Collector/Phone: Collection Addr:

THEO DELEON / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/6/2008 9:07:00AM

Date Analyzed: Date Reported: 10/6/2008 10:45:00AM 10/7/2008 3:10:46PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

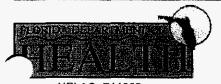
District:

Northwest District

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
21	WELL 3 RAW TAP	10/5/2008 9:15AM	Raw	٠	5.2	Absent			PED08006629
22	WELL RAW TAP	10/5/2008 4:20PM	Raw		5.2	Absent			PED08006630

Disinfectant Residuals Avg; Disinfectant Residuals Method; Disinfectant Analysis Certified Operator #:		DPD 10012	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: .IMS Report #:	William Nakashima 1434403		DEP/DOH Reviewing Official:





# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

NELAC: E11062

Submission ID:

P004718

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: System Phone: 1170527

850-455-8552

Collector/Phone: Collection Addr:

THEO DELEON / 455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/3/2008 9:26:00AM

Date Analyzed: Date Reported: 10/3/2008 11:00:00AM 10/4/2008 5:12:14PM

Sample Temp (°C): **Chlorine Check:** 

<10 On Ice

Not Detected

District:

Northwest District

#### Collector Comments:

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
20	WELL 3 RAW TAP	10/3/2008 12:15AM	Raw		5.2	Absent	a a company		PED08006623
Lab Comr	nents/Qualifiers:	e e e e e e e e e e e e e e e e e e e							

Disinfectant Residuals Avg:	
Disinfectant Residuals Method:	DPD
Disinfectant Analysis Certifled Operator #:	10012
All Tests Performed in Accordance with NELAC Stand	dards .

Coliform/E. Coli Method: Readycult

Authorized By:

William Nakashima

LIMS Report #:

1429277

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID: County:

P004717

Type of Supply:

Escambia

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

THEO DELEON / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/3/2008 9:25:00AM

Date Analyzed: Date Reported: 10/3/2008 11:00:00AM 10/4/2008 5:12:14PM

Sample Temp (°C): **Chlorine Check:** 

On Ice

District:

Not Detected Northwest District

<10

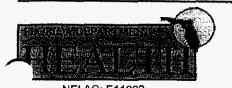
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd CI	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
18	WELL 3 RAW TAP	10/2/2008 12:15PM	Raw		5.2	Absent			PED08006621
19	WELL 3 RAW TAP	10/2/2008 6:15PM	Raw		5.2	Absent			PED08006622

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Disinfectant Residuals Avg	:	
Disinfectant Residuals Met	nod:	DPD
Disinfectant Analysis Certif	ied Operator #:	10012
All Tests Performed in Acco	ordance with NELAC S	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	William Nakashima	
LIMS Report #:	1429276	

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
Replacement Samples Required	•
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





# Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

NELAC: E11062

Submission ID:

P004706

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

THEO DELEON / 850-455-8552

Collection Addr:

905 LOWNDE AVE

Pensacola, FL 32507

Date Received: Date Analyzed: 10/2/2008 9:36:00AM

Date Reported:

10/2/2008 11:00:00AM 10/3/2008 1:03:42PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

Not Detected

District:

Northwest District

ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
	VELL 3 RAW TAP	10/2/2008 12:15AM	Raw		5.2	Absent			PED08006600
17 Ŵ	VELL 3 RAW TAP	10/2/2008 6:15AM	Raw		5.2	Absent			PED08006601

_	٠,	Com	men	15/Q	uain	iers:

Disinfectant Residuals Avg	
Disinfectant Residuals Metl	hod:
Disinfectant Analysis Certif	ied Operator #:
All Tests Performed in Acco	ordance with NELAC Standards
Coliform/E. Coli Method:	Readycult
Authorized By:	William Nakashima
LIMS Report #:	1427695

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



# Department of Health

# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004705

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

THEO DELEON / 850-455-8552

Collection Addr:

905 LOWNDE AVE

Pensacola, FL 32507

Date Received:

10/2/2008 9:36:00AM

Date Analyzed:

10/2/2008 11:00:00AM

Date Reported: Sample Temp (°C): 10/3/2008 1:03:43PM <10 On Ice

Chlorine Check:

<10 O

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	ρΉ	Total Coliform	E.coli	HPC cfu/mL	Lab ID
14	WELL 3 RAW TAP	10/1/2008 12:15PM	Raw		5.2	Present	Absent		PED08006598
15	WELL 3 RAW TAP	10/1/2008 6:15PM	Raw		5.2	Absent			PED08006599

٠,	Comme	nts/Q	ualifiers:

0/3/08 Reported results to 4keo D. D \* faged

Disinieciani Residuais Meti	noa:
Disinfectant Analysis Certif	ied Operator #:
All Tests Performed in Acco	ordance with NELAC Standa
Coliform/E. Coli Method:	Readycult

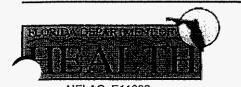
Authorized By: LIMS Report #: -William Nakashima

1427694

DEP/DOH Use Only		
☐ Satisfactory	•	
☐ Incomplete Collection Information	4	
☐ Repeat Samples Required		
Replacement Samples Required		
Date Reviewed by DEP/DOH:		
DEP/DOH Reviewing Official:	·	

# final

Disinfectant Residuals Avg:



# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004689

County:

Escambia 1

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

THEO DELEON / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/1/2008 11:03:00AM

Date Analyzed: Date Reported: 10/1/2008 12:20:00PM 10/2/2008 4:01:48PM

Sample Temp (°C):

On Ice <10

**Chlorine Check:** 

Not Detected

District:

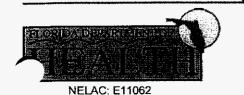
Northwest District

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
. 12	WELL 3 RAW TAP	10/1/2008 12:15AM	Raw		5.2	Absent			PED08006534
13	WELL 3 RAW TAP	10/1/2008 6:15AM	Raw		5.2	Absent			PED08006535

Disinfectant Residuals Avg	:				
Disinfectant Residuals Met	hod:	DPD			
Disinfectant Analysis Certif	ied Operator #:	10012			
All Tests Performed in Acco	ordance with NELAC \$	Standards			
Coliform/E. Coli Method:	Readycult				
Authorized By:	William Nakashima				
LIMS Report #:	1425622				
	the contract of the contract o	• • • • • • • • • • • • • • • • • • • •			

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
☐ Replacement Samples Required	
Date Reviewed by DEP/DOH:	_
DEP/DOH Reviewing Official:	
	-





# **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004688

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

THEO DELEON / 850-455-8552

905 LOWNDE AVENUE Pensacola, FL 32507

Date Received:

10/1/2008 11:03:00AM

Date Analyzed: Date Reported: 10/1/2008 12:20:00PM 10/2/2008 4:01:48PM

Sample Temp (°C):

<10 On Ice

Chlorine Check: District:

Not Detected Northwest District

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
10	WELL 3 RAW TAP	9/30/2008 12:15PM	Raw		5.2	Absent			PED08006532
11	WELL 3 RAW TAP	9/30/2008 6:15PM	Raw		5.2	Absent			PED08006533

Comments/Qualif	iers:
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Disinfectant Residuals Avg: Disinfectant Residuals Meth Disinfectant Analysis Certif	nod:	DPD 10012		
All Tests Performed in Acco	ordance with NELAC	Standards		
Coliform/E. Coli Method:	Readycult			
Authorized By:	William Nakashim	а		
_IMS Report #:	1425621			

DEP/DOH Use Only		
☐ Satisfactory		
☐ Incomplete Collection Information		
Repeat Samples Required		
Replacement Samples Required		
Date Reviewed by DEP/DOH:		
DEP/DOH Reviewing Official:		
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# Department of Health

# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID: County:

P004671 Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

THEO DELEON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/30/2008 10:41:00AM

Date Analyzed: Date Reported: 9/30/2008 11:55:00AM

Sample Temp (°C):

10/1/2008 4:11:06PM

Chlorine Check: District:

<10 On Ice Not Detected

Northwest District

# **Collector Comments:**

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	WELL 3 RAW TAP	9/30/2008 12:15AM	Raw		5.2	Absent			PED08006496
.9	WELL 3 RAW TAP	9/30/2008 6:15AM	Raw		5.2	Present	Absent		PED08006497

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	Comme	nts/Oi	ralifiers:

10/108 Reported	results	to	Theo	D. @	PWSC.	4
faxed						

Disinfectant Residuals Met	hod:	DPD		
Disinfectant Analysis Certif	10012			
All Tests Performed in Acco	ordance with NELAC	Standards		
Coliform/E. Coli Method:	Readycult	7 - 7		
Authorized By:	William Nakashin	na .		

1422669

DEP/DOH Use Only		
☐ Satisfactory		
☐ Incomplete Collection Information		
☐ Repeat Samples Required		
☐ Replacement Samples Required Date Reviewed by DEP/DOH:	<u> </u>	
DEP/DOH Reviewing Official:		

LIMS Report #:

Disinfectant Residuals Avg:



# **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

NELAC: E11062

Submission ID:

P004670

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone: 850-455-8552

Collector/Phone: Collection Addr:

THEO DELEON / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/30/2008 10:41:00AM

Date Analyzed: Date Reported: 9/30/2008 11:55:00AM 10/1/2008 4:11:06PM

Sample Temp (°C):

On Ice

Chlorine Check:

<10 Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	ρН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
6	WELL 3 RAW TAP	9/29/2008 12:15PM	Raw		5.2	Absent			PED08006494
7	WELL 3 RAW TAP	9/29/2008 6:15PM	Raw		5.2	Absent			PED08006495

٠,	Co	mn	nen	ts/	Qu	ali	fie	rs	•
----	----	----	-----	-----	----	-----	-----	----	---

Disinfectant Residuals Avg:
Disinfectant Residuals Method:
<b>Disinfectant Analysis Certified Operator</b>

DPD 10012

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

**Authorized By:** 

William Nakashima

1422668 LIMS Report #:

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
Repeat Samples Required
Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:



# Department of Health

# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Submission ID: County:

P004649

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

850-455-8552 System Phone:

Collector/Phone:

THEO DELEON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 9/29/2008 10:07:00AM

Date Reported:

9/29/2008 11:30:00AM 9/30/2008 11:35:53AM

Sample Temp (°C): **Chlorine Check:** 

<10 On Ice

Not Detected

District:

Northwest District

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
4	WELL 3 RAW TAP	9/29/2008 12:15AM	Raw		5.2	Absent			PED08006464
5	WELL 3 RAW TAP	9/29/2008 6:15AM	Raw		5.2	Absent			PED08006465

Сол	nme	nts/	Qua	lifier	S

Promito degree Landing Land	•	
<b>Disinfectant Residuals Metl</b>	nod:	DPD
Disinfectant Analysis Certif	ied Operator #:	10012
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	William Nakashim	а
LIMS Report #:	1418021	

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:





# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

NELAC: E11062

Submission ID:

P004648

County: Type of Supply: Escambia

Type of Sample:

Community Water System Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: .

1170527

System Phone: 850-455-8552

Collection Addr:

THEO DELEON / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/29/2008 10:07:00AM

Date Analyzed: Date Reported: 9/29/2008 11:30:00AM 9/30/2008 11:35:53AM

Sample Temp (°C): Chlorine Check: <10 On Ice

District:

Not Detected Northwest District

**Collector Comments:** 

									The second second second second second
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рΗ	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 3 RAW TAP	9/28/2008 6:15AM	Raw		5.2	Absent			PED08006461
2	WELL 3 RAW TAP	9/28/2008 12:15PM	Raw		5.2	Absent			PED08006462
3	WELL 3 RAW TAP	9/28/2008 6:15PM	Raw		5.2	Absent			PED08006463

# Lab Comments/Qualifiers:

Disinfectant Residuals Avg	<u>.</u>	
Disinfectant Residuals Meth	nod:	DPD
Disinfectant Analysis Certif	ied Operator #:	10012
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	William Nakashim	a ·
LIMS Report #:	1418018	





# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

NELAC: E11062

Submission ID:

P004608

County: Type of Supply: Escambia

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

850-455-8552

System Phone:

Collector/Phone: Collection Addr:

THEO DELEON & BUD HORTON / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/25/2008 8:37:00AM

Date Analyzed: Date Reported: 9/25/2008 10:19:00AM 9/26/2008 1:17:43PM

Sample Temp (°C): Chlorine Check:

District:

On Ice Not Detected

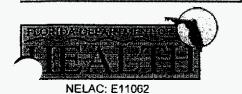
Northwest District

<10

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	WELL 3 RAW TAP	9/25/2008 12:15AM	Raw		5.2	Absent	H + 2 - th - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		PED08006372
16	WELL 3 RAW TAP	9/25/2008 6:15AM	Raw		5.2	Absent			PED08006373
_	ments/Qualifiers:						•		

Disinfectant Residuals Avg Disinfectant Residuals Meth Disinfectant Analysis Certif	nod:	DPD 10012	DEP/DOH Us ☐ Satisfactory ☐ Incomplete
All Tests Performed in Acco Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards	☐ Repeat Sar ☐ Replaceme Date Reviewed
Authorized By: LIMS Report #:	William Nakashim 1412026	a	DEP/DOH Rev

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:



# **Bureau of Laboratories - Pensacola**

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P004559

County: Type of Supply: Escambia

Type of Sample:

Community Water System Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

850-455-8552 System Phone:

Collector/Phone:

THEO DELEON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 9/22/2008 9:15:00AM

Date Reported:

9/22/2008 10:10:00AM 9/23/2008 11:45:43AM

Sample Temp (°C): **Chlorine Check:** 

<10 On Ice

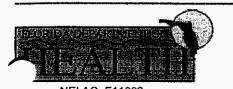
Not Detected

District:

**Northwest District** 

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 3 RAW TAP	9/21/2008 8:30AM	Raw		5.2	Absent			PED08006223
2	WELL 3 RAW TAP	9/21/2008 3:00PM	Raw		5.2	Absent			PED08006224
3	WELL 3 RAW TAP	9/21/2008 10:30PM	Raw		5.2	Absent			PED08006225
Lab Comments/Qualifiers:									

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:		DPD 10012	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco	rdance with NELAC	Standards	Repeat Samples Required
Coliform/E. Coli Method:	Readycult		Replacement Samples Required  Date Reviewed by DEP/DOH:
Authorized By:	William Nakashim	а	DEP/DOH Reviewing Official:
LiMS Report #:	1399766		



# Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

NELAC. ET 100

Submission ID: County: P004560

Type of Supply:

Escambia

Type of Sample:

Community Water System

Report To:

Well Survey

. 10.

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr: THEO DELEON / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed:

9/22/2008 9:15:00AM

Date Reported:

9/22/2008 10:10:00AM 9/23/2008 11:45:43AM

Sample Temp (°C): Chlorine Check: <10 On Ice

District:

Not Detected Northwest District

#### **Collector Comments:**

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
4	WELL 3 RAW TAP	9/22/2008 6:15AM	Raw		5.2	Absent	11.00 AUGUST D	Markin	PED08006226
	nents/Qualifiers:		<u>.</u>			·			

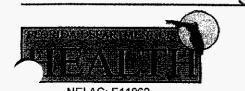
Disinfectant Residuals Avg	•				
Disinfectant Residuals Meth	rod:	DPD			
Disinfectant Analysis Certified Operator #:					
All Tests Performed in Acco	ordance with NELAC	Standards			
Coliform/E. Coli Method:	Readycult				
Authorized By:	William Nakashim	a			

1399769

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	on .
Repeat Samples Required	
Replacement Samples Required	1
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	

# Final

LIMS Report #:



# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004570

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

THEO DELEON / 850-455-8552

ir: S

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed:

9/23/2008 8:59:00AM

Date Reported:

9/23/2008 10:30:00AM 9/24/2008 11:05:31AM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

### **Collector Comments:**

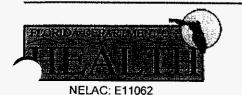
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Totał Coliform	E.coli	HPC cfu/mL	Lab ID
5	WELL 3 RAW TAP	9/22/2008 12:15PM	Raw		5.2	Absent			PED08006265
6	WELL 3 RAW TAP	9/22/2008 6:15PM	Raw		5.2	Absent			PED08006266
7.	WELL 3 RAW TAP	9/23/2008 12:15AM	Raw		5.2	Absent			PED08006267
	TO The contract of the two contracts of the period bandon some on	******* A HISTO FIRM SEA OF A COMMON							M-1 addition

Lab	Coi	mm	ıe	n	ts/C	)u	a	li	fi	ęг	s:
		-					٠.				

Disinfectant Residuals Avg Disinfectant Residuals Meth Disinfectant Analysis Certif	DPD 10012									
All Tests Performed in Accordance with NELAC Standards										
Coliform/E. Coli Method:	Readycult									
Authorized By:	William Nakashima									
LIMS Report #:	1403086									

•	
	_

# Final



# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004571

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

850-455-8552 System Phone:

Collector/Phone:

BUD HORTON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/23/2008 8:59:00AM

Date Analyzed: **Date Reported:**  9/23/2008 10:30:00AM 9/24/2008 11:05:31AM

Sample Temp (°C): **Chlorine Check:** 

<10 On Ice

Not Detected

District:

**Northwest District** 

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	WELL 3 RAW TAP	9/23/2008 6:15AM	Raw		5.2	Absent			PED08006268
Lab Comm	nents/Qualifiers:								

Disinfectant Residuals Avg:	
Disinfectant Residuals Method:	DPD
Disinfectant Analysis Certified Operator #:	10012
All Tests Desfermed in Assessed to the state of the state	

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

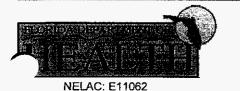
Readycult

**Authorized By:** 

William Nakashima

LIMS Report #:

1403089



# **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004583

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr: THEO DELEON / 850-455-8552

: 90

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed:

9/24/2008 8:59:00AM

Date Reported:

9/24/2008 11:00:00AM 9/25/2008 11:37:09AM

Sample Temp (°C):

<10 On Ice

Chlorine Check: District:

Not Detected Northwest District

Collect ID	Sample Point	Date Collected	Raw Res'd /Dist Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
9	WELL 3 RAW TAP	9/23/2008 12:15PM	Raw	5.2	Absent			PED08006307
10	WELL 3 RAW TAP	9/23/2008 6:15PM	Raw	5.2	Absent			PED08006308
Comr	ments/Qualifiers:	· · · · · · · · · · · · · · · · · · ·						~~~

Disinfectant Residuals Avg Disinfectant Residuals Meti	The second secon	DPD	DEP/DOH Use Only
Disinfectant Residuals Met		10012	☐ Satisfactory ☐ Incomplete Collection Info
All Tests Performed in Acco Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards	Repeat Samples Required Replacement Samples Re Date Reviewed by DEP/DOH
Authorized By: LIMS Report #:	William Nakashim 1407464	a	DEP/DOH Reviewing Official:

DEP/DOH Use	Only	
Satisfactory	•	
☐ Incomplete (	Collection Information	
Repeat Sam	ples Required	
Replacemer	t Samples Required	
Date Reviewed		
DEP/DOH Revi	ewing Official:	





# Department of Health

# **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004584

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

1170527 System ID:

System Phone:

850-455-8552

Collector/Phone:

THEO DELEON & BUD HORTON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

**Date Received:** 

9/24/2008 8:59:00AM

Date Analyzed:

9/24/2008 11:00:00AM

Date Reported: Sample Temp (°C): 9/25/2008 11:37:12AM

**Chlorine Check:** 

On Ice <10 Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw Re	s'd pH	Total Coliform	E.coli	HPC Lab ID cfu/mL
11	WELL 3 RAW TAP	9/24/2008 12:15AM	Raw	5.2	Present	Absent	PED08006309
12	WELL 3 RAW TAP	9/24/2008 6:15AM	Raw	5.2	Present	Absent	PED08006310
Co	mments/Qualifiers:	e we compare to a warm to a sign of the control of warm on the	The last of the Mark was an experience of the last of		gar — nyamen yan e i i i i i i		in an including the control of the c

9/25/08 Reported	results	4	Theo.	8
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Jisiiite Gaitt Residuais Avy.		
Disinfectant Residuals Method:		
Disinfectant Analysis Certified Operator #:	•	
•		

DPD 10012

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

1407466

DEP/DOH Use Only ☐ Satisfactory

☐ Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:



# Department of Health

### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004607

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

850-455-8552

System Phone: Collector/Phone:

THEO DELEON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/25/2008 8:37:00AM

Date Analyzed: Date Reported: 9/25/2008 10:19:00AM

Sample Temp (°C):

9/26/2008 1:17:47PM <10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

#### Collector Comments:

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd CI	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
13	WELL 3 RAW TAP	9/24/2008 12:15PM	Raw		5.2	Present	Absent	AND THE PERSON NAMED IN COMPANY OF THE PERSON NAMED IN COMPANY OF THE PERSON NAMED IN COMPANY OF THE PERSON NA	PED08006370
14	WELL 3 RAW TAP	9/24/2008 6:15PM	Raw		5.2	Present	Absent		PED08006371

Comments/Q	ualifiers
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7/24/08 Reported results to theo D.

Disimectani	. Residuais	Avg.
Disinfectant	Residuals	Meth

od:

DPD

Disinfectant Analysis Certified Operator #:

10012

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

1412024

DEP/DOH Use Only

Satisfactory

☐ Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:



# Bureau of Laboratories

P.O. BOX 210 JACKSONVILLE, FL 32231 Ph: (904)791-1500 Fax: (904)791-1567

Date: Sep 26, 2008	12:07:09
--------------------	----------

**Customer Copy** 

# INVOICE

Date: Sep 26, 2	800	12:07:09	TIAA	OICE	4	Invoice #:	06798 P
		Sold To:			Bill	To:	
Company Name:				Company Name: PE	EOPLES WA	TER SERVICE	E COMPANY
Attn:		<del></del>		Attn: TI	IEO DELEO	N	<del></del>
Street:				Street: P O BOX	K 4815		
City, State, Zip:				City, State, Zip: PENSAC	COLA, FL 3	2507-0815	
Your Order #/CK	#	Our Order #/CK#	Ship Date	Ship Via/Delivered By	v F	ОВ	Terms
5. 5 10 10 10 10 10 10 10 10 10 10 10 10 10	5 A B		09/28-26/2008	, saip , its sair , it	<u>'</u>		TO BILL
Item/ Proc. Code	Qty		Description		Shipped/ Received	Unit Price	Amount
SDWA	4	WATER SAMPL	ES/COMMUNITY	WATER SYSTEM-		10.00	
		WELL SURVEY	•				٠. ا
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		**NOTE: AME	NDED INVOICE,	SAMPLES	, ,		
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		CANCELEED	Y CUSTOMER 9/	26/08 MO	•		1
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			11001	A U ***		Tota	1.



# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

**NELAC: E11062** 

Submission ID:

P004584

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

1170527 System ID:

System Phone:

Collector/Phone:

850-455-8552

THEO DELEON & BUD HORTON / 850-455-8552 Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 9/24/2008 8:59:00AM 9/24/2008 11:00:00AM

Date Reported: Sample Temp (°C):

9/25/2008 11:37:12AM On loc

Chlorine Check:

Not Detected

District:

Northwest District

#### Collector Comments:

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Collform	E.coli	HPC cfu/mL	Lab ID
11	WELL 3 RAW TAP	9/24/2008 12:15AM	Rew	N both manufactures down	5.2	Present	Absent		PED08006309
12	WELL 3 RAW TAP	9/24/2008 6:15AM	Raw		5.2	Present	Absent		PED08006310

Lab Comments/Qualifiers:

4/25/08 Reported results to theo. 8

manner admin	CALCOLOGICAL PROPERTY.	~~y,
Disinfectant	Residuals	Method:
Dininfortunt	Analise f	

DPD 10012

ifectant Analysia Certified Operator #;

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coll Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

1407466

DEP/DOH Use On	у	
Satisfactory		
🗀 incomplete Colle	dion information	
Repeat Samples		
☐ Replacement Sal		
Date Reviewed by D	EP/DOH:	
DEPIDOH Reviewing	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

X\_SingleSampleFPH\_DW.rpt

Page 1 of 1

Print Date:

09/25/2008



# Department of Health

# Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004583

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-465-8552

Collector/Phone:

THEO DELEON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 9/24/2008 8:59:00AM 9/24/2008 11:00:00AM

Date Reported: Sample Temp (°C):

9/25/2008 11:37:09AM

Chlorine Check: District:

<10 On Ice Not Detected Northwest District

**Collector Comments:** 

Collect ID	Sample Point	Date Collected	Raw Res'd /Dist CI	рH	Total E.coli Coliform	HPC Lab ID cfu/mL
9	WELL 3 RAW TAP	9/23/2008 12:15PM	Raw	5.2	Absent	PED08006307
10	WELL 3 RAW TAP	9/23/2008 6:15PM	Raw	5.2	Absent	PED08006308
,	F		o y state to an emphasis as	.,		

Disinfectant Residuals Avg: Disinfectant Residuals Method Disinfectant Analysis Certified		DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information			
All Tests Performed in Accordance with NELAC Standards Colliform/E. Coll Method: Readyoult		☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:			
Authorized By: LIMS Report #:	William Nakashima 1407464	DBP/DOH Reviewing Official:			

-4						
1	***					
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		F.	77		73	77
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X\_SingleSampleFPH\_DW.rpt

Page 1 of 1

**Print Date:** 

09/25/2008



# Department of Health

## Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Submission ID:

P004626

County:

Escambia

Type of Supply: Type of Sample:

Community Water System Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEGN P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

THEO DELEON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/26/2008 9:23:00AM

Date Analyzed: Date Reported: 9/26/2008 10:45:00AM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Unsatisfactory Sample Reason: Test cancelled by client.

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
17	WELL 3 RAW TAP	9/25/2008		Raw	And and an arrangement of the second	5.2	Canceled		ALL STATE OF	PED08006414
18	WELL 3 RAW TAP	9/25/2008	6:15PM	Raw		5.2	Canceled			PED08006415
	ments/Qualifiers: 1	7 (PED08006414)					Test cancelle			Mark Committee (1997)

1/21/08 PC at the Dehen - request semples cancelled.

18 (PED08006415)

Dininfo	otant Basida	! .	A

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

10012

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

1412568

DEP/DOH Use Only

- Satisfactory
- ☐ Incomplete Collection Information
- ☐ Repeat Samples Required
- Replacement Samples Required Date Reviewed by DEP/DOH:\_

DEP/DOH Reviewing Official:



### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

NELAC: E11062

Submission ID:

P004627

County: Type of Supply: Escambia

Type of Sample:

Community Water System Well Survey

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr: THEO DELEON / 850-455-8552 905 LOWNDE AVENUE

B. .... Et appar

Pensacola, FL 32507

Date Received: Date Analyzed: 9/26/2008 9:23:00AM 9/26/2008 10:45:00AM

Date Reported:

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
19	WELL 3 RAW TAP	9/26/2008	12:15AM	Raw		5.2	Canceled	. cyclocoloculus fin . 1 tol Maldahi . All St ys P		PED08006416
20	WELL 3 RAW TAP	9/26/2008	6:15AM	Raw		5.2	Canceled			PED08006417
Comm	ents/Qualifiers:	19 (PED08006416) 20 (PED08006417)		•	•		Test cancelle	-		

9/26/08 PC wither Deheon. request samples cancelled. 8) Layed

D	isi	ni	е	C	ta	n	t	R	е	B i	d	u	8	S	Α	V	g	:

Disinfectant Residuals Method:

Disinfectant Analysis Certified Operator #:

DPD

10012

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

1412569

DEP/DOH Use Only

Satisfactory

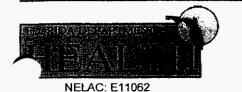
Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:



### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004408

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/9/2008 2:01:00PM

Date Analyzed: Date Reported: 9/9/2008 2:10:00PM 9/10/2008 4:25:54PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

DEP/DOH Use Only

Not Detected

District:

Northwest District

### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total E. Coliform	.coli	HPC cfu/mL	Lab ID
1	WELL 9 RAW	9/9/2008 9:00AM	Raw		5.7	Absent	-	to the second	PED08005947
2	WELL 4 RAW	9/9/2008 8:40AM	Raw		5.7	Absent			PED08005948
3	WELL 5 RAW	9/9/2008 9:20AM	Raw		5.5	Absent			PED08005949
	WELL 8 RAW	9/9/2008 9:40AM	Raw		5.6	Absent			PED08005950
L = b O =									anna angananan (Agala) (Balanza) (Balanza) (Balanza)
Lab Comn	nents/Qualifiers:								

Disinfectant	Residuals	Avg:
Disinfectant	Daniduska	64046

Disinfectant Residuals Method:

DPD 12704

Disinfectant Analysis Certified Operator #:

All Tests Performed in Accordance with NELAC Standards

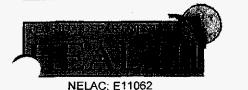
Coliform/E. Coli Method:

Readycult

Authorized By: LIMS Report #: William Nakashima

1372049

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH:\_\_\_\_\_\_\_
DEP/DOH Reviewing Official:\_\_\_\_\_\_



### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004167

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr: R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed:

8/13/2008 10:54:00AM

Date Reported:

8/13/2008 11:10:00AM 8/14/2008 2:15:26PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

District:

Not Detected Northwest District

### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 9 RAW	8/13/2008 9:38AM	Raw		5.7	Absent	<b></b>	h. A. Tr. of the Administration by Colors of	PED08005351
2	WELL 4 RAW	8/13/2008 9:08AM	Raw		5.7	Absent			PED08005352
3	WELL 5 RAW	8/13/2008 9:30AM	Raw		5.5	Absent			PED08005353
	WELL 8 RAW	8/13/2008 9:18AM *	Raw		5.7	Absent			PED08005354
I -h Comm		No. 1		· · · · · · · · · · · · · · · · · · ·					
Lab Comr	nents/Qualifiers:	1.4. Arthornos (11.1. a. 11.1. proportion proportion and the language page 11.1. a. 1. a. 1. a. 1. a. 1. a. 1.			d				THE PERSON OF THE STREET, STRE

Disinfectant Residuals Avg Disinfectant Residuals Meth Disinfectant Analysis Certif	nod:	DPD 12704
All Tests Performed in Acco	ordance with NELAC Readycult	Standards
Authorized By: LIMS Report #:	Beverly Butler 1318813	

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



### Department of Health

### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Submission ID:

P003859

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

1170527 System ID:

850-455-8552

System Phone: Collector/Phone:

R. BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

7/9/2008 2:23:00PM 7/9/2008 3:08:00PM

Date Analyzed: Date Reported:

7/10/2008 3:25:21PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

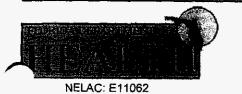
### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 4 RAW	7/9/2008 10:19AM	Raw		5.7	Absent			PED08004555
2	WELL 5 RAW	7/9/2008 11:07AM	Raw		5.4	Absent			PED08004556
3	WELL 8 RAW	7/9/2008 10:45AM	Raw		5.6	Absent			PED08004557
4 -	WELL 9 RAW	7/9/2008 11:23AM	Raw		5.6	Absent			PED08004558
****	and a supplemental state of the control of the cont			inig in					and the second

Comm	ents/	Quali	ifiers:
------	-------	-------	---------

Disinfectant Residuals Avg: Disinfectant Residuals Method: DPD Disinfectant Analysis Cortified Operator #: 12704											
Disinfectant Analysis Certified Operator #: 12704											
All Tests Performed in Accordance with NELAC Standards											
Coliform/E. Coli Method:	Readycult										
Authorized By:	Beverly Butler										
LIMS Report#:	1241343	·									

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	· .



### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003622

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

6/11/2008 11:04:00AM

Date Analyzed:

6/11/2008 11:10:00AM

Date Reported:

6/12/2008 1:32:24PM On Ice

Sample Temp (°C): **Chlorine Check:** 

<10 Not Detected

District:

**Northwest District** 

### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 4 RAW	6/11/2008 8:50AM	Raw	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.7	Absent			PED08003930
2	WELL 5 RAW	6/11/2008 8:55AM	Raw		5.5	Absent			PED08003931
3	WELL 8 RAW	6/11/2008 9:10AM	Raw		5.6	Absent			PED08003932
4	WELL 9 RAW	6/11/2008 8:40AM	Raw		5.6	Absent			PED08003933

Comment	s/Qualifiers:
---------	---------------

Disinfectant Residuals Avg Disinfectant Residuals Met								
Disinfectant Analysis Certified Operator #: 12704								
All Tests Performed in Acc	ordance with NELAC	Standards						
Coliform/E. Coli Method: Readycult								
Authorized By:	Beverly Butler							
IMS Deport #:	1170000							

DEP/DOH Use Only		
☐ Satisfactory		
☐ Incomplete Collection Information		
Repeat Samples Required		
Replacement Samples Required	•	
Date Reviewed by DEP/DOH:		
DEP/DOH Reviewing Official:		





### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

**Submission ID:** 

P003296

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

5/6/2008 11:41:00AM

Date Analyzed: Date Reported: 5/6/2008 11:58:00AM 6/10/2008 5:19:02PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

Not Detected

District:

**Northwest District** 

### **Collector Comments:**

Col ID	lect Sample Point	Date Collected		Res'd pH Cl	Total Coliform	E.coli	HPC Lab ID cfu/mL	
1	WELL 3 RAW	5/6/2008 10:10AM	Raw	5.4	Absent		PED08002968	
2	WELL 4 RAW	5/6/2008 9:40AM	Raw	5.7	Absent		PED08002969	
3	WELL 5 RAW	5/6/2008 9:10AM	Raw	5.4	Absent		PED08002970	
4	WELL 8 RAW	5/6/2008 9:55AM	Raw	5.7	Absent		PED08002971	
~	WELL 9 RAW	5/6/2008 9:00AM	Raw	5.6	Present	Absent	PED08002972	
	Complete and Control of Section (Action (Section	and the second s		;				

Lab Comments/Qualifiers:

3 (PED08002970)

Demographic data updated on 06/09/2008: Typographical Error

Disinfectant Residuals Avg:	
Disinfectant Residuals Method:	DPD
Disinfectant Analysis Certified Operator #:	12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

**Beverly Butler** 

LIMS Report #:

1173557




### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

NELAC: E1106

Submission ID:

P003324

County: Type of Supply: Escambia

Type of Sample:

Repeat

Report To:

PEOPLES WATER SERVICE CO

Community Water System

THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Phone: 850-595-8895
System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

B HORTON / 850-455-8552

Collection Addr: P O BOX 4815

Pensacola, FL 32507

Date Received: Date Analyzed: 5/7/2008 1:47:00PM 5/7/2008 2:15:00PM

Date Reported: Sample Temp (°C):

5/8/2008 2:55:45PM <10 On ice

Chlorine Check:

Not Detected

District:

Northwest District

### **Collector Comments:**

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 9 RAW	5/7/2008 1:19PM			5.4	Absent	11 - of alterday	and the second s	PED08003083
Lab Comr	ments/Qualifiers:								

Disinfectant Residuals Avg Disinfectant Residuals Metl Disinfectant Analysis Certif	DPD 10012	
All Tests Performed in Acco	ordance with NELAC Readvoult	Standards
Comornive. Com Metriou:	Readycuit	
Authorized By:	Beverly Butler	
LIMS Report #:		

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### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003296

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 5/6/2008 11:41:00AM

Date Reported:

5/6/2008 11:58:00AM 5/7/2008 2:57:59PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

District:

Not Detected Northwest District

### **Collector Comments:**

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 3 RAW	5/6/2008 10:10AM	Raw		5.4	Absent			PED08002968
2	WELL 4 RAW	5/6/2008 9:40AM	Raw		5.7	Absent			PED08002969
3	WELL 5 RAW	9/10/2008 1:10PM	Raw		5.4	Absent			PED08002970
4	WELL 8 RAW	5/6/2008 9:55AM	Raw		5.7	Absent			PED08002971
	WELL 9 RAW	5/6/2008 9:00AM	Raw		5.6	Present	Absent		PED08002972

Lab Comments/Qualifiers:

5/7/08 Reported results to theo Deheon. 8. Barrett. & 5/8/08 Paped to Customer. DEP. 8

Disi	infe	ctani	l Re	sidı	uals	Αv	g:
------	------	-------	------	------	------	----	----

Disinfectant Residuals Method:

Disinfectant Analysis Certified Operator #:

DPD 12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

**Beverly Butler** 

LIMS Report #:

1098919

**DEP/DOH Use Only** 

- ☐ Satisfactory
- ☐ Incomplete Collection Information
- Repeat Samples Required
- ☐ Replacement Samples Required
- Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:\_



### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

NELAC: E11062

Submission ID:

P003207

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

850-455-8552 System Phone:

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 4/22/2008 10:10:00AM

Date Reported:

4/22/2008 11:10:00AM 4/23/2008 12:41:28PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

Not Detected

District:

Northwest District

### **Collector Comments:**

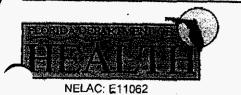
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рΗ	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL9 RAW	4/22/2008 9:55AM	Raw		5.6	Absent			PED08002746
		***							
Lab Comi	ments/Qualifiers:								

Disinfectant Residuals Avg Disinfectant Residuals Meti	nod:	DPÖ
Disinfectant Analysis Certif	ied Operator #:	12704
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	

1064900

DEP/DOH Use	Only	
Satisfactory		
Incomplete	Collection Information	
Repeat Sam	ples Required	
☐ Replacemen	t Samples Required	
Date Reviewed	by DEP/DOH:	
DEP/DOH Revi	ewing Official:	

LIMS Report #:



### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

**8ubmission ID:** 

P003114

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone: 850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

4/9/2008 11:15:00AM

Date Analyzed:

4/9/2008 11:40:00AM

**Date Reported:** 

4/10/2008 4:05:40PM

Sample Temp (°C): Chlorine Check:

<10 On Ice Not Detected

District:

**Northwest District** 

### **Collector Comments:**

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.colì	HPC cfu/mL	Lab ID
1	WELL 3 RAW	4/9/2008 8:50AM	Raw		5.2	Absent	tradeform and gift on the control		PED08002492
2	WELL 4 RAW	4/9/2008 9:55AM	Raw		5.6	Absent			PED08002493
3	WELL 5 RAW	4/9/2008 9:35AM	Raw		5.3	Absent			PED08002494
4	WELL 8 RAW	4/9/2008 9:15AM	Raw		5.6	Absent			PED08002495

Comments	/Qualifiers:
----------	--------------

Disinfectant Residuals Avg:		
Disinfectant Residuals Meth	od:	DPD
Disinfectant Analysis Certific	ed Operator #:	12704
All Tests Performed in Accor	rdance with NELAC S	tandards
Coliform/E. Coli Method:	Readycult	
Authorized By	Beverly Butler	
LIMS Report #:	1035739	a demonstration of the control of th
		<del></del>

DEP/DOH Use Only	
☐ Satisfactory	•
☐ Incomplete Collection Information	•
Repeat Samples Required	
Replacement Samples Required	•
Date Reviewed by DEP/DOH:	·
DEP/DOH Reviewing Official:	





### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

**NELAC: E11062** 

Submission ID:

P002859

County:

Escambia

Type of Supply: Type of Sample: Community Water System Compliance

Report To:

THEO DELEON P O BOX 4815

PEOPLES WATER SERVICE CO

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

P O BOX 4815

Pensacola, FL 32507

Date Received:

3/12/2008 1:32:00PM

Date Analyzed: Date Reported:

3/12/2008 1:45:00PM 3/13/2008 3:27:57PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** District:

Not Detected Northwest District

### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	CI	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 3 RAW	3/12/2008 8:			5.4	Absent	M ******	+	PED08001762
2	WELL 4 RAW	3/12/2008 9:	:40AM Raw		5.7	Absent			PED08001763
3	WELL 5 RAW	3/12/2008 9:	:30AM Raw		5.4	Absent			PED08001764
4	WELL 8 RAW	3/12/2008 9:	:50AM Raw		5.6	Absent			PED08001765
<i>-</i>	WELL 9 RAW	3/12/2008 8:	55AM Raw		5.7	Absent			PED08001766

### Lab Comments/Qualifiers:

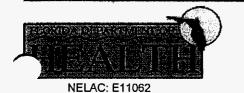
Disinfectant Residuals Met		DPD
Disinfectant Analysis Certified Operator #:		12704
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	

971401

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
☐ Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	

LIMS Report #:

Dieinfactant Paciduale Ava-



### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002622

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

2/13/2008 10:26:00AM

Date Analyzed: Date Reported: 2/13/2008 11:13:00AM 2/14/2008 12:51:55PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

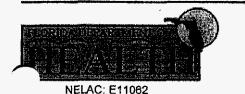
### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рΗ	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 3 RAW	2/13/2008 8:	45AM Raw		5.4	Absent			PED08001050
2	WĘLL 4 RAW	2/13/2008 9:	50AM Raw		5.8	Absent			PED08001051
3	WELL 5 RAW	2/13/2008 9:	45AM Raw		5.6	Absent			PED08001052
4	WELL 8 RAW	2/13/2008 9:	40AM Raw		5.6	Absent			PED08001053
	WELL 9 RAW	2/13/2008 9:	00AM Raw		5.8	Absent			PED08001054

### Lab Comments/Qualifiers:

Disinfectant Residuals Avg	:	
Disinfectant Residuals Metl	hod:	DPD
Disinfectant Analysis Certif	ied Operator #:	12704
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	906694	

DEP/DOH Use Only			
☐ Satisfactory		•	
☐ Incomplete Collection Information			
Repeat Samples Required			
Replacement Samples Required			
Date Reviewed by DEP/DOH:	 		
DEP/DOH Reviewing Official:			



### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Submission ID:

P002364

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr: R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

1/9/2008 11:12:00AM

Date Analyzed: Date Reported: 1/9/2008 12:00:00PM 1/10/2008 2:46:05PM

Sample Temp (°C): Chlorine Check:

DEP/DOH Use Only

☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH:\_\_\_\_\_
DEP/DOH Reviewing Official:\_\_\_\_

☐ Satisfactory

<10 On Ice

District:

Not Detected Northwest District

### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рΗ	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 3 RAW	1/9/2008 10:20AM	Raw		5.4	Absent			PED08000214
2	WELL 4 RAW	1/9/2008 10:00AM	Raw		5.9	Absent			PED08000215
3	WELL 5 RAW	1/9/2008 9:00AM	Raw		5.4	Absent			PED08000216
4	WELL 8 RAW	1/9/2008 9:15AM	Raw		5.6	Absent			PED08000217
5	WELL 9 RAW	1/9/2008 7:35AM	Raw		5.7	Absent			PED08000218

ட்டல் Comments/Qualifiers:

1/10/08 Reported to theo.

Disinfectant Analysis Certified	t Operator #:	12704
All Tests Performed in Accord Coliform/E. Coli Method:	lance with NELAC Stan Readycult	dards

**Beverly Butler** 

822656			
	 	 4.1	S. 11-11-7

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₩"	謎	86	儡	494	. 🜃
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<b>38</b>	쬃	銴	噩	提展	靈
900 E	3322	233	28	7000000	200E

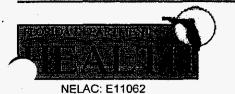
**Authorized By:** 

LIMS Report #:

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

Main Clearance



### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P005093

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

THEO DELEON P O BOX 4815 Pensacola, FL 32507

PEOPLES WATER SERVICE CO

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

850-455-8552

System Phone: Collector/Phone:

MITCH TORRANCE / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

11/20/2008 8:50:00AM

Date Analyzed: Date Reported: 11/20/2008 10:40:00AM 11/21/2008 1:55:20PM

Sample Temp (°C): Chlorine Check:

<10 On Ice Not Detected

District:

**Northwest District** 

**Collector Comments:** 

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	END OF MAIN	11/20/2008 8:15AM		0.5	7.5	Absent		· · · · · · · · · · · · · · · · · · ·	PED08007753
2	TAP AT CHURCH	11/20/2008 8:21AM		0.5	7.4	Absent			PED08007754

~	Comm	ents/	'Qual	itiers:

U	ıs	ın	rec	tan	τ	K	95	IQL	ıaı	8	Avg:	
D	is	in	fec	tan	t	R	<b>)</b> \$	idı	ıal	S	Metho	od
_	_		_					_	_	_		

Disinfectant Analysis Certified Operator #:

DPD 15407

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

1538213

DEP/DOH Use Only	ly	e Onl	Use	ж	DC	EP/	D
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- ☐ Satisfactory
- ☐ Incomplete Collection Information
- ☐ Repeat Samples Required
- Replacement Samples Required
- Date Reviewed by DEP/DOH:\_

DEP/DOH Reviewing Official:

		经
	# 2	



### Department of Health

### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P005080

County: Type of Supply: Escambia

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850 455-8552

Collector/Phone:

MITCH TORRANCE / 850 455-8552

Collection Addr:

905 LOWNDE AVE

Pensacola, FL 32507

**Date Received:** 

11/19/2008 11:20:00AM

Date Analyzed:

11/19/2008 1:00:00PM

Date Reported: Sample Temp (°C): 11/20/2008 3:53:07PM On Ice

**Chlorine Check:** 

<10 Not Detected

District:

Northwest District

**Collector Comments:** 

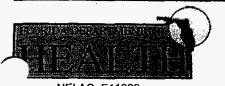
b Comments/Qualifiers:

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	END OF MAIN	11/19/2008 8:10AM	1	0.5	7.6	Absent			PED08007692
2	TAP AT CHURCH	11/19/2008 8:15AM		0.5	7.8	Absent			PED08007693
		•							

Disinfectant Residuals Avg		סחס								
Disiniectant Analysis Certif	15407									
Disinfectant Residuals Method: DPD Disinfectant Analysis Certified Operator #: 15407  All Tests Performed in Accordance with NELAC Standards Coliform/E. Coli Method: Readycult										
Coliform/E. Coli Method:	Readycult									
Authorized By:	William Nakashima									
LIMS Report #:	1535399									

DEP/DOH Use Only			
☐ Satisfactory			
☐ Incomplete Collection Information	n		
Repeat Samples Required			
Replacement Samples Required			
Date Reviewed by DEP/DOH:		 	
DEP/DOH Reviewing Official:		 	



### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

**NELAC: E11062** 

Submission ID:

P004572

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone:

850-455-8552

Collector/Phone:

MITCH TORRANCE / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/23/2008 8:59:00AM

Date Analyzed: Date Reported: 9/23/2008 10:30:00AM 9/24/2008 11:05:31AM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

Collector Comments:

FIRE HYDRANT NEW MAIN. SAMPLE TYPE "S".

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd	pH .	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	VANCOVER & NAVY BLVD	9/23/2008 8:20AM		.51	7.5	Absent			PED08006269
2	VANCOVER & SUNSET	9/23/2008 8:30AM		.53	7.6	Absent	-		PED08006270
	nents/Qualifiers:	THE COLUMN TWO IS A STATE OF THE COLUMN TWO IS ASSESSED.		h					

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:		DPD 15407	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco Coliform/E. Coli Method:	rdance with NELAC Readycuit	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	William Nakashim 1403093	a	DEP/DOH Reviewing Official:



Department of Health Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

**Submission ID:** 

P004566

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

850-455-8552

Collector/Phone:

MITCH TORRANCE / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/22/2008 1:59:00PM

Date Analyzed: Date Reported: 9/22/2008 2:20:00PM

Sample Temp (°C):

9/23/2008 4:07:39PM <10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

Collector Comments:

FIRE HYDRANT NEW MAIN. SAMPLE TYPE "S".

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	•		E.coli	HPC cfu/mL	Lab ID
1	VANCOVER & NAVY BLVD	9/22/2008 1:10PM		.5	7.6	Absent			PED08006256
2	VANCOVER & SUNSET	9/22/2008 1:20PM		.5	7.8	Absent			PED08006257

Comments/Qualifiers:	
, , , , , , , , , , , , , , , , , , ,	

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:

DPD 15407

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

1401369 LIMS Report #:

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
Replacement Samples Required  Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004113

Type of Supply:

Escambia

Community Water System

Type of Sample:

Main Clearance

Report To:

County:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

G LEATHERBERRY / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

8/6/2008 2:05:00PM

Date Analyzed:

8/6/2008 2:19:00PM

Date Reported: Sample Temp (°C): 8/7/2008 4:18:00PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

**Collector Comments:** 

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	1" SVC W. NEW MAIN CLEAR.	8/6/2008 9:30AM	ngan 1937 <sup>a m</sup> at an t Milangan ay pagang	0.4	7.6	Absent	,		PED08005226
2A	HYD. E. NEW MAIN ALBANY	8/6/2008 9:32AM		0.4	7.6	Absent .			PED08005227

COH	men	108/0	(uaix	ilers.

Disinfectant Residuals Avg:		
Disinfectant Residuals Meth	₽₽D	
Disinfectant Analysis Certifi	ed Operator #:	12704
All Tests Performed in Acco	rdance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	

DEP/DOH Use Only		
☐ Satisfactory		
☐ Incomplete Collection Information	-	
Repeat Samples Required	•	
Replacement Samples Required		:.
Date Reviewed by DEP/DOH:		
DEP/DOH Reviewing Official:	-	



LIMS Report #:



### Department of Health

### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Submission ID:

P004085

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

G LEATHERBERRY / 455-8552

905 LOWNDE AVE

Pensacola, FL 32507

Date Received:

8/5/2008 2:13:00PM

Date Analyzed: Date Reported: 8/5/2008 2:28:00PM 8/6/2008 4:07:55PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

**Northwest District** 

Collector Comments:

SAMPLE TYPE "S"

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/ml_	Lab ID
1	1" SVC W. END MAIN CLEAR.	8/5/2008 1:45PM		0.7	7.1	Absent	NEW PRINCIPLE AND ADDRESS OF THE PRINCIPLE AN		PED08005146
2	E. HYD MAIN CLEAR. ALBAN	Y 8/5/2008 1:50PM		0.7	7.1	Absent			PED08005147

一り	Com	ments	:/Qu	alifiers	
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8/6/08 Reported results to Reus-B. 8

C	js	in	fe	ctan	ıŧ	Re	sid	ual	s	Avg:
D	is	ìn	fe	ctan	t	Re	sid	ual	S	Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By: LIMS Report #:

**Beverly Butler** 

1300926

DEP/DOH Use Only

- ☐ Satisfactory
- Incomplete Collection Information
- ☐ Repeat Samples Required
- Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:



### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

NELAC: E11062

Submission ID:

P003456

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527 850-455-8552

System Phone:

Collector/Phone:

B HORTON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

5/22/2008 11:25:00AM

Date Analyzed:

5/22/2008 11:45:00AM

Date Reported: Sample Temp (°C): 5/23/2008 2:35:10PM On Ice

**Chlorine Check:** 

<10 Not Detected

District:

Northwest District

### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Ci	рН	Total Coliform	E.coli	HPC cfu/mL	Lab (D
1	N LOOP NEW MAIN ENTRY	5/22/2008			0.7	7.8	Absent			PED08003490
2	N LOOP NEW MAIN TERMINUS	5/22/2008	8:45AM		0.7	7.7	Absent			PED08003491
	The state of the s								ng pagithalistik (terlikalikalis sasilas sasilas sasilas	

Disinfectant Residuals Avg:	
Disinfectant Residuals Method:	DPD
Disinfectant Analysis Certified Operator #:	10012
•	
All Tooks Designment in Appendence with NELAC C	· 4 I I -

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

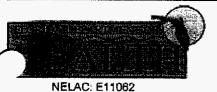
Authorized By: LIMS Report #: **Beverly Butler** 1137761

DEP/	HOD	Use	Only

- ☐ Satisfactory
- ☐ Incomplete Collection Information
- Repeat Samples Required
- ☐ Replacement Samples Required
- Date Reviewed by

DEP/DOH:\_\_\_

F				
灦	雅	<b>35</b> 1	# #M	<b>**</b>



### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501 Phone: 850 5 25-8895

Submission ID:

P003471

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

5/23/2008 11:25:00AM

Date Analyzed: Date Reported: 5/23/2008 11:30:00AM 5/27/2008 9:47:29AM

Sample Temp (°C): Chlorine Check:

<10 On Ice

Not Detected

District:

**Northwest District** 

### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	N LOOP NEW MAIN ENTRY	5/23/2008	9:00AM		0.6	7.2	Absent			PED08003551
2	N LOOP NEW MAIN TERMINU	\$5/23/2008	9:05AM		0.6	7.2	Absent			PED08003552
Lab Comm	nents/Qualifiers:		- face and the second s				TO COMPLETE THE PART HAVE AND A TOP OF	10 10 11 11 010 010 010 000 110 110 11		·

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:  All Tests Performed in Accordance with NELAC		DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information ☐ Repeat Samples Required
Coliform/E. Coli Method:	Readvoult	Statituarus	☐ Replacement Samples Required
Comornat. Con Metroa.	Neauycuit		Date Reviewed by DEP/DOH:
Authorized By:	Beverly Butler		DEP/DOH Reviewing Official:
LIMS Report #:	1139447		



### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID: County:

P003252 Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

850-455-8552

Collector/Phone:

THEO DELEON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

4/25/2008 10:09:00AM

Date Analyzed: Date Reported: 4/25/2008 11:45:00AM 4/28/2008 9:57:06AM

Sample Temp (°C):

<10 On Ice

Chlorine Check: District:

Not Detected

Northwest District

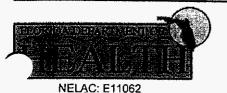
### **Collector Comments:**

Collect	Sample Point	Date Collected	,	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WEATHERSTONE ENTRANC	E 4/25/2008	9:05AM		0.5	7.0	Absent			PED08002856
2	WEATHERSTONE HYD - MID	DD 4/25/2008	9:17AM		0.5	6.9	Absent			PED08002857
3	WEATHERSTONE HYD - BAG	CK 4/25/2008	9:35AM		2.8	6.7	Absent			PED08002858
	e e e e e e e e e e e e e e e e e e e			Company of the control			00-01-1 man or 22 mar to 1 man			

### الصر Comments/Qualifiers

Disinfectant Residuals Avg Disinfectant Residuals Meth Disinfectant Analysis Certifi	iod:	DPD 10012	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information	
All Tests Performed in Acco Coliform/E, Coli Method:	rdance with NELAC Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:	
Authorized By: LIMS Report #:	Beverly Butler 1074045		DEP/DOH Reviewing Official:	••••





### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

MEDAY, ETT

Submission ID:

P003250

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main €learance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 85-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

4/24/2008 2:42:00PM

Date Analyzed:

4/24/2008 3:41:00PM

Date Reported: Sample Temp (°C): 4/25/2008 5:05:23PM <10 On Ice

Chiorine Check:

Not Detected

District:

Northwest District

### **Collector Comments:**

Collect	Sample Point	Date Collected		Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	ENTRANCE TO WEATHE	R ST(4/24/2008	2:00PM		0.6	7.5	Absent			PED08002851
2	MIDDLE HYD. WEATHER	STOI 4/24/2008	2:15PM		0.6	7.5	Absent			PED08002852
3	BACK HYD. WEATHER ST	TONE 4/24/2008	2:08PM		0.6	7.7	Absent			PED08002853

### Comments/Qualifiers:

Disinfectant Residuals Avg: Disinfectant Residuals Meth Disinfectant Analysis Certifi	od: [	DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco Coliform/E. Coli Method:	rdance with NELAC Stand Readycult	ards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 1073025		DEP/DOH Reviewing Official:



### Department of Health

### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

**Submission ID:** 

P003177

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

G LEATHERBERRY / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE Pensacola, FL 32507

Date Received:

4/16/2008 1:41:00PM

Date Analyzed: Date Reported: 4/16/2008 2:10:00PM 4/17/2008 3:56:50PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Colifo <del>rm</del>	E.coli	HPC cfu/mL	Lab ID
1M	NORTH END BLANCHE F/O	4/16/2008			0.5	7.4	Absent			PED08002648
2M	S. END BLANCHE VALVE	4/16/2008	9:00AM		0.4	7.4	Absent			PED08002649
and the second second	come e successadores como como como como como como como com							prompagner de l'arter faction faction		The Publishment of the state of
Lab Comm	nents/Qualifiers:									

Lab	Commen	ts/Qual	litiers:
-----	--------	---------	----------

Disinfectant Residuals Avg Disinfectant Residuals Meti		DPD
Disinfectant Analysis Certif		12704
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	1051933	

DEP/DOH Use Only	
☐ Satisfactory	
Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	, <u>, , , , , , , , , , , , , , , , , , </u>
DEP/DOH Reviewing Official:	



### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003193

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

850-455-8552 System Phone:

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr: 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 4/17/2008 11:04:00AM

Date Reported:

4/17/2008 12:50:00PM

Sample Temp (°C):

4/18/2008 4:13:31PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

### **Collector Comments:**

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1M	END AT BLANCHE F/O	4/17/2008 8:45AM		0.4	7.4	Absent			PED08002706
2M	BEGINNING BLANCHE	4/17/2008 8:55AM		0.6	7.5	Absent ·			PED08002707
	onto/Ouslisiano	PRITE AND A COMPANY OF THE COMPANY WITH COMPANY OF THE COMPANY OF					WELLOW SERVICE SERVICES	e	THE THEORY IS NOT THE OWNER.

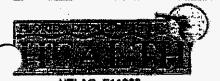
Lab	Comments/	/Qualifiers
-----	-----------	-------------

Disinfectant Residuals Avg:					
Disinfectant Residuals Method	ÐPD				
Disinfectant Analysis Certified Operator #: 127					
All Tests Performed in Accord Coliform/E. Coli Method:	ance with NELA	C Standards			

uthorized By:	Beverly Butler
IMS Report #:	1055703

DEP/DOH Use Only	
☐ Satisfactory	•
Incomplete Collection Information	
Repeat Samples Required	•
☐ Replacement Samples Required	
Date Reviewed by DEP/DOH:	·
DEP/DOH Reviewing Official:	





### Bureau of Laboratories - Pensacola

### 50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

**NELAC: E11062** 

Submission ID:

P002738

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

**\$50-4**65-8552

Collector/Phone:

8 HORTON / 850-455-8552

Collection Addr

905 LOWNDE AVE

Pensacota, PL 32507

Date Received: Date Analyzed: 3/4/2008 9:38:00AM

Date Reported:

3/4/2008 10:06:00AM 3/10/2008 3:24:24PM

Sample Temp (\*C): Chlorine Check: <10 On Ice

Chairict:

Not Detected Northwest District

**Collector Comments:** 

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Gollected	Raw /Dist	Res'd Ci	pH	Tetal Coliform	E.coli	HPC cfu/m/_	Lab ID
ĭ	EAST COTTAGEVIEW HYD	3/4/2008 9:03AM	, ,	0.4	7.7	Absent			PED05001415
2	MIDDLE COTTAGEVIEW HYD	3/4/2008 9:08AM		0.3	7.5	Absent			PEDQ8001416
3	WEST COTTAGEVIEW	3/4/2008 9:12AM		0.4	7.5	Absent			PED08001417

Lab Comments/Qualifiers:

2 (PED08001416)

Demographic date updated on 03/10/2008: Corrected collection time.

Disinfectant Residuals Avg: Disinfectant Residuals Metho Disinfectant Analysis Certified		12704	DEP/DOH Use Only  U Setisfactory  I Incomplete Collection Information	
All Tests Performed in Accord Coliform/E. Coll Method:	ance with NELAC Stan Readycult	derds	☐ Repeat Samples Required ☐ Replacement Samples Required Oote Reviewed by DEP/IDON:	
Authorized Sy: LIMB Report #:	Beverly Butler 982326	# : : : : : : : : : : : : : : : : : : :	DEP/DOH Reviewing Official:	

Final

X\_SingleSamplePPH\_DW.rpt

Page 1 of 1

Print Date:

03/10/2008



### Department of Health

### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-6895

Submission (D:

P002758

County:

Escamble

Type of Supply:

Type of Sample:

Community Water System Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Cumer:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-6552

Collector/Phone: Collection Addr:

B HORTON / 850-455-8552 905 LOWNOE AVENUE

Pensacola, FL 32506

Data Received:

3/8/2008 1:26:00PM 3/5/2008 2:02:00PM

Date Analyzad: Date Reported: Sample Temp (°C):

3/6/2008 4:09:47PM

Chlorine Check:

<10 On los Not Detected

District:

Northwest District

### **Collector Comments:**

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Ci	ρH	Total Coliform	E.coli	HPC ofu/mL	Lab ID
1A	EAST COTTAGE VIEW (HYD)	3/5/2008 5:30AM		0.6	7,0	Absent			PED08001481
2A	MIDDLE COTTAGE VIEW (HY	C3/5/2008 8:40AM		0,7	7.1	Absent			PED08001482
3A	WEST COTTAGE VIEW	3/5/2008 8:45AM		G.6	7.0	Absent			PED08001483

Lab Comments/Qualifiers:

1A (PED08001481)

Demographic data updated on 03/10/2008: Corrected collection data and time.

Disinfectant Residuale Avg: Disinfectant Residuale Method: Disinfectant Analysis Certified Operator #:		DPD 12704	DEP/DOH Use Only  Setisfactory  Incomplete Collection Information
All Tests Performed in Accord Coliform/E. Coli Method;	lance with NELAC Star Readycuit	iderda	Repeat Samples Required  Replacement Samples Required  Date Reviewed by DEP/DOH:
Authorized 8y: LIMS Report #:	Severly Butler 962327		DEP/DOH Reviewing Official:

X\_SingleSampleFPH\_DW.rpt

Page 1 of 1

Print Date:

03/10/2008



### Department of Health

### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002731

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone:

B HORTON / 850-455-8552

Collection Addr:

P O BOX 4815

Pensacola, FL 32507

Date Received:

3/3/2008 9:46:00AM

Date Analyzed: Date Reported: 3/3/2008 10:08:00AM 3/4/2008 3:17:47PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	EAST HYDRANT (BEGINNING)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.6	7.6	Absent			PED08001394
2	MIDDLE HYDRANT	3/3/2008 9:21AM		0.6	7.7	Absent			PED08001395
<b>3</b>	(END) WEST SIDE SERVICES	3/3/2008 9:30AM		0.8	7.6	Present	Absent		PED08001396
the transfer of the second		//////////////////////////////////////			n				······································

### اسل Comments/Qualifiers:

# Notified to resample by phone 3/10/08. som

Disinfectant Residuals Avg:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

Beverly Butler

LIMS Report #: 949405

DEP/DOH Use Only

☐ Satisfactory

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH:\_

DEP/DOH Reviewing Official:N

John C Metter

X\_SingleSampleFPH\_DW.rpt



Print Date:

03/04/2008



### Department of Health

### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002768

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

850-455-8552 System Phone:

Collector/Phone: Collection Addr:

B HORTON / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

3/5/2008 1:26:00PM

Date Analyzed: Date Reported: 3/5/2008 2:02:00PM 3/6/2008 4:09:47PM

Sample Temp (°C): **Chlorine Check:** 

<10 On Ice

District:

Not Detected Northwest District

### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	EAST COTTAGE VIEW (HYD)	3/5/2008 8:30AM	,	0.6	7.0	Absent			PED08001481
2A	MIDDLE COTTAGE VIEW (HY	C 3/5/2008 8:40AM		0.7	7.1	Absent			PED08001482
3A	WEST COTTAGE VIEW	3/5/2008 8:45AM		0.6	7.0	Absent			PED08001483

→ Comments/Qualifiers:

1A (PED08001481)

Demographic data updated on 03/10/2008: Corrected collection date and time.

Disinfectant Residuals Avg:	
Disinfectant Residuals Method:	DPD
Disinfectant Analysis Certified Operator #:	1270

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

**Beverly Butler** 

LIMS Report #:

962327

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DED/DOLL Deviewing Officials	
DEP/DOH Reviewing Official:	





### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

NELAC: E1106

Submission ID:

P002768

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON
P O BOX 4815
Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone: Collection Addr: B HORTON / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

3/5/2008 1:26:00PM

Date Analyzed: Date Reported: 3/5/2008 2:02:00PM 3/6/2008 4:09:47PM

Sample Temp (°C): Chlorine Check: <10 On Ice

District:

Not Detected Northwest District

### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Ci	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	EAST COTTAGE VIEW (HYD)			0.6	7.0	Absent	ng - 19 - 10 - 10 - 10 - 10 - 10 - 10 - 10		PED08001481
2A	MIDDLE COTTAGE VIEW (HY	C 3/5/2008 8:40AM		0.7	7.1	Absent			PED08001482
3A	WEST COTTAGE VIEW	3/5/2008 8:45AM		0.6	7.0	Absent			PED08001483

### Lab Comments/Qualifiers:

Disinfectant Residuals Avg	:		DEP/DOH U
Disinfectant Residuals Met Disinfectant Analysis Certif		DPD 12704	☐ Satisfactor☐ Incomplete
All Tests Performed in According Coliform/E. Coli Method:	Standards	☐ Repeat Sa ☐ Replaceme Date Reviewe	
Authorized By: LIMS Report #:	Beverly Butler 955836		DEP/DOH Re
	The state of the s		emonante apa y 46 fet hateraterane en marien, emesa, que est aspectado est

DEP/DOH Use Only	•
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



### Department of Health Bureau of Laboratories - Pensacola

50 West Maxwell Street -

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P002739

Escambia

County: Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone: 850-455-8552

Collector/Phone:

B HORTON / 850-455-8552

Collection Addr:

905 LOWNDE AVE

Pensacola, FL 32507

Date Received:

3/4/2008 9:38:00AM

Date Analyzed: Date Reported: 3/4/2008 10:06:00AM 3/10/2008 3:24:24PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

**Collector Comments:** 

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	EAST COTTAGEVIEW HYD	3/4/2008 9:03AM		0.4	7.7	Absent			PED08001415
2	MIDDLE COTTAGEVIEW HYD	3/4/2008 9:08AM		0.3	7.5	Absent			PED08001416
3	WEST COTTAGEVIEW	3/4/2008 9:12AM		0.4	7.5	Absent			PED08001417
	·								

Comments/Qualifiers: ممر 2 (PED08001416)

Demographic data updated on 03/10/2008: Corrected collection time.

Disinfectant Residuals Avg	;					
Disinfectant Residuals Met	hod:	DPD				
Disinfectant Analysis Certified Operator #: 12						
All Tests Performed in Acce	ordance with NELAC	Standards				
Coliform/E. Coli Method:	Readycult					

**Authorized By:** 

**Beverly Butler** 

LIMS Report #:

962326

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	I
☐ Repeat Samples Required	
Replacement Samples Required Date Reviewed by DEP/DOH:	
·	· · · · · · · · · · · · · · · · · · ·
DEP/DOH Reviewing Official:	



### Department of Health

### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

**Submission ID:** 

P002739

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone:

B HORTON / 850-455-8552

Collection Addr:

905 LOWNDE AVE

Pensacola, FL 32507

**Date Received:** 

3/4/2008 9:38:00AM

Date Analyzed: Date Reported: 3/4/2008 10:06:00AM 3/5/2008 12:07:29PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

SAMPLE TYPE "S"

**Collector Comments:** 

Comments/Qualifiers:

Collect	Sample Point	Date Collected	Raw /Dist	Res'd CI	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	EAST COTTAGEVIEW HYD	3/4/2008 9:03AM		0.4	7.7	Absent			PED08001415
2	MIDDLE COTTAGEVIEW HYD	3/4/2008 (12:08AM)		0.3	7.5	Absent			PED08001416
3	WEST COTTAGEVIEW	3/4/2008 9:12AM		0.4	7.5	Absent			PED08001417

			·	
Disinfectant Residuals Avg Disinfectant Residuals Met Disinfectant Analysis Certif	hod:	DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information	
All Tests Performed in Accordance with NELAC Standards Coliform/E. Coli Method: Readycult		☐ Repeat Samples Required ☐ Replacement Samples Required		
Authorized By:	Beverly Butler		Date Reviewed by DEP/DOH:  DEP/DOH Reviewing Official:	

LIMS Report #:

951815



### Department of Health

### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002731

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

B HORTON / 850-455-8552

Collection Addr:

P O BOX 4815

Pensacola, FL 32507

**Date Received:** 

3/3/2008 9:46:00AM

Date Analyzed: Date Reported: 3/3/2008 10:08:00AM 3/4/2008 3:17:47PM

Sample Temp (°C): Chlorine Check:

<10 On Ice Not Detected

District:

Northwest District

### **Collector Comments:**

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	EAST HYDRANT (BEGINNING	) 3/3/2008 9:00AM		0.6	7.6	Absent			PED08001394
2	MIDDLE HYDRANT	3/3/2008 9:21AM		0.6	7.7	Absent			PED08001395
3	(END) WEST SIDE SERVICES	3/3/2008 9:30AM		0.8	7.6	Present	Absent		PED08001396

### ◆ Comments/Qualifiers:

Additional Somple Collected
2/5/28 Russ & Bood
2/5/28

Disinfect	ant l	Resi	dua	ais	Av	g:

Disinfectant Residuals Method:

DPD

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

**Authorized By:** 

**Beverly Butler** 

LIMS Report #:

949405

DEP/DOH Use Only

- □ Satisfactory
- ☐ Incomplete Collection Information
- Repeat Samples Required
- ☐ Replacement Samples Required
- Date Reviewed by DEP/DOH:\_

DEP/DOH Reviewing Official:



### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

NELAC: E11082

**Submission ID:** 

P002845

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr: 905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

2/18/2008 2:08:00PM

Date Analyzed: Date Reported: 2/18/2008 2:16:00PM

Date Reported: Sample Temp (°C): 2/19/2008 3:06:49PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

### **Collector Comments:**

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	1ST STREET (CAMSHIRE)	2/18/2008 10:25AM		0.5	8.2	Absent			PED08001102
2	2ND STREET (CAMSHIRE)	2/18/2008 10:27AM		0.5	8.1	Absent			PED08001103
3	3RD STREET (CAMPSHIRE	2/18/2008 10:31AM		0.5	8.1	Absent			PED08001104
4	END CUL DE SAC (CAMSHIRE	E 2/18/2008 10:37AM		0.6	8.1	Absent			PED08001105

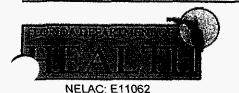
### Comments/Qualifiers:

Disinfectant Residuals Meth Disinfectant Analysis Certifi	iod:	DPD 12704	☐ Satisfacto ☐ Incomplet
All Tests Performed in Acco Coliform/E. Coli Method:	rdance with NELAC Readycult	Standards	☐ Repeat Sa ☐ Replacem Date Rëview
Authorized By: LIMS Report #:	Beverly Butler 917989		DEP/DOH Re

DEP/DOH Use Only  Satisfactory			
☐ Incomplete Collection Information			
Repeat Samples Required			
Replacement Samples Required			
Date Reviewed by DEP/DOH:	 · 	 	
DEP/DOH Reviewing Official:			

## Finai

Disinfectant Residuals Ava:



### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002647

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

**System ID:** 1170527

System Phone: 850-455-8552

Collector/Phone: R BARRETT / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE

905 LOWNDE AVENUE Pensacola, FL 32506

Date Received:

2/19/2008 10:03:00AM

Date Analyzed: Date Reported: 2/19/2008 10:19:00AM 2/20/2008 2:27:02PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

### **Collector Comments:**

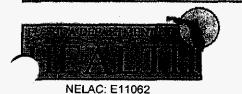
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	CAMSHIRE 1ST STREET	2/19/2008 8:40AM		0.6	8.1	Absent			PED08001108
2	CAMSHIRE 2ND STREET	2/19/2008 8:50AM		0.6	8.0	Absent			PED08001109
3	CAMSHIRE 3RD STREET	2/19/2008 8:55AM		0.6	8.1	Absent			PED08001110
4	CAMSIRE CUL DE SAC	2/19/2008 9:00AM		0.6	8.1	Absent			PED08001111

Comments/C	ualifiers:
------------	------------

Disinfectant Residuals Avg:		
Disinfectant Residuals Meth		DPD
Disinfectant Analysis Certif		12704
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	

Authorized By:	Beverly Butle
LIMS Danort #	920895

DEP/DOH Use Only		
☐ Satisfactory		
Incomplete Collection Information	n ·	
Repeat Samples Required		
Replacement Samples Required		
Date Reviewed by DEP/DOH:		
DEP/DOH Reviewing Official:		



### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002648

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

2/19/2008 10:04:00AM

Date Analyzed: Date Reported: 2/19/2008 10:19:00AM 2/20/2008 2:27:02PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

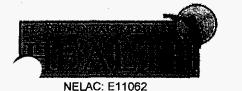
#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	BERKSHIRE ENTRANCE	2/19/2008 9:25AM	The state of the s	0.8	8.1	Absent			PED08001112
2A	BERKSHIRE MIDDLE	2/19/2008 9:30AM		0.8	8.1	Absent			PED08001113
3A	BERKSHIRE END	2/19/2008 9:36AM		0.6	8.0	Absent			PED08001114
						, ,			

الصلر Comments/Q	ualifiers:
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1 Control of the land of the control	The same and the s	, 1990 - 1977   1881   1871   1981   1982   1983   1983   1983   1883	
Disinfectant Residuals Avg: Disinfectant Residuals Meth Disinfectant Analysis Certif	iod:	DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco Coliform/E. Coli Method:	rdance with NELAC Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 920896		DEP/DOH Reviewing Official:

# Final



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

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Submission ID:

P002679

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Phone: 850-595-8895

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 11

1170527

System Phone:

850-455-8552

Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

2/20/2008 2:16:00PM

Date Analyzed: Date Reported: 2/20/2008 2:42:00PM

Date Reported: Sample Temp (°C): 2/21/2008 4:07:44PM <10 On Ice

02/21/2008

Print Date:

**Chlorine Check:** 

<10 On Ice Not Detected

District:

Northwest District

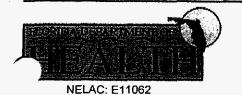
#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
18	BERKSHIRE ENTRANCE	2/20/2008 9:20		0.5	7.8	Absent			PED08001231
2B	BERKSHIRE MIDDLE	2/20/2008 9:30	AM	0.5	7.8	Absent			PED08001232
3B	BERKSHIRE END	2/20/2008 9:35	AM	0.4	7.8	Absent			PED08001233

بسر	COILII	1161169	Quaii.	içia.

Disinfectant Residuals Avg Disinfectant Residuals Metl Disinfectant Analysis Certif	hod:	DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 924540		DEP/DOH Reviewing Official:

# Final



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P002678

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

2/20/2008 2:16:00PM

Date Analyzed: Date Reported: 2/20/2008 2:42:00PM 2/21/2008 4:07:44PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1R	NORTH END OF N RUN				0.8	8.1	Absent	M		PED08001229
2R	SOUTH END OF N RUN	YAN 4" 2/20/2008	8:40AM		0.7	7.8	Absent			PED08001230
				ggerg og gjed far i offense sammer gorg	411,4 3180.4					

Lab	Commen	ts/Qua	lifiers:
-----	--------	--------	----------

 All Tests Performed in Ac Coliform/E. Coli Method:	Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:  DEP/DOH Reviewing Official:
Authorized By: LIMS Report #:	Beverly Butler 924539		DEP/DOH Reviewing Official:



### NELAC: E11062

## Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002683

County:

Escambia

Type of Supply: Type of Sample: Community Water System

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone: R BARRETT / 850-455-8552

Collection Addr: P O BOX 4815

Pensacola, FL 32507

**Date Received:** 

2/21/2008 8:53:00AM

Date Analyzed: Date Reported: 2/21/2008 9:19:00AM

Sample Temp (°C):

2/22/2008 12:24:48PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### Collector Comments:

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	NORTH END OF N RUNYAN 4	" 2/21/2008	8:35AM	gg, t Hodes foreseenqueguegueguegu	0.5 0.5	7.9 7.9	Absent Absent	The life is about an annual common them.	77 ( 17 ( 17 ( 17 ( 17 ( 17 ( 17 ( 17 (	PED08001254 PED08001255
Lab Comm	nents/Qualifiers:						Managara et ettatata .			

Disinfectant Residuals Avg Disinfectant Residuals Met		DPD
Disinfectant Analysis Certif		12704
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/F. Coli Method:	Readyoult	

**Authorized By:** LIMS Report #: **Beverly Butler** 

927076

DEP/DOH Use Only		
☐ Satisfactory		
☐ Incomplete Collection Info	rmation	
Repeat Samples Required	\$	
Replacement Samples Re	quired	
Date Reviewed by DEP/DOH	·	 
DEP/DOH Reviewing Official:		

Special/Random



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004876

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

THEO DELEON P O BOX 4815

PEOPLES WATER SERVICE CO

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

B. HORTON / 850-456-1010

Collection Addr:

P O BOX 4815

Pensacola, FL 32507

Date Received: Date Analyzed: 10/22/2008 9:40:00AM 10/22/2008 10:33:00AM

Date Reported:

10/23/2008 11:52:45AM

Sample Temp (°C): Chlorine Check:

<10 On Ice

District:

Not Detected **Northwest District** 

Collector Comments:

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	2000 STEELERS DR. F/O	10/21/2008 6:00PM		0.4	7.2	Absent			PED08007085
2	1ST HOUSE ON RT. STEELE	R:10/21/2008 6:05PM		0.4	7.2	Absent			PED08007086

) Comment	s/Qualifiers:
-----------	---------------

Disinfectant Residuals Avg.				
Disinfectant Residuals Meth	nod:	DPD		
Disinfectant Analysis Certif	ied Operator #:	10012		
All Tests Performed in Acco	ordance with NELAC St	tandards		
Coliform/E. Coli Method:	Readycult			
Authorized By:	William Nakashima			
LIMS Report #:	1472993			
_		1000		

ļ	DEP/DOH Use Only
	☐ Satisfactory
	☐ Incomplete Collection Information
	☐ Repeat Samples Required
	Replacement Samples Required  Date Reviewed by DEP/DOH:
	DEP/DOH Reviewing Official:





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P004877

County:

Escambla

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

B. HORTON / 850-455-8552

Collection Addr:

P O BOX 4815

Pensacola, FL 32507

Date Received:

10/22/2008 9:40:00AM

Date Analyzed:

10/22/2008 10:33:00AM

Date Reported:

10/23/2008 11:52:45AM On Ice

Sample Temp (°C): Chlorine Check:

<10

Not Detected

District:

Northwest District

Collector Comments:

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
3	2000 STEELERS DR. F/O	10/22/2008 8:49AM		0.4	7.2	Absent	Americalista promitario apri i i i i i i i i i i i i i i i i i i		PED08007087
4	1ST HOUSE ON RT. STEELER	R:10/22/2008 8:44AM		0.4	7.2	Absent			PED08007088
Lab Comments/Qualifiers:									

Disinfectant Residuals Avg:			DEP/DOH Use Only
Disinfectant Residuals Meth Disinfectant Analysis Certifi		DPD 10012	☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco Coliform/E. Coli Method:	rdance with NELAC Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	William Nakashimi 1472996	a	DEP/DOH Reviewing Official:



#### NELAC: E11062

#### Department of Health

### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Submission ID:

P004769

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Other

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

BUD HORTON / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/9/2008 10:14:00AM

Date Analyzed: Date Reported: 10/9/2008 10:25:00AM 10/10/2008 3:06:00PM

Sample Temp (°C):

<10 On Ice

Chlorine Check: District:

Not Detected Northwest District

**Collector Comments:** 

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	GILLILAND ROAD #4	10/8/2008 1:35PM	to assess the second of these	0.6	7.1	Absent			PED08006743
2	GREVE ROAD 411	10/8/2008 1:45PM		0.4	6.9	Absent			PED08006744
3	SHASTA ROAD 106	10/8/2008 1:55PM		0.4	7.1	Absent			PED08006745
	KALASH ROAD 109	10/8/2008 2:04PM		0.4	7.1	Absent			PED08006746

Disinfectant Residuals Avg:

Disinfectant Residuals Meth		DPD			
Disinfectant Analysis Certif	10012				
All Tests Performed in Acco	ordance with NELAC St	andards			
Coliform/E. Coli Method:	Readycult				
		:			
Authorized By:	William Nakashima	, .			
IMS Report #:	1445151				
· ·	And the second of the second o				

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	•
Repeat Samples Required	
Replacement Samples Required Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004769

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Other

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone:

BUD HORTON / 850-455-8552

Pensacola, FL 32507

905 LOWNDE AVENUE Collection Addr:

Date Received:

10/9/2008 10:14:00AM

Date Analyzed: Date Reported: 10/9/2008 10:25:00AM 10/10/2008 3:06:00PM

Sample Temp (°C):

<10 On Ice

Chlorine Check: District:

Not Detected Northwest District

**Collector Comments:** 

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	GILLILAND ROAD #4	10/8/2008 1:35PM		0.6	7.1	Absent			PED08006743
2	GREVE ROAD 411	10/8/2008 1:45PM		0.4	6.9	Absent			PED08006744
3	SHASTA ROAD 106	10/8/2008 1:55PM		0.4	7.1	Absent			PED08006745
	KALASH ROAD 109	10/8/2008 2:04PM		0.4	7.1	Absent			PED08006746

Lab Comments/Qualifiers:

Jisinfectant	Residuals	Avg:
Disinfectant	Residuals	Metho

DPD 10012

Disinfectant Analysis Certified Operator #:

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By: LIMS Report #: William Nakashima

1445151

DEP/DOH Use Only			
☐ Satisfactory			
☐ Incomplete Collection Information			
Repeat Samples Required			
Replacement Samples Required  Date Reviewed by DEP/DOH:	-		
DEP/DOH Reviewing Official:		1.	



NELAC: E11062

#### Department of Health

#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004770

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Other

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

stem Phone: 850-455-8552

System Phone: Collector/Phone:

GARY LEATHERBERRY / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/9/2008 10:14:00AM

Date Analyzed: Date Reported: 10/9/2008 10:25:00AM 10/10/2008 3:06:00PM

Sample Temp (°C):

<10 On Ice

Chlorine Check: District:

Not Detected Northwest District

**Collector Comments:** 

SAMPLE TYPE "S"

Collect 1D	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	GILLILAND ROAD #4	10/9/2008 9:35AM		0.5	7.5	Absent			PED08006747
2	GREVE ROAD #411	10/9/2008 9:20AM		0.5	7.6	Absent			PED08006748
3	SHASTA ROAD #106	10/9/2008 9:30AM		0.5	7.6	Absent			PED08006749
	KALASH ROAD #109	10/9/2008 9:45AM		0.4	7.5	Absent			PED08006750

Lab Comments/Qualifiers:

ノリンリ	me	Lant	vezinnei2	Avy.
×* - *			O : 1	88-46-

Disinfectant Residuals Method:

DPD 10012

Disinfectant Analysis Certified Operator #:

· ·

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

Authorized By:

William Nakashima

LIMS Report #:

1445152

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	

# Final

## Water Main reak/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.

The use of this form is recommended.

Once complete, please submit this form by FAX to DEP - NW District at (850) 595-8392, or email it <u>under subject heading "Trouble Report"</u> to: *Krista.McGraw@dep.state.fl.us*For questions, please call (850) 595-8300 extension 1141.

Utility: Peoples Water Service Company of Florida, Inc.	PWS I.D. Number: FL1170527
Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)	Date: 10/8/08 Time: 11:30am
Reported by: _Theo Deleon (Water Production Supervisor)	Phone: <u>850-455-8552 ext. 211</u>
Was the local Health Department notified? (PICK ONE) Yes	
Was water service interrupted? (PICK ONE) Yes If Y	es, was pressure zero or negative? (PICK ONE) NO
How long was service interrupted? <u>Less than 8 hour</u>	
Number of service connections affected? 77 Residential Servi	ces/Connections
Was a precautionary boil water notice issued (PBWN)? (PICK C	ONE) Yes
Date issued: 10/8/08 How was it issued? (Circle all the	hat apply) Door Hangers
Other:	Employee delivery of information door to door
If PBWN was not issued, please explain why? NA	
Please note that all repair materials must be ANSI or NSF cert respect to the capacity, size, type of material, and location/align	
Water Main Break	
Address/Location of water main break:Alleyway of Gillilar	d Rd and Greve Rd
Size of water main broken? 6" AC	
Number and type of service connections affected? 77 PE Service	vice Connections
	laintenance
Zero pressure XX Pressure below 20 psi Plant shut down	Clean aerator Clean storage tank
Chlorine residual below 0.2 free mg/L	H.S. Pump replacement
	Well pump replacement: Well #
High service pump failure  Clarifier Failure Filtration system problem	Well pump replacement: Well # Water main replacement
High service pump failure  Clarifier Failure Filtration system problem Well Pump Failure	Well pump replacement: Well #
High service pump failure  Clarifier Failure Filtration system problem Well Pump Failure Location /	Well pump replacement: Well # Water main replacement
High service pump failure  Clarifier Failure Filtration system problem  Well Pump Failure  Location / Power outage	Well pump replacement: Well # Water main replacement
High service pump failure  Clarifier Failure Filtration system problem Well Pump Failure Location /	Well pump replacement: Well # Water main replacement Valve Replacement:  Other:
High service pump failure  Clarifier FailureFiltration system problem  Well Pump Failure  Location/  Power outage  Chemical feed system failure: Chemical:	Well pump replacement: Well # Water main replacement Valve Replacement:  Other:  provide turbidity chart to DEP)
High service pump failure  Clarifier FailureFiltration system problem  Well Pump Failure  Location/  Power outage  Chemical feed system failure: Chemical:  Turbidity MCL violation Daily Monthly (please p	Well pump replacement: Well # Water main replacement Valve Replacement:  Other:  provide turbidity chart to DEP)
High service pump failure  Clarifier FailureFiltration system problem  Well Pump Failure  Location/  Power outage  Chemical feed system failure: Chemical:  Turbidity MCL violation Daily Monthly (please p	Well pump replacement: Well # Water main replacement Valve Replacement:  Other:  provide turbidity chart to DEP)
High service pump failure  Clarifier FailureFiltration system problem  Well Pump Failure  Location/ Power outage  Chemical feed system failure: Chemical:  Turbidity MCL violation DailyMonthly (please protection)  Other:6" AC Water Main Repaired at Gilliland Rd and Grey	Well pump replacement: Well #Water main replacementValve Replacement:Other:orovide turbidity chart to DEP)
High service pump failure  Clarifier FailureFiltration system problem  Well Pump Failure  Location/  Power outage  Chemical feed system failure: Chemical:  Turbidity MCL violation Daily Monthly (please power of the control of the	Well pump replacement: Well # Water main replacement Valve Replacement:  Other:  orovide turbidity chart to DEP)  re Rd
High service pump failure  Clarifier FailureFiltration system problem  Well Pump Failure  Location/ Power outage  Chemical feed system failure: Chemical:  Turbidity MCL violation Daily Monthly (please power of the control of the	Well pump replacement: Well # Water main replacement Valve Replacement:  Other:  orovide turbidity chart to DEP)  re Rd
High service pump failure  Clarifier FailureFiltration system problem  Well Pump Failure  Location/  Power outage  Chemical feed system failure: Chemical: Turbidity MCL violation DailyMonthly (please potential)  Other:6" AC Water Main Repaired at Gilliland Rd and Greve  Corrective/Remedial Action being taken Auxiliary power system on-lineBack-up chloring  Other:During connection constant flow from pipe was maintain  Estimated time for completion of repairs:Less than 8 hour	Well pump replacement: Well #
High service pump failure  Clarifier FailureFiltration system problem  Well Pump Failure  Location/  Power outage  Chemical feed system failure: Chemical: Turbidity MCL violation DailyMonthly (please potential)  Other:6" AC Water Main Repaired at Gilliland Rd and Greve  Corrective/Remedial Action being taken Auxiliary power system on-lineBack-up chloring  Other:During connection constant flow from pipe was maintain  Estimated time for completion of repairs:Less than 8 hour	Well pump replacement: Well # Water main replacement Valve Replacement:  Other:  Orovide turbidity chart to DEP)  The Rd

Please fax bacteriological and chemical results and/or notice of rescission to (850) 595-8392 ASAP for DEP approval.

Alex places remember to report this event on vour next Monthly Apareting Deport MAD



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

NELAC: E11062

Submission ID:

P004831

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895
System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: System Phone: 1170527

850-455-8552

Collector/Phone: Collection Addr: R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/15/2008 11:41:00AM

Date Analyzed: Date Reported: 10/15/2008 12:07:00PM 10/16/2008 2:20:24PM

Date Reported: Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

**Collector Comments:** 

TANK INSPECTION CLEARANCE. SAMPLE TYPE "S".

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/ml.	Lab ID
2A	OLD CORRY TANK	10/15/2008 8:43AM	1 14014	0.6	7.8	Absent	and the state of t		PED08006898
	nents/Qualifiers:		,						

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:  All Tests Performed in Accordance with NELAC Sta Coliform/E. Coli Method: Readycult		DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
		Standards <sup>-</sup>	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	William Nakashima 1457582	3	DEP/DOH Reviewing Official:

# final



NELAC: E11062

### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

System Owner:

System Phone:

Collector/Phone:

Collection Addr:

System ID:

Submission ID:

P004801

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507

DEOD! TO WATER OFF

Date Received:

10/13/2008 3:07:00PM

Date Analyzed: Date Reported:

1170527

850-455-8552

10/13/2008 3:24:00PM 10/14/2008 3:56:36PM

Sample Temp (°C):

<10 On Ice

Chlorine Check: District:

Northwest District

Not Detected

PEOPLES WATER SERVICE COMPANY

THEO DELEON / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

**Collector Comments:** 

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	200 THAYER	10/12/2008 6:00PM		0.4	6.9	Absent			PED08006843
2	210 THAYER	10/12/2008 6:05PM		0.4	6.9	Absent			PED08006844
Comr	nents/Qualifiers:			*****					

Disinfectant Residuals Avg: Disinfectant Residuals Meth Disinfectant Analysis Certifi	od:	DPD 10012	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco Coliform/E. Coli Method:	rdance with NELAC Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	William Nakashim 1453133	a 	DEP/DOH Reviewing Official:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

NELAC: E11062

Submission ID:

P004802

County:

Escambia

Type of Supply: Type of Sample: Community Water System

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

850-455-8552

System Phone:

Collector/Phone: Collection Addr:

RUSS BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

10/13/2008 3:08:00PM

Date Analyzed: Date Reported: 10/13/2008 3:24:00PM 10/14/2008 3:56:36PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

**Collector Comments:** 

Comments/Qualifiers:

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рĦ	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	200 THAYER	10/13/2008 11:30AM		0.4	6.9	Absent			PED08006845
2A	210 THAYER	10/13/2008 11:33AM		0.4	6.9	Absent			PED08006846

and the second s		en
Disinfectant Residuals Avg	:	
Disinfectant Residuals Met	DPD	
Disinfectant Analysis Certif	12704	
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	William Nakashim	а
I-IMS Report #	1453135	

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



## Water Main break/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.

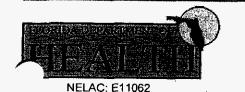
The use of this form is recommended.

Once complete, please submit this form by FAX to DEP - NW District at (850) 595-8392, or email it <u>under subject heading "Trouble Report"</u> to: *Krista.McGraw@dep.state.fl.us*For questions, please call (850) 595-8300 extension 1141.

Utility: Peoples Water Service Company of Florida, Inc.	WS I.D. Number: <u>FL1170527</u>
Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)	Date: 10/10/08 Time: 9:00am
Reported by: Theo Deleon (Water Production Supervisor)	Phone: 850-455-8552 ext. 211
Was the local Health Department notified? (PICK ONE) Yes	
Was water service interrupted? (PICK ONE) Yes If Yes, was pressure zero	or negative? (PICK ONE) NO
How long was service interrupted? <u>Less than 2 hour</u>	
Number of service connections affected? 25 Residential Connections	
Was a precautionary boil water notice issued (PBWN)? (PICK ONE) Yes	
Date issued: 10/10/08 How was it issued? (Circle all that apply) Door Ha	angers
	of information door to door
If PBWN was not issued, please explain why? <u>NA</u>	
Please note that all repair materials must be ANSI or NSF certified for potable waterespect to the capacity, size, type of material, and location/alignment.	er use and must be "like for like" with
Water Main Break	
Address/Location of water main break: Thayer Avenue	
Size of water main broken? 3" AC	
Number and type of service connections affected? 25 PE residential connections	
BK 16 - 41	
Malfunction Maintenance	
Zero pressure _XX Pressure below 20 psi Clean aerator Plant shut down Clean storage tank	
Chlorine residual below 0.2 free mg/L H.S. Pump replace	
High service pump failure Well pump replace	ement: Well #
Clarifier Failure Filtration system problem Water main replace	
Well Pump FailureValve Replacemen	nt:
Power outageOther: _	
Chemical feed system failure: Chemical:	
Turbidity MCL violationDailyMonthly (please provide turbidity char	t to DEP)
Other: 3" water main emergency repaired	
Corrective/Remedial Action being taken	
Auxiliary power system on-lineBack-up chlorinator on-line	X_Water main flushing
Other: During emergency repair constant flow was maintained from pipe and all par	ts/material used were disinfected.
Estimated time for completion of repairs: Less than 2hour	
Bacteriological samples required? (PICK ONE) Yes Number of samples and date	e(s) of collection: <u>(2) 10/12 &amp; (2) 10/13, 2008</u>
	intenance, and during Bact sampling

Please fax bacteriological and chemical results and/or notice of rescission to (850) 595-8392 ASAP for DEP approval.

Alea aleaca ramamhar ta ranart this areast on wans nort Monthly Onerating Denort (MOD)



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Submission ID:

P004823

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

850-455-8552

System Phone: Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 10/14/2008 2:16:00PM

Date Reported:

10/14/2008 2:40:00PM 10/15/2008 4:00:55PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

**Collector Comments:** 

TANK INSPECTION - SAMPLE TYPE "S".

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	ρН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	OLD CORRY TANK	10/14/2008 2:00PM		0.4	7.1	Absent			PED08006889
Lab Comm	nents/Qualifiers:	and the second s							

Disinfectant Residuals Avg:			DEP/DOH Use Only
Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:		DPD 12704	☐ Satisfactory
Distillectant Analysis Cerun	eu Operator #.	12704	☐ Incomplete Collection Information
All Tests Performed in Acco	rdance with NELAC Sta	andards	Repeat Samples Required
Coliform/E. Coli Method:	Readvoult		Replacement Samples Required
	· · · · · · · · · · · · · · · · · · ·		Date Reviewed by DEP/DOH:
Authorized By:	William Nakashima	•	DEP/DOH Reviewing Official:
LIMS Report #:	1455496		



#### NELAC: E11062

#### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004471

County:

Escambia

Type of Supply: Type of Sample: Community Water System

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

850-455-8552 System Phone:

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

9/15/2008 10:30:00AM

Date Analyzed: Date Reported: 9/15/2008 10:53:00AM

Sample Temp (°C):

9/16/2008 12:17:41PM On Ice <10

**Chlorine Check:** 

Not Detected

District:

Northwest District

**Collector Comments:** 

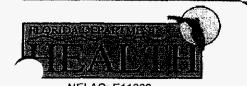
MARINA VILLAS MAIN CLEARANCE, SAMPLE TYPE "\$".

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рĦ	Total Coliform	E.coli	HPC cfu/ml.	Lab ID
1	MAHOGONY MILL S.S.	9/15/2008 10:10AM		0.6	7.0	Absent		, and the second	PED08006048
2	BUILDING 5	9/15/2008 10:15AM		0.6	7.0	Absent			PED08006049
ر Comments/Qualifiers:									

Disinfectant Residuals Avg Disinfectant Residuals Mett Disinfectant Analysis Certif	nod:	DPD 12704
All Tests Performed in According Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards
Authorized By: LIMS Report #:	William Nakashim 1383758	<b>a</b>
		a contract of the contract and community

DEP/DOH Use Only	•
☐ Satisfactory	
Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	•
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004494

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

850-455-8552 System Phone:

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 9/16/2008 11:32:00AM

Date Reported:

9/16/2008 12:05:00PM

Sample Temp (°C):

9/17/2008 4:22:30PM <10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

**Collector Comments:** 

MARINA VILLA - MAIN CLEARANCE, SAMPLE TYPE "S".

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd CI	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	SS MAHOGONY MILL	9/16/2008 10:20AM		0.6	7.2	Absent			PED08006098
2	BUILDING 5	9/16/2008 10:25AM		0.7	7.2	Absent			PED08006099
	nents/Qualifiers:		70 - Ab. 1		ala di Alli (ala di		e ne crace are not a south	eenn matte and the second	

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #: All Tests Performed in Accordance with NELAC St Coliform/E. Coli Method: Readycult		DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ incomplete Collection Information
		Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By:	William Nakashim	a	DEP/DOH Reviewing Official:

# Water Main break/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.

The use of this form is recommended.

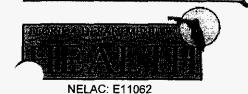
Once complete, please submit this form by FAX to DEP – NW District at (850) 595-8392, or email it <u>under subject heading "Trouble Report"</u> to: Krista.McGraw@dep.state.fl.us

For questions, please call (850) 595-8300 extension 1141.

Utility: Peoples Water Service Company of Florida, Inc.	PWS I.D. Number: <u>FL1170527</u>
Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)	Date: 9/14/08 Time: 9:15am
Reported by: Theo Deleon (Water Production Supervisor)	Phone: <u>850-455-8552 ext. 211</u>
Was the local Health Department notified? (PICK ONE) Yes	
Was water service interrupted? (PICK ONE) Yes If Yes, was pressure zero or r	negative? (PICK ONE) NO
How long was service interrupted? Less than 2 hour	
Number of service connections affected? 24 Residential Connections and	
Was a precautionary boil water notice issued (PBWN)? (PICK ONE) Yes	
Date issued: 9/13/08 How was it issued? (Circle all that apply) Door Hanger	s
Other: Employee delivery of i	nformation door to door
If PBWN was not issued, please explain why? NA	
Please note that all repair materials must be ANSI or NSF certified for potable water u respect to the capacity, size, type of material, and location/alignment.  Water Main Break	se and must be "like for like" with
1	a 44 45 and 46 buildings
Address/Location of water main break: Mahogany Mill Rd at the Mariner Villa Apts	s #4, #5, and #6 buildings
Size of water main broken? 6" PVC	
Number and type of service connections affected? 24 PE residential connections	
Malfunction Maintenance	
Zero pressure XX Pressure below 20 psi Clean aerator	
Plant shut down Clean storage tank	
Chlorine residual below 0.2 free mg/L H.S. Pump replacement	nt
High service pump failure Well pump replacement	
Clarifier FailureFiltration system problemWater main replaceme	nt
Well Pump FailureValve Replacement:	
Location/	
Power outage Other: Other:	
Turbidity MCL violation Daily Monthly (please provide turbidity chart to	DEP)
Other: 6" water main leak	<i></i> ,
Other water main leak	
Corrective/Remedial Action being taken	
Auxiliary power system on-lineBack-up chlorinator on-lineX_W	Vater main flushing
Other: During repairs constant flow was maintained from pipe and all parts/material use	d were disinfected.
Estimated time for completion of repairs: Less than 2 hour	
Bacteriological samples required? (PICK ONE) Yes Number of samples and date(s)	of collection: (2) 9/15 & (2) 9/16, 2008
Chemical recheck samples required: Residual verified during maintenance, after mainten	nance, and during Bact sampling

Please fax bacteriological and chemical results and/or notice of rescission to (850) 595-8392 ASAP for DEP approval.

Also, please remember to report this event on your next Monthly Operating Report (MOR).



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004284

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 11

1170527

**System Phone:** 850-455-8552

Collector/Phone: Collection Addr: R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

8/28/2008 9:50:00AM

Date Analyzed: Date Reported:

8/28/2008 12:10:00PM 8/29/2008 1:45:00PM

Sample Temp (°C):

<10 On Ice

Chiorine Check: District:

Not Detected Northwest District

Collector Comments:

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	HYDRANT ON NAVY BLVD	8/28/2008			0.6	7.2	Absent		The state of the s	PED08005683
2A	434 NAVY BLVD	8/28/2008	8:47AM		0.6	7.2	Absent			PED08005684
	ments/Qualifiers:		OR-SIMPLES ST. ST. ST. ST. ST. ST. ST. ST. ST. ST		· 1- 1910-141 (V) 180-181 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		e van mannen ander de			

od:	DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information	
All Tests Performed in Accordance with NELAC S Coliform/E. Coli Method: Readycult		☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:	
William Nakashimi 1348201	a	DEP/DOH Reviewing Official:	
	Readycult William Nakashima	rdance with NELAC Standards Readycult William Nakashima	rdance with NELAC Standards Readycult  William Nakashima  DPD Satisfactory Incomplete Collection Information Repeat Samples Required Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:

# final



NELAC: E11062

#### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004283

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone: M

M TORRANCE / 850-455-8552

Collection Addr: 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

8/28/2008 9:50:00AM

Date Analyzed: Date Reported: 8/28/2008 12:10:00PM 8/29/2008 1:45:00PM

Sample Temp (°C): Chlorine Check: <10 On ice

oniorine Unec

Not Detected

District:

Northwest District

**Collector Comments:** 

Comments/Qualifiers:

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID	
1	FIRE HYDRANT NAVY	8/27/2008 10:54PM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.6	7.1	Absent			PED08005681	
2	434 NAVY BLVD	8/27/2008 10:55PM		0.6	6.9	Absent			PED08005682	

Disinfectant Residuals Avg		
Disinfectant Residuals Met	DPD	
Disinfectant Analysis Certif	ied Operator #:	15407
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	

William Nakashima

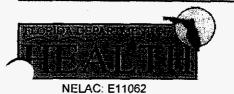
1348199

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	 
DEP/DOH Reviewing Official:	

# Final

Authorized By:

LIMS Report #:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P004189 Escambia

County: Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

850-455-8552

System Phone: Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed:

8/18/2008 9:21:00AM 8/18/2008 10:30:00AM

Date Reported:

8/19/2008 12:42:48PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

Not Detected

District:

Northwest District

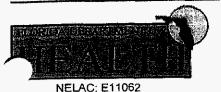
**Collector Comments:** 

SAMPLE TYPE "S".

Collect ID	Sample Point	Date Collected	• • •	Raw /Dist	Res'd Cl	Нq	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	326 SUNSET	8/18/2008			0.7	7.4	Absent			PED08005418
2A	S. SECOND ST. SAMPLE STN	8/18/2008	8:45AM		0.7	7.4	Absent			PED08005419
	nents/Qualifiers:	on her compatible above respective great from	The state of the s						and the second s	httsdammannattididenman, yn ystr senn i

Disinfectant Residuals Avg Disinfectant Residuals Met		DPD		
Disinfectant Analysis Certif	10012			
All Tests Performed in Acco	ordance with NELAC	Standards		
Coliform/E. Coli Method:	Readycult			
Authorized By:	Beverly Butler	-		
IMS Papart #:	1326310			

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
☐ Replacement Samples Required	
Date Reviewed by DEP/DOH:	 
DEP/DOH Reviewing Official:	



### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

System Owner:

System Phone:

Collector/Phone:

Collection Addr:

System ID:

Submission ID:

P004190

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507

Date Received:

1170527

850-455-8652

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

8/18/2008 9:21:00AM

Date Analyzed: Date Reported:

8/18/2008 10:30:00AM 8/19/2008 12:42:48PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

District:

Not Detected **Northwest District** 

PEOPLES WATER SERVICE COMPANY

Collector Comments:

Comments/Qualifiers:

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	326 SUNSET	8/17/2008 11:00AM	, , , , , , , , , , , , , , , , , , ,	0.6	7.4	Absent	yggan		PED08005416
2	S. SECOND ST. SAMPLE STN	8/17/2008 11:10AM		0.6	7.4	Absent			PED08005417
	COLOR	MILE THE MINISTER OF THE STREET		appearance and a solid se, a.e.					

Disinfectant Residuals A Disinfectant Residuals I Disinfectant Analysis Ce	lethod:	DPD 10012	DEP/DOH U  Satisfacto Incomplete
All Tests Performed in A Coliform/E. Coli Method		Standards	□ Repeat S □ Replaceл Date Review
Authorized By: LIMS Report #:	Beverly Butler 1326312		DEP/DOH R
		NAME OF THE PARTY	The state of the s

DEP/DOH Use Only	
☐ Satisfactory	
Incomplete Collection Information	
Repeat Samples Required	
☐ Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004059

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Other

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

G LEATHERBERRY / 850-455-8552

Collection Addr:

905 LOWNDEAVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 8/4/2008 10:05:00AM

Date Reported:

8/4/2008 10:24:00AM 8/5/2008 1:52:57PM

Sample Temp (°C): **Chlorine Check:** 

<10 On Ice

District:

Not Detected **Northwest District** 

SAMPLE TYPE "S", CUSTOMER REQUEST

Collect Sample Point Res'd Total **HPC** Lab ID **Date** E.coli Raw рΗ ID Coliform Collected /Dist CI cfu/mL 22 LAKESIDE 8/4/2008 9:15AM 0.4 7.2 Absent PED08005071

Lab Comments/Qualifiers:

Collector Comments:

108 Reported results to Russ B. &

Disinfectant Residuals Method:
Disinfectant Analysis Certified Operator #:
All Tests Performed in Accordance with NELAC Standard

Authorized By: LIMS Report #:

Beverly Butler

1299107

Readycult

	DEP/DOH Use Only
	☐ Satisfactory
	Incomplete Collection Information
	☐ Repeat Samples Required
	Replacement Samples Required
	Date Reviewed by DEP/DOH:
7 9	DEP/DOH Reviewing Official:



Disinfectant Residuals Avg:

Coliform/E. Coli Method:



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004038

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 11

1170527

System Phone: 850-455-8552

Collector/Phone:

B. HORTON / 850-455-8552

Collection Addr:

B. HURTUN / 050-455

905 LOWNDE AVE Pensacola, FL 32507

Date Received: 7/3

7/31/2008 9:00:00AM

Date Analyzed:

7/31/2008 9:09:00AM 8/1/2008 11:37:04AM

Date Reported: Sample Temp (°C):

<10 On Ice

Chlorine Check: District:

Not Detected Northwest District

**Collector Comments:** 

SAMPLE TYPE "S"

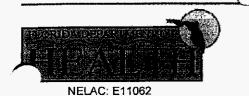
Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	1604 AMERICUS	7/31/2008			0.6	7.1	Absent			PED08005036
2	3220 GRAUPERA	7/31/2008	8:35AM		0.5	7.2	Absent			PED08005037
3	HYD AT ALBANY & GRAUPER	7/31/2008	8:25AM		0.6	7.4	Absent			PED08005038
	more and commentation as a company of the comment control of the c									

 voi	1111	le i i	US/	ųυ	am	let	5.

Disinfectant Residuals Avg				
Disinfectant Residuals Metl	DPD			
Disinfectant Analysis Certif	12704			
All Tests Performed in Acco	ordance with NELA	C Standards		
Coliform/E. Coli Method:	Readycult			
Authorized By:	Beverly Butler			
LIMS Report #:	1290882			

DEP/DOH Use Only	
☐ Satisfactory	
Incomplete Collection Information	on
Repeat Samples Required	
Replacement Samples Require	d
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	

# Final



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P004029

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

B HORTON / 455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

7/30/2008 11:05:00AM

Date Analyzed:

7/30/2008 11:30:00AM

Date Reported: Sample Temp (°C): 7/31/2008 1:19:21PM

Chlorine Check:

<10 On Ice Not Detected

District:

Northwest District

**Collector Comments:** 

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd CI	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	1604 AMERICUS	7/30/2008 10:30AM		0.5	7.2	Absent			PED08005018
2	3220 GRAUPERA	7/30/2008 10:37AM		0.6	7.0	Absent			PED08005019
3	ALBANY & GRAUPERA HYD.	7/30/2008 10:43AM		0.6	7.0	Absent			PED08005020

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #: All Tests Performed in Accordance with NELAC Sta Coliform/E. Coli Method: Readycult		DPD 10012	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
		Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: IMS Report #:	Beverly Butler 1286900		DEP/DOH Reviewing Official:

# Final

# Water Main Break/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.

The use of this form is recommended.

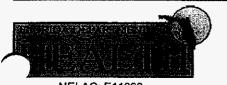
Once complete, please submit this form by FAX to DEP – NW District at (850) 595-8392, or email it <u>under subject heading "Trouble Report"</u> to: Krista.McGraw@dep.state.fl.us

For questions, please call (850) 595-8300 extension 1141.

Utility: Peoples Water Service Company of Florida, Inc.	PWS I.D. Number: <u>FL1170527</u>
Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)	Date: <u>7/30/08</u> Time: <u>11:45am</u>
Reported by: Theo Deleon (Water Production Supervisor)	Phone: <u>850-455-8552 ext. 211</u>
Was the local Health Department notified? (PICK ONE) Yes	
Was water service interrupted? (PICK ONE) Yes If	Yes, was pressure zero or negative? (PICK ONE) NO
How long was service interrupted? <u>Less than 1 hour</u>	
Number of service connections affected? 15 Residential Con	nnections
Was a precautionary boil water notice issued (PBWN)? (PICE	CONE) Yes
Date issued: 7/30/08 How was it issued? (Circle al	
Other If PBWN was not issued, please explain why? NA	: Employee delivery of information door to door
II FD wild was not issued, please explain why:NA	
Please note that all repair materials must be ANSI or NSF or respect to the capacity, size, type of material, and location/all	ertified for potable water use and must be "like for like" with ignment.
Water Main Break	
Address/Location of water main break: Graupera & Am	ericus Ave
Size of water main broken? 8" AC & 2" PVC	
number and type of service connections affected? 15 PE re	sidential connections
<u>Malfunction</u>	<u>Maintenance</u>
Zero pressure XX Pressure below 20 psi Plant shut down	Clean aerator Clean storage tank
Chlorine residual below 0.2 free mg/L	H.S. Pump replacement
High service pump failure	Well pump replacement: Well #
Clarifier FailureFiltration system problem	Water main replacement
Well Pump Failure	Valve Replacement:
Location / Power outage	XX Other: Installation of new isolation valve
Chemical feed system failure: Chemical:	AA Outer. Installation of new isolation varve
	e provide turbidity chart to DEP)
Other: 8" isolation valve installed	·
Corrective/Remedial Action being taken	
Auxiliary power system on-lineBack-up chlo	rinator on-line X_Water main flushing
Other: During maintenance constant flow was maintained fro	om pipe and all parts/material used were disinfected.
Estimated time for completion of repairs: Less than 1hour	
Bacteriological samples required? (PICK ONE) Yes Num	ber of samples and date(s) of collection: _(3) 7/30 & (3) 7/31, 2008
Chemical recheck samples required: <u>Residual verified during</u>	maintenance, after maintenance, and during Bact sampling

Please fax bacteriological and chemical results and/or notice of rescission to (850) 595-8392 ASAP for DEP approval.

Also, please remember to report this event on your next Monthly Operating Report (MOR).



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

System Owner:

System Phone:

Collector/Phone:

Collection Addr:

System ID:

**NELAC: E11062** 

Submission ID:

P003621

County: Type of Supply: Escambia

Type of Sample:

Community Water System

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507

Date Received: Date Analyzed: Date Reported:

1170527

850-455-8552

6/11/2008 11:02:00AM 6/11/2008 11:10:00AM

PEOPLES WATER SERVICE COMPANY

6/12/2008 1:32:24PM <10

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

Sample Temp (°C): **Chlorine Check:** 

On Ice Not Detected

District:

Northwest District

**Collector Comments:** 

Lab Comments/Qualifiers:

**CUSTOMER CONCERN** 

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1H	216 RUTH	6/11/2008		Dist	0.7	7.5	Absent	about the second se		PED08003928
2H	216 RUTH	6/11/2008	9:20AM	Dist	0.7	7.5	Absent			PED08003929
	The state of the s									

Disinfectant Residuals Avg: **Disinfectant Residuals Method:** 

Disinfectant Analysis Certified Operator #:

12704

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method:

Readycult

**Authorized By:** 

**Beverly Butler** 

LIMS Report #:

1178808

DEP/DOH Use Only

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH:\_

DEP/DOH Reviewing Official:

## Water Main Break/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.

The use of this form is recommended.

Once complete, please submit this form by FAX to DEP - NW District at (850) 595-8392, or email it <u>under subject heading "Trouble Report"</u> to: Krista.McGraw@dep.state.fl.us

For questions, please call (850) 595-8300 extension 1141.

Utility: Peoples Water Service Company of Florida, Inc.	PWS I.D. Number: <u>FL1170527</u>
Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)	Date: <u>6/9/08</u> Time: <u>9:30am</u>
Reported by: Theo Deleon (Water Production Supervisor)	Phone: <u>850-455-8552 ext. 211</u>
Was the local Health Department notified? (PICK ONE) Yes	
Was water service interrupted? (PICK ONE) Yes If	Yes, was pressure zero or negative? (PICK ONE) NO
How long was service interrupted? Less than 4 hour	
Number of service connections affected? 10-15 Commercia	l Connections and 1 Master Meter for 160 Apartments
Was a precautionary boil water notice issued (PBWN)? (PICK	CONE) Yes
Date issued: 6/9/08 How was it issued? (Circle all	
Other:]	Employee delivery of information door to door
If PBWN was not issued, please explain why? NA	
Please note that all repair materials must be ANSI or NSF c respect to the capacity, size, type of material, and location/al	ertified for potable water use and must be "like for like" with ignment.
Water Main Break	
Address/Location of water main break: 3600-3800 Navy	Boulevard
Size of water main broken?8" PVC	
Jumber and type of service connections affected?10-15 Co	ommercial Connections and 1 Master Meter for 160 Apartments
No.16	
Malfunction	Maintenance
Zero pressure XX Pressure below 20 psi Plant shut down	Clean aerator Clean storage tank
Chlorine residual below 0.2 free mg/L	H.S. Pump replacement
High service pump failure	Well pump replacement: Well #
Clarifier FailureFiltration system problem	Water main replacement
Well Pump Failure	Valve Replacement:
Location/ Power outage	Other:
Chemical feed system failure: Chemical:	
	e provide turbidity chart to DEP)
Other: 8" water main leak	
Corrective/Remedial Action being taken	
. · · · · · · · · · · · · · · · · · · ·	rinator on-line X Water main flushing
Other: During repairs constant flow was maintained from pip	e and all parts/material used were disinfected.
Estimated time for completion of repairs: <u>Less than 4 hour</u>	
Bacteriological samples required? (PICK ONE) Yes Numi	
7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	ber of samples and date(s) of collection: (3) 6/9 & (3) 6/10, 2008

Please fax bacteriological and chemical results and/or notice of rescission to (850) 595-8392 ASAP for DEP approval.

Also, please remember to report this event on your next Monthly Operating Report (MOR).



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

NELAC: E11062

Submission ID: County:

P003599

Type of Supply:

Escambia

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

6/10/2008 11:06:00AM

Date Analyzed: Date Reported:

6/10/2008 12:15:00PM 6/11/2008 2:58:40PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

**Northwest District** 

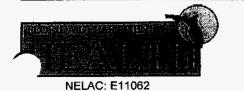
#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	HYD. WEST SIDE END PBWN	6/10/2008 10:45AM		0.5	7.3	Absent	* ************************************		PED08003877
2	HYD. MIDDLE BY NAPA PBW	N6/10/2008 10:50AM		0.6	7.4	Absent			PED08003878
3	HYD. EAST END PBWN	6/10/2008 10:55AM		0.5	7.1	Absent			PED08003879

#### **Lab Comments/Qualifiers:**

Disinfectant Residuals Avg Disinfectant Residuals Met		DPD	DEP/DOH Use O
Disinfectant Analysis Certif		12704	☐ Satisfactory ☐ Incomplete Colle
All Tests Performed in According Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards	☐ Repeat Samples ☐ Replacement Sa Date Reviewed by I
Authorized By: LIMS Report #:	Beverly Butler 1176401		DEP/DOH Reviewin
			The state of the s

DEP/DOH Use Only	
☐ Satisfactory	
Incomplete Collection Information	•
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003583

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone:
Collection Addr:

R BARRETT / 850-455-8552

r: 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

6/9/2008 10:25:00AM

Date Analyzed:

6/9/2008 11:55:00AM

Date Reported: Sample Temp (°C): 6/10/2008 3:02:29PM <10 On ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect	Sample Point	Date Collected	Raw /Dist	Res'd Ci	рН	Total Coliform	E.coli	HPC cfu/mL	Lab iD
1	WEST END HYDRANT	6/9/2008 9:55AM		0.6	7.1	Absent			PED08003829
2	HYDRANT BY NAPA (MOBILE)	) 6/9/2008 10:05AM		8.0	7.1	Absent			PED08003830
3	EAST END HYD - CHASEVILLI	E 6/9/2008 10:10AM		0.4	7.0	Absent			PED08003831

15:	
k	۶.

Disinfectant Residuals Avg Disinfectant Residuals Met Disinfectant Analysis Certif	nod:	DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collect
All Tests Performed in Acco Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards	☐ Repeat Samples R ☐ Replacement Sam ☐ Reviewed by DE
Authorized By: LIMS Report #:	Beverly Butler 1173405	er to be a broken de company of the	DEP/DOH Reviewing

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
☐ Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	
·	

# Final



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003780

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

County:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

850-455-8552

System Phone: Collector/Phone: Collection Addr:

T DELEON / 850-456-1010 905 LOWNDE AVENUE

Pensacola, FL 32507

**Date Received:** 

6/30/2008 10:30:00AM

Date Analyzed: **Date Reported:**  6/30/2008 10:45:00AM

Sample Temp (°C):

7/1/2008 12:23:43PM <10 On Ice

**Chlorine Check:** District:

Not Detected Northwest District

**Collector Comments:** 

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	FH NEAR LEAK(S MILLS AVE)	6/29/2008	2:15PM		0.7	7.0	Absent			PED08004331
2	402 S. MILLS AVENUE	6/29/2008	2:25PM		0.7	7.0	Absent			PED08004332
	1. Barta di Stanon anno anno anno aggi compagni e y pari tatti a communicati di scotta di Stanon									to an analysis blanches arranges are an agree as a reason at a second at a second at a second at a second at a

Lab Comments	/Qua	lifiers
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Disinfectant Residuals Avg: Disinfectant Residuals Method:					
Disinfectant Analysis Certif	10012				
All Tests Performed in Acco	ordance with NELAC	Standards			
Coliform/E. Coli Method:					
Authorized By:	Beverly Butler				
LIMS Report #: 1220388					

DEP/DOH Use Only	
☐ Satisfactory	
Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	······································
DEP/DOH Reviewing Official:	



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

System Owner:

System Phone:

Collector/Phone:

Collection Addr:

System ID:

Submission ID:

P003781

County: Type of Supply: Escambia

Type of Sample:

Community Water System Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

Date Received: Date Analyzed:

6/30/2008 10:30:00AM Date Reported:

1170527

850-455-8552

T DELEON / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

6/30/2008 10:45:00AM 7/1/2008 12:23:43PM <10 On Ice

PEOPLES WATER SERVICE COMPANY

Sample Temp (°C): **Chlorine Check:** District:

Not Detected **Northwest District** 

**Collector Comments:** 

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	HYDRANT ON MILLS	6/30/2008 8:40AM		0.7	7.7	Absent			PED08004333
2B	402 MILLS	6/30/2008 8:45AM		0.7	7.7	Absent			PED08004334

Inh	Came	aantel	O	ılifiers
Lau	COLLIN	1011191	-cuc	かいたりき

Disinfectant Residuals Avg: Disinfectant Residuals Method: DPD Disinfectant Analysis Certified Operator #: 10012							
All Tests Performed in Accordance with NELAC Standards							
Coliform/E. Coli Method:	Readycult						
Authorized By:	Beverly Butler						
LIMS Report #:	1220389						

DEP/DOH Use Only	
☐ Satisfactory	·
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



## Water Main break/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.

The use of this form is recommended.

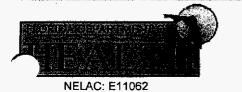
Once complete, please submit this form by FAX to DEP – NW District at (850) 595-8392, or email it <u>under subject heading "Trouble Report"</u> to: Krista.McGraw@dep.state.fl.us

For questions, please call (850) 595-8300 extension 1141.

Utility: Peoples Water Service Company of Florida, Inc.	PWS I.D. Number: <u>FL1170527</u>
Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)	Date: <u>6/27/08</u> Time: <u>9:00 am</u>
Reported by: Theo Deleon (Water Production Supervisor)	Phone: <u>850-455-8552 ext. 211</u>
Was the local Health Department notified? (PICK ONE) Yes	
Was water service interrupted? (PICK ONE) Yes If	Yes, was pressure zero or negative? (PICK ONE) NO
How long was service interrupted? Less than 1 hour	
Number of service connections affected? 4 Residential Connections	nections
Was a precautionary boil water notice issued (PBWN)? (PICK	CONE) Yes
Date issued: 6/27/08 How was it issued? (Circle al	that apply) Door Hangers
	: Employee delivery of information door to door
If PBWN was not issued, please explain why? NA	
respect to the capacity, size, type of material, and location/al	ertified for potable water use and must be "like for like" with ignment.
Water Main Break	
Address/Location of water main break: South Mills Aven	<u>ue</u>
Size of water main broken?3" AC	
Number and type of service connections affected? <u>4 PE resi</u>	dential connections
<u>Malfunction</u>	Maintenance
Zero pressure _XX _ Pressure below 20 psi Plant shut down	Clean aerator Clean storage tank
Chlorine residual below 0.2 free mg/L	H.S. Pump replacement
High service pump failure	Well pump replacement: Well #
Clarifier Failure Filtration system problem	Water main replacement
Well Pump Failure	Valve Replacement:
Location /	varve repracement.
Power outage	Other:
Chemical feed system failure: Chemical:	Odior.
	e provide turbidity chart to DEP)
Other:3" water main leak	
Corrective/Remedial Action being taken	·
Auxiliary power system on-lineBack-up chlor	rinator on-line X Water main flushing
Other: During repairs constant flow was maintained from pip	e and all parts/material used were disinfected prior to installation.
Estimated time for completion of repairs: Less than 1 hour	
Bacteriological samples required? (PICK ONE) Yes Num	ber of samples and date(s) of collection: (2) 6/29 & (2) 6/30, 2008
Chemical recheck samples required: Residual verified during	· · · · · · · · · · · · · · · · · · ·

Please fax bacteriological and chemical results and/or notice of rescission to (850) 595-8392 ASAP for DEP approval.

Also, please remember to report this event on your next Monthly Operating Report (MOR).



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003507

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

**System Phone:** 850-455-8552

Collector/Phone: Collection Addr: B HORTON / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed:

6/2/2008 9:21:00AM

Date Reported:

6/2/2008 9:50:00AM 6/3/2008 2:09:22PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

District:

Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	2617 SHERMAN AVENUE	6/1/2008 8:55AM		0.6	7.5	Absent			PED08003636
2	SAMPLE STA. 2603 SHERMA	N 6/1/2008 9:00AM		0.7	7.3	Absent			PED08003637
									Material and American Company of the

Lab Comments/Qualifier	5
------------------------	---

Disinfectant Residuals Avg Disinfectant Residuals Metl		DPD
Disinfectant Analysis Certif	ied Operator #:	10012
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	

1156431

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	

# Final

LIMS Report #:



NELAC: E11062

#### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003508

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone:

B HORTON / 850-455-8552

Collection Addr: 905 LOWNDE AVENUE Pensacola, FL 32507

Date Received:

6/2/2008 9:21:00AM 6/2/2008 9:50:00AM

Date Analyzed: Date Reported:

6/3/2008 2:09:23PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

District:

Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	2617 SHERMAN AVENUE	6/2/2008 8:40AM		0.6	7.5	Absent			PED08003638
2A	SAMPLE STA. 2603 SHERMAN	16/2/2008 8:45AM		0.5	7.3	Absent			PED08003639
Lab Comr	nents/Qualifiers:								

Disinfectant Residuals Avg	:	
Disinfectant Residuals Metl	hod:	DPD
Disinfectant Analysis Certif	ied Operator #:	1001
Ali Tests Performed in Acco	ordance with NELA	C Standards
Coliform/E. Coli Method:	Readycult	
•		

**Beverly Butler** 1156432

DEP/DOH Use Only	- <del>-</del>	
☐ Satisfactory		•
☐ Incomplete Collection Information		
Repeat Samples Required		
Replacement Samples Required		
Date Reviewed by DEP/DOH:		·
DEP/DOH Reviewing Official:		



**Authorized By:** 

LIMS Report #:

# Water Main Break/WTP Malfunction/Mainténance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.

The use of this form is recommended.

Once complete, please submit this form by FAX to DEP - NW District at (850) 595-8392, or email it <u>under subject heading "Trouble Report"</u> to: *Krista.McGraw@dep.state.fl.us*For questions, please call (850) 595-8300 extension 1141.

Utility: Peoples Water Service Company of Florida, Inc.	PWS I.D. Number: <u>FL1170527</u>
Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)	Date: <u>5/30/08</u> Time: <u>11:45am</u>
Reported by:Theo Deleon (Water Production Supervisor)	Phone: <u>850-455-8552 ext. 211</u>
Was the local Health Department notified? (PICK ONE) Yes	
Was water service interrupted? (PICK ONE) Yes If	Yes, was pressure zero or negative? (PICK ONE) NO
How long was service interrupted? Less than 1 hour	
Number of service connections affected? 11 Residential Con	nections
Was a precautionary boil water notice issued (PBWN)? (PICK	ONE) Yes
Date issued: 5/30/08 How was it issued? (Circle all	that apply) Door Hangers
	Employee delivery of information door to door
If PBWN was not issued, please explain why? <u>NA</u>	
Please note that all repair materials must be ANSI or NSF corespect to the capacity, size, type of material, and location/ali	
Water Main Break	
Address/Location of water main break: Sherman Avenue	
Size of water main broken? 3" PVC	
Number and type of service connections affected? 11 PE res	idential connections
- <b></b>	
Malfunction	Maintenance
Zero pressure XX Pressure below 20 psi	Clean aerator
Zero pressure XX Pressure below 20 psi Plant shut down	Clean aerator Clean storage tank
Zero pressure XX Pressure below 20 psi Plant shut down Chlorine residual below 0.2 free mg/L	Clean aerator Clean storage tank H.S. Pump replacement
Zero pressure XX Pressure below 20 psi Plant shut down Chlorine residual below 0.2 free mg/L High service pump failure Clarifier Failure Filtration system problem	Clean aerator Clean storage tank
Zero pressure XX Pressure below 20 psi Plant shut down Chlorine residual below 0.2 free mg/L High service pump failure Clarifier Failure Filtration system problem Well Pump Failure	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well #
Zero pressure XX Pressure below 20 psi Plant shut down Chlorine residual below 0.2 free mg/L High service pump failure Clarifier Failure Filtration system problem Well Pump Failure Location /	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well # Water main replacement Valve Replacement:
Zero pressure XX Pressure below 20 psi Plant shut down Chlorine residual below 0.2 free mg/L High service pump failure Clarifier Failure Filtration system problem Well Pump Failure Location / Power outage	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well # Water main replacement
Zero pressure XX Pressure below 20 psi Plant shut down Chlorine residual below 0.2 free mg/L High service pump failure Clarifier Failure Filtration system problem Well Pump Failure Location /	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well # Water main replacementValve Replacement:Other:
Zero pressure XX Pressure below 20 psi Plant shut down Chlorine residual below 0.2 free mg/L High service pump failure Clarifier Failure Filtration system problem Well Pump Failure Location / Power outage Chemical feed system failure: Chemical:	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well # Water main replacementValve Replacement:Other:
Zero pressure XX Pressure below 20 psi Plant shut down Chlorine residual below 0.2 free mg/L High service pump failure Clarifier Failure Filtration system problem Well Pump Failure Location / Power outage Chemical feed system failure: Chemical: Turbidity MCL violation Daily Monthly (please Other: 3" water main break	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well # Water main replacementValve Replacement:Other:
Zero pressureXX Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump Failure Location/Power outage Chemical feed system failure: Chemical:Turbidity MCL violationDailyMonthly (please Other:3" water main break  Corrective/Remedial Action being taken	Clean storage tank H.S. Pump replacement Well pump replacement: Well # Water main replacementValve Replacement:Other: provide turbidity chart to DEP)
Zero pressureXXPressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump Failure Location/Power outage Chemical feed system failure: Chemical:Turbidity MCL violationDailyMonthly (please Other:3" water main break	Clean aerator  Clean storage tank  H.S. Pump replacement  Well pump replacement: Well #  Water main replacement Valve Replacement: Other:  provide turbidity chart to DEP)  inator on-line  X_Water main flushing
Zero pressureXXPressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problem	Clean aerator  Clean storage tank  H.S. Pump replacement  Well pump replacement: Well #  Water main replacement Valve Replacement: Other:  provide turbidity chart to DEP)  inator on-line  X_Water main flushing
Zero pressureXXPressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problem	Clean storage tank  H.S. Pump replacement  Well pump replacement: Well #  Water main replacement  Valve Replacement:  Other:  provide turbidity chart to DEP)  inator on-line  X Water main flushing  I from pipe and all parts/material used were disinfected.
Zero pressureXXPressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problem	Clean storage tank  H.S. Pump replacement  Well pump replacement: Well #  Water main replacement  Valve Replacement:  Other:  provide turbidity chart to DEP)  inator on-line  X Water main flushing  from pipe and all parts/material used were disinfected.

Please fax bacteriological and chemical results and/or notice of rescission to (850) 595-8392 ASAP for DEP approval.



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Submission ID:

P003396

County:

Escambia

Type of Supply: Type of Sample: Community Water System

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

1170527 System ID:

System Phone: 850-455-8552

Collector/Phone: **Collection Addr:** 

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

5/16/2008 9:03:00AM

Date Analyzed: Date Reported:

5/16/2008 12:00:00PM 5/19/2008 9:17:41AM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

**Collector Comments:** 

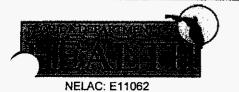
PLEASE CALL THEO DELEON @ 221-9452 OR 791-4127 WITH RESULTS

1000										
Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	HYD- ALBA PLENA & RUBER	RIA 5/15/2008	6:20PM		0.5	7.3	Absent	1781 PT 10 1 1 1 2 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1	ett och i Administra i seka Tranga del America i Sakon	PED08003288
2	505 ALBA PLENA	5/15/2008	6:25PM		0.6	7.2	Absent			PED08003289
3	207 ADA WILSON	5/15/2008	6:30PM	•	0.4	7.2	Absent			PED08003290
4	220 ADA WILSON	5/15/2008	6:35PM		0.5	7.3	Absent			PED08003291

#### Comments/Qualifiers:

Disinfectant Residuals Avg	<b>:</b> ,	
Disinfectant Residuals Meti	hod:	DPD
Disinfectant Analysis Certif	ied Operator #:	12704
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	1122724	
_		*** ****** ****************************

DEP/DOH Use Only		
☐ Satisfactory		
☐ Incomplete Collection Information		
Repeat Samples Required		
Replacement Samples Required		
Date Reviewed by DEP/DOH:	<u> </u>	
DEP/DOH Reviewing Official:	•	



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P003397

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVENUE

Pensacola, FL 32507

**Date Received:** 

5/16/2008 9:03:00AM

Date Analyzed:

5/16/2008 12:00:00PM

Date Reported: Sample Temp (°C): 5/19/2008 9:17:41AM <10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

**Collector Comments:** 

PLEASE CALL THEO DELEON @ 221-9452 OR 791-4127 WITH RESULTS

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	HYD-ALBA PLENA & RUBERIA	5/16/2008	8:44AM	1141146-14 - 15 - 14 - 14 - 14 - 14 - 14 - 14 -	0.4	7.5	Absent			PED08003292
2A	505 ALBA PLENA	5/16/2008	8:48AM		0.5	7.4	Absent			PED08003293
3A	207 ADA WILSON	5/16/2008	8:52AM		0.4	7.4	Absent			PED08003294
4A	220 ADA WILSON	5/16/2008	8:55AM		0.5	7.5	Absent			PED08003295
	Hillio - 2 Delete to a melino a minimo no meladital bonno a communicipal de la communicación de la communi									

#### Comments/Qualifiers:

Disinfectant Residuals Avg:		
Disinfectant Residuals Metho	đ:	DPD
Disinfectant Analysis Certifie	d Operator #:	12704
All Tests Performed in Accord	lance with NELAC Star Readycult	idards

**Authorized By:** Beverly Butler LIMS Report #: 1122725

	DEP/DOH Use Only
	☐ Satisfactory
	☐ Incomplete Collection Information
	Repeat Samples Required
	Replacement Samples Required
	Date Reviewed by DEP/DOH:
Ì	DEP/DOH Reviewing Official:

# Water Main Break/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.

The use of this form is recommended.

Once complete, please submit this form by FAX to DEP - NW District at (850) 595-8392, or email it <u>under subject heading "Trouble Report"</u> to: Krista.McGraw@dep.state.fl.us

For questions, please call (850) 595-8300 extension 1141.

Utility: Peoples Water Service Company of Florida, Inc.	PWS I.D. Number: <u>FL1170527</u>
Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)	Date: <u>5/16/08</u> Time: <u>8:30am</u>
Reported by: Theo Deleon (Water Production Supervisor)	Phone: <u>850-455-8552 ext. 211</u>
Was the local Health Department notified? (PICK ONE) Yes	
Was water service interrupted? (PICK ONE) Yes If	Yes, was pressure zero or negative? (PICK ONE) NO
How long was service interrupted? Less than 2 hour	
Number of service connections affected? 40 Residential Serv	rices/Connections
Was a precautionary boil water notice issued (PBWN)? (PICK	ONE) Yes
Date issued: 5/15/08 How was it issued? (Circle all	<del></del>
Other:	Employee delivery of information door to door
If PBWN was not issued, please explain why? NA	
Please note that all repair materials must be ANSI or NSF ce respect to the capacity, size, type of material, and location/alignments	
Water Main Break	
Address/Location of water main break:Intersec	ction of Ruberia Avenue & Alba Plena Street
Size of water main broken? 6" AC	
Number and type of service connections affected? <u>40 PE Ser</u>	rvice Connections
Malfunction	Maintenana
	Maintenance Clean courter
Zero pressure XX Pressure below 20 psi Plant shut down	Clean aeratorClean storage tank
Chlorine residual below 0.2 free mg/L	H.S. Pump replacement
High service pump failure	Well pump replacement: Well #
Clarifier FailureFiltration system problem	Water main replacement
Well Pump Failure	Valve Replacement:
Location/ Power outage	Other:
Chemical feed system failure: Chemical:	Outer.
Turbidity MCL violation Daily Monthly (please	provide turbidity chart to DEP)
Other: Contractor working in the area damaged the 6" AC w	ater main
Corrective/Remedial Action being taken	
Associtions nowser exerten on the Destruction	
Auxiliary power system on-lineBack-up chlor	inator on-line X Water main flushing
— ·· · — ·	
Other: Maintained constant flow from pipe and all parts/mater	
Other: Maintained constant flow from pipe and all parts/mater  Estimated time for completion of repairs: Less than 2 hour	

Please fax bacteriological and chemical results and/or notice of rescission to (850) 595-8392 ASAP for DEP approval.



## Department of Health

#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003225

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: System Phone: 1170527

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

4/23/2008 11:03:00AM

Date Analyzed: Date Reported: 4/23/2008 11:40:00AM 4/24/2008 1:53:20PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

Not Detected

District:

Northwest District

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	HYDRANT LAKESIDE	4/22/2008 2:35PM		0.4	7.5	Absent		e .	PED08002787
2	F/O ON END OF MAIN	4/22/2008 2:45PM		0.4	7.5	Absent			PED08002788

Lab Co	omments	:/Qua	lifiers
--------	---------	-------	---------

Disinfectant Residuals Methodisinfectant Residuals Methodisinfectant Analysis Certif	nod:	DPD 12704
All Tests Performed in Acco	•	
Authorized By: LIMS Report #:	Beverly Butler 1067770	

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	*





## Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003226

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

**System Phone:** 850-455-8552

Collector/Phone: Collection Addr: R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

4/23/2008 11:03:00AM

Date Analyzed: Date Reported: 4/23/2008 11:40:00AM 4/24/2008 1:53:20PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

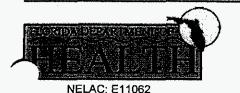
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1 <b>M</b>	HYDRANT ON LAKESIDE	4/23/2008 9:45AM		0.5	7.4	Absent			PED08002789
2M	F/O ON END MAIN	4/23/2008 9:35AM		0.5	7.4	Absent			PED08002790

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg:		
Disinfectant Residuals Meth	od:	DPD
Disinfectant Analysis Certifi	12704	
All Tests Performed in Acco	rdance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	1067772	·

DEP/DOH Use Only		
☐ Satisfactory		
Incomplete Collection Information		
☐ Repeat Samples Required	•	
Replacement Samples Required		
Date Reviewed by DEP/DOH:	<del> </del>	
DEP/DOH Reviewing Official:		





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003175

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

stem Phone: 850-455-8552

System Phone: 85

Collector/Phone: Collection Addr: G LEATHERBERRY / 850-455-8552

Addr: 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 4/16/2008 1:41:00PM

Date Reported:

4/16/2008 2:10:00PM 4/17/2008 3:56:50PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1H	1060 HARBORVIEW	4/15/2008 3:4		0.5	7.7	Absent			PED08002644
2H	1010 HARBORVIEW	4/15/2008 3:4:	5PM	0.4	7.6	Absent			PED08002645
	ents/Qualifiers:	The state of the s	and the state of t	made announcement appear of 1111	THE STATE OF THE STATE OF THE STATE OF	The second section is a second section to the second			

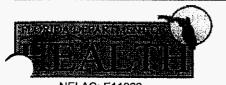
Disinfectant Residuals Avg	:	
Disinfectant Residuals Met	nod:	DPD
Disinfectant Analysis Certif	12704	
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	•
Authorized By:	Beverly Butler	

1051931

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	٠
Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



LIMS Report #:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P003176

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

G LEATHERBERRY / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

**Date Received:** Date Analyzed: 4/16/2008 1:41:00PM

Date Reported:

4/16/2008 2:10:00PM 4/17/2008 3:56:50PM

Sample Temp (°C): Chiorine Check:

<10 On Ice Not Detected

District:

**Northwest District** 

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Ci	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1HC	1060 HARBORVIEW	4/16/2008 10:36AM		0.5	7.6	Absent			PED08002646
2HC	1010 HARBORVIEW	4/16/2008 10:40AM		7.7	7.7	Absent			PED08002647
	nents/Qualifiers:		16.16.66			attation to the formation			

001	INITION	, 46	11013

Disinfectant Residuals Avg	•			
<b>Disinfectant Residuals Metl</b>	hod:	DPD		
Disinfectant Analysis Certified Operator #:				
All Tests Performed in Acco	ordance with NELAC	Standards		
Coliform/E. Coli Method:	Readycult			

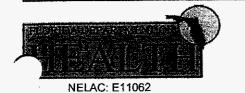
**Beverly Butler** 

1051932

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

**Authorized By:** 

LIMS Report #:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003078

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

**Collector Comments:** 

Main Clearance

Report To:

THEO DELEON P O BOX 4815

PEOPLES WATER SERVICE CO

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

1170527 System ID:

System Phone:

850-455-8552

Collector/Phone: B HORTON / 850-455-8552 Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

4/4/2008 9:11:00AM

Date Analyzed: Date Reported: 4/4/2008 9:17:00AM 4/5/2008 3:30:37PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

**Northwest District** 

PLEASE CALL THEO WITH RESULTS @ 221-9452 OR 791-4127. PEOPLES WATER

SERVICE ISSUED A PRECAUTIONARY BOIL WATER NOTICE.

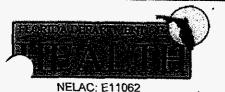
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1 2	610A S PAULDING 616 S PAULDING	4/4/2008 8:12AM 4/4/2008 8:15AM	e challen Sout y (Mahr) (Hall) S	0.5 0.5	7.4 7.3	Absent Absent			PED08002375 PED08002376

Lab Comments/Qualifiers:

415/08 Reported by BB @ 10:40am. &



Disinfectant Residuals Avg Disinfectant Residuals Metl Disinfectant Analysis Certit	hod:	DPD 10012	DEP/DOH Use Only  ☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco Coliform/E. Coli Method:	rdance with NELAC Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 1023249	·	DEP/DOH Reviewing Official:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P003063

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

850-455-8552 System Phone:

Collector/Phone: Collection Addr:

B HORTON / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

4/3/2008 10:30:00AM

Date Analyzed: Date Reported: 4/3/2008 10:32:00AM 4/4/2008 12:07:13PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

District:

Not Detected Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	610A S. PAULDING	8/30/2008 12:10PM		0.6	7.4	Absent			PED08002304
2	616 S PAULDING	4/3/2008 8:39AM		0.6	7.0	Absent		-	PED08002305
	Service of the formation of the formation of the service of the se		, ,,********** ···· ·		, I felell femiles.				
Lah Comm	ents/Qualifiers:								

		•	

Disinfectant Residuals Avg. Disinfectant Residuals Method:	DPD
Disinfectant Analysis Certified Operator #:	1001
All Tasts Performed in Accordance with NELAC	Standarde

Coliform/E. Coli Method:

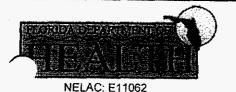
Readycult

**Authorized By:** LIMS Report #:

**Beverly Butler** 

1021927

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
☐ Replacement Samples Required Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P003064

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 117

1170527

System Phone:

850-455-8552

Collector/Phone:

B HORTON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

4/3/2008 10:30:00AM

Date Analyzed: Date Reported: 4/3/2008 10:32:00AM

Sample Temp (°C):

4/4/2008 12:07:13PM

Chlorine Check:

<10 On Ice Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	На	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	1520 S FAIRFIELD DR	4/3/2008 8:50AM	7	0.4	7.2	Absent	,		PED08002306
2A	1520 S FAIRFIELD DR	4/3/2008 8:57AM		0.4	7.1	Absent			PED08002307

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg	:	
Disinfectant Residuals Met	hod:	DPD
Disinfectant Analysis Certif	ied Operator #:	10012
All Tests Performed in Acco	ordance with NELAC	Standards
Caliform/E. Cali Method:	Readycult	
Authorized By:	Beverly Butler	

1021928

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	
☐ Repeat Samples Required	
Replacement Samples Required Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	

# final

LIMS Report #:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, Ft. 32501

Phone: 850-595-8895

Submission ID:

P002964

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

850-455-8552 System Phone:

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

3/25/2008 9:47:00AM

Date Analyzed: Date Reported: 3/25/2008 10:15:00AM 3/26/2008 12:07:12PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

Collect ID	Sample Point	Date Collected	_ ``	aw )ist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	HYDRANT ON ELITE PBWN	3/24/2008	6:16PM		0.5	7.3	Absent			PED08002058
2	HYD. ON GBH @ TANK PBWN	3/24/2008	6:23PM		0.6	7.0	Absent			PED08002059
3	HYD ON GBH-BOAT YARD PB	3/24/2008	6:35PM		0.6	6.9	Absent			PED08002060

1	_ab	Comr	nents/	Qual	ifiers

Disinfectant Residuals Avg Disinfectant Residuals Mett Disinfectant Analysis Certif	nod:	DPD 12704
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	997738	

DEP/DOH Use Only	
☐ Satisfactory	
Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required	
Date Reviewed by DEP/DOH:	· · · · · · · · · · · · · · · · · · ·
DEP/DOH Reviewing Official:	
DEF/DOM Neviewing Omcias.	- · · · · · · · · · · · · · · · · · · ·



## Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002965

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: Collector/Phone: 850-455-8552

Collection Addr:

**GARY LEATHERBERRY / 850-455-8552** 

905 LOWNDE AVENUE Pensacola, FL 32507

Date Received:

3/25/2008 9:47:00AM

Date Analyzed: Date Reported: 3/25/2008 10:15:00AM 3/26/2008 12:07:12PM

Sample Temp (°C):

<10 On Ice

**Chiorine Check:** 

Not Detected

District:

Northwest District

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	рΗ	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	HYDRANT ON ELITE PBWN		9:09AM		0.5	6.9	Absent			PED08002061
2A	HYD ON GBH @ TANK PBWN	3/25/2008	9:15AM		0.6	6.6	Absent			PED08002062
3A	HYD ON GBH-BOAT YARD PB	3\3/25/2008	9:23AM		0.6	6.6	Absent			PED08002063
				* have an amount of 1110						

Lab (	Comment	s/Qua	ttiers:
-------	---------	-------	---------

Disinfectant Residuals Avg		
Disinfectant Residuals Metl	nod:	DPD
Disinfectant Analysis Certif	ied Operator #:	12704
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
I IMS Report #	997739	

DEP/DOH Use Only	•
☐ Satisfactory	
☐ Incomplete Collection Information	
Repeat Samples Required	
Replacement Samples Required Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	. <u>.</u> .

# Water Main break/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.

The use of this form is recommended.

Once complete, please submit this form by FAX to DEP – NW District at (850) 595-8392, or email it <u>under subject heading "Trouble Report"</u> to: *Krista.McGraw@dep.state.fl.us*For questions, please call (850) 595-8300 extension 1141.

Utility: Peoples Water Service Company of Florida, Inc.	PV	VS I.D. Number: <u>FL11705</u>	27
Reported to: Krista McGraw (DEP) & Steve Metzler (DOI	<u>D</u>	ite: <u>3/25/08</u> Time: <u>8:</u>	:15am
Reported by: Theo Deleon (Water Production Supervisor)	Ph	one: 850-455-8552 ext. 2	211
Was the local Health Department notified? (PICK ONE) Ye			
* · · · · · · · · · · · · · · · · · · ·	- If Yes, was pressure zero or nega	ative? (PICK ONE) NO	
How long was service interrupted? Less than 2 hour	ix 1 cs, was prossure zero or neg-	111012 0 1127 1 10	
T T T T T T T T T T T T T T T T T T T		<b></b>	
Number of service connections affected? 10 Residential C	•	onnections	
Was a precautionary boil water notice issued (PBWN)? (PIC	<del></del>		
	ill that apply) Door Hangers		
ICDDW/NI get icaned whose overlain video NA	er: Employee delivery of info		
If PBWN was not issued, please explain why? NA			
Please note that all repair materials must be ANSI or NSF respect to the capacity, size, type of material, and location/		ind must be "like for like"	with
Water Main Break			
Address/Location of water main break: Elite Road			
Size of water main broken? 12" PVC			
Number and type of service connections affected? 10 PE	esidential connections and 2 con	nmercial connections	
<u>Malfunction</u>	<u>Maintenance</u>		
Zero pressure XX Pressure below 20 psi	Clean aerator		
Plant shut down	Clean storage tank		
Chlorine residual below 0.2 free mg/L	H.S. Pump replacement	37.411 #	
High service pump failure Clarifier Failure Filtration system problem	Well pump replacement: Water main replacement	N 611 #	
Well Pump Failure	Valve Replacement:		
Location /	valve replacement.		
Power outage	Other:		
Chemical feed system failure: Chemical:			
Turbidity MCL violation Daily Monthly (plea	se provide turbidity chart to DE	P)	
Other: 12" water main leak			
Corrective/Remedial Action being taken			
Auxiliary power system on-lineBack-up ch	orinator on-line <u>X</u> Wate	main flushing	
Other: During repairs constant flow was maintained from p	pe and all parts/material used w	eres disinfected.	
Estimated time for completion of repairs: Less than 2 hour			
Bacteriological samples required? (PICK ONE) Yes Nu	nber of samples and date(s) of o	ollection: (3) 3/24 & (3) 3	/25, 2008
Chemical recheck samples required: Residual verified during	o maintenance after maintenan	ce and during Bact samplir	ıø

Please fax bacteriological and chemical results and/or notice of rescission to (850) 595-8392 ASAP for DEP approval.

Also, please remember to report this event on your next Monthly Operating Report (MOR).



## Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002885

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone: Collector/Phone:

850-455-8552 R BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

3/17/2008 10:45:00AM

Date Analyzed: Date Reported: 3/17/2008 11:40:00AM 3/18/2008 4:31:31PM

Sample Temp (°C): Chlorine Check: <10 On Ice

District:

Not Detected Northwest District

**Collector Comments:** 

Lab Comments/Qualifiers:

**PBWN CLEARANCE** 

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.colì	HPC cfu/mL	Lab ID
1	BAINBRIDGE #1920	3/17/2008 9:20AM		0.6	7.2	Absent			PED08001826
2	BAINBRIDGE #1919	3/17/2008 9:25AM		0.6	7.2	Absent			PED08001827
tota deserving an account of the state of the	* .tat								

Disinfectant Residuals Avg	A variet i kreg von voorffeelff feregen vorkeeren en 11997 i Historiaan bis skeiffest 1917	
Disinfectant Residuals Meth		DPD
Disinfectant Analysis Certif	ied Operator #:	12704
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	

Beverly Butler

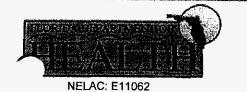
981443

DEP/DOH Use Only		
☐ Satisfactory		
☐ Incomplete Collection Information		
Repeat Samples Required		
Replacement Samples Required		
Date Reviewed by DEP/DOH:	 	
DEP/DOH Reviewing Official:	 	

# final

Authorized By:

LIMS Report #:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Submission ID:

P002908

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received: Date Analyzed: 3/18/2008 2:05:00PM

Date Reported:

3/18/2008 2:30:00PM 3/19/2008 3:41:45PM

Sample Temp (°C):

<10 On Ice

**Chlorine Check:** 

Not Detected

District:

Northwest District

Collect ID	Sample Point	Date Collected		Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
18	PBWN BAINBRIDGE #1919	3/18/2008			0.6	7.6	Absent		take	PED08001896
2B	PBWN BAINBRIDGE #1920	3/18/2008	8:54AM		0.6	7.6	Absent			PED08001897
	a months a consequence of consequence of the conseq			W		***************************************	er man i de man er merkedenden fler besker. I de	· · · · · · · · · · · · · · · · · · ·		

Disinfectant Residuals Avg Disinfectant Residuals Metl Disinfectant Analysis Certif	nod:	DPD 12704	DEP/D
All Tests Performed in Acco	rdance with NELAC Readycult	Standards	☐ Rep ☐ Rep Date Re
Authorized By: LIMS Report #:	Beverly Butler 984460		DEP/DO

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Informati	on
☐ Repeat Samples Required	
Replacement Samples Require	od.
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	

# Water Main break/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.

The use of this form is recommended.

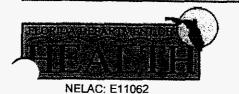
Once complete, please submit this form by FAX to DEP – NW District at (850) 595-8392, or email it under subject heading "Trouble Report" to: Krista.McGraw@dep.state.fl.us

For questions, please call (850) 595-8300 extension 1141.

Utility: Peoples Water Service Company of Florida, Inc.	PWS I.D. Number: <u>FL1170527</u>
Reported to: Krista McGraw (DEP) & Steve Metzler (DO	H) Date: 3/14/08 Time: 4:00pm
Reported by: _Theo Deleon (Water Production Supervisor)	Phone: <u>850-455-8552 ext. 211</u>
Was the local Health Department notified? (PICK ONE) Ye	<u>es</u>
Was water service interrupted? (PICK ONE) Yes	If Yes, was pressure zero or negative? (PICK ONE) NO
How long was service interrupted? Less than 2 hour	
Number of service connections affected? 3 Residential Se	rvices/Connections
Was a precautionary boil water notice issued (PBWN)? (PIC	CK ONE) Yes
Date issued: 3/14/08 How was it issued? (Circle	all that apply) Door Hangers
Oth  If PBWN was not issued, please explain why? NA	er: Employee delivery of information door to door
111 D W A Was not issued, prease explain why: 1172	
	certified for potable water use and must be "like for like" with
respect to the capacity, size, type of material, and location	alignment.
Water Main Break	
Address/Location of water main break: Bain	bridge Avenue
Size of water main broken? 6" PVC	
Number and type of service connections affected? <u>3 PE S</u>	ervice Connections
Malfunction	Maintonopeo
Malfunction  Zero pressure XX Pressure below 20 psi	Maintenance Clean perator
Malfunction  Zero pressure XX Pressure below 20 psi Plant shut down	Maintenance  Clean aerator  Clean storage tank
Zero pressure XX Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/L	Clean aerator Clean storage tank H.S. Pump replacement
Zero pressure XX Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failure	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well #
Zero pressure XX Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problem	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well # Water main replacement
Zero pressure XX Pressure below 20 psi Plant shut down Chlorine residual below 0.2 free mg/L High service pump failure Clarifier Failure Filtration system problem Well Pump Failure	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well #
Zero pressure _XX _ Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump Failure/	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well # Water main replacement Valve Replacement:
Zero pressure _XX _ Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump Failure/Power outage	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well # Water main replacement
Zero pressureXXPressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump Failure/	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well # Water main replacement Valve Replacement: Other:
Zero pressure _XX _ Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump Failure/Power outageChemical feed system failure: Chemical:	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well # Water main replacement Valve Replacement: Other: ase provide turbidity chart to DEP)
Zero pressure XX Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump FailureLocation/Power outageChemical feed system failure: Chemical:Turbidity MCL violationDailyMonthly (ple	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well # Water main replacement Valve Replacement: Other: ase provide turbidity chart to DEP)
Zero pressure XX Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump FailureLocation/Power outageChemical feed system failure: Chemical:Turbidity MCL violationDailyMonthly (ple	Clean aerator Clean storage tank H.S. Pump replacement Well pump replacement: Well # Water main replacement Valve Replacement: Other: ase provide turbidity chart to DEP)
Zero pressure XX Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump FailureLocation/Power outageChemical feed system failure: Chemical:Turbidity MCL violationDailyMonthly (ple Other:6" AC Water Main Repair at Bainbridge Avenue Corrective/Remedial Action being takenAuxiliary power system on-lineBack-up ch	Clean aeratorClean storage tankH.S. Pump replacementWell pump replacement: Well #Water main replacementValve Replacement:Other:ase provide turbidity chart to DEP)
Zero pressure _XX _ Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump FailureLocation/Power outageChemical feed system failure: Chemical:Turbidity MCL violationDailyMonthly (ple Other:6" AC Water Main Repair at Bainbridge Avenue  Corrective/Remedial Action being taken	Clean aeratorClean storage tankH.S. Pump replacementWell pump replacement: Well #Water main replacementValve Replacement:Other:ase provide turbidity chart to DEP)
Zero pressure XX Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump FailureLocation/Power outageChemical feed system failure: Chemical:Turbidity MCL violationDailyMonthly (ple Other:6" AC Water Main Repair at Bainbridge Avenue Corrective/Remedial Action being takenAuxiliary power system on-lineBack-up ch	Clean storage tank  H.S. Pump replacement  Well pump replacement: Well #  Water main replacement  Valve Replacement:  Other:  ase provide turbidity chart to DEP)  Clorinator on-line  X Water main flushing  intained and all parts/material were disinfected
Zero pressureXX Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump Failure Location/Power outageChemical feed system failure: Chemical:Turbidity MCL violationDailyMonthly (ple Other:6" AC Water Main Repair at Bainbridge Avenue	Clean storage tank  H.S. Pump replacement  Well pump replacement: Well #  Water main replacement  Valve Replacement:  Other:  ase provide turbidity chart to DEP)  Clorinator on-line  X Water main flushing  intained and all parts/material were disinfected
Zero pressureXX Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump Failure Location/Power outageChemical feed system failure: Chemical:Turbidity MCL violationDailyMonthly (ple Other:6" AC Water Main Repair at Bainbridge Avenue	Clean storage tank  H.S. Pump replacement  Well pump replacement: Well #  Water main replacement  Valve Replacement:  Other:  asse provide turbidity chart to DEP)  Clorinator on-line  X Water main flushing  intained and all parts/material were disinfected
Zero pressure XX Pressure below 20 psiPlant shut downChlorine residual below 0.2 free mg/LHigh service pump failureClarifier FailureFiltration system problemWell Pump FailureLocation/Power outageChemical feed system failure: Chemical:/Turbidity MCL violation Daily Monthly (ple Other:6" AC Water Main Repair at Bainbridge Avenue	Clean storage tank  H.S. Pump replacement  Well pump replacement: Well #  Water main replacement  Valve Replacement:  Other:  asse provide turbidity chart to DEP)  Clorinator on-line  X Water main flushing  intained and all parts/material were disinfected

Please fax bacteriological and chemical results and/or notice of rescission to (850) 595-8392 ASAP for DEP approval.

Alen mianca ramambar to remort this event on vour next Monthly Amerating Denort (MAD)



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002880

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

850-455-8552

System Phone: Collector/Phone:

BUD HORTON / 850-455-8552

Collection Addr:

905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

3/14/2008 9:53:00AM

Date Analyzed: Date Reported: 3/14/2008 11:42:00AM

Sample Temp (°C):

3/17/2008 8:11:56AM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

**Collector Comments:** 

PLEASE CALL THEO @ 221-9452 WITH RESULTS

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	THAYER 208	3/14/2008 9:15AM		0.4	7.5	Absent			PED08001812
2A	THAYER 200	3/14/2008 9:20AM		0.4	7.5	Absent			PED08001813
	nents/Qualifiers:	M. i	miryangi menusi da kebudukan munguk <sup>an d</sup>		lat turbanakan ar turbana	**************************************	ang Parties - Park Jahan Radah Lauren -		

Disinfectant Residuals Avg Disinfectant Residuals Met Disinfectant Analysis Certif	nod:	DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information	
All Tests Performed in Acco Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:	
Authorized By: IMS Report#:	Beverly Butler 975746		DEP/DOH Reviewing Official:	



#### **Bureau of Laboratories - Pensacola**

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002877

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone:

Collector/Phone:

G LEATHERBERRY / 850-455-8552

P O BOX 4815 Collection Addr:

Pensacola, FL 32507

Date Received:

3/13/2008 2:03:00PM

Date Analyzed:

3/13/2008 2:21:00PM

Date Reported:

3/14/2008 2:00:24PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

Not Detected

District:

**Northwest District** 

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
. 1	THAYER 208 THAYER 200	3/13/2008 1:35PM 3/13/2008 1:40PM		0.5 0.5	7.4 7.4	Absent Absent			PED08001807 PED08001808
	ents/Qualifiers:	1991-salati dan maga di Ni Pilikaka kacama magaja yi Ni. Sada ma magaja ng ga				consequent regular, p. 14 Miles of ALI Labor conservations			

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:		DPD 12704	DEP/DOH Use Only  ☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 974825		DEP/DOH Reviewing Official:

# Water Main break/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.

The use of this form is recommended.

Once complete, please submit this form by FAX to DEP – NW District at (850) 595-8392, or email it <u>under subject heading "Trouble Report"</u> to: *Krista.McGraw@dep.state.fl.us*For questions, please call (850) 595-8300 extension 1141.

Utility: Peoples Water Service Company of Florida, Inc.	PWS I.D. Number: <u>FL1170527</u>
Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)	Date: 3/13/08 Time: 11:45am
Reported by: Theo Deleon (Water Production Supervisor)	Phone: <u>850-455-8552 ext. 211</u>
Was the local Health Department notified? (PICK ONE) Yes	
Was water service interrupted? (PICK ONE) Yes If Yes	s, was pressure zero or negative? (PICK ONE) NO
How long was service interrupted? Less than 1 hour	
Number of service connections affected? 25 Residential Connec	ctions
Was a precautionary boil water notice issued (PBWN)? (PICK O	NE) Yes
Date issued: 3/13/08 How was it issued? (Circle all that	at apply) Door Hangers
Other: Other: Other: Other: NA	Employee delivery of information door to door
II TO WIN was not issued, please explain why:NA	
Please note that all repair materials must be ANSI or NSF certij	
respect to the capacity, size, type of material, and location/align	ment.
Water Main Break	
Address/Location of water main break: Thayer Avenue	
Size of water main broken? 3" AC	
Number and type of service connections affected? <u>25 PE reside</u>	ntial connections
No se atom.	- t- 4
<del></del>	<u>class a sector</u>
Zero pressure XX Pressure below 20 psi Plant shut down	_Clean aerator Clean storage tank
Chlorine residual below 0.2 free mg/L	H.S. Pump replacement
High service pump failure	Well pump replacement: Well #
<del></del>	Water main replacement
<del></del> •	_Valve Replacement:
Location/ Power outage	Other:
Chemical feed system failure: Chemical:	
Turbidity MCL violation Daily Monthly (please pr	
Other: 4" water main isolated during an additional valve install	ation
Corrective/Remedial Action being taken	Annual line W Water main flushing
Auxiliary power system on-lineBack-up chloring	
Other: During emergency repair constant flow was maintained fi	om pipe and all parts/material used were disinfected.
Estimated time for completion of repairs: Less than 1hour	
Bacteriological samples required? (PICK ONE) Yes Number	of samples and date(s) of collection: (2) 3/13 & (2) 3/14, 2008
— Chemical recheck samples required: Residual verified during ma	

Please fax bacteriological and chemical results and/or notice of rescission to (850) 595-8392 ASAP for DEP approval.

Also relace remember to renest this event on vour next Monthly Orangting Denort MOD)



## Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002827

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone: G LEATHERBERRY / 850-455-8552

Collection Addr: 905 LOWNDE AVENUE

Pensacola, FL 32507

Date Received:

3/11/2008 9:41:00AM

Date Analyzed: Date Reported: 3/11/2008 10:12:00AM 3/12/2008 11:59:46AM

Sample Temp (°C): Chlorine Check: <10 On Ice

Chiorine Check:

Not Detected

District:

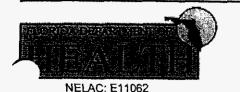
Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	TOP RUNYAN	3/11/2008 8:5		0.6	7.6	Absent	TO THE PERSON NAMED IN COLUMN ASSESSMENT		PED08001678
2	BOTTOM RUNYAN	3/11/2008 8:5	2AM	0.6	7.6	Absent			PED08001679
	ments/Qualifiers:		HI I II aa aa aa aa aa aa aa ay ay ay ay Mii Malayaa aa ay gaa aa ay	William VIII - Stade I	***************************************	HI. lak	Habi and babband and bear arrays.	Manager 1977 (1977) (1978) (1984) (1977) (1978)	halladanan majayayyyy oʻdadanan manan sajay sajay y

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #: All Tests Performed in Accordance with NELAC S Coliform/E. Colí Method: Readycult		DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
		Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 966994		DEP/DOH Reviewing Official:

# Final



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002819

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone:

G LEATHERBERRY / 850-455-8552

Collection Addr: 5905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

3/10/2008 10:51:00AM

Date Analyzed: Date Reported: 3/10/2008 11:14:00AM

Sample Temp (°C):

3/11/2008 12:39:52PM <10 On Ice

**Chlorine Check:** 

Not Detected

District:

**Northwest District** 

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	RUNYAN TOP	3/10/2008 9:30AM		0.5	7.8	Absent			PED08001654
2	RUNYAN BOTTOM	3/10/2008 9:31AM		0.5	7.8	Absent			PED08001655
	nents/Qualifiers:		SET OF AN EXPERIENCE SHARE CONTRACTOR OF THE SET OF THE		F1 ( ) desired ( )	. Indiana i i i i i i i i i i i i i i i i i i	Andread the State of the State		to A continuous (PMS) Phillippe Continues (Continues Continues Con

Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:		DPD 12704	DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
All Tests Performed in Acco Coliform/E. Coli Method:	ordance with NELAC Readycult	Standards	☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 964772		DEP/DOH Reviewing Official:

# Water Main break/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.

The use of this form is recommended.

Once complete, please submit this form by FAX to DEP - NW District at (850) 595-8392, or email it <u>under subject heading "Trouble Report"</u> to: Krista.McGraw@dep.state.fl.us

For questions, please call (850) 595-8300 extension 1141.

Utility: Peoples Water Service Company of Florida, Inc.	PWS I.D. Number: <u>FL1170527</u>
Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)	Date: 3/10/08 Time: 9:00am
Reported by: Theo Deleon (Water Production Supervisor)	Phone: <u>850-455-8552 ext. 211</u>
Was the local Health Department notified? (PICK ONE) Yes	
Was water service interrupted? (PICK ONE) Yes If Yes, was pressure zer	o or negative? (PICK ONE) NO
How long was service interrupted? <u>Less than 1 hour</u>	
Number of service connections affected? 12 Residential Services/Connections	
Was a precautionary boil water notice issued (PBWN)? (PICK ONE) Yes	
Date issued: 3/10/08 How was it issued? (Circle all that apply) Door H	
	y of information door to door
If PBWN was not issued, please explain why? <u>NA</u>	
Please note that all repair materials must be ANSI or NSF certified for potable we respect to the capacity, size, type of material, and location/alignment.	ater use and must be "like for like" with
Water Main Break	
Address/Location of water main break: North Runyan Ave	
Size of water main broken? 4" PVC	
Number and type of service connections affected? 12 PE Service Connections	
Malfunction Maintenance	
Zero pressure XX Pressure below 20 psi Clean aerator	
Plant shut downClean storage tar	ık
Chlorine residual below 0.2 free mg/L H.S. Pump replacement	
	cement: Well #
Clarifier Failure Filtration system problem Water main repla	
Well Pump FailureValve Replaceme	ent:
Location/ Power outage Other:	
Chemical feed system failure: Chemical:	
Turbidity MCL violationDailyMonthly (please provide turbidity ch	art to DEP)
Other: 4" PVC Water Main Project Connection N. Runyan Avenue	-
Corrective/Remedial Action being taken	
Auxiliary power system on-lineBack-up chlorinator on-line	X Water main flushing
Other: During connection constant flow from pipe was maintained and all parts/ma	aterial were disinfected
Estimated time for completion of repairs: Less than 1 hour	
Bacteriological samples required? (PICK ONE) Yes Number of samples and da	te(s) of collection: <u>(3) 3/10 &amp; (3) 3/11, 2008</u>
– Themical recheck samples required: <u>Residual verified during maintenance, after m</u>	aintenance, and during Bact sampling

Please fax bacteriological and chemical results and/or notice of rescission to (850) 595-8392 ASAP for DEP approval.

Also places remember to report this event on vour part Monthly Operating Deport (MOD)



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

NELAC: E11062

Submission ID:

P002501

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 Phone: 850-595-8895
System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone: 850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr: 905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

1/29/2008 9:18:00AM

Date Analyzed:

1/29/2008 10:00:00AM

Date Reported: Sample Temp (°C): 1/30/2008 12:37:30PM <10 On Ice

Chlorine Check:

<10 On Not Detected

District:

Northwest District

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.colì	HPC cfu/mL	Lab ID
1	304 HERMEY		40AM	0.4	7.8	Absent			PED08000684
2	302 HERMEY	1/29/2008 8:	45AM	0.5	7.8	Absent			PED08000685
3	206 MANDALAY	1/29/2008 8:	50AM /	0.7	7.7	Absent			PED08000686
	· · · · · · · · · · · · · · · · · · ·	en 1900 de la mangrap pagadhahan menjagnya menandahan penjagnahan menandah penjagnah menandah penjagnah menand				***************************************			Marketin 1988 IN Print, Street St. Carl Science 11

Lab Comments/Q	ualifiers:
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Disinfectant Residuals Avg: Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #: All Tests Performed in Accordance with NELAC Sta Coliform/E. Coli Method: Readycult		DEP/DOH Use Only ☐ Satisfactory ☐ Incomplete Collection Information
		☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 871767	DEP/DOH Reviewing Official:





#### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Submission ID:

P002518

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

Phone: 850-595-8895 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

1/30/2008 9:05:00AM

Date Analyzed:

1/30/2008 9:40:00AM

Date Reported: Sample Temp (°C): 1/31/2008 2:02:01PM

Chlorine Check:

<10 On ice

District:

Not Detected Northwest District

Collect ID	Sample Point	Date Collected	edigy raymydd A banga y y Praesemaggillai	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	302 HERMEY AVENUE	1/30/2008	8:35AM	and the second second	0.5	7.6	Absent		METERSELLEN PERSONNELLE PERSONNELLE	PED08000731
2	304 MANDALAY DR	1/30/2008	8:41AM		0.5	7.6	Absent			PED08000732
3	206 MANDALAY DR	1/30/2008	8:50AM		0.5	7.5	Absent			PED08000733
			Manager 1, 100 1							The state of the s

b Comments/Comments/C	Qualifiers:
-----------------------	-------------

		DPD 12704	DEP/DOH Use Only  Satisfactory  Incomplete Collection Information
		Standards	Repeat Samples Required Replacement Samples Required Date Reviewed by DEP/DOH:
Authorized By: LIMS Report #:	Beverly Butler 875695	·	DEP/DOH Reviewing Official:





## Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002349 Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

County:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507

System Owner: System ID:

PEOPLES WATER SERVICE COMPANY

1170527

System Phone:

850-455-8552

Collector/Phone:

Collection Addr:

R BARRETT / 850-455-8552 P O BOX 4815

Pensacola, FL 32507

Date Received:

1/8/2008 2:31:00PM

Date Analyzed: Date Reported: 1/8/2008 2:34:00PM 1/9/2008 3:45:50PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

**Northwest District** 

#### **Collector Comments:**

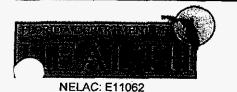
Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	303 SEAMARGE	1/8/2008 1:20PM		0.4	7.6	Absent			PED08000170
2	309 SEAMARGE	1/8/2008 1:25PM		0.4	7.6	Absent			PED08000171
		1 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					**************************************	arana. Abbaile tota tamana takatan	

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg		DEP/DOH Us
Disinfectant Residuals Method: Disinfectant Analysis Certified Operator #:		DPD Satisfactory
All Tests Performed in According Coliform/E. Coli Method:	ordance with NELAC Stand Readycult	ards
Authorized By: LIMS Report #:	Beverly Butler 820228	DEP/DOH Rev
Lime report #.		and the second of the second o

DEP/DOH Use Only		
☐ Satisfactory		
☐ Incomplete Collection Information	•	
☐ Repeat Samples Required		
Replacement Samples Required		
Date Reviewed by DEP/DOH:	· · · · · · · · · · · · · · · · · · ·	 _
DEP/DOH Reviewing Official:		





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501 Phone: 850-595-8895

Submission ID:

P002365

Type of Supply:

Escambia

Type of Sample:

Community Water System Main Clearance

Report To:

County:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone:

850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVE

Pensacola, FL 32507

Date Received:

1/9/2008 11:12:00AM

Date Analyzed: Date Reported: 1/9/2008 12:00:00PM 1/10/2008 2:46:05PM

Sample Temp (°C): **Chlorine Check:** 

<10 On Ice

District:

Not Detected **Northwest District** 

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
18	303 SEAMARGE	1/9/2008 9:50AM		0.4	7.3	Absent			PED08000219
28	309 SEAMARGE	1/9/2008 9:52AM		0.4	7.3	Absent			PED08000220

#### Lab Comments/Qualifiers:

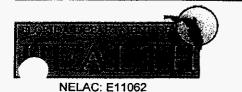


Disinfectant Residuals Avg Disinfectant Residuals Met	DPD	
Disinfectant Analysis Certif	12704	
All Tests Performed in Acco	ordance with NELAC Readycult	Standards
Authorized By:	Beverly Butler	

•	

**Print Date:** 

01/10/2008



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002348 Escambia

County: Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone:

R BARRETT / 850-455-8552

Collection Addr:

P O BOX 4815

Pensacola, FL 32507

Date Received: Date Analyzed:

1/8/2008 2:31:00PM

Date Reported:

1/8/2008 2:34:00PM 1/9/2008 3:45:50PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1B	7389 PETERSEN LN	1/8/2008 1:45PM		0.5	7.6	Absent	alle alle		PED08000169
Lab Comm	nents/Qualifiers:								

***************************************		
Disinfectant Residuals Avg	<b>:</b>	
Disinfectant Residuals Meti	DPD	
Disinfectant Analysis Certif	12704	
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	820226	
	The second section of the second seco	The state of the s

DEP/DOH Use Only	•		
☐ Satisfactory			
☐ Incomplete Collection Information			
☐ Repeat Samples Required	•	-	
Replacement Samples Required			
Date Reviewed by DEP/DOH:			
DEP/DOH Reviewing Official:	٠٠.		

# Final



#### Department of Health

#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002501

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone: 850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

1/29/2008 9:18:00AM

Date Analyzed:

1/29/2008 10:00:00AM

Date Reported: Sample Temp (°C): 1/30/2008 12:37:30PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	304 HERMEY	1/29/2008 8:40AM		0.4	7.8	Absent		4	PED08000684
2	302 HERMEY	1/29/2008 8:45AM		0.5	7.8	Absent			PED08000685
3	206 MANDALAY	1/29/2008 8:50AM		0.7	7.7	Absent			PED08000686
·		and the state of t		· ····································		11 · · · · · · · · · · · · · · · ·			

Disinfectant Residuals Avg:		
Disinfectant Residuals Meth	od:	OPD
Disinfectant Analysis Certifi	ed Operator #:	12704
All Tests Performed in Acco	rdance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	
LIMS Report #:	871767	nage - Jacks - major rays - gent the at months or property
	a gradie service and the service	<u>and and for the second</u>

DEP/DOH Use Only				
☐ Satisfactory				
☐ Incomplete Collection Information				
Repeat Samples Required				
Replacement Samples Required				
Date Reviewed by DEP/DOH:	<u> </u>	 	_	
DEP/DOH Reviewing Official:		 	<u>:</u>	





#### Department of Health

### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID: County:

P002518 Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID:

1170527

System Phone:

850-455-8552

Collector/Phone: Collection Addr:

R BARRETT / 850-455-8552 905 LOWNDE AVENUE

Pensacola, FL 32506

Date Received:

1/30/2008 9:05:00AM

Date Analyzed:

1/30/2008 9:40:00AM

Date Reported: Sample Temp (°C): 1/31/2008 2:02:01PM <10 On Ice

Chlorine Check:

Not Detected

District:

Northwest District

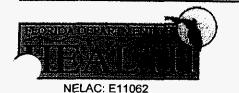
#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	302 HERMEY AVENUE	1/30/2008 8:35AM	•	0.5	7.6	Absent			PED08000731
2	304 MANDALAY DR	1/30/2008 8:41AM		0.5	7.6	Absent			PED08000732
3	206 MANDALAY DR	1/30/2008 8:50AM		0.5	7.5	Absent			PED08000733

#### Lab Comments/Qualifiers:

Disinfectant Residuals Avg: Disinfectant Residuals Method: DPD Disinfectant Analysis Certified Operator #: 12704  All Tests Performed in Accordance with NELAC Standards Coliform/E. Coli Method: Readycult	DEP/DOH Use Only  Satisfactory  Incomplete Collection Information  Repeat Samples Required  Replacement Samples Required  Date Reviewed by DEP/DOH:
Authorized By: Beverly-Butler LIMS Report#: 875695	DEP/DOH Reviewing Official:





#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002348

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Compliance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 1170527

System Phone: 850-455-8552

Collector/Phone: R BAI

R BARRETT / 850-455-8552

Collection Addr: P O BOX 4815 Pensacola, FL 32507

Date Received:

1/8/2008 2:31:00PM

Date Analyzed: Date Reported: 1/8/2008 2:34:00PM 1/9/2008 3:45:50PM

Sample Temp (°C): Chlorine Check:

<10 On Ice

District:

Not Detected Northwest District

#### **Collector Comments:**

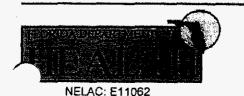
Collect	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1B	7389 PETERSEN LN	1/8/2008 1:45PM		0.5	7.6	Absent			PED08000169
	nents/Qualifiers:								THE PERSON LABOUR.

Disintectant Residuals Avg	•	
Disinfectant Residuals Met	hod:	DPD
Disinfectant Analysis Certif	ied Operator #:	12704
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycult	
Authorized By:	Beverly Butler	

820226



LIMS Report #:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street Pensacola, FL 32501

Phone: 850-595-8895

Submission ID:

P002365

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815 Pensacola, FL 32507 System Owner:

PEOPLES WATER SERVICE COMPANY

System ID: 11

1170527

**System Phone:** 850-455-8552

Collection Addr:

R BARRETT / 850-455-8552

905 LOWNDE AVE

Pensacola, FL 32507

Date Received:

1/9/2008 11:12:00AM

Date Analyzed: Date Reported: 1/9/2008 12:00:00PM 1/10/2008 2:46:05PM

Sample Temp (°C):

<10 On Ice

Chlorine Check:

Not Detected

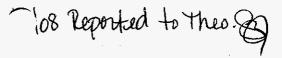
District:

Northwest District

#### **Collector Comments:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
18	303 SEAMARGE	1/9/2008 9:50AM		0.4	7.3	Absent			PED08000219
28	309 SEAMARGE	1/9/2008 9:52AM		0.4	7.3	Absent			PED08000220
	communication and a constant of the force of the constant of t					compression and an advanced to the contract of			

#### Lab Comments/Qualifiers:



Disinfectant Analysis Certif	12704	
All Tests Performed in Acco	ordance with NELAC	Standards
Coliform/E. Coli Method:	Readycuit	

Authorized By: LIMS Report #:

**Beverly Butler** 

822658

DEP/DOH Use Only

☐ Satisfactory

☐ Incomplete Collection Information

Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH:\_

DEP/DOH Reviewing Official:

Final

DPD

Disinfectant Residuals Avg:

Disinfectant Residuals Method:



#### Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501 Phone: 850-595-8895

NELAC: E11062

Submission ID:

P002298

County:

Escambia

Type of Supply:

Community Water System

Type of Sample:

Main Clearance

Report To:

PEOPLES WATER SERVICE CO

THEO DELEON P O BOX 4815

Pensacola, FL 32507

System Owner:

PEOPLES WATER SERVICE COMPANY

System iD:

1170527

System Phone: 850-455-8552

Collector/Phone:

R. BARRETT / 850-455-8552

Collection Addr:

905 LOWNDE AVE

Pensacola, FL 32507

Date Received:

1/2/2008 2:40:00PM

Date Analyzed: Date Reported: 1/2/2008 2:45:00PM

Sample Temp (°C):

1/3/2008 4:16:00PM On Ice

Chlorine Check:

<10 Not Detected

District:

Northwest District

**Collector Comments:** 

SAMPLE TYPE "S"

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	рН	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1B 2B	BAYSHORE CONDOS BAYSHORE CONDOS	1/2/2008 2:20PM 1/2/2008 2:25PM		0.6 0.6	7.5 7.5	Absent Absent			PED08000010 PED08000011

Lab	Commen	ts/Qua	lifiers:
-----	--------	--------	----------

•	sinfectant Residuals Avg: sinfectant Residuals Method: DPD sinfectant Analysis Certified Operator #: 12704			
All Tests Performed in Acco Coliform/E, Coli Method:	ordance with NELAC Readycult	Standards		
Authorized By: LIMS Report #:	Beverly Butler 806677			

DEP/DOH Use Only	
☐ Satisfactory	
☐ Incomplete Collection Information	•
Repeat Samples Required	
☐ Replacement Samples Required	
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	



Well 3

•

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 022808-15 Page 1

REPORT DATE: 02/28/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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Custody sheet # 16517
DEP signature sheets
Data qualifier legend

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1 Paqes

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.

A statement of estimated uncertainty of test results is available on request.

report may not be reproduced except in full with written proval from the laboratory.

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

System Type (check one): XXCommuni		I.D. #:FL_1170527
Address: 905 Lownde Avenue		
City: Pensacola	State: Flor	rida ZIP Code: 32507-0815
Phone #: 850-455-8552	Fax #: <u>850</u>	<del></del>
E-Mail Address: <u>Theo.Deleon@Telcove</u>		
Sample Date:	Location Code (if Sample Time:	
Sample Location (be specific): Well  Disinfectant Residual (Required when reporting		00 mg/L Field pH: 7.3
	<i>,</i>	
Sample Type (Check Only One)	Reason(s) for S	Sample (Check all that apply)
Distribution	⊠Routine Compliance (with 62-550)	Quarterly (Which Quarter?
ry Point (to Distribution)	Confirmation of MCL Exceedance	e* Special (not for compliance with 62-550)
in ant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	
Raw (at well or intake)	Clearance (permitting)	Replacement (of invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other	Comments:
☐Near First Customer	Secularies; Inorga	wies
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements atta	62-550.550(4) for requirements and each a results page for each site.
Sampler's Name: Russ Barrett		
Sampler's Phone #: 850-455-8552	Sampler's Fax #:	850-456-1010
campler's E-Mail Address: Theo. Deleon@		· · · · · · · · · · · · · · · · · · ·
LITTI TOATION (to be completed by	sampler)	•
Russ Barrett	,v	Vater Plant Operator II
(Print Name)		(Print Title)
o HEREBY CERTIFY that the above complete and correct.	e public water system and sam	nple collection information is Date: <u>//z//08</u>
your you		Date. 114100

LABORATORY CERTIFICATION INFORMATION (to be	e completed by lab - Please type	or print legibly)			
ACH CURRENT DOH ANALYTE SHEET*					
Lab Name:	Flo	rida Certification #: E			
Address:					
· · · · · · · · · · · · · · · · · · ·	Phone #:				
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Receive	ed:			
PWS ID (From Page 1):	•	age 1):			
Lab Assigned Report Number or Job ID:					
Group(s) Analyzed & Results attached for compliance w	rith Chapter 62-550, F.A.C. (Ch	eck all that apply):			
Inorganics Synthetic Organics All 17 All 30 Partial Nitrate Nitrite Asbestos Only  Synthetic Organics All 30 All Except Dioxin Partial Dioxin Only	Volatile Organics  ☐ All 21 ☐ Partial  Radionuclides ☐ Single Sample ☐ Qtrly Composite**	Disinfection Byproducts ☐Trihalomethanes ☐Haloacetic Acids ☐Bromate ☐Chlorite  Secondaries All 14			
Were any analyses subcontracted?   Yes   No		☐Partial			
If yes, please provide DOH certification numbers:  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACT	CTED LAB*				
CER	RTIFICATION				
1,					
(Print Name) do HEREBY CERTIFY that all attached analytical data a Environmental Laboratory Accreditation Conference (NE		(Print Title) eet all requirements of the National			
Signature:		Date:			
<ul> <li>Failure to provide a valid and current Florida DOH lab certification results will result in rejection of the report, possible enforcer result in notification of the DOH Bureau of Laboratory Service** Please provide radiological sample dates &amp; locations for each</li> </ul>	ment against the public water sys ces.				
COMPLIANCE DETERMINATION (to be completed by DEP	or DOH)				
Sample Collection Info Satisfactory:   Yes  No	Sample Analys	is Info Satisfactory: ☐Yes ☐No			
Replacement Sample(s) Requested (circle or highlight group	(s) above) Revised Report	Requested (circle or highlight group(s) above)			
Additional Monitoring Required (circle or highlight group(s) above	ve)				
Reason(s):		☐Incomplete Report ☐ Analysis Unsatisfactory			
Person Notified:		Notified:			
Comments:					
Date Reviewed: DEP/DOH					

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105 Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

PANAMA CITY, FL 32404	Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received: 01/22/08
PWSID: 1170527	Sample Number: 369136
Lab Assigned Report Number or Job ID: 02	
System Name: Peoples Water Service Co. Of	FL Sample Location: Entry Point #3
Group(s) Analyzed & Results attached for compliance with Chapter 62	:-550, F.A.C. (Check all that apply)
Inorganics Synthetic Organics Volati	le Organics Disinfection Byproducts
X All 17 All 30 All	
Partial All Except Dioxin Part	
Nitrate Partial	Bromate
<u> </u>	uclides Chlorite
<del></del>	le Sample
	y Composite**Secondaries
	X All 14
Were any analyses subcontracted? YES	X NO Partial
If yes, please provide DOH certification	numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCON	TRACTED LAB*
CEDELETCAET	ON
CERTIFICATI	ON
I, Trish Jackson , Pres	ident
do HEREBY CERTIFY that all attached analytical data are correct and	unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conference (NELAC).	0.00-0
Signature.	Date: 2.2808
* Failure to provide a valid and current DOH lan certification numb	
results will result in rejection of the report, possible enforcement	
may result in notification of the DOH Bureau of Laboratory Services	
**Please provide radiological sample dates and locations for each of	
CONT. TANCE DEPENDATION	
COMPLIANCE DETERMINATION (to be completed by DEP or	
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info	sacistactory: _res _no
_ Replacement Sample(s) Requested (circle or highlight group(s) abo	ve)
Revised Report Requested (circle or highlight group(s) above)	
_ Additional Monitoring Required (circle or highlight group(s) above	re)
Reason(s): _ MCL(s) Exceeded _ Detection(s)	_ Incomplete Report
<del>-</del>	_ Analysis Unsatisfactory
Person Notified:	Date Notified:
Comments:	
Tate Reviewed: DEP/DOH Review	ing Official:

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### INORGANIC ANALYSES 62-550.310(1) (PWS030)

Para	meter		Sample	Analysis	Ďata	Analysis	Analysis	Analysis		Lab
ID	Name	MCL(mg/1)	Number	Result (mg/l)	Qual	_	Method	Date	MDL	ID
1005	ARSENIC	0.01	369136	0.003U	U	0930CST	EPA 200.9	01/25/08	0.003	E81105
1010	BARIUM	2	369136	0.019		0900CST	200.7	02/04/08	0.001	E81105
1015	CADMIUM	0.005	369136	0.0001U	U	1100CST	EPA 200.9	01/23/08	0.0001	E81105
1020	CHROMIUM	0.1	369136	0.001U	U	0900CST	EPA 200.7	02/04/08	0.001	E81105
1024	CYANIDE	0.2	369136	0.005U	U	1638CST	335.4	01/31/08	0.005	E81105
1025	FLUORIDE	4	369136	0.1U	U	1200CST	SM4500F-C	02/12/08	0.1	E81105
1030	LEAD	0.015	369136	0.001U	U	1200CST	EPA 200.9	01/24/08	0.001	E81105
1035	MERCURY	0.002	369136	0.0002U	U	1530cst	EPA 245.1	01/28/08	0.0002	E81105
1036	NICKEL	0.1	369136	0.002	I	0900cst	200.7	02/04/08	0.001	E81105
1040	NITRATE	10	369136	0.10U	U	0948cst	353.2	01/25/08	0.10	E81105
1041	NITRITE	1	369136	0.1U	U	0924CST	EPA 353.2	01/23/08	0.1	E81105
1045	SELENIUM	0.05	369136	0.005U	U	1700CST	EPA 200.9	01/27/08	0.005	E81105
1052	SODIUM	160	369136	9		1400CST	SM3111B	01/25/08	1	E81105
1074	ANTIMONY	0.006	369136	0.003U	U	1200CST	EPA 200.9	01/27/08	0.003	E81105
1075	BERYLLIUM	0.004	369136	0.0001U	U	1000CST	EPA 200.9	01/26/08	0.0001	E81105
1085	THALLIUM	0.002	369136	0.001U	U	1500CST	EPA 200.9	01/26/08	0.001	E81105
1094	ASBESTOS	7 MFL	369136							

### SECONDARY CHEMICAL ANALYSES 62-550.320 (PWS031)

Para	meter		Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
<u>ID</u>	Name	MCL(mg/1)	Number	Result(mg/l)	<u>Qual</u>	Time	Method	Date	(mg/1)	<u>ID</u>
1002	ALUMINUM	0.2	369136	0.050	U	0900CST	EPA 200.7	02/04/08	0.05	E81105
1017	CHLORIDE	250	369136	16.9		0800CST	EPA 325.2	02/18/08	1.0	E81105
1022	COPPER	1	369136	0.02		0930CST	SM 3111 B	02/05/08	0.01	E81105
1025	FLUORIDE	2.0	369136	0.1U	U	1200CST	SM4500F-C	02/12/08	0.1	E81105
1028	IRON	0.3	369136	0.040U	U	0900CST	200.7	02/04/08	0.040	E81105
1032	MANGANESE	0.05	369136	0.014		0900CST	200.7	02/04/08	0.001	E81105
1050	SILVER	0.1	369136	0.005	I	1230CST	SM3111B	01/29/08	0.003	E81105
1055	SULFATE	250	369136	30	ប	1052CST	EPA375.4	02/14/08	3	E81105
1095	ZINC	5	369136	0.206		0900CST	200.7	02/04/08	0.004	E81105
1905	COLOR	15 CU	369136	5		1630CDT	SM2120B	01/22/08	5	E81105
1920	ODOR	3 TON	369136	0		1700CDT	SM2150B	01/22/08	0	E81105
1925	рН	6.5-8.5	369136	5.98		1600CDT	EPA150.1	01/22/08		E81105
1930	TOTAL DISSOLVED SOLIDS	500	369136	63		1700CDT	SM2540C	01/29/08	1	E81105
2905	FOAMING AGENTS	0.5	369136	0.050	υ	1430CST	SM5540C	01/23/08	0.05	E81105

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 021908-4 Page 1

REPORT DATE: 02/19/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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CERTIFICATE OF ANALYSIS
Custody sheet # 17770
DEP signature sheets

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Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.

A statement of estimated uncertainty of test results is available on request.

report may not be reproduced except in full with written roval from the laboratory.

	ION (to be completed by sampler – Please type or print legibly)
	Company of Florida, Inc. PWS I.D. #: FL 1170527  PWS I.D. #: FL 1170527  PWS I.D. #: FL 1170527
System Type (check one): XXCommur  Address: 905 Lownde Avenue	nity Nontransient Noncommunity
Address. 805 cowine Aveine	
City: Pensacola	State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552	Fax #: <u>850-456-1010</u>
E-Mail Address: <u>Theo.Deleon@Telcove</u>	<u> Net                                   </u>
SAMPLE INFORMATION (to be complete	ed by sampler)
Sample Number:	Location Code (if known):
Sample Date: 1/21/08	
Sample Location (be specific): Well	3 Effluent
Disinfectant Residual (Required when reporting	~ P · · · · · · · · · · · · · · · · · ·
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
☐ Distribution	A Routine Compliance (with 62-550)
ry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Ir ant Tap (not for compliance with 62-550)	Composite of Multiple Sites**   Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	50C'S
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: 850-456-1010
Sampler's E-Mail Address: Theo.Deleon	@Telcove.Net
ERTIFICATION (to be completed by	/ sampler)
Russ Barrett	, Water Plant Operator II
(Print Name)	(Print Title)
o HEREBY CERTIFY that the abo omplete and correct.	ove public water system and sample collection information is
ik ure: Travelle Se	Date: 1/21/08

teporting Format 62-550.730 :ffective January 1995, Revised January 2004

Page 1 of [insert number of pages]

Florida Certification #: E81105

Page 3 of REPORT # 021908-4

Lab Name: THE WATER SPIGOT, INC Florida Certification Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

PANAMA CITY, FL 32404	Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received: 01/22/08
PWSID: 1170527	Sample Number: 369131
Lab Assigned Report Number or Job ID:	
System Name: Peoples Water Service Co.	Of FL Sample Location: Entry Point #3
Group(s) Analyzed & Results attached for compliance with Chapte	er 62-550, F.A.C. (Check all that apply)
Inorganics Synthetic Organics Vola	atile Organics Disinfection Byproducts
	ll 21 Trihalomethanes
Partial X All Except Dioxin Pa	artial Haloacetic Acids
_ Nitrate _ Partial	Bromate
Nitrite Dioxin Only Radi	onuclides Chlorite
Asbestos Only Si	ngle Sample
Qt	rly Composite**Secondaries
_	All 14
Were any analyses subcontracted? X YE	ES NO Partial
If yes, please provide DOH certificati	on numbers: E83079
ATTACH DOH ANALYTE SHEET FOR EACH SUBC	ONTRACTED LAB*
CERTIFICA	TION
T Trich Jackson Dr	resident
do HEREBY CERTIFY that all attached analytical data are correct National Environmental Laboratory Accreditation Conference (NEL	
Nacional Environmental Laboratory Accreditation Contentance (NEL	7 21 20
Signature: Signature:	Date: 0/21-08
* Failure to provide a valid and current DOH /ab certification	<del></del>
11	ement anainst the public water supply for failure to sample, and
may result in notification of the DOH Bureau of Laboratory Serv	
**Please provide radiological sample dates and locations for ea	ch quarter.
COMPLIANCE DETERMINATION (to be completed by DE	P or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis	
_ Replacement Sample(s) Requested (circle or highlight group(s)	above)
_ Revised Report Requested (circle or highlight group(s) above)	
_ Additional Monitoring Required (circle or highlight group(s)	above)
Reason(s): _ MCL(s) Exceeded _ Detection(s)	_ Incomplete Report
	tory _ Analysis Unsatisfactory
_ Other:	
Person Notified:	Date Notified:
Comments:	<del></del>
Tate Reviewed: DEP/DOH Revi	ewing Official:
· <del></del>	

### SYNTHETIC ORGANICS 62-550.310(2)(c) (PWS029)

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	<u>(ug/l)</u>	ID
2005	ENDRIN	2	369131	0.0078U	υ	0321EST	EPA 508	01/30/08	0.0078	E83079
2010	LINDANE	0.2	369131	0.00780	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2015	METHOXYCHLOR	40	369131	0.0190	บ	0321EST	EPA 508	01/30/08	0.019	E83079
2020	TOXAPHENE	3	369131	0.086U	U	0321EST	EPA 508	01/30/08	0.086	E83079
2031	DALAPON	200	369131	0.78U	U	0321EST	EPA 515.1	01/30/08	0.78	E83079
2032	DIQUAT	20	369131	0.29U	U	0321EST	EPA 549.2	01/30/08	0.29	E83079
2033	ENDOTHALL	100	369131	7.60	ប	0321EST	EPA 548.1	01/30/08	7.6	E83079
2034	GLYPHOSATE	700	369131	3.20U	U	0321EST	EPA 508	01/30/08	3.20	E83079
2035	DI (2-ETHYLHEXYL) ADIPATE	400	369131	0.220	U	0321EST	EPA 508	01/30/08	0.22	E83079
2036	OXAMYL (VYDATE)	200	369131	0.520	U	0321EST	EPA 531.1	01/30/08	0.52	E83079
2037	SIMAZINE	4	369131	0.120	U	0321EST	EPA 507	01/30/08	0.12	E83079
2039	DI (2-ETHYLHEXYL) PHTHALATE	6	369131	0 - 48U	U	0321EST	EPA 508	01/30/08	0.48	E83079
2040	PICLORAM	500	369131	0.0370	U	0321EST	EPA 515.1	01/30/08	0.037	E83079
2041	DINOSEB	7	369131	0.16U	U	0321EST	EPA 515.1	01/30/08	0.16	E83079
2042	HEXACHLOROCYCLOPENTADI ENE	50	369131	0.017U	υ	0321EST	EPA 508	01/30/08	0.017	E83079
2046	CARBOFURAN	40	369131	0.45U	U	0321EST	EPA 531.1	01/30/08	0.45	E83079
2050	ATRAZINE	3	369131	0.13U	U	0321EST	EPA 507	01/30/08	0.13	E83079
2051	ALACHOR	2	369131	0.014U	U	0321EST	EPA 507	01/30/08	0.014	E83079
2063	2,3,7,8-TCDD(DIOXIN)	.00003	369131			0321EST	EPA 513	01/30/08		E83079
2065	HEPTACHLOR	0.4	369131	0.0250	U	0321EST	EPA 508	01/30/08	0.025	E83079
2067	HEPTACHLOR EPOXIDE	0.2	369131	0.0058U	U	0321EST	EPA 508	01/30/08	0.0058	E83079
2105	2,4-D	70	369131	0.071U	U	0321EST	EPA 515.1	01/30/08	0.071	E83079
2110	2,4,5-TP (SILVEX)	50	369131	0.0570	υ	0321EST	EPA 515.1	01/30/08	0.057	E83079
2274	HEXACHLOROBENZENE	1	369131	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2306	BENZO (A) PYRENE	0.2	369131	0.034U	U	0321EST	EPA 508	01/30/08	0.034	£83079
2326	PENTACHLOROPHENOL	1	369131	0.00800	U	0321EST	EPA 515.1	01/30/08	0.0080	E83079
2383	PCB	0.5	369131	0.097U	U	0321EST	EPA 508	01/30/08	0.097	B83079
2931	DIBROMOCHLOROPROPHANE	0.2	369131	0.00600	U.	0321EST	EPA 504.1	01/30/08	0.0060	E83079
2946	ETHYLENE DIBROMIDE	0.02	369131	0.00630	U	0321EST	EPA 504.1	01/30/08	0.0063	E83079
2959	CHLORDANE	2	369131	0.0560	U	0321EST	EPA 508	01/30/08	0.056	E83079

LABORATORY CERTIFICATION INFORMATION (to be	e completed by lab – Please type	or print legibly)
ACH CURRENT DOH ANALYTE SHEET*		
Lab Name:	Flo	orida Certification #: E
Address:		ion Expiration Date:
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Receiv	ed:
PWS ID (From Page 1):		Page 1):
Lab Assigned Report Number or Job ID:		
Group(s) Analyzed & Results attached for compliance w	ith Chapter 62-550, F.A.C. (ch	eck all that apply):
Inorganics  All 17  Partial  Nitrate  Nitrite  Asbestos Only  Synthetic Organics  All 30  All Except Dioxin  Partial  Dioxin Only	Volatile Organics  ☐All 21 ☐Partial  Radionuclides ☐Single Sample ☐Qtrly Composite**	Disinfection Byproducts Trihalomethanes Haloacetic Acids Bromate Chlorite Secondaries
Were any analyses subcontracted? Yes No		∏All 14 ∏Partial
If yes, please provide DOH certification numbers:  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRAC  CER	CTED LAB*	
1,		
(Print Name) do HEREBY CERTIFY that all attached analytical data a Environmental Laboratory Accreditation Conference (NE		(Print Title) seet all requirements of the National
Signature:		Date:
<ul> <li>Failure to provide a valid and current Florida DOH lab certification of the report, possible enforced result in notification of the DOH Bureau of Laboratory Services</li> <li>Please provide radiological sample dates &amp; locations for each</li> </ul>	ment against the public water sys ces.	liyté Sheet for the attached analysis tem for failure to sample, and may
COMPLIANCE DETERMINATION (to be completed by DEP	or DOH)	
Sample Collection Info Satisfactory: ☐Yes ☐No	Sample Analys	is Info Satisfactory: ☐Yes ☐No
Replacement Sample(s) Requested (circle or highlight group(	(s) above) Revised Report	Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) abov	/e)	
Reason(s):		☐Incomplete Report ☐ Analysis Unsatisfactory
Person Notified:		Notified:
Comments:		
Depident Depident	· ·	the state of the s

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 021208-5 Page 1

REPORT DATE: 02/12/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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CERTIFICATE OF ANALYSIS

HAIN OF CUSTODY

EP SIGNATURE FORMS

MCL

DATA QUALIFIER

12 Pages 1 Pages 10 Pages 1 Pages 1 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.

A statement of estimated uncertainty of test results is available on request.

The s report may not be reproduced except in full with written soval from the laboratory.

PULLIC WATER SYSTEM INFORMATION	ON (to be completed by sampler - Please ty	ype or print legibly)
System Name: Peoples Water Service (	Company of Florida, Inc. PWS I.I	D. #:FL 1170527
System Type (check one):	ty Nontransient Noncommunit	y Transient Noncommunity
Address: 905 Lownde Avenue		C C C C C C C C C C C C C C C C C C C
City: Pensacola	State: Florid	ZIP Code: 32507-0815
Phone #: 850-455-8552	Fax #: <u>850-4</u>	56-1010
E-Mail Address: <u>Theo.Deleon@Telcove.</u>	Net	
SAMPLE INFORMATION (to be completed Sample Number:  Sample Date: 1/21/08	•	nown): (AM) PM (Circle One)
Sample Location (be specific): Well	3 EFFLUENT	Carre (Cross Ories)
Disinfectant Residual (Required when reporting	moulte for tribalomethones and halometic solds).	D.B mail Field pH: 7.3
Distillectant Lesignal (vedurer mien eboung)	resurs for unanomedianes and nanoacout accus).	ings recopit.
Sample Type (Check Only One)	Reason(s) for Sa	emple (Check all that apply)
☐ Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?
y 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**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other C	omments:
☐Near First Customer	RADIONUCIJE DES	
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ac for nitrate or nitrite MCL.	dditional requirements attac	62-550.550(4) for requirements and had results page for each site.
Sampler's Name: Russ Barrett	<del> </del>	
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #:	850-456-1010
Sampler's E-Mail Address: <u>Theo.Deleon@</u>	Telcove.Net	
CERTIFICATION (to be completed by	sampler)	
. Russ Barrett	. w	ater Plant Operator II
(Print Name)		(Print Title)
do HEREBY CERTIFY that the above complete and correct.	e public water system and samp	ole collection information is
Sig ure: Junell /Se	7	Date: <u>//2//08</u>
	/	•

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08 PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/22/08
PWSID: 1170527 Sample Number: 369141
Lab Assigned Report Number or Job ID: 021208-5
System Name: Peoples Water Service Co. Of FL Sample Location: Entry Point #3
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts
All 17 All 30 All 21 Trihalomethanes Partial All Except Dioxin Partial Haloacetic Acids
Nitrate Partial Bromate
Nitrite Dioxin Only <u>Radionuclides</u> Chlorite
Asbestos Only $\underline{X}$ Single Sample
_ Qtrly Composite**Secondaries
_ All 14
Were any analyses subcontracted? X YES _ NO _ Partial
If yes, please provide DOH certification numbers: E83033
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
CERTIFICATION
I, Trish Jackson , President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conference (NELAC).
Signature: Date: O TIO
* Failure to provide a valid and current DOH lab dertification number and a current Analyte Sheet for the attached analysis
results will result in rejection of the report, hodsible enforcement analyst the public water supply for failure to sample, and
may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.
COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle or highlight group(s) above)
_ Revised Report Requested (circle or highlight group(s) above)
_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s):MCL(s) ExceededDetection(s)Incomplete Report
_ Missing Analyte Sheet(s) _ Location Unsatisfactory _ Analysis Unsatisfactory  Other:
Person Notified: Date Notified:
Comments:
Tate Reviewed: DEP/DOH Reviewing Official:

Page 3 of REPORT # 021208-5

### RADIOCHEMICAL ANALYSIS\* 62-550.310(5) (PWS033)

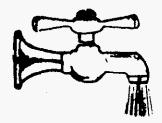
Para	meter	Sample	Analysis	Data	Analysis	Analysis	Analysis		Lab
ID	Name	Number	Result (pCi/l)	Qual	Time	Method	Date	MDL	ID
				***************************************					-
4000	GROSS ALPHA	369141	3.3+-1.1		1033EST	EPA 900.0	01/29/08	1.0	E83033
4012	PHOTON EMITTERS	369141							
4020	RADIUM-226	369141	0.6+-0.1		1116EST	EPA 903.1	02/08/08	0.1	E83033
4030	RADIUM-228	369141	1.2+-0.9		1135rst	B&B Ra-05	02/08/08	0.9	E83033
4101	MAN-MADE BETA	369141							
	Mr. / Class and and and and and		•						

<sup>\*(</sup>Gross alpha generally only requirement, see 62550.519,FAC

# Florida Later Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be	pe completed by lab – Please typ	e or print legibly)
, CH CURRENT DOH ANALYTE SHEET*		7 7
Lab Name:		orida Certification #: E
Address:		ation Expiration Date:
		<b>!</b> :
ANALYSIS INFORMATION (to be completed by lab)		ved:
PWS ID (From Page 1):		Page 1):
Lab Assigned Report Number or Job ID:		
Group(s) Analyzed & Results attached for compliance w		heck all that apply):
Inorganics       Synthetic Organics         □ All 17       □ All 30         □ Partial       □ All Except Dioxin         □ Nitrate       □ Partial         □ Nitrite       □ Dioxin Only         □ Asbestos Only	Volatile Organics  All 21 Partial  Radionuclides  Single Sample  Qtrly Composite**	Disinfection Byproducts Trihalomethanes Haloacetic Acids Bromate Chlorite Secondaries
Were any analyses subcontracted?  Yes No		∏All 14 ∏Partial
If yes, please provide DOH certification numbers:  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRA	CTED LAB*	
CEF	RTIFICATION	
1		
(Print Name)	1	(Print Title)
do HEREBY CERTIFY that all attached analytical data a Environmental Laboratory Accreditation Conference (NE		meet all requirements of the National
Signature:	nganana kanananan saksasia	Date:
<ul> <li>Failure to provide a valid and current Florida DOH lab certification results will result in rejection of the report, possible enforced result in notification of the DOH Bureau of Laboratory Servitable Please provide radiological sample dates &amp; locations for each provide radiological sample dates.</li> </ul>	ment against the public water sy- ces.	alyte Sheet for the attached analysis stem for failure to sample, and may
COMPLIANCE DETERMINATION (to be completed by DEP	or DOH)	
Sample Collection Info Satisfactory:   Yes No	Sample Analy	sis Info Satisfactory: ☐Yes ☐No
Replacement Sample(s) Requested (circle or highlight group	o(s) above) Revised Repor	t Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) abo	ve)	
Reason(s):		☐Incomplete Report ☐ Analysis Unsatisfactory
Person Notified:		Notified:
Comments:		

Reporting Format 62-550.730 Effective January 1995, Revised January 2004



### the water spigot, inc.

NELAC Laboratory Certification #E81105

5806 East Hwy. 22 \* Panama City, Florida 32404 (850) 871-1900 \* Fax (850) 871-9303 trishj-waterspigot@comcast.net

### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 110608-40 Page 1

REPORT DATE: 11/06/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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CERTIFICATE OF ANALYSIS
CHAIN OF CUSTODY

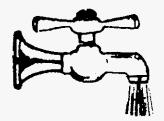
2 Pages1 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated the NELAC standards.

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### the water spigot, inc.

NELAC Laboratory Certification #E81105

5806 East Hwy. 22 \* Panama City, Florida 32404 (850) 871-1900 \* Fax (850) 871-9303 trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

'eoples Water Service Company

)f Florida, Inc. 105 Lownde Ave.

ensacola, FL 32507-0815 ttn: Theo DeLeon Ext.211 REPORT DATE: 11/06/08 CLIENT NUMBER: 2286

AMPLE NUMBER- 395987 SAMPLE ID- People's Water WS101408-109 #3 SAMPLE MATRIX- WA PATE SAMPLED- 10/13/08 LOCATION- Well #3 (AAA64/7)

TIME SAMPLED- 1105CST

ATE RECEIVED- 10/14/08 SAMPLER- Russ Barrett

RECEIVED BY- EP

'IME RECEIVED- 1430CST

DELIVERED BY- GREYHOUND/GB

age 2 Report # 110608-40

		ANALYSIS							DATA
NALYSIS	METHOD	DATE	TIME	BY	RESULT	UNITS	MDL	PQL	QUAL
hlorine residual	EPA 330.3	10/13/08	1105CST	RB	0.6	PPM			
'HLO DE	SM4500CL-E	10/20/08	1420CDT	SAM	16.2	mg/1	1.0	5.0	
'OTA DISS. SOLIDS	SM2540C	10/15/08	1200CDT	LW	89	mg/L	1	5.0	
PECIFIC CONDUCTIVITY	EPA120.1	10/31/08	1025CDT	DMF	141.4	umh/cm	1.0	5.0	
H, FIELD	150.1	10/13/08	1105CST	RB	7.4	S.U.			
ODIUM	SM 3111 B	10/22/08	1425CST	GB	9	mq/1	1	5.0	

_	N (to be completed by sampler Please type or print legibly)
<u></u>	ompany of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommunity	y
Address: 905 Lownde Avenue	
	State: Florida ZIP Code: 32507-0815
	Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesW	/aterService.Com
SAMPLE INFORMATION (to be completed	
Sample Number:	Location Code (if known):
Sample Date: 10/13/08	Sample Time: 11:05 PM (Circle One)
	JE ID #)AAA0417
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.4
a	Denney (a) for Compile (Oberts all that county)
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	☐ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter?)
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**    Violation Resolution
:aw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	Sodium, chloride, conductivity, TDS,
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: 850-456-1010
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com
CERTIFICATION (to be completed by	sampler)
I, Russ Barrett	, Water Plant Operator II
(Print Name)	(Print Title)
do HEREBY CERTIFY that the abo complete and correct.	ve public water system and sample collection information is
Signature:	Date: #13/08

Reporting Format 62-550.730

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 011209-77 Page 1

REPORT DATE: 01/12/09 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-081

Attn: Theo DeLeon Ext

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4 Pages

1 Pages

2 Pages

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resident

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

I ; report may not be reproduced except in full with written approval from the laboratory.

### Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION	DN (to be completed by sampler – Please type or print legibly)
System Name: <u>Peoples Water Service C</u>	Company of Florida, Inc. PWS I.D. #: FL 1170527
stem Type (check one): XXCommunit	y   Nontransient Noncommunity   Transient Noncommunity
Address: 905 Lownde Avenue	
City: Pensacola	State: <u>Florida</u> ZIP Code: <u>32507-0815</u>
Phone #: 850-455-8552	Fax #: <u>850-456-1010</u>
E-Mail Address: <u>TheoDeleon@PeoplesV</u>	VaterService.Com
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	
Sample Date: 12/9/08	<del></del>
	ent
Disinfectant Residual (Required when reporting	results for trihatomethanes and haloacetic acids): 0.8 mg/L Field pH: 7.0
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550)  Quarterly (Which Quarter? 2nd)
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** ☐Violation Resolution
?aw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
⊔₁/lax Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
□Near First Customer	Full VOC
*See 62-550.500(6) for requiren NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: <u>850-456-1010</u>
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com
CERTIFICATION (to be completed by	r sampler)
l, Russ Barrett	, Water Plant Operator II
(Print Name)	(Print Title)
do HEREBY CERTIFY that the abo complete and correct.	ove public water system and sample collection information is
Signature:	
/	
Reporting Format 62-550.730	

ABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

AB Name: THE WATER SPIGOT, INC  Iddress: 5806 E. HWY 22 Certification Expiration Date: 06-30-09  PANAMA CITY, FL 32404 Phone # 850-871-1900  NALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/10/08  WSID: 1170527 Sample Number: 401020  Ab Assigned Report Number or Job ID: 011209-77  ystem Name: Peoples Water Service Co. Of FL Sample Location: Well #3 Effluency Sample Sa	9
norganics Synthetic Organics Volatile Organics Disinfection Byproducts All 17	ro.l
CERTIFICATION	
Thick Inchan	
, Trish Jackson , President	
HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the	
ignature: Date: 1-1209	
Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis	
sults will result in rejection of the report possible enforcement anainst the public water supply for failure to sample, an	nđ
y result in notification of the DOH Bureau of Laboratory Services.	
Please provide radiological sample dates and locations for each quarter.	
OMPLIANCE DETERMINATION (to be completed by DEP or DOH)	
mple Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No	
Replacement Sample(s) Requested (circle or highlight group(s) above)	
Revised Report Requested (circle or highlight group(s) above)	
Additional Monitoring Required (circle or highlight group(s) above)	
ason(s): _ MCL(s) Exceeded	
_ Missing Analyte Sheet(s) _ Location Unsatisfactory _ Analysis Unsatisfactory	
Other:	
erson Notified: Date Notified:	
omments:	
ate Reviewed: DEP/DOH Reviewing Official:	

Page 3 of REPORT # 011209-77

### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Parameter (	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	ug/1	Number	Result(ug/1)	Qual	Time	Method	Date	(ug/1)	ID
2378 1,2,4-TRICHLOROBENZ	ENE 70	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2380 CIS-1,2-DICHLOROETH	YLENE 70	401020	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	401020	0.5U	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2964 DICHLOROMETHANE	5	401020	0.5Ų	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2968 Q-DICHLOROBENZENE	600	401020	0.5U	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2969 PARA-DICHLOROBENZENI	E 75	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2976 VINYL CHLORIDE	1	401020	¥7.5	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2977 1,1-DICHLOROETHYLEN	E 7	401020	0.50	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2979 TRANS-1,2-DICHLOROE	THYLENE 100	401020	0.5 <b>U</b>	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	401020	0.5U	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2981 1,1,1-TRICHLOROETHAN	NE 200	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2982 CARBON TETRACHLORIDE	Ξ 3	401020	0.5U	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	401020	0.5U	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	401020	0.50	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2985 1,1,2-TRICHLOROETHAN	NE 5	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	401020	o.5v	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2990 BENZENE	1	401020	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2991 TOLUENE	1,000	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2992 ETHYLBENZENE	700	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2996 STYRENE	100	401020	0.50	υ	1700cst	EPA 502.2	12/22/08	0.5	E81105

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 011209-73 Page 1

REPORT DATE: 01/12/09 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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MCL

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1 Pages

Trish Jackson

President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated the NELAC standards.

1. s report may not be reproduced except in full with written approval from the laboratory.

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print legibly)
vstem Name: Peoples Water Service Co	ompany of Florida, Inc. PWS I.D. #: FL 1170527
ystem Type (check one): XXCommunity	/ Nontransient Noncommunity
Address: 905 Lownde Avenue	
City: Pensacola	State: Florida ZIP Code: 32507-0815
Phone #: <u>850-455-8552</u>	Fax #: <u>850-456-1010</u>
E-Mail Address: <u>TheoDeleon@PeoplesW</u>	aterService.Com
SAMPLE INFORMATION (to be completed I	ny camplar)
Sample Number:	
Sample Date: 12/9/08	
Sample Location (be specific): Well # 3 RAW	
	results for trihalomethanes and haloacetic acids): NAmg/L Field pH; 5.4
· · · · · · · · · · · · · · · · · · ·	Total St. C.4
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
☐ Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter? 2nd)
☐Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**
Raw (at well or intake)	☐Clearance (permitting) ☐Replacement (of Invalidated Sample)
∐Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	Full VOC
*See 62-550.500(6) for requireme NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e	ditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #: 850-456-1010
Sampler's E-Mail Address: <u>TheoDeleon@</u>	PeoplesWaterService.Com
OFFICIATION #	
CERTIFICATION (to be completed by	sampler)
I, Russ Barrett	Water Plant Operator II,
(Print Name)	(Print Title)
	ve public water system and sample collection information is
complete and correct.	1010
Signature:///SC	
	7

Reporting Format 62-550.730

\_ABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-09
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab)  Date Sample(s) Received: 12/10/08
PWSID: 1170527 Sample Number: 401017
Lab Assigned Report Number or Job ID: 011209-73
System Name: Peoples Water Service Co. Of FL Sample Location: well 3 raw
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts
All 17 All 30 X All 21 Trihalomethanes
Partial All Except Dioxin Partial Haloacetic Acids
_ Nitrate _ Partial _ Bromate
Nitrite Dioxin Only Radionuclides Chlorite
_ Asbestos Only _ EDB _ Single Sample
_ Qtrly Composite**Secondaries
_ All 14
Were any analyses subcontracted? YES X NO Partial
If yes, please provide DOH certification numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
CERTIFICATION
ı, Trìsh Jackson , President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conference (NELAC).
Signature: Date: 1-12-09
* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis
results will result in rejection of the report possible enforcement anainst the public water supply for failure to sample, and
may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.
ricade provide radiological bampre dates and recations for each quarter.
COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle or highlight group(s) above)
_ Revised Report Requested (circle or highlight group(s) above)
_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ Detection(s) _ Incomplete Report
_ Missing Analyte Sheet(s) _ Location Unsatisfactory _ Analysis Unsatisfactory
_ Other:
Person Notified: Date Notified:
Comments:
Date Reviewed: DEP/DOH Reviewing Official:

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### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	<u>ID</u>
2378	1,2,4-TRICHLOROBENZENE	70	401017	0.SU	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	401017	0.5U	υ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	401017	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2964	DICHLOROMETHANE	5	401017	0.5U	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	401017	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	401017	0.5U	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2976	VINYL CHLORIDE	1	401017	0.5U	υ	1700cst	EPA 502.2	12/22/08	0.5	B81105
2977	1,1-DICHLOROETHYLENE	7	401017	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	401017	0.5U	υ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	401017	0.50	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	401017	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	401017	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	401017	0.50	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	401017	0.50	ប	1700cst	EPA 502.2	12/22/08	0.5	B81105
2985	1,1,2-TRICHLOROETHANE	5	401017	0.5U	บ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	401017	4.8		1700cst	EPA 502.2	12/22/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	401017	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2990	BENZENE	1	401017	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2991	TOLUENE	1,000	401017	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2992	ETHYLBENZENE	700	401017	0.50	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2996	STYRENE	100	401017	0.50	υ	1700cst	EPA 502.2	12/22/08	0.5	E81105

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

Analysis Results Above MCL

Page 1 Client Number Analysis

Sample Number Sample ID 401017 Peoples #3raw W S121008-34

Analysis Date Time

BY

Result MCL

12/22/08 1700cst DLB

4.8

3.0

### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 011209-75 Page 1

REPORT DATE: 01/12/09 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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Trish Jackson President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated the NELAC standards.

 $\ensuremath{\text{T...s}}$  report may not be reproduced except in full with written approval from the laboratory.

	ON (to be completed by sampler – Please type or print legibly)
	Company of Florida, Inc. PWS I.D. #: FL 1170527
	ity
Address: 905 Lownde Avenue	
City: Pensacola	State: Florida ZIP Code: 32507-0815
<b></b>	Fax #: <u>850-456-1010</u>
E-Mail Address: <u>TheoDeleon@Peoples\</u>	
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	Location Code (if known):
Sample Date: 12/9/08	Sample Time: 9:05 AM PM (Circle One)
Sample Location (be specific): Well # 3 GAC	C #1 55%
Disinfectant Residual (Required when reporting	g results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.4
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter? 2nd)
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**
'aw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
☐Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	Full VOC
*See 62-550.500(6) for requiren NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: 850-456-1010
Sampler's E-Mail Address: TheoDeleon@	2PeoplesWaterService.Com
CERTIFICATION (to be completed by	y sampler)
I, Russ Barrett	. Water Plant Operator II,
(Print Name)	(Print Title)
do HEREBY CERTIFY that the abo complete and correct.	ove public water system and sample collection information is
Signature:	Date: 12/9/08

Reporting Format 62-550,730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

,	Date Reviewed: DEP/DOH Reviewing Official:
	Comments:
	Person Notified: Date Notified:
	_ Other:
	_ Additional Monitoring Required (Circle of highlight gloup(s) above)  Reason(s): _ MCL(s) Exceeded Detection(s) Incomplete Report
	_ Additional Monitoring Required (circle or highlight group(s) above)
	Revised Report Requested (circle or highlight group(s) above)
	_ Replacement Sample(s) Requested (circle or highlight group(s) above)
	Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No
	COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
	,
	may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates and locations for each quarter.
	results will result in rejection of the report, possible enforcement analyst the public water supply for failure to sample, and
	* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis
	Signature: Date: 1009
	National Environmental Laboratory Accreditation Conference (NELAC).
	do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the
	I, Trish Jackson , President
/	CERTIFICATION
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
	If yes, please provide DOH certification numbers:
	Were any analyses subcontracted? YES X NO Partial
	_ gerry composite <u>becondaries</u> All 14
	Asbestos Only EDB Single Sample
	Nitrite Dioxin Only Radionuclides Chlorite Asbestos Only EDB Single Sample
	Nitrate Partial Bromate
	Partial All Except Dioxin Partial Haloacetic Acids
	All 17 All 30 X All 21 Trihalomethanes
	Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts
	Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)
	System Name: Peoples Water Service Co. Of FL Sample Location: Well #3 GAC #1
	Lab Assigned Report Number or Job ID: 011209-75
	PWSID: 1170527 Sample Number: 401018
	ANALYSIS INFORMATION (to be completed by lab)  Date Sample(s) Received: 12/10/08
	Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-09 PANAMA CITY, FL 32404 Phone # 850-871-1900
	Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
	Tale Manner DITE MADDE COTOON TAKE

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### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Para	mețer	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	WDL	deJ
ID	Name	ug/l	Number	Result(ug/1)	Qual	Time	Method	Date	(ug/1)	<u>ID</u>
2378	1,2,4-TRICHLOROBENZENE	70	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2964	DICHLOROMETHANE	5	401018	0.5บ	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	401018	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	401018	٥.50	Ŭ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2976	VINYL CHLORIDE	1	401018	0 . SU	บ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	£81105
2979	${\tt TRANS-1,2-DICHLOROETHYLENE}$	100	401018	0 . 5บ	บ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	401018	0.5U	บ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	401018	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	401018	0.5ช	บ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	401018	0.5U	υ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	401018	0 <b>.</b> 5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	401018	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	401018	0.50	บ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2990	BENZENE	1	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2991	TOLUENE	1,000	401018	υZ.0	ប	1700cst	EPA 502.2	12/22/08	0.5	E81105
2992	ETHYLBENZENE	700	401018	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2996	STYRENE	100	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 011209-76 Page 1

REPORT DATE: 01/12/09 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave. Pensacola, FL 32

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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Trish Jackson

President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated

b he NELAC standards.

 $T_{\rm L}$  s report may not be reproduced except in full with written approval from the laboratory.

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler	- Please type	or print legibly)			
tem Name: Peoples Water Service C	ompany of Florida, Inc.	_ PWS I.D. ;	#: <u>FL 1170</u>	527		
System Type (check one): XXCommunit	✓ □Nontransient Nor	ncommunity	Transie	ent Noncommunity		
Address: 905 Lownde Avenue						
				<del></del>		
City: Pensacola	St	ate: <u>Florida</u>	_ ZIP Code:	32507-0815		
Phone #: 850-455-8552	Fa	x#: <u>850-456</u>	i-1010			
E-Mail Address: <u>TheoDeleon@PeoplesW</u>	/aterService,Com					
SAMPLE INFORMATION (to be completed	by sampler)					
Sample Number:	Location	n Code (if know	vn):			
Sample Date: 12/9/08	Sample	Time: 8:55_		AM PM (Circle One)		
Sample Location (be specific): Well # 3 GAC	#2 55%					
Disinfectant Residual (Required when reporting	results for trihalomethanes and hal	oacetic acids):	NA mg/L	Field pH: 5.4		
Sample Type (Check Only One)	Reaso	on(s) for Sam	pie (Check all that	apply)		
Distribution	☑Routine Compliance (with	n 62-550)	Quarterly (Wh	ich Quarter? 2nd)		
Entry Point (to Distribution)	☐Confirmation of MCL Exe	ceedance*	Special (not fo	r compliance with 62-550)		
Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Si	ites**	☐Violation Res	olution		
3W (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)					
☐Max Residence Time	Other:			<del></del>		
☐Ave Residence Time	Sampling Procedure Used	or Other Con	nments:			
☐Near First Customer	Full VOC			<del></del>		
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ac for nitrate or nitrite MCL of	ditional requirements		-550.550(4) for re a results page for			
Sampler's Name: Russ Barrett						
Sampler's Phone #: 850-455-8552	Sample	r's Fax #: _8	50-456-1010			
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com					
<b>CERTIFICATION</b> (to be completed by	sampler)					
I, Russ Barrett		\V/at	er Plant Ope	rator II		
(Print Name)		7100	(Print Title			
do HEREBY CERTIFY that the aborcomplete and correct.	ve public water system	and sample	e collection ir	nformation is		
Signature:	<del></del>		Date:	12/9/08		
				·		

Reporting Format 62-550.730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

PANAMA CITY, FI ANALYSIS INFORMATION (to be PWSID: 1170527 Lab Assigned Report Number System Name: Peoples Water Group(s) Analyzed & Results attached for (	Certification Expiration Date: 06-30-09 32404 Phone # 850-871-1900 completed by lab) Date Sample(s) Received: 12/10/08 Sample Number: 401019
_ All 17	Single Sample Qtrly Composite**Secondaries All 14 racted? YES X NO Partial
_	CERTIFICATION
Signature:  * Failure to provide a valid and current D results will result in rejection of the re may result in notification of the DOH Bure **Please provide radiological sample dates  COMPLIANCE DETERMINATION ( Sample Collection Info Satisfactory: Yes  Replacement Sample(s) Requested (circle Revised Report Requested (circle or high Additional Monitoring Required (circle or Reason(s): _ MCL(s) Exceeded	Date:  Da
Person Notified:	Date Notified:
Qate Reviewed:	DEP/DOH Reviewing Official:

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### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	<u>ug/1</u>	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	ID
2378	1,2,4-TRICHLOROBENZENE	70	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	401019	0.5U	υ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2964	DICHLOROMETHANE	5	401019	0.5U	Ū	1700cst	EPA 502.2	12/22/08	0.5	E81105
2,968	O-DICHLOROBENZENE	600	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	401019	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2976	VINYL CHLORIDE	1	401019	0.50	บ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	401019	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2979	${\tt TRANS-1,2-DICHLOROETHYLENE}$	100	401019	0.5U	υ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	401019	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	401019	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2982	CARBON TETRACHLORIDE	. 3	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	401019	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	401019	0.50	Ü	1700cst	EPA 502.2	12/22/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	401019	0 . SU	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	401019	1.3	I	1700cst	EPA 502.2	12/22/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	401019	0.5 <b>U</b>	IJ	1700cst	EPA 502.2	12/22/08	0.5	E81105
2990	BENZENE	1	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2991	TOLUENE	1,000	401019	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2992	ETHYLBENZENE	700	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2996	STYRENE	100	401019	0.50	U	1700cst	EPA 502.2	12/22/08	0.5	E81105

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 123108-34 Page 1

REPORT DATE: 12/31/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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Trish Jackson

President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated the NELAC standards.

 $1...\,\mathrm{s}$  report may not be reproduced except in full with written approval from the laboratory.

	ON (to be completed by sampler – Please type or print legibly)						
	Company of Florida, Inc. PWS I.D. #: FL 1170527						
System Type (check one): XXCommun	ity						
City: Pensacola							
Phone #: 850-455-8552							
E-Mail Address: <u>TheoDeleon@Peoples</u>							
CAMPI E INFORMATION (to be complete	d by compaling						
SAMPLE INFORMATION (to be completed							
Sample Number:							
Sample Date: 11/12/08							
	g results for trihalomethanes and haloacetic acids); 0.8 mg/L Field pH: 7.1						
DISHITECIANI RESIDUAL (Required when reportin	g results for trihalomethanes and haloacetic acids); 0.8 mg/L Field pH; 7.1						
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)						
Distribution	☐ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd)						
☐ 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** ☐Violation Resolution						
.aw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)						
☐Max Residence Time	Other:						
☐Ave Residence Time	Sampling Procedure Used or Other Comments:						
☐Near First Customer	Full VOC						
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attach a results page for each site.						
Sampler's Name: Russ Barrett							
Sampler's Phone #: 850-455-8552	Sampler's Fax #: <u>850-456-1010</u>						
Sampler's E-Mail Address: TheoDeleon@	@PeoplesWaterService.Com						
CERTIFICATION (to be completed b	y sampler)						
I. Russ Barrett	, Water Plant Operator II						
(Print Name)	(Print Title)						
do HEREBY CERTIFY that the abcomplete and correct	ove public water system and sample collection information is						
Signature:	Date: 11/12/08						
/							

Reporting Format 62-550.730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\* Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105 Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-09 PANAMA CITY, FL 32404 Phone # 850-871-1900 ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/13/08 PWSID: 1170527 Sample Number: 398818 Lab Assigned Report Number or Job ID: 123108-34 System Name: Peoples Water Service Co. Of FL Sample Location: Well #3 EFF Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply) Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts \_ All 30 All 17 X All 21 Trihalomethanes \_ All Except Dioxin\_ Partial \_ Haloacetic Acids Partial - Partial \_ Bromate Nitrate Nitrite Dioxin Only Radionuclides Chlorite Asbestos Only \_ EDB \_ Single Sample Qtrly Composite\*\*Secondaries \_ All 14 Were any analyses subcontracted? Partial If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\* CERTIFICATION I, Trish Jackson , President do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: 🦠 Date: \* Failure to provide a valid and current DOH lab destification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analyst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Waboratory Services. \*\*Please provide radiological sample dates and locations for each quarter. COMPLIANCE DETERMINATION (to be completed by DEP or DOH) Sample Collection Info Satisfactory: \_Yes \_No Sample Analysis Info Satisfactory: \_Yes \_No Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above) \_ Additional Monitoring Required (circle or highlight group(s) above) Reason(s): \_ MCL(s) Exceeded \_ Detection(s) \_ Incomplete Report \_ Missing Analyte Sheet(s) \_ Location Unsatisfactory \_ Analysis Unsatisfactory Other: Person Notified: Date Notified:

DEP/DOH Reviewing Official:

Comments:

ر\_Date Reviewed:

Parameter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	<u>ug/1</u>	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	ID
			•						
2378 1,2,4-TRICHLOROBENZENE	70	398818	0.5U	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	398818	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	398818	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2964 DICHLOROMETHANE	5	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	398818	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E01105
2969 PARA-DICHLOROBENZENE	75	398818	0.5U	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2976 VINYL CHLORIDE	1	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	398818	Q.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLEN	E 100	398818	0.50	Ų	1500CST	EPA 502.2	11/25/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	398818	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	398818	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	398818	0.5Ų	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	398818	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	398818	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	EB1105
2985 1,1,2-TRICHLOROETHANE	5	398818	0.50	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	398818	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	EB1105
2989 MONOCHLOROBENZENE	100	398818	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2990 BENZENE	1	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2991 TOLUENE	1,000	398818	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2992 ETHYLBENZENE	700	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2996 STYRENE	100	398818	0.50	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105

REPORT SERIAL NUMBER: 123108-31 Page 1

REPORT DATE: 12/31/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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THAIN OF CUSTODY JEP SIGN. FORMS

MCL

DATA QUALIFIER

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1 Pages

2 Pages

1 Pages

1 Pages

Trish Jackson

President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available request. Analyses performed in the field are not regulated the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

PUBLIC WATER SYSTEM INFORMATION	N (to be completed by sampler – Please type or print legibly)
stem Name: Peoples Water Service C	company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommunit	y   Nontransient Noncommunity   Transient Noncommunity
Address: 905 Lownde Avenue	
Oita Democrata	
City: Pensacola	
Phone #: 850-455-8552	
E-Mail Address: <u>TheoDeleon@PeoplesV</u>	vate Service. Com
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	
Sample Date: 11/12/08	
,	
•	results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.5
, , ,	
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	☑Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd
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** ☐Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
☐Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	Full VOC
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: <u>850-456-1010</u>
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com
CERTIFICATION (to be completed by	sampler)
I. Russ Barrett	, Water Plant Operator II
(Print Name)	(Print Title)
do HEREBY CERTIFY that the abo	ve public water system and sample collection information is
Signature:	Date: 11/12/08

Analysis Results Above MCL

Page 1

Client Sample Analysis
Number Analysis Number Sample ID Date Time BY Result MCL
398815 People's WS1113
08-138 #3 Raw 11/25/08 1500CST DLB 6.4 3.0

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\* Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105 5806 E. HWY 22 Certification Expiration Date: 06-30-09 Address: PANAMA CITY, FL 32404 Phone # 850-871-1900 ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/13/08 PWSID: 1170527 Sample Number: 398815 Lab Assigned Report Number or Job ID: 123108-31 System Name: Peoples Water Service Co. Of FL Sample Location: Well #3-Influe Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply) Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts \_ All 30 All 17 X All 21 Trihalomethanes \_ All Except Dioxin\_ Partial Partial Haloacetic Acids Partial Nitrate Bromate Nitrite Dioxin Only Radionuclides Chlorite \_ Single Sample Asbestos Only \_ EDB Qtrly Composite\*\*Secondaries \_ All 14 Were any analyses subcontracted? X NO Partial If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\* CERTIFICATION , <u>President</u> I. Trish Jackson do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: Date: \* Failure to provide a valid and current DOF lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the regort, possible enforcement analyst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services. \*\*Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH) Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above) Additional Monitoring Required (circle or highlight group(s) above) \_ Detection(s) Reason(s): MCL(s) Exceeded \_ Incomplete Report \_ Missing Analyte Sheet(s) Location Unsatisfactory \_ Analysis Unsatisfactory Other: Person Notified: Date Notified: Comments: DEP/DOH Reviewing Official: **~**Date Reviewed:

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	ug/l	Number	Result (ug/l)		Time	Method	Date _	(ug/1)	ID
2378	1,2,4-TRICHLOROBENZENE	70	398815	0.50	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	398815	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	398815	Q.5U	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	398815	0.5U	U,	1500CST	EPA 502.2	11/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	398815	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	398815	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	398815	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	398815	0.5U	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	398815	0.50	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	398815	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	398815	0.5U	Ų	1500CST	EPA 502.2	11/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	398815	0.5 <b>U</b>	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	398815	0.50	ប	1500CST	EPA 502.2	11/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	398815	0.50	ប	1500CST	EPA 502.2	11/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	398815	0.5U	ប	1500CST	EPA 502.2	11/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	398815	6.4		1500CST	EPA 502.2	11/25/08	0.5	E81105 ·
2989	MONOCHLOROBENZENE	100	398815	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2990	BENZENE	1	398815	0.50	ប	1500CST	EPA 502.2	11/25/08	0.5	E81105
2991	TOLUENE	1,000	398815	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2992	ETHYLBENZENE	700	398815	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	B81105
2996	STYRENE	100	398815	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105

REPORT SERIAL NUMBER: 123108-32 Page 1

REPORT DATE: 12/31/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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Trish Jackson

President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated the NELAC standards.

1...s report may not be reproduced except in full with written approval from the laboratory.

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please typ	e or print legibly)
stem Name: <u>Peoples Water Service C</u>	ompany of Florida, Inc. PWS I.D	. #: <u>FL 1170527</u>
System Type (check one): XXCommunity	✓ □Nontransient Noncommunity	☐Transient Noncommunity
Address: 905 Lownde Avenue		
City: Pensacola	State: Florida	ZIP Code: 32507-0815
Phone #: 850-455-8552	Fax #: <u>850-4</u>	56-1010
E-Mail Address: <u>TheoDeleon@PeoplesW</u>	aterService.Com	
SAMPLE INFORMATION (to be completed	by sampler)	
Sample Number:	Location Code (if kn	own):
Sample Date: 11/12/08	Sample Time: 8:31	AM PM (Circle One)
Sample Location (be specific): Well # 3 GAC	#1	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	NA mg/L Field pH: 5.5
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
Distribution	⊠Routine Compliance (with 62-550)	Quarterly (Which Quarter? 2nd)
☐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**	☐Violation Resolution
law (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
☐Max Residence Time	Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Co	omments:
☐Near First Customer	Full VOC	
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ac for nitrate or nitrite MCL (	Iditional requirements attach	2-550.550(4) for requirements and a results page for each site.
Sampler's Name: Russ Barrett		
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #: _	850-456-1010
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com	
·		
<b>CERTIFICATION</b> (to be completed by	sampler)	
I. Russ Barrett	. Wi	ater Plant Operator II,
(Print Name)		(Print Title)
do HEREBY CERTIFY that the above	ve public water system and samp	ole collection information is
complete and correct.	1	
Signature:		Date: 11/12/08
orginature.		

Florida Certification #: E81105

Page 3 of REPORT # 123108-32

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC

Address: 5806 E. HWY 22 PANAMA CITY, FL	Certification Expiration Date: 06-30-09 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be	
PWSID: 1170527	Sample Number: 398816
Lab Assigned Report Numbe	r or Job ID: 123108-32
System Name: Peoples Water	Service Co. Of FL Sample Location: Well #3 GAC #1
	compliance with Chapter 62-550, F.A.C. (Check all that apply)
All 17 All 30 Partial All Exce Nitrate Partial Nitrite Dioxin O Asbestos Only EDB  Were any analyses subcont	Single Sample Qtrly Composite**Secondaries All 14 racted? YES X NO Partial
If yes, please provide DO ATTACH DOH ANALYTE SHEET	H certification numbers: FOR EACH SUBCONTRACTED LAB*
_	CERTIFICATION
I, Trish Jackson	, President
	ical data are correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accredit	
Wational Environmental Laboratory Actieure	$10^{-1}$
Signature:	Date: 1231-08
	OH ab certification number and a current Analyte Sheet for the attached analysis
	post. possible enforcement analyst the public water supply for failure to sample, and
may result in notification of the DOH Bure	<del>-</del>
**Please provide radiological sample dates	and locations for each quarter.
COMPLIANCE DETERMINATION	to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes	_No Sample Analysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle	or highlight group(s) above)
_ Revised Report Requested (circle or high	light group(s) above)
_ Additional Monitoring Required (circle o	r highlight group(s) above)
<del></del>	_ Detection(s) Incomplete Report
<del>-</del>	_ Location Unsatisfactory _ Analysis Unsatisfactory
Other:	Data Natified.
Person Notified:	Date Notified:
Comments:	DED/DOU Dowing Official
<pre>Pate Reviewed:</pre>	DEP/DOH Reviewing Official:

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	<u>ug/l</u>	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	ID
2378	1,2,4-TRICHLOROBENZENE	70	398816	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	398816	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	398816	0.50	บ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	398816	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	398816	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	398816	0.5U	ឋ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	398816	0.50	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	398816	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	398816	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	398816	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	398816	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	398816	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	398816	0.50	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	398816	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	398816	0.5V	ŭ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	398816	0.50	Ü	1500CST	EPA 502.2	11/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	398816	0.5V	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2990	BENZENE	1	398816	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2991	TOLUENE	1,000	398816	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2992	ETHYLBENZENE	700	398816	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2996	STYRENE	100	398816	0. <b>5U</b>	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105

REPORT SERIAL NUMBER: 123108-33 Page 1

REPORT DATE: 12/31/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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Trish Jackson

President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available request. Analyses performed in the field are not regulated

the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print legibly)
stem Name: Peoples Water Service C	ompany of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): Community	y
Address: 905 Lownde Avenue	
City: Pensacola	State: <u>Florida</u> ZIP Code: <u>32507-0815</u>
Phone #: 850-455-8552	
E-Mail Address: <u>TheoDeleon@PeoplesW</u>	/aterService.Com
SAMPLE INFORMATION (to be completed	
Sample Number:	
Sample Date: 11/12/08	
Sample Location (be specific): Well # 3 GAC	#2
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.5
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter? 2nd
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** ☐Violation Resolution
(aw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
□Near First Customer	Full VOC
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for action for nitrate or nitrite MCL.	dditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: <u>850-456-1010</u>
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com
<b>CERTIFICATION</b> (to be completed by	sampler)
I, Russ Barrett	Water Plant Operator II
(Print Name)	(Print Title)
	ve public water system and sample collection information is
complete and correct.	
Signature:	Date: 11/12/08

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

· Lab Name: THE WATER SPIG	OT, INC Florida	Certification #: E81105
Address: 5806 E. HWY 22	Certification Expiration I	Date: 06-30-09
PANAMA CITY, F	L 32404 Phone # 850	
ANALYSIS INFORMATION (to be	completed by lab) Date Sample	(s) Received: 11/13/08
PWSID: 1170527		er: 398817
Lab Assigned Report Number		
System Name: Peoples Wate:	r Service Co. Of FL Sample	Location: Well #3 GAC #2
Group(s) Analyzed & Results attached for	compliance with Chapter 62-550, F.A.C. (Check	all that apply)
Inorganics Synthetic	Organics Volatile Organics	Disinfection Byproducts
All 17 All 30	X All 21	Trihalomethanes
<del></del>	ept Dioxin_ Partial	Haloacetic Acids
Nitrate Partial	_ 1000101	Bromate
Nitrite Dioxin (	Only Radionuclides	Chlorite
Asbestos Only EDB	Single Sample	_
	_ Qtrly Composite*	*Secondaries
		All 14
Were any analyses subcont	racted? YES X NO	Partial
If yes, please provide DO	OH certification numbers:	<del>-</del>
	FOR EACH SUBCONTRACTED LAB*	
<u>.</u>		
	CERTIFICATION	
T Maigh Taglegon	D	
I, Trish Jackson	, President	
	tical data are correct and unless otherwise no	oted meet all requirements of the
National Environmental Laboratory Accredi	tation_Conference (NELAC).	10 -1
Signature:	Date	: [2-31-08
	DOH lab certification number and a current And	
	eport, possible enforcement anainst the public	
may result in notification of the DOH Bur	1 /	; water supply for failure to sample, and
**Please provide radiological sample date	_	
ridade provide radiological dampie date	s and locations for each quarter.	
COMPLIANCE DETERMINATION	(to be completed by DEP or DOH)	
	_No Sample Analysis Info Satisfactory: _Yes	No
· -		-
_ Replacement Sample(s) Requested (circle	or highlight group(s) above)	
_ Revised Report Requested (circle or hig	hlight group(s) above)	
additional Manihanian Remissa (-i)		
Additional Monitoring Required (circle	· ·	_
Reason(s): _ MCL(s) Exceeded _ Missing Analyte Sheet(s)	Detection(s) Incomplete Repo	
_ Missing Analyte Sheet(s)	_ Location Unsatisfactory _ Analysis Unsati	stactory
Person Notified:	Date Not	ified:
Comments:	Date Not	
Pate Reviewed:	DEP/DOH Reviewing Official	<del>:</del>

Parameter		MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID <u>Name</u>	, , , , , , , , , , , , , , , , , , ,	<u>ug/1</u>	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	ID
2378 1,2,4-7	TRICHLOROBENZENE	70	398817	0.5ช	บ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2380 CIS-1,2	-DICHLOROETHYLENE	70	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2955 XYLENES	(TOTAL)	10,000	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2964 DICHLOR	COMETHANE	5	398817	0.5V	Ų	1500CST	EPA 502.2	11/25/08	0.5	E81105
2968 Q-DICHL	OROBENZENE	600	398817	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2969 PARA-DI	CHLOROBENZENE	<b>7</b> 5	398817	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2976 VINYL C	HLORIDE	1	398817	០.5ប	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2977-1,1-DIC	HLOROETHYLENE	7	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2979 TRANS-1	,2-DICHLOROETHYLENE	100	398817	0.5U	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2980 1,2-DIC	HLOROETHANE	3	398817	0.50	ប	1500CST	EPA 502.2	11/25/08	0.5	E81105
2981 1,1,1-T	RICHLOROETHANE	200	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2982 CARBON	TETRACHLORIDE	3	398817	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2983 1,2-DIC	HLOROPROPANE	5	398817	0.50	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2984 TRICHLO	ROETHYLENE	3	398817	0.5U	υ	1500CST	EPA 502.2	11/25/08	0.5	E81105
2985 1,1,2-T	RICHLOROETHANE	5	398817	0.5V	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2987 TETRACH	LOROETHYLENE	3	398817	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2989 MONOCHL	OROBENZENE	100	398817	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2990 BENZENE		1	398817	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2991 TOLUENE		1,000	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2992 ETHYLBE	NZENE	700	398817	0.50	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2996 STYRENE		100	398817	0.50	บ	1500CST	EPA 502.2	11/25/08	0.5	E81105

REPORT SERIAL NUMBER: 110508-29 Page 1

REPORT DATE: 11/05/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler – Please type or print legibly)
tem Name: Peoples Water Service Co	ompany of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommunity	Nontransient Noncommunity
Address: 905 Lownde Avenue	
City: Pensacola	State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552	Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesW	aterService.Com
SAMPLE INFORMATION (to be completed to	by sampler)
Sample Number:	Location Code (if known):
Sample Date: 10/13/08	Sample Time: 11:00 (AM) PM (Circle One)
Sample Location (be specific): Well 3 Effluent	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.4
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
☐ Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter? 2nd)
⊠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** ☐Violation Resolution
(at well or intake)	Clearance (permitting)
☐Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	Full VOC
*See 62-550.500(6) for requirement NOTE: See 62-550.512(3) for add for nitrate or nitrite MCL e	ditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: <u>850-456-1010</u>
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com
CERTIFICATION (to be completed by	sampler)
I, Russ Barrett	, Water Plant Operator II
(Print Name)	(Print Title)
do HEREBY CERTIFY that the aborcomplete and correct.	ve public water system and sample collection information is
Signature:	Date: <u>/0//3/08</u>

Florida Certification #: E81105

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC

	Certification Expiration I	
PANAMA CITY, F		
PWSID: 1170527	be completed by lab)  Date Sample	
Lab Assigned Report Numb		per: 395992
		Togation, Wall #2 Effice
	er Service Co. Of FL Sample compliance with Chapter 62-550, F.A.C. (Check	
Group(s) Analyzed & Results attached for	compliance with Chapter 62-550, F.A.C. (Check	all that apply)
Inorganics Synthetic	Organics Volatile Organics	Disinfection Byproducts
All 17 All 30	X All 21	Trihalomethanes
Partial All Exc	ept Dioxin Partial	Haloacetic Acids
Nitrate Partial	_	Bromate
Nitrite Dioxin	Only Radionuclides	- Chlorite
_ Asbestos Only_ EDB	Single Sample	
<del>-</del>	Qtrly Composite*	**Secondaries
		All 14
Were any analyses subcon	tracted? YES X NO	_ Partial
If yes, please provide D	OH certification numbers:	<del>-</del>
ATTACH DOH ANALYTE SHEET	FOR EACH SUBCONTRACTED LAB*	<b>k</b>
	CERTIFICATION	
T Trich Tackgon	Drogidant	
I, Trish Jackson	, President	
	ytical data are correct and unless otherwise n	oted meet all requirements of the
National Environmental Laboratory Accred	itation Conference (NELAC).	11 1 0
Signature:	Nocto Date	11-60X
<del></del>	DOH lab certification number and a current An	
	report, possible enforcement anainst the publi	
may result in notification of the DOH Bu	\ 1	.c water supply for ratifice to sample, and
**Please provide radiological sample date	_	
	es and rocacrons for each quarter.	
COMPLIANCE DETERMINATION	(to be completed by DEP or DOH)	
	s _No Sample Analysis Info Satisfactory: _Yes	No
	_	_
_ Replacement Sample(s) Requested (circle	e or highlight group(s) above)	
_ Revised Report Requested (circle or hi	ghlight group(s) above)	
Additional Monitoring Required (circle	or highlight group(s) above)	
Reason(s): MCL(s) Exceeded	_ Detection(s) _ Incomplete Repo	ort
_ Missing Analyte Sheet(s)	_ Location Unsatisfactory _ Analysis Unsati	
_ Other:		
Person Notified:	Date Not	ified:
Comments:		
<pre>pate Reviewed:</pre>	DEP/DOH Reviewing Official	1:

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
<u>r</u> p	Name	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	ID
2378	1,2,4-TRICHLOROBENZENE	70	395992	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	395992	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	395992	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964	DICHLOROMETHANE	5	395992	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968	Q-DICHLOROBENZENE	600	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	395992	0.5V	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976	VINYL CHLORIDE	1	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	395992	0.50	ŭ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979	${\tt TRANS-1,2-DICHLOROETHYLENE}$	100	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	395992	0 - ST	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	395992	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	395992	0.5 <b>U</b>	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	395992	0.5U	υ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	395992	0.50	บ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	395992	0.5ប	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	395992	0.54	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990	BENZENE	1	395992	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991	TOLUENE	1,000	395992	0.5U	ប	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992	ETHYLBENZENE	700	395992	0.50	ប	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996	STYRENE	100	395992	o.5v	Ű	0930CST	EPA 502.2	10/28/08	0.5	E81105

REPORT SERIAL NUMBER: 110508-26 Page 1

REPORT DATE: 11/05/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available or request. Analyses performed in the field are not regulated the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

	N (to be completed by sampler – Please type or print legibly)						
em Name: Peoples Water Service Co	ompany of Florida, Inc. PWS I.D. #: FL 1170527						
System Type (check one): Community							
Address: 905 Lownde Avenue							
City: Pensacola	State: Florida ZIP Code: 32507-0815						
Phone #: 850-455-8552	Fax #: <u>850-456-1010</u>						
E-Mail Address: <u>TheoDeleon@PeoplesW</u>	aterService.Com						
SAMPLE INFORMATION (to be completed to	by sampler)						
Sample Number:	Location Code (if known):						
Sample Date: 10/13/08	Sample Time: 11:03AM PM (Circle One)						
Sample Location (be specific): Well 3 GAC #1	1 55%						
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.4						
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)						
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter? 2nd)						
☐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** ☐Violation Resolution						
aw (at well or intake)	☐Clearance (permitting) ☐Replacement (of Invalidated Sample)						
☐Max Residence Time	Other:						
☐Ave Residence Time	Sampling Procedure Used or Other Comments:						
☐Near First Customer	Full VOC						
*See 62-550.500(6) for requirements and restrictions.  NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.  **See 62-550.550(4) for requirements and attach a results page for each site.							
Sampler's Name: Russ Barrett							
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #: 850-456-1010						
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com						
CERTIFICATION (to be completed by	sampler)						
I, Russ Barrett	Water Plant Operator II						
(Print Name)	(Print Title)						
do HEREBY CERTIFY that the above complete and correct.	ve public water system and sample collection information is						
Signature:	7 Date: 19/13/08						

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC Address: 5806 E. HWY 22 Certifi PANAMA CITY, FL 32404	Florida Certification #: E81105 cation Expiration Date: 06-30-09 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by	Date Sample(s) Received: 10/14/08
PWSID: 1170527	Sample Number: 395990
Lab Assigned Report Number or Job	ID: 110508-26
System Name: Peoples Water Service	Co. Of FL Sample Location: Well #3 GAC #1
Group(s) Analyzed & Results attached for compliance with	
	Volatile Organics Disinfection Byproducts
All 17 All 30	X All 21 _ Trihalomethanes
Partial All Except Dioxi	
_ Nitrate _ Partial	_ Bromate
_ Nitrite _ Dioxin Only	Radionuclides _ Chlorite
_ Asbestos Only _ EDB	_ Single Sample
	_ Qtrly Composite**Secondaries
Nore any analyzed subsentmented?	All 14
Were any analyses subcontracted? If yes, please provide DOH certif	
ATTACH DOH ANALYTE SHEET FOR EACH	
CERT	IFICATION
i, Trish Jackson	, President
4	correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Confere	nce (NELAC).
Signature: Will bold	Date: 1608
1 1	ication number and a current Analyte Sheet for the attached analysis
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e enforcement anainst the public water supply for failure to sample, and
may result in notification of the DOH Bureau of Laborat	
**Please provide radiological sample dates and location	s for each quarter.
COMPLIANCE DETERMINATION (to be complet	
Sample Collection Info Satisfactory: _Yes _No Sample A	nalysis into sacistactory: _ies _no
_ Replacement Sample(s) Requested (circle or highlight	group(s) above)
_ Revised Report Requested (circle or highlight group(s	) above)
_ Additional Monitoring Required (circle or highlight g	roup(s) above)
Reason(s):MCL(s) ExceededDetection(s	
_ Missing Analyte Sheet(s) _ Location Un _ Other:	
Person Notified:	Date Notified:
Comments:	
Date Reviewed: DEP/DOH	Reviewing Official:

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Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
<u>ID</u>	Name	ug/l	Number	Result(ug/l)	Qua1	Time	Method	Date	(ug/1)	<u>ID</u>
2378	1,2,4-TRICHLOROBENZENE	70	395990	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	395990	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	395990	0.50	υ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964	DICHLOROMETHANE	5	395990	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	395990	0.50	Ų	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	395990	0.5V	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976	VINYL CHLORIDE	1	395990	0.50	ប	0930CST	EPA 502.2	10/28/08	0.5	B81105
2977	1,1-DICHLOROETHYLENE	7	395990	0.5 <b>U</b>	υ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	395990	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	395990	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	395990	0.50	υ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	395990	0.50	υ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	395990	0.50	Ū	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	395990	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	395990	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	395990	0.50	ប	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990	BENZENE	1	395990	0.50	υ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991	TOLUENE	1,000	395990	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992	ETHYLBENZENE	700	395990	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996	STYRENE	100	395990	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105

REPORT SERIAL NUMBER: 110508-28 Page 1

REPORT DATE: 11/05/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

report may not be reproduced except in full with written approval from the laboratory.

PUBLIC WATER SYSTEM INFORMATION	ON (to be completed by sampler – Please type or print legibly)					
System Name: Peoples Water Service	Company of Florida, Inc. PWS I.D. #: FL 1170527					
stem Type (check one): XXCommun	ity Nontransient Noncommunity Transient Noncommunity					
Address: 905 Lownde Avenue						
City: Pensacola	State: Florida ZIP Code: 32507-0815					
City: Pensacola State: Florida ZIP Code: 32507-0815  Phone #: 850-455-8552 Fax #: 850-456-1010						
E-Mail Address: <u>TheoDeleon@Peoples</u>	· · · · · · · · · · · · · · · · · · ·					
SAMPLE INFORMATION (to be completed	d by sampler)					
Sample Number:						
Sample Date: 10/13/08						
Sample Location (be specific): Well 3 GAC						
·	g results for trihalomethanes and haloacetic acids): NAmg/L Field pH: 5.4					
Distinction in the student (required when reported	g results for timalometrianes and haroaceuc acids). THA THEY TOTAL PT. U.T					
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)					
Distribution	☑Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd					
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** ☐Violation Resolution					
aw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)					
LiMax Residence Time	Other:					
□Ave Residence Time	Sampling Procedure Used or Other Comments:					
— ☐Near First Customer	Full VOC					
*See 62-550.500(6) for required NOTE: See 62-550.512(3) for a for nitrate or nitrite MCI	additional requirements attach a results page for each site.					
Sampler's Name: Russ Barrett						
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #: 850-456-1010					
Sampler's E-Mail Address: TheoDeleon						
CERTIFICATION (to be completed b	y sampler)					
I, Russ Barrett	, Water Plant Operator II					
(Print Name)	(Print Title)					
do HEREBY CERTIFY that the abo complete and correct.	ove public water system and sample collection information is					
	aster to a					
Signature:	Date: <u>/ 1/3/08</u>					

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

PANAMA CITY, FL 32404 ANALYSIS INFORMATION (to be completed by PWSID: 1170527 Lab Assigned Report Number or Job System Name: Peoples Water Service Group(s) Analyzed & Results attached for compliance with Inorganics  All 17  Synthetic Organics All 30	Sample Number: 395991  D: 110508-28  Co. Of FL Sample Location: Well #3 GAC #2  Ch Chapter 62-550, F.A.C. (Check all that apply)  Volatile Organics X All 21  Trihalomethanes
Partial _ All Except Dioxi	<u> </u>
_ Nitrate _ Partial	_ Bromate
_ Nitrite _ Dioxin Only	Radionuclides _ Chlorite
_ Asbestos Only _ EDB	_ Single Sample
	_ Qtrly Composite**Secondaries
	_ All 14
Were any analyses subcontracted?	$\underline{\hspace{0.1cm}}$ YES $\underline{\hspace{0.1cm}}$ NO $\underline{\hspace{0.1cm}}$ Partial
If yes, please provide DOH certifattaCH DOH ANALYTE SHEET FOR EACH	
CERT	TIFICATION
I, Trish Jackson	, President
$m{A}$	e correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Confere	ence (NELAC).
Signature:	Date: 1008
* Failure to provide a valid and current DOH land certif	ication number and a current Analyte Sheet for the attached analysis
results will result in rejection of the report, possibl	e enforcement anainst the public water supply for failure to sample, and
may result in notification of the DOH Bureau of Laborat	cory Services.
**Please provide radiological sample dates and location	s for each quarter.
COMPLIANCE DETERMINATION (to be complete	ed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample A	nalysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle or highlight	group(s) above)
_ Revised Report Requested (circle or highlight group(s	above)
_ Additional Monitoring Required (circle or highlight o	roup(s) above)
Reason(s): _ MCL(s) Exceeded _ Detection(s	· · · · ·
	satisfactory _ Analysis Unsatisfactory
Other:	
Person Notified:	Date Notified:
Comments:	
	Reviewing Official:

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	<u>ug/1</u>	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	ID
2378	1,2,4-TRICHLOROBENZENE	70	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	395991	0.50	υ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	395991	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964	DICHLOROMETHANE	5	395991	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	395991	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	395991	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976	VINYL CHLORIDE	1	395991	0.5V	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2977	1,1-DICHLOROSTHYLENE	7	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979	${\tt TRANS-1,2-DICHLOROETHYLENE}$	100	395991	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	395991	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	395991	0.50	Ũ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	395991	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	395991	0.5U	Ų	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	395991	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	395991	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990	BENZENE	. 1	395991	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991	TOLUENE	1,000	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992	ETHYLBENZENE	700	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996	STYRENE	100	395991	0.50	Ţ	0930CST	EPA 502.2	10/28/08	0.5	E81105

REPORT SERIAL NUMBER: 110508-25 Page 1

REPORT DATE: 11/05/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave. Pensacola, FL 32

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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DEP SIGNATURE FORMS

MCL

DATA QUALIFIER

4 Pages

1 Pages

2 Pages

1 Pages

1 Pages

1

Trish Jackson

PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated the NELAC standards.

is report may not be reproduced except in full with written approval from the laboratory.

	N (to be completed by sampler Please type or print legibly)
stem Name: Peoples Water Service Co	ompany of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommunity	Nontransient Noncommunity
Address: 905 Lownde Avenue	
City: Pensacola	State: Florida ZIP Code: 32507-0815
Phone #: <u>850-455-8552</u>	
E-Mail Address: <u>TheoDeleon@PeoplesW</u>	aterService,Com
SAMPLE INFORMATION (to be completed I	
Sample Number:	
Sample Date: 10/13/08	Sample Time: 11:02 (AM PM (Circle One)
Sample Location (be specific): Well 3 RAW	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): mg/L Field pH: 5.4
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter? 2nd)
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**
:aw (at well or intake)	Clearance (permitting)
☐Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	Full VOC
*See 62-550.500(6) for requirement NOTE: See 62-550.512(3) for add for nitrate or nitrite MCL 6	ditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: <u>850-456-1010</u>
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com
CERTIFICATION (to be completed by	samnlar)
OLIVIII IOATION (to be competed by	Sample)
I, Russ Barrett	, Water Plant Operator II
(Print Name)	(Print Title)
do HEREBY CERTIFY that the above complete and correct.	ve public water system and sample collection information is
	, ,
Signature June / Je	Date: 19/13/08
(	·

ABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC Address: 5806 E. HWY 22 Certific PANAMA CITY, FL 32404 ANALYSIS INFORMATION (to be completed by 1 PWSID: 1170527 Lab Assigned Report Number or Job System Name: Peoples Water Service Group(s) Analyzed & Results attached for compliance with	Phone # 850 Phone # 850 Date Sample( Sample Number ID: 110508-25 Co. Of FL Sample	-871-1900 s) Received: 10/14/08 er: 395989 Location: Well #3-Influe
Inorganics Synthetic Organics  All 17 All 30  Partial All Except Dioxin  Nitrate Partial  Nitrite Dioxin Only  Asbestos Only EDB  Were any analyses subcontracted?  If yes, please provide DOH certifications  ATTACH DOH ANALYTE SHEET FOR EACH	<pre>X All 21 n_ Partial  Radionuclides Single Sample Qtrly Composite*:  YES X NO ication numbers:</pre>	Disinfection Byproducts Trihalomethanes Haloacetic Acids Bromate Chlorite  *Secondaries All 14 Partial
CERTI	IFICATION	
do HEREBY CERTIFY that all attached analytical data are National Environmental Laboratory Accreditation Conferent Signature:  * Failure to provide a valid and current DOH lab certifit results will result in rejection of the report, possible may result in notification of the DOH Bureau of Haborato **Please provide radiological sample dates and locations  COMPLIANCE DETERMINATION (to be complete Sample Collection Info Satisfactory: _Yes _No Sample An _ Replacement Sample(s) Requested (circle or highlight gr _ Revised Report Requested (circle or highlight gr _ Revised Report Requested (circle or highlight gr Reason(s): _ MCL(s) Exceeded Detection(s)	Date Cation number and a current Anale enforcement anainst the public cry Services. If for each quarter. Indiby DEP or DOH) Inalysis Info Satisfactory: _Yes  (roup(s) above)  above)	lyte Sheet for the attached analysis water supply for failure to sample, and No
Comments: Date Reviewed: DEP/DOH	Reviewing Official	:

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Parameter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	ug/l	Number	Result(ug/1)	Qual	Time	Method	Date	(ug/1)	ID
2378 1,2,4-TRICHLOROBENZENE	70	395989	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	395989	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	395989	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964 DICHLOROMETHANE	5	395989	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	395989	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	395989	0.5U	Ţ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976 VINYL CHLORIDE	1	395989	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	395989	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	395989	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	395989	0.5 <b>U</b>	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	395989	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	395989	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	395989	0 . 5ช	υ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	395989	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	395989	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	395989	4.9		0930CST	EPA 502.2	10/28/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	395989	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990 BENZENE	1	395989	0.50	υ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991 TOLUENE	1,000	395989	0.50	υ	0930CST	EPA 502.2	10/28/08	0.5	B81105
2992 ETHYLBENZENE	700	395989	0.5U	ប	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996 STYRENE	100	395989	0.5V	บ	0930CST	EPA 502.2	10/28/08	0.5	E81105

Analysis Results Above MCL Page 1

Client Sample Analysis
Number Analysis Number Sample ID Date Time BY Result MCL

286 TECE 395989 People's WS1014

08-111 #3 Raw 10/28/08 0930CST DLB 4.9 3.0

REPORT SERIAL NUMBER: 052808-12 Page 1

REPORT DATE: 05/28/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

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Trish Jackson PRESIDENT

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A atement of estimated uncertainty of test results is available or request.

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Analysis Results Above MCL

Page 1' Analysis Date Time Sample ber Analysis 2286 TECE Number Sample ID 377033 People's WS0410 Result MCL BY 04/10/08 1545CST DLB 08-95 #3 Raw 7.3 3.0

BLIC WATER SYSTEM INFORMATION		•
System Name: Peoples Water Service C		/S I.D. #: <u>FL 1170527</u>
System Type (check one): XXCommuni	y Nontransient Noncomn	nunity
Address: 905 Lownde Avenue		
City: Pensacola	State: I	Florida ZIP Code: <u>32507-0815</u>
Phone #: 850-455-8552		850-456-1010
E-Mail Address: TheoDeleon@Peoples\		
SAMPLE INFORMATION (to be completed	by sampler)	
Sample Number:	Location Cod	e (if known):
Sample Date: 4/9/08	Sample Time	: 8:51 AM PM (Circle One)
Sample Location (be specific): Well 3 Effluer	nt	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic	acids): 0.6 mg/L Field pH: 7.2
Sample Type (Check Only One)	Reason(s)	for Sample (Check all that apply)
☐Distribution	⊠Routine Compliance (with 62-55	0) Quarterly (Which Quarter?
Entry Point (to Distribution)	☐Confirmation of MCL Exceeda	nce* Special (not for compliance with 62-550)
'lant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
☐Max Residence Time	Other:	
☐Ave Residence Time	Sampling Procedure Used or Oth	her Comments:
☐Near First Customer	Full Voc	
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements	*See 62-550.550(4) for requirements and attach a results page for each site.
Sampler's Name: Russ Barrett		
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fa	x #: <u>850-456-1010</u>
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com	
CERTIFICATION (to be completed by	y sampler)	
I, Russ Barrett		Water Plant Operator II
(Print Name)		(Print Title)
do HEREBY CERTIFY that the abo complete and correct	ove public water system and	sample collection information is
Signature		Date: <u>4/1/08</u>
Signature:	<u> </u>	Date. 1/1/20

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC	Florida Certification #: E81105
·	ication Expiration Date: 06-30-08
PANAMA CITY, FL 32404	Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by	Date Sample(s) Received: 04/10/08
PWSID: 1170527	Sample Number: 377036
Lab Assigned Report Number or Joh	_ · · · · · · · · · · · · · · · · · · ·
	e Co. Of FL Sample Location: Well #3 Efflue
Group(s) Analyzed & Results attached for compliance wit	<del>-</del>
	Volatile Organics Disinfection Byproducts
_ All 17 _ All 30	X All 21 _ Trihalomethanes
Partial All Except Dioxi	n_ Partial Haloacetic Acids
_ Nitrate Partial	_ Bromate
Nitrite Dioxin Only	Radionuclides Chlorite
_ Asbestos Only _ EDB	Single Sample
_	_ Qtrly Composite** <u>Secondaries</u>
	All 14
Were any analyses subcontracted?	$\underline{\hspace{0.1cm}}$ YES $\underline{\hspace{0.1cm}}$ NO $\underline{\hspace{0.1cm}}$ Partial
If yes, please provide DOH certif	ication numbers:
ATTACH DOH ANALYTE SHEET FOR EACH	
•	
CERT	CIFICATION
I, Trish Jackson	, President
do HEREBY CERTIFY that all attached analytical data are	e correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Confere	ence (NELAC).
1 1 1	12908
Signature:	Date:
, , , , , , , , , , , , , , , , , , ,	fication number and a current Analyte Sheet for the attached analysis
V	le enforcement anainst the public water supply for failure to sample, and
may result in notification of the DOH Bureau of Laborat	
**Please provide radiological sample dates and location	ns for each quarter.
CONDITANCE DEPENDATION	
COMPLIANCE DETERMINATION (to be complete	
Sample Collection Info Satisfactory: _Yes _No Sample F	Analysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle or highlight	dronb(a) apone)
Period Papert Period (girale or highlight group)	v) shows)
_ Revised Report Requested (circle or highlight group(s	s) above)
Additional Monitoring Required (circle or highlight g	rroun(g) above)
Reason(s): MCL(s) Exceeded Detection(s	
	nsatisfactory _ Analysis Unsatisfactory
Other:Other:	reserve cost wistlass offsetstactory
Person Notified:	Date Notified:
omments:	
	Reviewing Official:

Parameter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	<u>ug/1</u>	Number	Result(ug/1)	Qual	Time	Method	Date	(ug/1)	ID
2378 1,2,4-TRICHLOROBENZENE	70	377036	0.50	υ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	377036	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	377036	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2964 DICHLOROMETHANE	5	377036	0.50	Ŭ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	377036	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	377036	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2976 VINYL CHLORIDE	1	377036	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	377036	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLEN	3 100	377036	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	377036	0 <b>.</b> 5U	ប	1545CST	EPA 502.2	04/10/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	377036	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	377036	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	377036	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	377036	0.5U	υ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	377036	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	377036	0.5U	U	1545CST	BPA 502.2	04/10/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	377036	0.5U	υ	1545CST	EPA 502.2	04/10/08	0.5	B81105
2990 BENZENE	1	377036	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2991 TOLUENE	1,000	377036	0.5U	υ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2992 ETHYLBENZENE	700	377036	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2996 STYRENE	100	377036	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105

PUBLIC WATER SYSTEM INFORMATION	N (to be completed by sampler – Please type or print legibly)						
System Name: Peoples Water Service Co	ompany of Florida, Inc. PWS I.D. #: FL 1170527						
System Type (check one): XXCommunity	Nontransient Noncommunity						
Address: 905 Lownde Avenue							
City: Pensacola	State: Florida ZIP Code: 32507-0815						
Phone #: <u>850-455-8552</u> Fax #: <u>850-456-1010</u>							
E-Mail Address: <u>TheoDeleon@PeoplesW</u>	aterService.Com						
SAMPLE INFORMATION (to be completed in	by sampler)						
Sample Number:	Location Code (if known):						
Sample Date: 4/9/08	Sample Time: 8:48 (AM) PM (Circle One)						
Sample Location (be specific): Well 3 Raw							
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.2						
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)						
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter?)						
Entry Point (to Distribution)	Confirmation of MCL Exceedance*						
Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites** ☐Violation Resolution						
☑Raw (at well or intake)	Clearance (permitting)						
☐Max Residence Time	Other:						
☐Ave Residence Time	Sampling Procedure Used or Other Comments:						
☐Near First Customer	Full Voc						
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL of	Iditional requirements attach a results page for each site.						
Sampler's Name: Russ Barrett							
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #: <u>850-456-1010</u>						
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com						
CERTIFICATION (to be completed by	sampler)						
I, Russ Barrett	, Water Plant Operator II						
(Print Name) (Print Title)							
do HEREBY CERTIFY that the above public water system and sample collection information is							
complete and correct							
Signature:	Date: 4/1/08						
	- ··· - · · · · · · · · · · · · · · · ·						

Reporting Format 62-550.730

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Param	eter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	<u>ug/l</u>	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	ID
2378	1,2,4-TRICHLOROBENZENE	70	377033	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	377033	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	377033	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2964	DICHLOROMETHANE	5	377033	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	377033	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	377033	0.5U	ប	1545CST	EPA 502.2	04/10/08	0.5	E81105
2976	VINYL CHLORIDE	1	377033	0.5U	υ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	377033	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2979 '	TRANS-1,2-DICHLOROETHYLENE	100	377033	0.5V	ប	1545CST	EPA 502.2	04/10/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	377033	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	377033	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	377033	0.50	υ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	377033	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	377033	0.9	1	1545CST	EPA 502.2	04/10/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	377033	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	377033	7.3		1545CST	EPA 502.2	04/10/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	377033	0.50	ប	1545CST	EPA 502.2	04/10/08	0.5	E81105
2990 I	BENZENE	1	377033	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2991	POLUENE	1,000	377033	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2992 1	ethylbenzene	700	377033	0.50	υ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2996	STYRENE	100	377033	0.50	υ	1545CST	EPA 502.2	04/10/08	0.5	E81105

BLIC WATER SYSTEM INFORMATION	ON (to be completed by se	ampler – Please type	e or print legibly)	
System Name: Peoples Water Service 0	Company of Florida, Inc	: PWS I.D.	#: FL 11705	<u>27</u>
System Type (check one): XXCommuni	ty   Nontransie	nt Noncommunity	∐Transier	nt Noncommunity
Address: 905 Lownde Avenue				
		·		
City: Pensacola		State: Florida	ZIP Code: _	32507-0815
Phone #: <u>850-455-8552</u>		Fax #: <u>850-45</u>	6-1010	
E-Mail Address: <u>TheoDeleon@Peoples\</u>	NaterService.Com		<del> </del>	
CAMOLE INCODIATION (1-1	11			
SAMPLE INFORMATION (to be completed		ti O-d- ///		
Sample Number:		ocation Code (if known		$\overline{}$
Sample Date: 4/9/08Sample Location (be specific): Well 3 GAC #		ample Time: 8:49	•	AM PM (Circle One)
Disinfectant Residual (Required when reporting				Field pH: 5.2
Distriction (Nequired witer reporting	gresults for unialothernalies	and natoaceuc actus).	NA NIG/L	1 teld ph. 5.2
Sample Type (Check Only One)		Reason(s) for Sai	nple (Check all that a	apply)
Distribution	⊠Routine Compliand	• •		ch Quarter?
Entry Point (to Distribution)	☐Confirmation of Me	·	_	compliance with 62-550)
Plant Tap (not for compliance with 62-550)	☐Composite of Mult	iple Sites**	☐Violation Reso	
⊠Raw (at well or intake)	Clearance (permittin	ıg)	Replacement	(of Invalidated Sample)
Max Residence Time	Other:			
☐Ave Residence Time	Sampling Procedure	Used or Other Co	mments:	· - · · · · · · · · · · · · · · · · · ·
☐Near First Customer	Full Voc			
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements		2-550.550(4) for req a results page for e	
Sampler's Name: Russ Barrett				
Sampler's Phone #: <u>850-455-8552</u>	s	ampler's Fax #: _t	350-456-1010	
Sampler's E-Mail Address: <u>TheoDeleon@</u>	PeoplesWaterService	.Com		
CERTIFICATION (to be completed by	r sampler)			
I. Russ Barrett		. Wa	ater Plant Oper	ator II
(Print Name)		··	(Print Title)	
do HEREBY CERTIFY that the abo	ove public water sys	stem and samp	le collection inf	formation is
complete and correct.				
nature:	7	<del>.</del>	Date: 🗲	1/9/00
			<del>_</del> 7	

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Address: 5806 E. HWY 22 Co	ertification Expiration Date: 06-30-08
ANALYSIS INFORMATION (to be comp PWSID: 1170527 Lab Assigned Report Number of	Date Sample(s) Received: 04/10/08 Sample Number: 377034
	ervice Co. Of FL Sample Location: Well #3 GAC #1
_ All 17	Single Sample Qtrly Composite**Secondaries All 14
If yes, please provide DOH of ATTACH DOH ANALYTE SHEET FOR	certification numbers:
	CERTIFICATION
I, Trish Jackson	, President  data are correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation	$\sim$
COMPLIANCE DETERMINATION (to be Sample Collection Info Satisfactory: _Yes _No	
_ Replacement Sample(s) Requested (circle or h	righlight group(s) above)
_ Revised Report Requested (circle or highligh	et group(s) above)
Additional Monitoring Required (circle or hi	
	cation(s) _ Incomplete Report cation Unsatisfactory _ Analysis Unsatisfactory
_ Other:Person Notified:	
omments:	Date Notified:
Jate Reviewed: DE	EP/DOH Reviewing Official:

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Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	<u>ug/1</u>	Number	Result(ug/1)	Qual	Time	Method	Date	<u>{ug/1}</u>	<u>ID</u>
2378	1,2,4-TRICHLOROBENZENE	70	377034	0.5U	ប	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	377034	0.50	Ŭ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	377034	0.50	บ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2964	DICHLOROMETHANE	5	377034	<b>0.5</b> U	Ų	1545CST	EPA 502.2	04/10/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	377034	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	377034	0.5V	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2976	VINYL CHLORIDE	1	377034	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	377034	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	377034	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	377034	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	377034	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	377034	0.5U	υ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	377034	0.5U	ซ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	377034	0.8	I	1545CST	EPA 502.2	04/10/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	377034	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	377034	2.0	I	1545CST	EPA 502.2	04/10/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	377034	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2990	BENZENE	1	377034	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2991	TOLUENE	1,000	377034	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2992	ETHYLBENZENE	700	377034	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2996	STYRENE	100	377034	0.5 <b>U</b>	U	1545CST	EPA 502.2	04/10/08	0.5	E81105

BLIC WATER SYSTEM INFORMATIO	N (to be completed by san	npler – Please type	or print legibly)			
System Name: Peoples Water Service Co	ompany of Florida, Inc.	PWS I.D.	#: FL 11705	<u> 27</u>		
System Type (check one): XXCommunity	/ Nontransien	Noncommunity	□Transie	nt Noncommunity		
Address: 905 Lownde Avenue				· · · · · · · · · · · · · · · · · · ·		
		·				
City: Pensacola		State: Florida	ZIP Code:	32507-0815		
Phone #: 850-455-8552		Fax #: <u>850-45</u>	6-1010			
E-Mail Address: <u>TheoDeleon@PeoplesW</u>	aterService.Com					
SAMPLE INFORMATION (to be completed I	by sampler)					
Sample Number:	Loc	cation Code (if kno	own):			
Sample Date: 4/9/08	Sa	mple Time: 8:50	·	(AM) PM (Circle One)		
Sample Location (be specific): Well 3 GAC #2	2 55%					
Disinfectant Residual (Required when reporting	results for trihalomethanes ar	nd haloacetic acids):	NA mg/L	Field pH: 5.2		
Sample Type (Check Only One)	<u> </u>	Reason(s) for Sar	nple (Check all that	apply)		
Distribution	⊠Routine Compliance	e (with 62-550)	Quarterly (Whi	ch Quarter?)		
Entry Point (to Distribution)	☐Confirmation of MC	L Exceedance*	☐Special (not for	compliance with 62-550)		
iPlant Tap (not for compliance with 62-550)	☐Composite of Multip	ple Sites**				
☑Raw (at well or intake)	Clearance (permitting	)	□Replacement	(of Invalidated Sample)		
☐Max Residence Time	☐Other:					
☐Ave Residence Time	Sampling Procedure U	lsed or Other Co	mments:			
☐Near First Customer	Full Voc					
*See 62-550.500(6) for requireme NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e	Iditional requirements		2-550.550(4) for rea a results page for			
Sampler's Name: Russ Barrett						
Sampler's Phone #: 850-455-8552	Sa	mpler's Fax #: 🛂	<u>350-456-1010</u>	<u> </u>		
Sampler's E-Mail Address: TheoDeleon@	<u>PeoplesWaterService.0</u>	Com		<del></del>		
CERTIFICATION (to be completed by	sampler)					
I, Russ Barrett		. Wa	ater Plant Ope	rator II		
(Print Name)			(Print Title)			
do HEREBY CERTIFY that the above complete and correct.	ve public water syst	em and samp	le collection in	formation is		
enature: MSc-7			Date:	1/1/08		

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/10/08
PWSID: 1170527 Sample Number: 377035
Lab Assigned Report Number or Job ID: 052808-12
System Name: Peoples Water Service Co. Of FL Sample Location: Well #3 GAC #3
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts All 17 All 30 X All 21 Trihalomethanes
Partial All Except Dioxin Partial Haloacetic Acids
Nitrate Partial Bromate
Qtrly Composite**Secondaries
Warra and analysis subsent metad? VEC V NO Partie?
Were any analyses subcontracted? YES X NO Partial
If yes, please provide DOH certification numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
CERTIFICATION
CERTIFICATION
I, Trish Jackson , President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  Date: 5-2908
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  Date: 52908  * Failure to provide a valid and current DOH Jab certification number and a current Analyte Sheet for the attached analysis
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  Date: 5-2908
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  Date: 5-29-8  * Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analysis the public water supply for failure to sample, as
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  Date:  Date:  Date:  Pailure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analysis the public water supply for failure to sample, as may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates and locations for each quarter.
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  Date: 5298  * Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analysis the public water supply for failure to sample, as may result in notification of the DOH Bureau of Laboratory Services.
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  Date:  Date:  Date:  Pailure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analysis the public water supply for failure to sample, as may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates and locations for each quarter.
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  Date:  Date:  Date:  Date:  Date:  COMPLIANCE DETERMINATION (to be completed by DEP or DOH)  Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  * Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analysis the public water supply for failure to sample, a may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates and locations for each quarter.  COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  Date:  Date:  Date:  Pailure to provide a valid and current DOH is certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analysis the public water supply for failure to sample, a may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates and locations for each quarter.  COMPLIANCE DETERMINATION (to be completed by DEP or DOH)  Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No  Replacement Sample(s) Requested (circle or highlight group(s) above)
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  Date:  Date:  Date:  Date:  Date:  COMPLIANCE DETERMINATION (to be completed by DEP or DOH)  Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  * Pailure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analist the public water supply for failure to sample, a may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates and locations for each quarter.  COMPLIANCE DETERMINATION (to be completed by DEP or DOH)  Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No  Replacement Sample(s) Requested (circle or highlight group(s) above)  Revised Report Requested (circle or highlight group(s) above)
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation conference (NELAC).  Signature:  * Pailure to provide a valid and current DOH is certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, at may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates and locations for each quarter.  COMPLIANCE DETERMINATION (to be completed by DEP or DOH)  Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No  _ Replacement Sample(s) Requested (circle or highlight group(s) above)  _ Additional Monitoring Required (circle or highlight group(s) above)
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation conference (NELAC).  Signature:  * Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analysis the public water supply for failure to sample, at may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates and locations for each quarter.  COMPLIANCE DETERMINATION (to be completed by DEP or DOH)  Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No  Replacement Sample(s) Requested (circle or highlight group(s) above)  Revised Report Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  PREASON(s): MCL(s) Exceeded  Detection(s) Incomplete Report
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation conference (NELAC).  Signature:  * Pailure to provide a valid and current DOH is certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, at may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates and locations for each quarter.  COMPLIANCE DETERMINATION (to be completed by DEP or DOH)  Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No  _ Replacement Sample(s) Requested (circle or highlight group(s) above)  _ Additional Monitoring Required (circle or highlight group(s) above)
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation conference (NELAC).  Signature:  * Pailure to provide a valid and current DOH is certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, as may result in notification of the DOH Bureau of Laboratory Services.  ***Please provide radiological sample dates and locations for each quarter.  COMPLIANCE DETERMINATION (to be completed by DEP or DOH)  Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No  Replacement Sample(s) Requested (circle or highlight group(s) above)  Revised Report Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCD(s) Exceeded Detection(s) Incomplete Report  Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  * Failure:  * Pailure to provide a valid and current DOH in certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analist the public water supply for failure to sample, a may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates and locations for each quarter.  COMPLIANCE DETERMINATION (to be completed by DEP or DOH)  Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No  Replacement Sample(s) Requested (circle or highlight group(s) above)  _ Revised Report Requested (circle or highlight group(s) above)  _ Additional Monitoring Required (circle or highlight group(s) above)  _ Missing Analyte Sheet(s) _ Detection(s) _ Incomplete Report _ Missing Analyte Sheet(s) _ Location Unsatisfactory _ Analysis Unsatisfactory _ Other;  Person Notified: _ Date Notified: _ Comments:
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  * Failure to provide a valid and current DOH Ab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analysis the public water supply for failure to sample, as may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates and locations for each quarter.  COMPLIANCE DETERMINATION (to be completed by DEP or DOH)  Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No  Replacement Sample(s) Requested (circle or highlight group(s) above)  Revised Report Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Missing Analyte Sheet(s)

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	<u>ID</u>
2378	1,2,4-TRICHLOROBENZENE	70	377035	0.50	υ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2964	DICHLOROMETHANE	5	377035	0.5ช	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	377035	0.50	υ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2976	VINYL CHLORIDE	1	377035	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	377035	φ.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	377035	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	377035	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	377035	0 - SV	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	377035	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	377035	2.2	1	1545CST	EPA 502.2	04/10/08	0.5	B81105
2989	MONOCHLOROBENZENE	100	377035	0.50	Ų	1545CST	EPA 502.2	04/10/08	0.5	E81105
2990	BENZENE	1	377035	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2991	TOLUENE	1,000	377035	០.5ប	υ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2992	ETHYLBENZENE	700	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2996	STYRENE	100	377035	0.5U	ប	1545CST	EPA 502.2	04/10/08	0.5	E81105

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 061908-10 Page 1

REPORT DATE: 06/19/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

CERTIFICATE OF ANALYSIS
Custody sheet #12789
DEP signature sheets

Data qualifier legend

22 Pages 1 Pages 9 Pages 1 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

statement of estimated uncertainty of test results is available

on request.

This report may not be reproduced except in full with written approval from the laboratory.

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Address: 5806 E. HWY 22 Certification Expiration PANAMA CITY, FL 32404 Phone # ANALYSIS INFORMATION (to be completed by lab) Date Sam	ida Certification #: E81105 on Date: 06-30-08 850-871-1900 ple(s) Received: 05/07/08 Number: 379449
Lab Assigned Report Number or Job ID: 061908-10	
System Name: Peoples Water Service Co. Of FL Samp	ole Location: Well #3 Efflue
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (	Check all that apply)
	•••
Inorganics Synthetic Organics Volatile Organi	ics Disinfection Byproducts
All 17 All 30 X All 21	Trihalomethanes
_ Partial _ All Except Dioxin Partial	Haloacetic Acids
Nitrate Partial	Bromate
_ Nitrite _ Dioxin Only Radionuclides	- Chlorite
_ Asbestos Only _ EDB _ Single Sample	= -
Qtrly Composi	te**Secondaries
	All 14
Were any analyses subcontracted? YES X NO	_ Partial
If yes, please provide DOH certification numbers:	
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED I	AB*
<u>.</u>	
CERTIFICATION	
I, Trish Jackson , President	
do HEREBY CERTIFY that all attached analytical data are correct and unless otherw	ise noted meet all requirements of the
National Environmental Laboratory Accreditation Connerence (NELAC).	
Signature: LUCK 1000 I	Date: 6-19.01
* Failure to provide a valid and current DOH lab certification number and a curre	nt Analyte Sheet for the attached analysis
results will result in rejection of the report possible enforcement anainst the	public water supply for failure to sample, and
may result in notification of the DOH Bureau of Laboratory Services.	
**Please provide radiological sample dates and locations for each quarter.	
COMPLIANCE DETERMINATION (to be completed by DEP or DOH)	
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory:	_Yes _No
Replacement Sample(s) Requested (circle or highlight group(s) above)	
_ Revised Report Requested (circle or highlight group(s) above)	
additional Markhaulan Barrian (A. J. A. J.	
_ Additional Monitoring Required (circle or highlight group(s) above)	
Reason(s): MCL(s) ExceededDetection(s)Incomplete	<del>-</del>
_ Missing Analyte Sheet(s) _ Location Unsatisfactory _ Analysis Un	nsatisfactory
Person Notified: Date	Notified:
Comments:	NOLITIEG:
Date Reviewed: DEP/DOH Reviewing Office	
DBE/DOM Reviewing Office	.tat.

Page 10 of REPORT # 061908-10

Parameter		MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	<del></del>	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/1)	ID
2378 1,2,4-TF	CHLOROBENZENE	70	379449	0.5U	บ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2380 CIS-1,2-	DICHLOROETHYLENE	70	379449	0.50	ប	0800CST	EPA 502.2	05/19/08	0.5	E81105
2955 XYLENES	(TOTAL)	10,000	379449	0.50	U	OBOOCST	EPA 502.2	05/19/08	0.5	E81105
2964 DICHLORO	METHANE	5	379449	0. <b>5</b> U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2968 O-DICHLO	ROBENZENE	600	379449	0.50	ប	0800CST	EPA 502.2	05/19/08	0.5	E81105
2969 PARA-DIC	HLOROBENZENE	75	379449	0.5V	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2976 VINYL CH	LORIDE	1	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2977 1,1-DICH	LOROETHYLENE	7	379449	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2979 TRANS-1,	2-DICHLOROETHYLENE	100	379449	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2980 1,2-DICH	LOROETHANE	3	379449	0.5T	Ü	0800CST	EPA 502.2	05/19/08	0.5	E81105
2981 1,1,1-TR	ICHLOROETHANE	200	379449	0.50	υ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2982 CARBON T	etrachloride	3	379449	0.5 <del>0</del>	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2983 1,2-DICH	LOROPROPANE	5	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2984 TRICHLOR	OETHYLENE	3	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2985 1,1,2-TR	ICHLOROETH <b>AN</b> E	5	379449	0.5ΰ	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2987 TETRACHL	oroethylene	3	379449	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2989 MONOCHLO	ROBENZENE	100	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2990 BENZENE		1	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2991 TOLUENE		1,000	379449	0.5 <b>u</b>	υ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992 ETHYLBEN	ZENE	700	379449	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2996 STYRENE		100	379449	0.5U	U	0800CST	BPA 502.2	05/19/08	0.5	E81105

UBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print legibly)
System Name: Peoples Water Service C	ompany of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommunity	
Address: 905 Lownde Avenue	
City: Pensacola	State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552	Fax #: 850-456-1010
E-Mail Address: <u>TheoDeleon@PeoplesV</u>	/aterService.Com
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	
Sample Date: 5/6/08	Sample Time: 10:05 AM PM (Circle One)
Sample Location (be specific): Well 3 RAW_	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): mg/L Field pH: 5.4
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
☐ Distribution	☑Routine Compliance (with 62-550) ☐Quarterly (Which Quarter? 2nd)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*
Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites** ☐Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
☐Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	Full VOC
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: <u>850-456-1010</u>
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com
CERTIFICATION (to be completed by	sampler)
I,Russ Barrett	Water Plant Operator II
(Print Name)	(Print Title)
do HEREBY CERTIFY that the abo	ve public water system and sample collection information is
complete and correct.	<i>)</i>
Signature:	Date: 5/6/08
,	

Reporting Format 62-550.730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 850-871-1900  ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/07/08  PWSID: 1170527 Sample Number: 379446  Lab Assigned Report Number or Job ID: 061908-10
System Name: Peoples Water Service Co. Of FL Sample Location: Well #3-Influ Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)
Inorganics Synthetic Organics Volatile Organics Disinfection Byproduct  All 17
If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
CERTIFICATION
I, Trish Jackson , President  do HEREBY CERTIFY that all at ached analytical data are correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  Date: 6/9-01
* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analysis the public water supply for failure to sample, as may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.
COMPLIANCE DETERMINATION (to be completed by DEP or DOH) Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle or highlight group(s) above)
_ Revised Report Requested (circle or highlight group(s) above)
_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _MCL(s) Exceeded _ Detection(s) _ Incomplete Report _ Missing Analyte Sheet(s) _ Location Unsatisfactory _ Analysis Unsatisfactory
Person Notified: Date Notified:
Comments: DEP/DOH Reviewing Official:
Page 3 of REPORT # 061908-10

Page 4 of REPORT # 061908-10

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	<u>ug/l</u>	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	<u>ID</u>
		*								
2378	1,2,4-TRICHLOROBENZENE	70	379446	0 - 5 <b>U</b>	บ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	379446	0 - 5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	379446	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2964	DICHLOROMETHANE	5	379446	0.5U	υ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	379446	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	379446	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	B81105
2976	VINYL CHLORIDE	1	379446	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	B81105
2977	1,1-DICHLOROETHYLENE	7	379446	0.5 <b>U</b>	U	OBOOCST	EPA 502.2	05/19/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	379446	0.50	υ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	379446	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	379446	0.50	υ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	379446	0.5υ	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	379446	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	379446	0.50	υ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	379446	0.50	υ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	379446	25.1		0800CST	EPA 502.2	05/19/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	379446	ο.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2990	BENZENE	1	379446	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2991	TOLUENE	1,000	379446	0.5U	υ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992	ETHYLBENZENE	700	379446	0.5 <b>U</b>	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2996	STYRENE	100	379446	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105

UBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print legibly)
System Name: Peoples Water Service C	ompany of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommunity	y
Address: 905 Lownde Avenue	
City: Pensacola	State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552	Fax #: 850-456-1010
E-Mail Address: <u>TheoDeleon@PeoplesW</u>	/aterService.Com
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	Location Code (if known):
Sample Date: 5/6/08	Sample Time: 10:09 AM PM (Circle One)
Sample Location (be specific): Well 3 GAC #	1 55%
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): mg/L Field pH: 5.4
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
☐Distribution	⊠Routine Compliance (with 62-550)
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** ☐Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
☐Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	Full VOC
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ac for nitrate or nitrite MCL (	dditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #: <u>850-456-1010</u>
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com
CERTIFICATION (to be completed by	sampler)
I, Russ Barrett	, Water Plant Operator II
(Print Name)	(Print Title)
do HEREBY CERTIFY that the aborcomplete and correct.	ve public water system and sample collection information is
Signature:	Date: 5/6/08

Reporting Format 62-550.730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\* Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105 Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08 PANAMA CITY, FL 32404 Phone # 850-871-1900 ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/07/08 PWSID: 1170527 Sample Number: 379447 Lab Assigned Report Number or Job ID: 061908-10 System Name: Peoples Water Service Co. Of FL Sample Location: Well #3 GAC #1 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply) Synthetic Organics Volatile Organics Inorganics Disinfection Byproducts Trihalomethanes \_ All 30 X All 21 All 17 \_ All Except Dioxin\_ Partial Partial Haloacetic Acids - Partial \_ Bromate Nitrate Dioxin Only Nitrite Radionuclides Chlorite \_ Single Sample \_ Asbestos Only \_ EDB \_ Qtrly Composite\*\*<u>Secondaries</u> \_ All 14 Were any analyses subcontracted? Partial YES X NO If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\* CERTIFICATION I, <u>Trish Jackson</u> , <u>President</u> do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: Date: \* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analyst the public water supply for failure to sample, and may result in notification of the DOH Bureau of haporatory Services. \*\*Please provide radiological sample dates and locations for each quarter. COMPLIANCE DETERMINATION (to be completed by DEP or DOH) Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No \_ Replacement Sample(s) Requested (circle or highlight group(s) above) \_ Revised Report Requested (circle or highlight group(s) above) Additional Monitoring Required (circle or highlight group(s) above) Reason(s): MCL(s) Exceeded \_ Detection(s) \_ Incomplete Report

\_ Location Unsatisfactory \_ Analysis Unsatisfactory

DEP/DOH Reviewing Official:

\_ Missing Analyte Sheet(s)

Person Notified:

Date Reviewed:

'omments:

Date Notified:

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MIDL	Lab
ID	Name	<u>ug/1</u>	Number_	Result(ug/l)	Qua1	Time	Method	Date	(ug/1)	<u>ID</u>
2378	1,2,4-TRICHLOROBENZENE	70	379447	0.5U	ט	0800CST	EPA 502.2	05/19/08	0.5	B81105
2380	CIS-1,2-DICHLOROETHYLENE	70	379447	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	379447	0.50	σ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2964	DICHLOROMETHANE	5	379447	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	379447	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	379447	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2976	VINYL CHLORIDE	1	379447	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	379447	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	379447	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	379447	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	379447	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	379447	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	379447	0.50	υ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	379447	0.5U	ט	0800CST	EPA 502.2	05/19/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	379447	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	379447	5.7		0800CST	EPA 502.2	05/19/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	379447	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2990	BENZENE	1	379447	0.50	υ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2991	TOLUENE	1,000	379447	0.50	υ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992	ETHYLBENZENE	700	379447	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2996	STYRENE	100	379447	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105

	N (to be completed by sampler – Please type or print legibly)
System Name: Peoples Water Service C	ompany of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommunit	y
Address: 905 Lownde Avenue	
O' Panagasia	State: <u>Florida</u> ZIP Code: <u>32507-0815</u>
City: Pensacola	
Phone #: 850-455-8552 E-Mail Address: TheoDeleon@PeoplesV	
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	
Sample Date: 5/6/08	Sample Time: 10:15(AM) PM (Circle One)
Sample Location (be specific): Well 3 GAC #	2 55%
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): mg/L Field pH: 5.4
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
☐ Distribution	☐ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd)
Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
	☐Composite of Multiple Sites** ☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)
Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	Full VOC
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: <u>850-456-1010</u>
Sampler's E-Mail Address: TheoDeleon@	DPeoplesWaterService.Com
CERTIFICATION (to be completed by	y sampler)
I. Russ Barrett	Water Plant Operator II
(Print Name)	(Print Title)
do HEREBY CERTIFY that the abo	ove public water system and sample collection information is
egnature:	Date: 5/6/08
7	

Reporting Format 62-550.730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

PANAMA CITY, FL 32404	Florida Certification #: E81105 cation Expiration Date: 06-30-08 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by PWSID: 1170527	Date Sample(s) Received: 05/07/08 Sample Number: 379448
Lab Assigned Report Number or Job	
	Co. Of FL Sample Location: Well #3 GAC #2
Group(s) Analyzed & Results attached for compliance with	Chapter 62-550, F.A.C. (Check all that apply)
Inorganics All 17 Partial Nitrate Nitrite Asbestos Only Synthetic Organics All 30 All Except Dioxin Partial Dioxin Only EDB	X All 21 Trihalomethanes  Lambda Partial Haloacetic Acids Bromate Chlorite
_ Asbestos Only _ EDB	_ Single Sample
	_ Qtrly Composite**Secondaries All 14
Were any analyses subcontracted?	YES X NO - Partial
If yes, please provide DOH certif: ATTACH DOH ANALYTE SHEET FOR EACH	ication numbers:
CERT	IFICATION
I, Trish Jackson	President
do HEREBY CERTIFY that all attached analytical data are	correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conferen	nce (NELAC).
Signature:	Date: 0-19-08
	cation number and a current Analyte Sheet for the attached analysis
	enforcement anainst the public water supply for failure to sample, and
may result in notification of the DOH Bureau of Laborato	
COMDITANCE DETERMINATION .	
COMPLIANCE DETERMINATION (to be complete Sample Collection Info Satisfactory: _Yes _No Sample An	
_ Replacement Sample(s) Requested (circle or highlight g	roup(s) above)
_ Revised Report Requested (circle or highlight group(s)	above)
_ Additional Monitoring Required (circle or highlight gr	oup(s) above)
Reason(s): _ MCL(s) Exceeded _ Detection(s)	_ Incomplete Report
_ Missing Analyte Sheet(s) _ Location Uns	atisfactory _ Analysis Unsatisfactory
Person Notified:	Date Notified:
Comments:	
DEP/DOH	Reviewing Official:

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Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	ID
2378	1,2,4-TRICHLOROBENZENE	70	379448	0 . 5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2964	DICHLOROMETHANE	5	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2976	VINYL CHLORIDE	1	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	379448	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	379448	0.5 <b>U</b>	ប	0800CST	EPA 502.2	05/19/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	379448	0.5 <b>U</b>	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	379448	0.5U	ช	0800CST	EPA 502.2	05/19/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	379448	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	379448	2.4	I	0800CST	EPA 502.2	05/19/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	EB1105
2990	BENZENE	1	379448	0.50	ប	0800CST	EPA 502.2	05/19/08	0.5	E81105
2991	TOLUENE	1,000	379448	0.50	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992	ETHYLBENZENE	700	379448	0.5U	υ	0800CST	EPA 502.2	05/19/08	0.5	E81105
2996	STYRENE	100	379448	0.5U	ซ	0800CST	EPA 502.2	05/19/08	0.5	E81105

UBLIC WATER SYSTEM INFORMATION	(to be completed by sampler – Please type or print legibly)
System Name: Peoples Water Service Co	ompany of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommunity	□ Nontransient Noncommunity □ Transient Noncommunity
Address: 905 Lownde Avenue	
City: Pensacola	State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552	Fax #: 850-456-1010
E-Mail Address: <u>TheoDeleon@PeoplesW</u>	aterService.Com
SAMPLE INFORMATION (to be completed to	by sampler)
Sample Number:	Location Code (if known):
Sample Date: 5/6/08	Sample Time: 10:10 (AM) PM (Circle One)
Sample Location (be specific): Well 3 Effluent	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 7.0
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter? 2nd)
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** ☐Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
☐Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	Full VOC
*See 62-550.500(6) for requirement NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e	ditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: <u>850-456-1010</u>
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com
CERTIFICATION (to be completed by	sampler)
I,Russ Barrett	, Water Plant Operator II
(Print Name)	(Print Title)
do HEREBY CERTIFY that the above complete and correct.	ve public water system and sample collection information is
Signature: MSC	Date: 5/6/08
middle.	Date0/ 0/

Analysis Results Above MCL Page 1

ient	<b>.</b>	Sample						
	Analysis		Sample ID	Analy Date	<u> </u>	BY	Result	MCL
2286	TECE	379446	People's WS0507					
			08-285 #3 Raw	05/19/08	0800CST	DLB	25.1	3.0
2286	TECE	379447	People's WS0507					
			08-286 #3 GAC#1	05/19/08	0800CST	DLB	5.7	3.0

IBLIC WATER SYSTEM INFORMATION	(to be completed by sampler – Please type	e or print legibly)					
System Name: Peoples Water Service Co	mpany of Florida, Inc. PWS I.D.	#: FL 1170527					
System Type (check one): XXCommunity	☐Nontransient Noncommunity	Transient Noncommunity					
Address: 905 Lownde Avenue							
City: Pensacola	State: Florida	ZIP Code: <u>32507-0815</u>					
Phone #: 850-455-8552	Fax #: <u>850-45</u>	56-1010					
E-Mail Address: <u>TheoDeleon@PeoplesW</u>	aterService.Com						
SAMPLE INFORMATION (to be completed it	oy sampler)						
Sample Number:							
Sample Date: 3/12/08	Sample Time: ,8:30	(B:36) (AM) PM (Circle One)					
Sample Location (be specific): Well 3 Effluent	·						
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids);	7.0 mg/L Field pH: 0.7					
Sample Type (Check Only One)		mple (Check all that apply)					
☐ Distribution	⊠Routine Compliance (with 62-550)	Quarterly (Which Quarter?					
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**	☐Violation Resolution					
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)					
☐Max Residence Time	Other:						
☐Ave Residence Time	Sampling Procedure Used or Other Co	edure Used or Other Comments:					
☐Near First Customer	Full Voc						
*See 62-550.500(6) for requirement NOTE: See 62-550.512(3) for action for nitrate or nitrite MCL expressions.	lditional requirements attach	2-550.550(4) for requirements and a results page for each site.					
Sampler's Name: Russ Barrett							
Sampler's Phone #: 850-455-8552	Sampler's Fax #:	850-456-1010					
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com						
CERTIFICATION (to be completed by	sampler)						
I, Russ Barrett	W	ater Plant Operator II					
(Print Name)		(Print Title)					
do HEREBY CERTIFY that the aborcomplete and correct.	ve public water system and samp	ole collection information is					
Signature:	Sen	Date: 3/12/08					
7							

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIG	OT, INC	Florida Certification #: E81105
Address: 5806 E. HWY 22	Certification Expi:	ration Date: 06-30-08
PANAMA CITY, F	L 32404 Phoi	ne # 850-871-1900
ANALYSIS INFORMATION (to b	e completed by lab) Date	Sample(s) Received: 03/13/08
PWSID: 1170527	Sam	ole Number: 374185
Lab Assigned Report Numb		
		Sample Location: Well #3 Efflue
Group(s) Analyzed & Results attached for		<del>-</del>
		** *
Inorganics Synthetic	Organics Volatile Or	rganics Disinfection Byproducts
All 17 All 30	X All 21	Trihalomethanes
Partial All Exc	ept Dioxin Partial	Haloacetic Acids
Nitrate Partial		Bromate
_ Nitrite _ Dioxin	Only Radionuclio	
Asbestos Only	Single Sa	
		mposite**Secondaries
	_ 20117 00.	All 14
Were any analyses subcon	tracted? YES X 1	
If yes, please provide D		
ATTACH DOH ANALYTE SHEET		
TITITOIT DOIT TRANSPILL DIRECT	TOR BACH BOBCONTRAC	IED LAD.
	CERTIFICATION	
	CERTIFICATION	
I, Trish Jackson	, President	_
		otherwise noted meet all requirements of the
National Environmental Laboratory Accred		OCHELATSE HOCER WEEL SIL LEAGILEMENTS OF THE
A A	Contraction (Madac):	11 1
Signature:	(1000)	Date: 4-1-08
	DOWN ab certification number and	a current Analyte Sheet for the attached analysis
		st the public water supply for failure to sample, and
may result in notification of the DOH Bus	· ·	at the public water supply for latitude to sample, and
**Please provide radiological sample date	<del>-</del>	
ricuse provide radiorogical sample date	and locations for each quarter.	
COMPLIANCE DETERMINATION	(to be seemleted by DBD as DOV)	
Sample Collection Info Satisfactory: _Yes		
bample collection into satisfactory: _res	_wo sample Analysis into Satist	actory: _res _no
_ Replacement Sample(s) Requested (circle	or bighlight garage (a) shows	
_ repracement bampie(s) requested (cite)	or highlight group(s) above)	
_ Revised Report Requested (circle or hig	blight group(s) above)	
_ married makes madesing (entote of wie	magne group (s) above,	
_ Additional Monitoring Required (circle	or highlight grown(s) above)	•
Reason(s): _ MCL(s) Exceeded		omnlete Renort
_ Missing Analyte Sheet(s)	_ Location Unsatisfactory _ Ana:	omplete Report
_ Other:	_ woodcion onpacintactory _ And.	17525 OMBACISTACTOLY
Person Notified:	Т	Date Notified:
Comments:		
)ate Reviewed:	DEP/DOH Reviewing C	Official:
	,,	

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Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	<u>ug/l</u>	Number	Result(ug/1)	Qual	Time	Method	Date	(ug/1)	<u>ID</u>
2378	1,2,4-TRICHLOROBENZENE	70	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	B81105
2380	CIS-1,2-DICHLOROETHYLENE	70	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	374185	Q.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	374185	0.50	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	374185	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	374185	0.50	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	374185	0.50	U	OBOOCST	EPA 502.2	03/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	374185	0.50	บ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2981	1,1,1-TR1CHLOROETHANE	200	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	374185	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	374185	Q.5U	υ	0800CST	EPA 502.2	03/25/08	0.5	B81105
2984	TRICHLOROETHYLENE	3	374185	0.5ช	บ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	374185	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	374185	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2990	BENZENE	1	374185	0.50	Ū	0800CST	EPA 502.2	03/25/08	0.5	E81105
2991	TOLUENE	1,000	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2992	ETHYLBENZËNE	700	374185	0.5U	υ,	0800CST	EPA 502.2	03/25/08	0.5	E81105
2996	STYRENE	100	374185	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 040108-43 Page 1

REPORT DATE: 04/01/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS
Custody sheet # 12773
MCL sheet
DEP signature sheets
Data qualifier legend

20 Pages 1 Pages 1 Pages

13 Pages 1 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.

A statement of estimated uncertainty of test results is available request.

is report may not be reproduced except in full with written approval from the laboratory.

UBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type	e or print legibly)				
System Name: Peoples Water Service C	ompany of Florida, Inc. PWS I.D.	#: FL 1170527				
System Type (check one): XXCommunity	Nontransient Noncommunity	Transient Noncommunity				
Address: 905 Lownde Avenue						
City: Pensacola	State: Florida	ZIP Code: <u>32507-0815</u>				
Phone #: 850-455-8552	Fax #: <u>850-45</u>	56-1010				
E-Mail Address: <u>TheoDeleon@PeoplesW</u>	/aterService.Com					
SAMPLE INFORMATION (to be completed	by sampler)					
Sample Number:	Location Code (if known	own):				
Sample Date: 3/12/08	Sample Time: 8:30	AM PM (Circle One)				
Sample Location (be specific): Well 3 Raw						
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	mg/L Field pH: 5.4				
Sample Type (Check Only One)	Reason(s) for Sai	mple (Check all that apply)				
☐ Distribution	⊠Routine Compliance (with 62-550)	Quarterly (Which Quarter?)				
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**	☐Violation Resolution				
⊠Raw (at well or intake)	Clearance (permitting)	mitting)				
☐Max Residence Time	Other:					
☐Ave Residence Time	Sampling Procedure Used or Other Co	mments:				
☐Near First Customer	Full Voc					
*See 62-550,500(6) for requirem NOTE: See 62-550,512(3) for ac for nitrate or nitrite MCL of	lditional requirements attach	2-550.550(4) for requirements and a results page for each site.				
Sampler's Name: Russ Barrett						
Sampler's Phone #: 850-455-8552	Sampler's Fax #: _	850-456-1010				
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com					
<b>CERTIFICATION</b> (to be completed by	sampler)					
I,Russ Barrett	\ <i>\\</i> !	ater Plant Operator II				
(Print Name)		(Print Title)				
do HEREBY CERTIFY that the above complete and correct.	ve public water system and samp	le collection information is				
Signature: Limit	5	Date: 3/12/08				

Reporting Format 62-550,730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\* Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105 5806 E. HWY 22 Certification Expiration Date: 06-30-08 Address: PANAMA CITY, FL 32404 Phone # 850-871-1900 ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 03/13/08 PWSID: 1170527 Sample Number: 374182 Lab Assigned Report Number or Job ID: 040108-43 System Name: Peoples Water Service Co. Of FL Sample Location: Well #3-Influe Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply) Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts Trihalomethanes \_ All 30 All 17 X All 21 \_ All Except Dioxin Partial Partial Haloacetic Acids \_ Bromate \_ Partial Nitrate Nitrite Dioxin Only Radionuclides Chlorite Asbestos Only Single Sample Qtrly Composite\*\*Secondaries All 14 Were any analyses subcontracted? Partial If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\* CERTIFICATION \_\_\_, <u>Pre</u>sident I, Trish Jackson do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation conference (NELAC). Signature: Date: \* Failure to provide a valid and current DOH / to certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analyst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services. \*\*Please provide radiological sample dates and locations for each quarter. COMPLIANCE DETERMINATION (to be completed by DEP or DOH) Sample Collection Info Satisfactory: \_Yes \_No Sample Analysis Info Satisfactory: \_Yes \_No \_ Replacement Sample(s) Requested (circle or highlight group(s) above) \_ Revised Report Requested (circle or highlight group(s) above) \_ Additional Monitoring Required (circle or highlight group(s) above) Reason(s): \_ MCL(s) Exceeded \_ Detection(s) \_ Incomplete Report \_ Missing Analyte Sheet(s) \_ Location Unsatisfactory \_ Analysis Unsatisfactory

DEP/DOH Reviewing Official:

Person Notified:

Date Reviewed:

Comments:

Date Notified:

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	ug/l	Number	Result(ug/1)	Qual	<u>Time</u>	Method	Date	(ug/1)	<u>ID</u>
2378	1,2,4-TRICHLOROBENZENE	70	374182	0.50	ט	0800CST	EPA 502.2	03/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	374182	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	374182	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	374182	0.50	ט	0800CST	EPA 502.2	03/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	374182	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	374182	0.50	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	374182	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	374182	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	374182	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	374182	0.5U	บ	0800CST	EPA 502.2	03/25/08	0.5	E811.05
2981	1,1,1-TRICHLOROETHANE	200	374182	0.50	บ	0800CST	BPA 502.2	03/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	374182	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	374182	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	374182	0.5 <del>U</del>	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	374182	0.5ប	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	374182	7.2		0800CST	EPA 502.2	03/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	374182	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2990	BENZENE	1	374182	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2991	TOLUENE	1,000	374182	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2992	ETHYLBENZENE	700	374182	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2996	STYRENE	100	374182	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105

PUBLIC WATER SYSTEM INFORMATION	N (to be completed by sampler – Pl	ease type or print legibly)					
System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527							
System Type (check one): XXCommunity							
Address: 905 Lownde Avenue							
	···						
City: Pensacola	State:	Florida ZIP Code:	32507-0815				
Phone #: 850-455-8552	Fax #:	850-456-1010					
E-Mail Address: TheoDeleon@PeoplesW	aterService.Com	<u></u>					
SAMPLE INFORMATION (to be completed by	oy sampler)						
Sample Number:	Location Co	ode (if known):					
Sample Date: 3/12/08	Sample Tin	ne: <del>0:30</del> 8:32	(AM) PM (Circle One)				
Sample Location (be specific): Well 3 GAC #1	55%						
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloace	tic acids): NA mg/L	Field pH: 5.4				
Sample Type (Check Only One)	Reason(s	) for Sample (Check all that	apply)				
Distribution	⊠Routine Compliance (with 62-	liance (with 62-550) Quarterly (Which Quarter?					
Entry Point (to Distribution)	☐Confirmation of MCL Exceed	dance* Special (not fo	r compliance with 62-550)				
Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites*	* ☐Violation Res	solution				
⊠Raw (at well or intake)	Clearance (permitting)	□Replacemen	t (of Invalidated Sample)				
☐Max Residence Time	Other:						
☐Ave Residence Time	Sampling Procedure Used or C	Other Comments:					
☐Near First Customer	Full Voc						
*See 62-550.500(6) for requireme NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e	ditional requirements	**See 62-550.550(4) for reattach a results page for					
Sampler's Name: Russ Barrett	<del></del>						
Sampler's Phone #: 850-455-8552	Sampler's I	=ax #: <u>850-456-1010</u>					
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com						
CERTIFICATION (to be completed by	sampler)						
I. Russ Barrett		Water Plant Ope	rator II				
(Print Name)	<del>,,,,,,,,,</del>	(Print Title					
do HEREBY CERTIFY that the above	ve public water system and	sample collection in	nformation is				
complete and correct.	·						
Signature:		Date: 3	/12/08				

Reporting Format 62-550.730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\* Lab Name: THE WATER SPIGOT, INC

Florida Certification #: E81105 5806 E. HWY 22 Certification Expiration Date: 06-30-08 Address: PANAMA CITY, FL 32404 Phone # 850-871-1900 ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 03/13/08 PWSID: 1170527 Sample Number: 374183 Lab Assigned Report Number or Job ID: 040108-43 System Name: Peoples Water Service Co. Of FL Sample Location: Well #3 GAC #1 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	votatite organics	Disinfection Byproducts
All 17	All 30	X All 21	Trihalomethanes
Partial	All Except Dioxi	n Partial	Haloacetic Acids
- Nitrate	Partial	<del></del>	_ Bromate
_ Nitrite	Dioxin Only	Radionuclides	_ Chlorite
Asbestos Only		Single Sample	_
		Qtrly Composite*	*Secondaries
			All 14
Were any analys	ses subcontracted?	YES X NO	Partial
If yes, please	provide DOH certif	ication numbers:	<del>-</del>
		SUBCONTRACTED LAB*	
•			

CERTIFICATION	
I, Trish Jackson , Preside	ent
do HEREBY CERTIFY that all attached analytical data are correct and unl	less otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conference (NELAC).	11
Signature: Auch Accept	Date: 41-08
* Failure to provide a valid and current DOH law ertification number a	and a current Analyte Sheet for the attached analysis
results will result in rejection of the report (cossible enforcement ar	nainst the public water supply for failure to sample,
may result in notification of the DOH Bureau of Laboratory Services.	
**Please provide radiological sample dates and locations for each quart	er.
COMPLIANCE DETERMINATION (to be completed by DEP or DOF	<b>1</b> )
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Sat	:isfactory: _Yes _No
_ Replacement Sample(s) Requested (circle or highlight group(s) above)	
_ Revised Report Requested (circle or highlight group(s) above)	
_ Additional Monitoring Required (circle or highlight group(s) above)	
	Incomplete Report
Missing Analyte Sheet(s) Location Unsatisfactory	
_ Other:	
Person Notified:	Date Notified:
Comments:	
ate Reviewed: DEP/DOH Reviewing	y Official:

Parameter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	ug/1	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/1)	ID
2378 1,2,4-TRICHLOROBE	NZENE 70	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2380 CIS-1,2-DICHLOROE	THYLENE 70	374183	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	374183	0.50	ប	0800CST	EPA 502.2	03/25/08	0.5	E81105
2964 DICHLOROMETHANE	5	374183	0.50	ប	0800CST	EPA 502.2	03/25/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	374183	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2969 PARA-DICHLOROBENZI	ENE 75	374183	0.5ช	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2976 VINYL CHLORIDE	1	374183	0.50	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2977 1,1-DICHLOROETHYLI	ENE 7	374183	0.50	U	0800CST	BPA 502.2	03/25/08	0.5	E81105
2979 TRANS-1,2-DICHLORO	ETHYLENE 100	374183	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	374183	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2981 1,1,1-TRICHLOROETE	IANE 200	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2982 CARBON TETRACHLOR	DE 3	374183	0.50	U	0800CST	BPA 502.2	03/25/08	0.5	E81105
2983 1,2-DICHLOROPROPAN	TE 5	374183	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	374183	o . 5ti	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2985 1,1,2-TRICHLOROETH	IANE 5	374183	0.5U	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2987 TETRACHLOROETHYLE	TE 3	374183	0.5	I	0800CST	EPA 502.2	03/25/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	374183	0.5 <b>U</b>	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2990 BENZENE	1	374183	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2991 TOLUENE	1,000	374183	0.50	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2992 ETHYLBENZENE	700	374183	0.5U	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2996 STYRENE	100	374183	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105

'JBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)							
System Name: Peoples Water Service Co	empany of Florida, Inc.	PWS I.D. #:_	FL 1170527				
System Type (check one): XXCommunity	☐Nontransient Nonc	ommunity	☐Transient Noncommunity				
Address: 905 Lownde Avenue							
City: Pensacola	Stat	e: <u>Florida</u>	ZIP Code: 32507-0815				
Phone #: 850-455-8552	Fax	#: <u>850-456-10</u>	010				
E-Mail Address: TheoDeleon@PeoplesW	aterService.Com	·					
SAMPLE INFORMATION (to be completed to	y sampler)	•					
Sample Number:	Location	Code (if known):					
Sample Date: 3/12/08	Sample T	ime: <del>8.3</del> 0 <u>8:</u>	34) (AM) PM (Circle One)				
Sample Location (be specific): Well 3 GAC #2	55%						
Disinfectant Residual (Required when reporting	esults for trihalomethanes and haloa	cetic acids): NA	mg/L Field pH: 5.4				
Sample Type (Check Only One)	Reasor	(s) for Sample	(Check all that apply)				
□Distribution	☑Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter?						
Entry Point (to Distribution)	☐Confirmation of MCL Exceedance* ☐Special (not for compliance with						
Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Site	s** □\	/iolation Resolution				
⊠RaW (at well or intake)	Clearance (permitting)	□F	Replacement (of Invalidated Sample)				
☐Max Residence Time	Other:						
☐Ave Residence Time	Sampling Procedure Used or	Other Comme	ents:				
☐Near First Customer	Full Voc						
*See 62-550,500(6) for requirement NOTE: See 62-550,512(3) for ad for nitrate or nitrite MCL of	ditional requirements		0.550(4) for requirements and suits page for each site.				
Sampler's Name: Russ Barrett							
Sampler's Phone #: <u>850-455-8552</u>	Sampler	s Fax #: <u>850-</u>	456-1010				
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com						
CERTIFICATION (to be completed by	sampler)						
I, Russ Barrett		Water	Plant Operator II				
(Print Name)		770.0.	(Print Title)				
do HEREBY CERTIFY that the aborcomplete and correct.	ve public water system a	nd sample o	collection information is				
Signature:			Date: 3/12/08				

Reporting Format 62-550.730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

PANAMA CITY, FL 32404 ANALYSIS INFORMATION (to be completed by lab) PWSID: 1170527 Lab Assigned Report Number or Job II	o. Of FL Sample Location: Well #3 GAC #2
Partial All Except Dioxin Nitrate Partial Dioxin Only Ra	All 21 Trihalomethanes Partial Haloacetic Acids Bromate Chlorite Single Sample Qtrly Composite**Secondaries All 14 YES X NO Partial ation numbers:
CERTIFI	CATION
I, Trish Jackson, do HEREBY CERTIFY that all attached analytical data are corr	President rect and unless otherwise noted meet all requirements of the
1	Date: 4-08  ion number and a current Analyte Sheet for the attached analysis forcement analysis the public water supply for failure to sample, and Services.
COMPLIANCE DETERMINATION (to be completed by Sample Collection Info Satisfactory: Yes No Sample Analysis	
_ Replacement Sample(s) Requested (circle or highlight group _ Revised Report Requested (circle or highlight group(s) abo	o(s) above)
_ Additional Monitoring Required (circle or highlight group Reason(s): _ MCL(s) Exceeded _ Detection(s)     _ Missing Analyte Sheet(s) _ Location Unsatis     _ Other:	(s) above) _ Incomplete Report sfactory _ Analysis Unsatisfactory
Person Notified:	Date Notified:
	eviewing Official:

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	<u>ug/l</u>	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ĮD
2378	1,2,4-TRICHLOROBENZENE	70	374184	0.50	ប	0800CST	EPA 502.2	03/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	374184	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	£81105
2955	XYLENES (TOTAL)	10,000	374184	0 - 5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	374184	0.50	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	374184	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	374184	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	374184	0.50	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	374184	0.50	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	374184	0.50	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	374184	0.50	U	0800CST	EFA 502.2	03/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	374184	0.5ช	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	374184	0.50	ช	0800CST	EPA 502.2	03/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	374184	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	<b>E81105</b>
2985	1,1,2-TRICHLOROETHANE	5	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	374184	2.1	I	0800CST	EPA 502.2	03/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	374184	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2990	BENZENE	1	374184	o.50	v	0800CST	EPA 502.2	03/25/08	0.5	E81105
2991	TOLUENE	1,000	374184	0.50	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2992	ETHYLBENZENE	700	374184	ง.รช	υ	0800CST	EPA 502.2	03/25/08	0.5	E81105
2996	STYRENE	100	374184	0.5ប	U	0800CST	EPA 502.2	03/25/08	0.5	E81105

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

PANAMA CITY, FL 32404 ANALYSIS INFORMATION (to be completed by la PWSID: 1170527 Lab Assigned Report Number or Job System Name: Peoples Water Service	Sample Number: 371555 ID: 030408-3 Co. Of FL Sample Location: Well #3 Efflue
Partial All Except Dioxin Nitrate Partial	Volatile Organics X All 21 Partial Radionuclides Otrly Composite** Secondaries All 14 YES X NO Cation numbers:  Disinfection Byproducts Trihalomethanes Haloacetic Acids Bromate Chlorite Chlorite All 14 Partial
CERTI	FICATION
Signature:  * Failure to provide a valid and current DOH la certific	Date:
Replacement Sample(s) Requested (circle or highlight gr	roup(s) above)
_ Revised Report Requested (circle or highlight group(s)  _ Additional Monitoring Required (circle or highlight group(s)  _ MCL(s) Exceeded Detection(s)  _ Missing Analyte Sheet(s) Location Unsa _ Other:  _ Person Notified:	
omments:	Reviewing Official:

### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Parameter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	<u>ug/l</u>	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	ID
2378 1,2,4-TRICHLOROBENZENE	70	371555	0.5ប	บ	1300CST	EPA 502.2	02/15/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2964 DICHLOROMETHANE	5	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2976 VINYL CHLORIDE	1	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	371555	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLEN	E 100	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	371555	0.5U	บ	1300CST	EPA 502.2	02/15/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	371555	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	371555	0.5ช	υ	1300CST	EPA 502.2	02/15/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	371555	0 . 5ช	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	371555	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	371555	0.5U	υ	1300CST	EPA 502.2	02/15/08	0.5	E81105
2990 BENZENE	1	371555	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2991 TOLUENE	1,000	371555	0.5U	$\boldsymbol{u}$	1300CST	EPA 502.2	02/15/08	0.5	E81105
2992 ETHYLBENZENE	700	371555	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2996 STYRENE	100	371555	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105

PUBLIC WATER SYSTEM INFORMAT	ION (to be completed by sampler Please type or print legibly)
	Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommur	nity Nontransient Noncommunity Transient Noncommunity
Address: 905 Lownde Avenue	
City: Pensacola	State: <u>Florida</u> ZIP Code: <u>32507-0815</u>
Phone #: <u>850-455-8552</u>	Fax #: <u>850-456-1010</u>
E-Mail Address: <u>Theo.Deleon@Telcove</u>	≥ Net
• •	
SAMPLE INFORMATION (to be complete	d by sampler)
	Location Code (ff known):
Sample Date: <u>2//3/68</u>	Sample Time: 845 (AM) PM (Circle One)
Sample Location (be specific):	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): 0.8 mg/l. Field pH: 2.0
·	
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
	All Routine Compliance (with 62-550) Quarterly (Which Quarter?
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** ☐ Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	FULLUOC
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: 850-456-1010
ampler's E-Mail Address: Theo Deleone	
ERTIFICATION (to be completed by	/ sampler)
Russ Barrett	, Water Plant Operator II
(Print Name)	(Print Title)
o HEREBY CERTIFY that the abo	ove public water system and sample collection information is
ignature:	Date: 2/13/08

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

PANAMA CITY, FL 32404 ANALYSIS INFORMATION (to be completed by 1 PWSID: 1170527 Lab Assigned Report Number or Job	Co. Of FL Sample Location: Well #3-Influe
Inorganics All 17 Partial Nitrate Nitrite Sheet of Only  Were any analyses subcontracted? If yes, please provide DOH certifications  ATTACH DOH ANALYTE SHEET FOR EACH	X All 21 Trihalomethanes  A Partial Haloacetic Acids Bromate Chlorite Single Sample Qtrly Composite**Secondaries All 14 YES X NO Partial ication numbers:
CERT	IFICATION
National Environmental Laboratory Accreditation Conference Signature:  * Failure to provide a valid and current DOH lab certific	Date:
_ Revised Report Requested (circle or highlight group(s)	above)
_ Additional Monitoring Required (circle or highlight gr Reason(s): _ MCL(s) Exceeded _ Detection(s)	
Person Notified:	Date Notified:
	Reviewing Official:

#### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	<u>ug/1</u>	Number	Result(ug/1)	Qual	Time	Method	Date	(ug/1)	ID
2378	1,2,4-TRICHLOROBENZENE	70	371552	0.50	ប	1300CST	EPA 502.2	02/15/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	371552	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	371552	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2964	DICHLOROMETHANE	5	371552	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	371552	0.5V	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	371552	0.5ប	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2976	VINYL CHLORIDE	1	371552	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	371552	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
297 <del>9</del>	TRANS-1,2-DICHLOROETHYLENE	100	371552	0.50	Ų	1300CST	EPA 502.2	02/15/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	371552	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	371552	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	371552	0.50	υ	1300CST	EPA 502.2	02/15/08	0.5	B81105
2983	1,2-DICHLOROPROPANE	5 -	371552	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	371552	0.50	υ	1300CST	EPA 502.2	02/15/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	371552	0.50	υ	1300CST	EPA 502.2	02/15/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	371552	6.4		1300CST	EPA 502.2	02/15/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	371552	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2990	BENZENE	1	371552	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2991	TOLUENE	1,000	371552	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2992	ETHYLBENZENE	700	371552	0.50	υ	1300CST	BPA 502.2	02/15/08	0.5	E81105
2996	STYRENE	100	371552	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105

PUBLIC WATER SYSTEM INFORMAT	TON (to be completed by sampler – Please type or print legibly)
	Company of Florida. Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommun	
Address: 905 Lownde Avenue	· · · · · · · · · · · · · · · · · · ·
City: Pensacola	State: Florida ZIP Code: 32507-0815
Phone #: <u>850-455-8552</u>	Fax #: <u>850-456-1010</u>
E-Mail Address: <u>Theo.Deleon@Telcove</u>	e.Net
• .	
SAMPLE INFORMATION (to be complete	ed by sampler)
	Location Code (ff known):
Sample Date: <u>2//3/69</u>	Sample Time: 8:45 AM PM (Circle One)
Sample Location (be specific):	S KAW
Disinfectant Residual (Required when reporting	g results for trihalomethanes and haloacetic acids): $\underline{\mathcal{N}}$ mg/L Field pH: $\underline{\mathcal{S}}$
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Tribution tribution	☐ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter?)
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** Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
☐Max Residence Time	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	FAIVOC
*See 62-550.500(6) for required NOTE: See 62-550.512(3) for a for nitrate or nitrite MCI	additional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: 850-456-1010
ampler's E-Mail Address: Theo.Deleon	
ERTIFICATION (to be completed by	y sampler)
Russ Barrett	Market - Dlant Oneurter II
(Print Name)	
o HEREBY CERTIFY that the abo	ve public water system and sample collection information is
or te and correct.	
	10-3 - 3/12/00
ignature:	Date: 2/13/08
	,

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC	Florida Certification #: E81105
	fication Expiration Date: 06-30-08
PANAMA CITY, FL 32404	
ANALYSIS INFORMATION (to be completed PWSID: 1170527	
	Sample Number: 371553
Lab Assigned Report Number or Jo	
	ce Co. Of FL Sample Location: Well #3 GAC #1
Group(s) Analyzed & Results attached for compliance	with Chapter 62-550, F.A.C. (Check all that apply)
Inorganics Synthetic Organic	cs Volatile Organics Disinfection Byproducts
All 17 All 30	X All 21 Trihalomethanes
Partial All Except Diox	
Nitrate Partial	Bromate
Nitrite Dioxin Only	Radionuclides Chlorite
Asbestos Only	Single Sample
	Qtrly Composite**Secondaries
Were any analyses subcontracted	
If yes, please provide DOH cert:	
ATTACH DOH ANALYTE SHEET FOR EAC	
CEI	RTIFICATION
I, Trish Jackson	_, President
do HEREBY CERTIFY that all attached analytical data	are correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conf.	erence (NELAC).
1311 1/20	b 0 3-4-08
Signature:	Date:
* Failure to provide a valid and current DOH la cer	tification number and a current Analyte Sheet for the attached analysis
results will result in rejection of the report toss	ible enforcement anainst the public water supply for failure to sample, and
may result in notification of the DOH Bureau of Jabo:	ratory Services.
**Please provide radiological sample dates and locat	ions for each quarter.
GOVERNMENT TO THE PROPERTY OF THE PARTY OF T	
COMPLIANCE DETERMINATION (to be completely	
Sample Collection Info Satisfactory: _Yes _No Sample	e Analysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle or highlight	nt group(s) above)
P	
_ Revised Report Requested (circle or highlight group	p(s) above)
Additional Monitoring Pequivad (girale or highligh	t crown(a) shore)
_ Additional Monitoring Required (circle or highligh Reason(s): _ MCL(s) Exceeded Detection	
_	n(s) Incomplete Report Unsatisfactory Analysis Unsatisfactory
Other:	oursectstaccory - what is a oursect stack of the control of the co
Person Notified:	Date Notified:
Tomments:	
	OH Reviewing Official:

PUBLIC WATER SYSTEM INFORMATI	ON (to be completed by sampler – Please type or print legibly)
	Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommun	
·	
City: Pensacola	State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552	Fax #: <u>850-456-1010</u>
E-Mail Address: Theo Deleon@Telcove	Net
• .	
SAMPLE INFORMATION (to be completed	d by sampler)
Sample Number:	Location Code (if known):
Sample Date: <u>2//3/8</u>	Sample Time: 8145 AM) PM (Circle One)
Sample Location (be specific)://	3 GAC#1 55%
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): <u>VA</u> mg/L. Field pH: <u>5-9</u>
Sample Type (Check Only One)	
tribution	Routine Compliance (with 62-550) Quarterly (Which Quarter?
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** ☐Violation Resolution
⊠Raw (at welt or intake)	Clearance (permitting) Replacement (of invalidated Sample)
☐Max Residence Ţime	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	Full voc
*See 62-550.500(6) for requiren NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
ampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #: 850-456-1010
ampler's E-Mail Address: Theo.Deleon@	Telcove.Net
ERTIFICATION (to be completed by	sampler)
Russ Barrett	Water Plant Operator II
(Print Name)	(Print Title)
or HEREBY CERTIFY that the above te and correct.	ve public water system and sample collection information is
ignature:	Date: 2/13/08

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC	Florida Certification #: E81105
	ation Expiration Date: 06-30-08
PANAMA CITY, FL 32404	Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by 18	
PWSID: 1170527	Sample Number: 371554
Lab Assigned Report Number or Job	TD: 030408-3
System Name: Peoples Water Service	Co. Of FL Sample Location: Well #3 GAC #2
Group(s) Analyzed & Results attached for compliance with	
orospie, interpret a needed account for compilation with	chapter 62-330, F.R.C. (check all that appry)
Inorganics Synthetic Organics	Volatile Organics Disinfection Byproducts
All 17 All 30	X All 21 Trihalomethanes
Partial All Except Dioxin	
Nitrate Partial	Bromate
<del>-</del>	Radionuclides Chlorite
<u> </u>	- <del></del>
_ Asbestos Only	_ Single Sample
	Qtrly Composite**Secondaries
	_ All 14
Were any analyses subcontracted?	
If yes, please provide DOH certifi	
ATTACH DOH ANALYTE SHEET FOR EACH	SUBCONTRACTED LAB*
CERTI	FICATION
I, <u>Trish Jackson</u> ,	President
do HEREBY CERTIFY that all attached analytical data are o	correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conference	ce (NELAC).
\. · \\\\	00
Signature:	Date:
* Failure to provide a valid and current DOH lab certific	cation number and a current Analyte Sheet for the attached analysis
results will result in rejection of the report, possible	enforcement anainst the public water supply for failure to sample, and
may result in notification of the DOH Bureau of Daborator	ry Services.
**Please provide radiological sample dates and locations	
·	•
COMPLIANCE DETERMINATION (to be completed	by DEP or DOH)
Sample Collection Info Satisfactory: _Yes No Sample Ana	
Replacement Sample(s) Requested (circle or highlight gr	roim(s) above
_ 1105-1100-1101-1101-1101-1101-1101-1101	(Vap (0) above)
Revised Report Requested (circle or highlight group(s)	above)
Additional Monitoring Required (circle or highlight gro	oup(s) above)
Reason(s): MCL(s) Exceeded Detection(s)	
<del>-</del>	· · ·
	tisfactory _ Analysis Unsatisfactory
Person Notified:	Date Notified:
	Date Notified:
ate Reviewed: DEP/DOH	Reviewing Official:
ALE VEATEMENT DUL/DOU	Veatemand Official:

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Page 10 of REPORT # 030408-3

### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Para	meter	MCL	Sample	Analysis	Data	Analvaia	Analysis	Analysis	MINT.	Lab
ID	Name	ug/l	-	•		-	•	-		
<u> 11</u>	TAKING	<u>ug/</u> ±	Number	Result(ug/1)	Quar	Time	Method	Date	(ug/1)	10
2378	1,2,4-TRICHLOROBENZENE	70	371554	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	371554	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	371554	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2964	DICHLOROMETHANE	5	371554	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	371554	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	371554	0.50	υ	1300CST	EPA 502.2	02/15/08	0.5	Ē81105
2976	VINYL CHLORIDE	1	371554	0.5U	υ	1300CST	EPA 502.2	02/15/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	371554	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	371554	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	371554	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	371554	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	371554	0.5U	υ	1300CST	EPA 502.2	02/15/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	371554	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	371554	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	371554	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	371554	1.1	I	1300CST	EPA 502.2	02/15/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	371554	0.5T	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2990	BENZENE	1	371554	0.50	υ	1300CST	EPA 502.2	02/15/08	0.5	E81105
2991	TOLUENE	1,000	371554	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2992	ETHYLBENZENE	700	371554	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2996	STYRENE	100	371554	0.50	U	1300CST	EPA 502.2	02/15/08	0.5	E81105

	1ON (to be completed by sampler – Please type or print legibly)
	Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one):	nity Nontransient Noncommunity Transient Noncommunity
Address: 905 Lownde Avenue	
City: Pensacola	State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552	Fax #: 850-456-1010
E-Mail Address: Theo.Deleon@Telcove	e.Net
SAMPLE INFORMATION (to be complete	ed by sampler)
	Location Code (if known):
Sample Date: 2//3/68	Sample Time: 84 AM PM (Circle One)
Sample Location (be specific):k/e//	3 GAC#2 55%
Disinfectant Residual (Required when reporting	g results for trihalomethanes and haloacetic acids): WA mg/L Field pH: 5.4
	•
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
	Routine Compliance (with 62-550) Quarterly (Which Quarter?
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** ☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)
☐Max Residence Ţime	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	FULL VAC
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCt	additional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #: 850-456-1010
ampler's E-Mail Address: Theo.Deleon	@Telcove.Net
ERTIFICATION (to be completed by	r sampler)
Russ Barrett	
(Print Name)	(Print Title)
o HEREBY CERTIFY that the abo or te and correct.	ve public water system and sample collection information is
ignature:	Date: 2/13/08

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 020108-5 Page 1

REPORT DATE: 02/01/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT
'ERTIFICATE OF ANALYSIS
CHAIN OF CUSTODY
SIGNATURE FORMS
MCL
DATA QUALIFIER

24 Pages 2 Pages 11 Pages 1 Pages 1 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.

A statement of estimated uncertainty of test results is available request.

's report may not be reproduced except in full with written approval from the laboratory.

Analysis Results Above MCL

Page 1

Sample Analysis Date Time Number Sample ID 368045 People's WS0110 08-96 #3 Raw ber Analysis 2286 TECE

01/23/08 1400CST DLB

Result

7.8

BY

MCL

3.0

BLIC WATER SYSTEM INFORMAT	ION (to be completed by sampler - Plea	ase type or print legibly)
System Name: Peoples Water Service		
System Type (check one): XXCommur		<del> </del>
Address: 905 Lownde Avenue		
City: Pensacola	State: F	Florida ZIP Code: <u>32507-0815</u>
Phone #: 850-455-8552	Fax #: <u>8</u>	850-456-1010
E-Mail Address: <u>Theo Deleon@Telcove</u>	e.Net	
SAMPLE INFORMATION (to be complete	ed by sampler) "	,·
Sample Number:	Location Code	(if known):
Sample Date:	Sample Time:	10:15 (AM) PM (Circle One
Sample Location (be specific): Well	3 EffluenT	
Disinfectant Residual (Required when reporting	g results for trihalomethanes and haloacetic acid	ds): 0.8 mg/L Field pH: 72
Sample Type (Check Only One)	Reason(s) fo	or Sample (Check all that apply)
☐Distribution	☑Routine Compliance (with 62-550)	. 57
try Point (to Distribution)	☐Confirmation of MCL Exceedar	
ant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	□Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time		er Comments:
Near First Customer	FULL VOC.	
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements a	See 62-550.550(4) for requirements and attach a results page for each site.
Sampler's Name: Russ Barrett		·
Sampler's Phone #: 850-455-8552	Sampler's Fax	#: 850-456-1010
ampler's E-Mail Address: Theo.Deleon	•	
ERTIFICATION (to be completed by	y sampler)	
Danie Daniell		
Russ Barrett (Print Name)		Water Plant Operator II (Print Title)
o HEREBY CERTIFY that the abo	ove public water system and sa	
ic ire: Kuull	Mas	Date: <u>1/9/08</u>

Florida Certification #: E81105

Page 9 of REPORT # 020108-5

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC

Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 850-871-1900  ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/10/08  PWSID: 1170527 Sample Number: 368048  Lab Assigned Report Number or Job ID: 020108-5
System Name: Peoples Water Service Co. Of FL Sample Location: Well #3 EFF Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)
Inorganics   Synthetic Organics   Volatile Organics   Disinfection Byproducts
CERTIFICATION
I, Trish Jackson , President  do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conference (NELAC).  Signature: Date: 2-6-08
* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement analysis the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates and locations for each quarter.
COMPLIANCE DETERMINATION (to be completed by DEP or DOH) Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle or highlight group(s) above)
_ Revised Report Requested (circle or highlight group(s) above)
_ Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): _ MCL(s) Exceeded Detection(s) Incomplete Report  _ Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory  Other:
Person Notified: Date Notified:
ate Reviewed: DEP/DOH Reviewing Official:

### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Parameter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	<u>ug/l</u>	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZ	ENE 70	368048	0.50	บ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380 CIS-1,2-DICHLOROETH	YLENE 70	368048	o.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	368048	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964 DICHLOROMETHANE	5	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	368048	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969 PARA-DICHLOROBENZEN	E 75	368048	0.50	υ	1400CST	EPA 502.2	01/23/08	0.5	B81105
2976 VINYL CHLORIDE	1	368048	0.5V	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977 1,1-DICHLOROETHYLEN	E 7	368048	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979 TRANS-1,2-DICHLOROE	THYLENE 100	368048	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981 1,1,1-TRICHLOROETHA	NE 200	368048	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982 CARBON TETRACHLORID	Е 3	368048	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	368048	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	368048	Q.5U	U	1400CST	EPA 502.2	01/23/08	0-5	E81105
2985 1,1,2-TRICHLOROETHA	NE 5	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	368048	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	368048	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990 BENZENE	1	368048	0.5U	ซ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991 TOLUENE	1,000	368048	០.5ប	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2992 ETHYLBENZENE	700	368048	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996 STYRENE	100	368048	0.5T	U	1400CST	EPA 502.2	01/23/08	0.5	E81105

Public WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print legibly)
System Name: Peoples Water Service C	ompany of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommunity	Montransient Noncommunity
Address: 905 Lownde Avenue	
City: Pensacola	State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552	Fax #: <u>850-456-1010</u>
E-Mail Address: <u>Theo.Deleon@Telcove.l</u>	Net
•	
SAMPLE INFORMATION (to be completed	by sampler) **
Sample Number:	Location Code (if known):
Sample Date: <u> </u>	Sample Time: /0.'20 (AM) PM (Circle One)
Sample Location (be specific): We// 3	
Disinfectant Residual (Required when reporting r	esults for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5,4
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter?
y Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	FULLVOC
*See 62-550.500(6) for requirement NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e	ditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #: <u>850-456-1010</u>
Sampler's E-Mail Address: Theo.Deleon@	Telcove.Net
CERTIFICATION (to be completed by s	sampler)
Russ Barrett	. Water Plant Operator II
(Print Name)	(Print Title)
to HEREBY CERTIFY that the above complete and correct.	e public water system and sample collection information is
Sigure: Seed	Date: 1/9/08

Florida Certification #: E81105

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\* Lab Name: THE WATER SPIGOT, INC Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08 PANAMA CITY, FL 32404

Phone # 850-871-1900 ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/10/08

PWSID: 1170527 Sample Number: 368045

Lab Assigned Report Number or Job ID: 020108-5 System Name: Peoples Water Service Co. Of FL Sample Location: Well #3-Influe

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

are directly
Disinfection Byproducts Trihalomethanes Haloacetic Acids Bromate Chlorite
Secondaries All 14
_ Partial

#### CERTIFICATION

I, Trish Jackson,	President
do HEREBY CERTIFY that all attached analytical data are cor	rect and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conference	0.0
Signature:	Date: 01010
* Failure to provide a valid and current DOH lab certificat	ion number and a current Analyte Sheet for the attached analysis
results will result in rejection of the report, possible en	forcement anainst the public water supply for failure to sample, and
may result in notification of the DOH Bureau of Laboratory	Services.
**Please provide radiological sample dates and locations fo	r each quarter.
COMPLIANCE DETERMINATION (to be completed be Sample Collection Info Satisfactory: _Yes _No Sample Analy	
_ Replacement Sample(s) Requested (circle or highlight grou	p(s) above)
_ Revised Report Requested (circle or highlight group(s) ab	ove)
_ Additional Monitoring Required (circle or highlight group	(B) above)
Reason(s): _ MCL(s) Exceeded _ Detection(s)	_ Incomplete Report
_ Missing Analyte Sheet(s) _ Location Unsati _ Other:	sfactory _ Analysis Unsatisfactory
Person Notified:	Date Notified:
-Comments:	
ate Reviewed: DEP/DOH Re	eviewing Official:

### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	<u>ug/1</u>	Number	Result (ug/1)	Qual	Time	Method	Date		ID
2378	1,2,4-TRICHLOROBENZENE	70	368045	0.50	υ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	368045	o.50	υ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	368045	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964	DICHLOROMETHANE	5	368045	0.50	υ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	368045	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	368045	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976	VINYL CHLORIDE	1	368045	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	368045	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	368045	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	368045	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	g81105
2981	1,1,1-TRICHLOROETHANE	200	368045	0.50	ប	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	368045	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	368045	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	368045	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	368045	Q.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	368045	7.8		1400CST	EPA 502.2	01/23/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	368045	0.50	ប	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990	BENZENE	1	368045	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991	TOLUENE	1,000	368045	o.5v	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2992	ETHYLBENZENE	700	368045	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996	STYRENE	100	368045	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105

System Name: Peoples Water Service Company of Florida. Inc. PWS I.D. #: FL 1170527 System Type (check one): Image:	
System Type (check one): SQCommunity   Nontransient Noncommunity   Transient Noncommunity   Address: 905 Lownde Avenue    City: Pensacola   State: Florida   ZIP Code: 32507-0815   Phone #: 850-455-8552   Fax #: 850-456-1010    E-Mail Address: Theo Deleon@Telcove.Net    SAMPLE INFORMATION (to be completed by sampler)   Sample Number:   Location Code (if known):   Sample Date:   -9-8   Sample Time:   10:15   (AM)   PM   Sample Location (the specific):   W(1)   3   CAC #   Disinfectant Residual (Required when reporting results for influtionedhanes and haloscetic acids):   WA mg/L   Field pH:  Sample Type (Check Only One)   Reason(s) for Sample (Check all that seels)   Distribution   QRouttine Compliance (with 62-550)   Quarterty (Which Quarter?	
Address: 905 Lownde Avenue  City: Pensacola State: Florida ZIP Code: 32507-0815 Phone #: 850-455-8552 Fax #: 850-456-1010  SAMPLE INFORMATION (to be completed by sampler)  Sample Number: Location Code (if known):  Sample Date: /-9-8 Sample Time: // 15 AM PM  Sample Location (be specific): // 3 CAC #/  Disinfectant Residual (Required when reporting results for trifusionethanes and haloscetic acids): // Am mg/L Field pH:  Sample Type (Check Only One) Reason(s) for Sample (Check all that spech)  [Distribution   Confirmation of McL Exceedance*   Special (not for compliance with 62-550)   Composite of Multiple Sites**   Violation Resolution    [ARaw (at well or intake)   Clearance (permitting)   Replacement (of invalidated Simpler's Name: Russ Barrett   Sampler's Phone #: 850-456-8562 Sampler's Pax #: 850-456-1010    Sampler's Phone #: 850-456-8562 Sampler's Fax #: 850-456-1010    CERTIFICATION (to be completed by sampler)   Russ Barrett   Water Plant Operator II    (Print Name)   Check on sample collection information informat	
City: Pensacola	community
Phone #: 850-456-8552 Fax #: 850-456-1010  E-Mail Address: Theo Deleon@Telcove.Net  Sample Number: Location Code (if known): Sample Number: Sample Date:	
Phone #: 850-455-8552 Fax #: 850-456-1010  E-Mail Address: Theo Deleon@Telcove.Net  Sample Number: Location Code (if known): Sample Number: Sample Date: 1-9-8 Sample Time: 10:15 AM PM  Sample Location (be specific): 1-9-8 Sample Time: 10:15 AM PM  Sample Location (be specific): 1-9-8 Sample Time: 10:15 AM PM  Sample Type (Check Only One) Reason(s) for Sample (Check all that soph)  Distribution Residual (Required when reporting results for tritrationedhanes and haloacetic acids): 1-9-14 mg/L Field pH:  Sample Type (Check Only One) Reason(s) for Sample (Check all that soph)  Distribution Residual (Required with 62-550) Reason(s) for Sample (Check all that soph)  Plant Tap (not for compliance with 62-550) Composite of Multiple Sites** Violation Resolution  Raw (at well or intake) Clearance (permitting) Replacement (of invalidated Sampler See 62-550.500(6) for requirements and restrictions.  Note: See 62-550.500(6) for requirements and restrictions.  Note: See 62-550.500(6) for requirements and restrictions.  Sampler's Name: Russ Barrett  Sampler's Phone #: 850-456-8552 Sampler's Fax #: 850-456-1010  Sampler's E-Mail Address: Theo Deleon@Telcove.Net  CERTIFICATION (to be completed by sampler)  Russ Barrett Water Plant Operator II (Print Title)  No HEREBY CERTIFY that the above public water system and sample collection information in	
SAMPLE INFORMATION (to be completed by sampler)  Sample Number:	0815
SAMPLE INFORMATION (to be completed by sampler)  Sample Number:	
Sample Number:    Sample Date:   1-9-8   Sample Time:   10:15   AM   PM	
Sample Number:	
Sample Date:	
Sample Location (be specific): W/c / 3 CAC #/  Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): MA mg/L Field pH:  Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)  Distribution Residual (Required when reporting results for trihalomethanes and haloacetic acids): MA mg/L Field pH:  Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)  Distribution Reason(s) for Sample (Check all that apply)  Composite of Multiple Sites** Special (not for compliance with 62-550) Composite of Multiple Sites** Violation Resolution Replacement (of Invalidated Sampling Procedure Used or Other Comments:  Note: See 62-550.500(6) for requirements and restrictions.  NOTE: See 62-550.512(3) for additional requirements and results page for each site.  Sampler's Name: Russ Barrett  Sampler's Phone #: 850-455-8552  Sampler's Phone #: 850-455-8552  Sampler's Phone #: 850-455-8552  Sampler's E-Mail Address: Theo.Deleon@Telcove.Net  CERTIFICATION (to be completed by sampler)  Russ Barrett  Water Plant Operator II  (Print Title)  NO HEREBY CERTIFY that the above public water system and sample collection information i	PM (Circle One)
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids):    Main	(0.0000,000)
Sample Type (Check Only One)  Reason(s) for Sample (Check all that apply)  Constribution  Routine Compliance (with 62-550)  Confirmation of MCL Exceedance*  Special (not for compliance with 62-650)  Composite of Multiple Sites**  Violation Resolution  Raw (at well or intake)  Clearance (permitting)  Max Residence Time  Other:  Sampling Procedure Used or Other Comments:  Near First Customer  See 62-550.500(6) for requirements and restrictions.  NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.  Sampler's Name: Russ Barrett  Sampler's Phone #: 850-455-8552  Sampler's Fax #: 850-456-1010  Sampler's E-Mail Address: Theo.Deleon@Telcove.Net  CERTIFICATION (to be completed by sampler)  Reason(s) for Sample (Check all that apply)  Quarterly (Which Quarter?   Quarterly (Which Quarter)   **Special (not for compliance with Exception of Multiple Sites**  Violation Resolution  Replacement (of Invellated Sites**  Violation R	id pH:534
□ Distribution □ Routine Compliance (with 62-550) □ Quarterly (Which Quarter? □ ry Point (to Distribution) □ Confirmation of MCL Exceedance* □ Special (not for compliance with □ Plant Tap (not for compliance with 62-550) □ Composite of Multiple Sites** □ Violation Resolution □ Replacement (of Invalidated Sides** □ Clearance (permitting) □ Replacement (of Invalidated Sides** □ Violation Resolution ■ Replacement (of Invalidated Sides** □ Violation Resolutio	- F C
□ Distribution □ Routine Compliance (with 62-550) □ Quarterly (Which Quarter? □ ry Point (to Distribution) □ Confirmation of MCL Exceedance* □ Special (not for compliance with □ Plant Tap (not for compliance with 62-550) □ Composite of Multiple Sites** □ Violation Resolution □ Replacement (of Invalidated Sides** □ Clearance (permitting) □ Replacement (of Invalidated Sides** □ Violation Resolution ■ Replacement (of Invalidated Sides** □ Violation Resolutio	
Ty Point (to Distribution)   Confirmation of MCL Exceedance*   Special (not for compliance with Plant Tap (not for compliance with 62-550)   Composite of Multiple Sites**   Violation Resolution   MRaw (at well or intake)   Clearance (permitting)   Replacement (of Invalidated S   Max Residence Time   Other:     Ave Residence Time   Sampling Procedure Used or Other Comments:     Near First Customer   Sampling Procedure Used or Other Comments:     NoTE: See 62-550.500(6) for requirements and restrictions.   **See 62-550.550(4) for requirements and attach a results page for each site.     Sampler's Name: Russ Barrett   Russ Barrett   Sampler's Fax #: 850-456-1010     Sampler's E-Mail Address: Theo.Deleon@Telcove.Net   Theo.Deleon@Telcove.Net     CERTIFICATION (to be completed by sampler)   Water Plant Operator II (Print Name)   (Print Title)     O HEREBY CERTIFY that the above public water system and sample collection information if	$n / \frac{5t}{}$
Max Residence Time	
Max Residence Time	
Ave Residence Time  Sampling Procedure Used or Other Comments:  Near First Customer  *See 62-550.500(6) for requirements and restrictions. NOTE: See 62-550.512(3) for additional requirements attach a results page for each site.  Sampler's Name: Russ Barrett  Sampler's Phone #: 850-455-8552  Sampler's E-Mail Address: Theo.Deleon@Telcove.Net  CERTIFICATION (to be completed by sampler)  Russ Barrett (Print Name)  Water Plant Operator II (Print Title)	ated Sample)
*See 62-550.500(6) for requirements and restrictions. NOTE: See 62-550.512(3) for additional requirements attach a results page for each site.  Sampler's Name: Russ Barrett Sampler's Phone #: 850-455-8552 Sampler's E-Mail Address: Theo. Deleon@Telcove. Net  CERTIFICATION (to be completed by sampler)  Russ Barrett (Print Name)  Water Plant Operator II (Print Title)  To HEREBY CERTIFY that the above public water system and sample collection information in	
*See 62-550.500(6) for requirements and restrictions. NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.  Sampler's Name: Russ Barrett  Sampler's Phone #: 850-455-8552  Sampler's E-Mail Address: Theo.Deleon@Telcove.Net  CERTIFICATION (to be completed by sampler)  Russ Barrett (Print Name)  Russ Barrett (Print Name)  Russ CERTIFY that the above public water system and sample collection information is	
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate or nitrate MCL exceedances.  Sampler's Name: Russ Barrett  Sampler's Phone #: 850-455-8552  Sampler's E-Mail Address: Theo.Deleon@Telcove.Net  CERTIFICATION (to be completed by sampler)  Russ Barrett (Print Name)  (Print Title)  In HEREBY CERTIFY that the above public water system and sample collection information is	
Sampler's Phone #: 850-455-8552 Sampler's Fax #: 850-456-1010  CERTIFICATION (to be completed by sampler)  Russ Barrett Water Plant Operator II (Print Name)  Well Plant Operator II (Print Title)  Io HEREBY CERTIFY that the above public water system and sample collection information in	
CERTIFICATION (to be completed by sampler)  Russ Barrett , Water Plant Operator II (Print Name)  Well CERTIFY that the above public water system and sample collection information in	
CERTIFICATION (to be completed by sampler)  Russ Barrett , Water Plant Operator II (Print Name) (Print Title)  O HEREBY CERTIFY that the above public water system and sample collection information in	
Russ Barrett , Water Plant Operator II  (Print Name) (Print Title)  Io HEREBY CERTIFY that the above public water system and sample collection information i	
Russ Barrett , Water Plant Operator II  (Print Name) (Print Title)  Io HEREBY CERTIFY that the above public water system and sample collection information i	
(Print Name) (Print Title)  To HEREBY CERTIFY that the above public water system and sample collection information is	
(Print Name) (Print Title)  To HEREBY CERTIFY that the above public water system and sample collection information is	
to HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.	
	ion is
Sik .ure: 1/9/08	08

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\* Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105 Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08 PANAMA CITY, FL 32404 Phone # 850-871-1900 ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/10/08 PWSID: 1170527 Sample Number: 368046 Lab Assigned Report Number or Job ID: 020108-5 System Name: Peoples Water Service Co. Of FL Sample Location: Well #3 GAC #1 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply) Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts All 30 All 17 X All 21 Trihalomethanes \_ All Except Dioxin\_ Partial Partial Haloacetic Acids Partial Nitrate Bromate Dioxin Only Chlorite Nitrite Radionuclides Asbestos Only Single Sample Qtrly Composite\*\*Secondaries All 14 Were any analyses subcontracted? Partial YES If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\* CERTIFICATION I, Trish Jackson President do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: \* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services. \*\*Please provide radiological sample dates and locations for each quarter. COMPLIANCE DETERMINATION (to be completed by DEP or DOH) Sample Collection Info Satisfactory: \_Yes \_No Sample Analysis Info Satisfactory: \_Yes \_No Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

\_ Additional Monitoring Required (circle or highlight group(s) above)

\_ Detection(s)

Reason(s): \_ MCL(s) Exceeded

Person Notified:

ate Reviewed:

"omments:

\_ Missing Analyte Sheet(s)

Page 5 of REPORT # 020108-5

\_ Incomplete Report

Date Notified:

\_ Location Unsatisfactory \_ Analysis Unsatisfactory

DEP/DOH Reviewing Official:

#### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Parameter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	<u>ug/1</u>	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	ĪĎ
2378 1,2,4-TRICHLOROBENZENE	70	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	368046	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	368046	០.5ប	υ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964 DICHLOROMETHANE	5	368046	0.5U	υ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976 VINYL CHLORIDE	1	368046	0.5U	Ţ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	368046	0.5U	υ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	368046	0.5U	บ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	368046	o.5v	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	368046	0.50	υ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	368046	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	368046	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	368046	0. <b>5</b> U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	368046	0.50	ָ ט	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	368046	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990 BENZENE	1	368046	0.50	U	1400C\$T	EPA 502.2	01/23/08	0.5	E81105
2991 TOLUENE	1,000	368046	0.50	υ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2992 ETHYLBENZENE	700	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996 STYRENE	100	368046	0.5U	υ	1400CST	EPA 502.2	01/23/08	0.5	E81105

3LIC WATER SYSTEM INFORMAT	FION (to be completed by sampler – Please type or print legibly)
	Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommu	
Address: 905 Lownde Avenue	Transent Holkollinding
City: Pensacola	State: <u>Florida</u> ZIP Code: <u>32507-0815</u>
Phone #: 850-455-8552	Fax #: <u>850-456-1010</u>
E-Mail Address: Theo.Deleon@Telcov	e.Net
SAMPLE INFORMATION (to be complete	ed by sampler)
	Location Code (if known):
Sample Date: $1-9-08$	
Sample Location (be specific): Well	
Disinfectant Residual (Required when reporting	ig results for trihalomethanes and haloacetic acids): <u>MA</u> mg/L Field pH: <u>5.4</u>
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
☐ Distribution	Routine Compliance (with 62-550)
try Point (to Distribution)	Confirmation of MCL Exceedance*
. ant Tap (not for compliance with 62-550)	Composite of Multiple Sites**    Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	FULL VOC
*See 62-550.500(6) for require NOTE: See 62-550.512(3) for for nitrate or nitrite MC	additional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #: 850-456-1010
Sampler's E-Mail Address: <u>Theo.Deleon</u>	@Telcove.Net
CERTIFICATION (to be completed by	y sampler)
,Russ Barrett	Water Plant Operator II
(Print Name)	, <u>Water Plant Operator II</u> (Print Title)
to HEREBY CERTIFY that the abounded and correct.	ove public water system and sample collection information is
	Date: 1/9/08
Sik ure:	Date: // // 50

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

PANAMA CITY, FL 32404 ANALYSIS INFORMATION (to be completed by lab PWSID: 1170527 Lab Assigned Report Number or Job I	o. Of FL Sample Location: Well #3 GAC #2
Inorganics Synthetic Organics V All 17 All 30 X Partial All Except Dioxin Nitrate Partial	olatile Organics Disinfection Byproducts All 21 Trihalomethanes Partial Haloacetic Acids Bromate Chlorite Single Sample Qtrly Composite**Secondaries All 14 YES X NO Partial ation numbers:
CERTIF	ICATION
do HEREBY CERTIFY that all attached analytical data are connational Environmental Laboratory Accreditation Confedence  Signature:  * Failure to provide a valid and current DOH lab certificate results will result in rejection of the report, possible en	Date: 2-6-98  tion number and a current Analyte Sheet for the attached analysis aforcement analysis the public water supply for failure to sample, and
may result in notification of the DOH Bureau of Laboratory **Please provide radiological sample dates and locations for	
COMPLIANCE DETERMINATION (to be completed by Sample Collection Info Satisfactory: _Yes _No Sample Analy	ysis Info Satisfactory: _Yes _No
_ Revised Report Requested (circle or highlight group(s) ak	
_ Additional Monitoring Required (circle or highlight group Reason(s): _ MCL(s) Exceeded _ Detection(s) _ Missing Analyte Sheet(s) _ Location Unsati _ Other:	o(s) above) Incomplete Report isfactory Analysis Unsatisfactory
Person Notified:	Date Notified:
Comments:	
ate Reviewed: DEP/DOH R	eviewing Official:

Page 7 of REPORT # 020108-5

### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	<u>ug/1</u>	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	ID_
2378	1,2,4-TRICHLOROBENZENE	70	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	368047	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	368047	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964	DICHLOROMETHANE	5	368047	0.50	ช	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	368047	o.5v	บ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	368047	0.50	ប	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976	VINYL CHLORIDE	1	368047	0.50	u	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	368047	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	368047	0.50	υ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	368047	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	300	368047	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	368047	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	368047	0.50	ប	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	368047	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	368047	0.9	r	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	368047	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990	BENZENE	1	368047	0.5U	υ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991	TOLUENE	1,000	368047	0.50	ប	1400CST	EPA 502.2	01/23/08	0.5	B81105
2992	ETHYLBENZENE	700	368047	0.5V	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996	STYRENE	100	368047	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105

Well 4

LIC WATER SYSTEM INFORMAT	ION (to be completed by sampler – Plea	ise type or print legibly)
System Name: Peoples Water Service	Company of Florida, Inc. PWS	S I.D. #:FL 1170527
System Type (check one): XXCommur	nity	unity  Transient Noncommunity
Address: 905 Lownde Avenue		•
City: Pensacola	State: F	lorida ZIP Code: 32507-0815
Phone #: <u>850-455-8552</u>	Fax #: _8!	50-456-1010
E-Mail Address: <u>Theo.Deleon@Telcove</u>	≥.Net	
• .	•	
SAMPLE INFORMATION (to be complete	•	
Sample Number:	Location Code	
Sample Date: 1/21/08 Sample Location (be specific): We//	Sample Time:	10:10 PM (Circle One)
Sample Location (be specific): WC//	1 EFFRENT	06 m Field 14. 7.8
JISINTECTANT RESIDUAL (Required when reporting	presults for trihalomethanes and haloacetic acid	is): 0.5 mg/L Field pH: 7.%
Sample Type (Check Only One)	Research for	or Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550)	
	Confirmation of MCL Exceedan	<u></u>
int Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time		er Comments:
Near First Customer	SECONDARIES, In	•
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCl	ments and restrictions. **S additional requirements a	See 62-550.550(4) for requirements and attach a results page for each site.
ampler's Name: Russ Barrett		
ampler's Phone #: 850-455-8552	Sampler's Fax	#: 850-456-1010
ampler's E-Mail Address: <u>Theo.Deleon</u> e	7 Telcove Net	
ERTIFICATION (to be completed by	y sampler)	
		•
Russ Barrett		Water Plant Operator II
(Print Name)	and the state of t	(Print Title)
o HEREBY CERTIFY that the abounded and correct.	ve public water system and sa	ample collection information is
on picte and correct.		
ic ure: Justill /		Date: <u>//2//08</u>
'	·	•

teporting Format 62-550,730 Iffective January 1995, Revised January 2004

ABORATORY CERTIFICATION INFORMATION (to be	completed by lab - Please	type or print legibly)					
ACH CURRENT DOH ANALYTE SHEET*							
Lab Name:		Florida Certification #: E					
Address:	Certif	ication Expiration Date:					
	Phon	e#:					
LNALYSIS INFORMATION (to be completed by lab)		ceived:					
PWS ID (From Page 1): Sample Number (From Page 1):							
lab Assigned Report Number or Job ID:		om rage 1).					
Sroup(s) Analyzed & Results attached for compliance wi		(Chack all that anniv):					
	•						
Inopagnics Synthetic Organics  All 17 □All 30	<u>Volatile Organics</u> ∏All 21	<u>Disinfection Byproducts</u> Trihalomethanes					
☐Partial ☐All Except Dioxin	☐Partial	☐Haloacetic Acids					
□ Nitrate □ Partial	<u> Птанцан</u>	☐Bromate					
☐Nitrite ☐Dioxin Only	Radionuclides	☐Chlorite					
Asbestos Only	Single Sample						
	☐Qtrly Composite**	Secondaries					
		<u></u>					
Were any analyses subcontracted? ☐Yes No		Partial					
li yes, please provide DOH certification numbers:	YED I AD						
AT IACH DON ANALTTE SHEET FOR EACH SUBCONTRAC	TEU LAD"						
CER	TIFICATION	•					
<u>,</u>	•						
(Print Name)	, , , , , , , , , , , , , , , , , , ,	(Print Title)					
do HEREBY CERTIFY that all attached analytical data ar Environmental Laboratory Accreditation Conference (NEI		d meet all requirements of the National					
Signature:	<u> </u>	Date:					
Failure to provide a valid and current Florida DOH lab certific results will result in rejection of the report, possible enforcem result in notification of the DOH Bureau of Laboratory Servic *Please provide radiological sample dates & locations for each	nent against the public water es.						
COMPLIANCE DETERMINATION (to be completed by DEP of	or DOH)						
Sample Collection Info Satisfactory:   Yes No	Sample Ana	alysis Info Satisfactory: ☐Yes ☐No					
Replacement Sample(s) Requested (circle or highlight group(s	s) above)   Revised Rer	ont Requested (circle or highlight group(s) above)					
Additional Monitoring Required (circle or highlight group(s) above	1						
Reason(s):		☐Incomplete Report ☐ Analysis Unsatisfactory					
erson Notified:		ate Notified:					
pmments:							
Reviewed: DEP/DOH F							

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\* Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105 5806 E. HWY 22 Certification Expiration Date: 06-30-08 Address: PANAMA CITY, FL 32404 Phone # 850-871-1900 ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/22/08 PWSID: 1170527 Sample Number: 369137 Lab Assigned Report Number or Job ID: 022808-15 System Name: Peoples Water Service Co. Of FL Sample Location: Entry Point #4 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply) Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts X All 17 All 30 All 21 Trihalomethanes All Except Dioxin Partial Partial Haloacetic Acids \_ Partial Nitrate Bromate Nitrite Dioxin Only Radionuclides Chlorite Asbestos Only Single Sample Qtrly Composite\*\*Secondaries X All 14 Were any analyses subcontracted? YES X NO Partial If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\* CERTIFICATION I, Trish Jackson President do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Date: \* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis

results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

Date Reviewed:

**Please provide radiological sample dates and locations f	for each quarter.
COMPLIANCE DETERMINATION (to be completed	by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Anal	ysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle or highlight gro	oup(s) above)
_ Revised Report Requested (circle or highlight group(s) a	above)
_ Additional Monitoring Required (circle or highlight grou	p(s) above)
Reason(s): _ MCL(s) Exceeded _ Detection(s)	_ Incomplete Report
_ Missing Analyte Sheet(s) _ Location Unsat	isfactory _ Analysis Unsatisfactory
Other:	
Person Notified:	Date Notified:
Comments	

DEP/DOH Reviewing Official:

### INORGANIC ANALYSES 62-550.310(1) (PWS030)

Para ID	meter Name	MCL(mg/l)	Sample Number	Analysis Result(mg/l)	Data <u>Qual</u>	Analysis Time	Analysis Method	Analysis Date	MDL	Lab ID
1005	ARSENIC	0.01	369137	0.003U	υ	0930CST	EPA 200.9	01/25/08	0.003	E81105
1010	BARIUM	2	369137	0.064		0900CST	200.7	02/04/08	0.001	E81105
1015	CADMIUM	0.005	369137	0.0001U	U	1100CST	EPA 200.9	01/23/08	0.0001	E81105
1020	CHROMIUM	0.1	369137	0.001U	U	0900CST	EPA 200.7	02/04/08	0.001	E81105
1024	CYANIDE	0.2	369137	0.005U	U	1638CST	335.4	01/31/08	0.005	E81105
1025	FLUORIDE	4	369137	0.1U	U	1200CST	SM4500F-C	02/12/08	0.1	E81105
1030	LEAD	0.015	369137	0.001U	U	1200CST	EPA 200.9	01/24/08	0.001	E81105
1035	MERCURY	0.002	369137	0.0002U	U	1530cst	EPA 245.1	01/28/08	0.0002	E81105
1036	NICKEL	0.1	369137	0.002	I	0900cst	200.7	02/04/08	0.001	E81105
1040	NITRATE	10	369137	1.33		0948cst	353.2	01/25/08	0.10	E81105
1041	NITRITE	1	369137	0.1U	U	0924CST	EPA 353.2	01/23/08	0.1	E81105
1045	SELENIUM	0.05	369137	0.005U	U	1700CST	EPA 200.9	01/27/08	0.005	E81105
1052	SODIUM	160	369137	52		1400CST	SM3111B	01/25/08	1	E81 <sup>'</sup> 105
1074	ANTIMONY	0.006	369137	0.003ប	U	1200CST	EPA 200.9	01/27/08	0.003	E81105
1075	BERYLLIUM	0.004	369137	0.0001U	υ	1000CST	EPA 200.9	01/26/08	0.0001	E81105
1085	THALLIUM	0.002	369137	0.0010	U	1500CST	EPA 200.9	01/26/08	0.001	E81105
1094	ASBESTOS	7 <b>MF</b> L	369137							

### SECONDARY CHEMICAL ANALYSES 62-550.320 (PWS031)

Para	meter		Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
<u>ID</u>	Name	MCL(mg/l)	Number	Result(mg/l)	Qual	Time	Method	Date	<u>(mg/1)</u>	ID
1002	ALUMINUM	0.2	369137	0.05 <b>U</b>	U	0900CST	EPA 200.7	02/04/08	0.05	E81105
1017	CHLORIDE	250	369137	110.3.		0800CST	EPA 325.2	02/18/08	10.0	E81105
1022	COPPER	1	369137	0.01	I	0930CST	SM 3111 B	02/05/08	0.01	E81105
1025	FLUORIDE	2.0	369137	0.10	U	1200CST	SM4500F-C	02/12/08	0.1	E81105
1028	IRON	0.3	369137	0.156	I	0900CST	200.7	02/04/08	0.040	E81105
1032	MANGANESE	0.05	369137	0.031		0900CST	200.7	02/04/08	0.001	E81105
1050	SILVER	0.1	369137	0.003ប	σ	1230CST	SM3111B	01/29/08	0.003	E81105
1055	SULFATE	250	369137	6	I	1052CST	EPA375.4	02/14/08	3	E81105
1095	ZINC	5	369137	0.271		0900CST	200.7	02/04/08	0.004	E81105
1905	COLOR	15 CU	369137	5		1630CDT	SM2120B	01/22/08	5	E81105
1920	ODOR	3 TON	369137	0		1700CDT	SM2150B	01/22/08	0	E81105
1925	рн	6.5-8.5	369137	6.83		1600CDT	EPA150.1	01/22/08		E81105
1930	TOTAL DISSOLVED SOLIDS	500	369137	242		1700CDT	SM2540C	01/29/08	1	E81105
2905	FOAMING AGENTS	0.5	369137	0.050	ប	1430CST	SM5540C	01/23/08	0.05	E81105

3LIC WATER SYSTEM INFORMATION System Name: Peoples Water Service		
System Type (check one): XXCommuni		
Address: 905 Lownde Avenue	- Institution	Transcore To Too State Control of the Control of th
City: Pensacola	State	: <u>Florida</u> ZIP Code: <u>32507-0815</u>
Phone #: <u>850-455-8552</u>	Fax #	<u> 850-456-1010</u>
E-Mail Address: <u>Theo.Deleon@Telcove</u>	Net	
SAMPLE INFORMATION (to be completed	by sampler)	
Sample Number:		ode (if known):
Sample Date: 1/21/08		me: 10110 AM PM (Circle One)
Sample Location (be specific): We//	4 Effluent	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic	acids): 0.5 mg/L Field pH: 7.5
Sample Type (Check Only One)	Reason(s	s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-	
MEntry Point (to Distribution)	☐Confirmation of MCL Excee	<u> </u>
nt Tap (not for compliance with 62-550)	Composite of Multiple Sites	<u> </u>
Raw (at well or intake)	Clearance (permitting)	Replacement (of invalidated Sample)
Max Residence Time	Other:	
☐Ave Residence Time		Other Comments:
Near First Customer	50C'5	
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ac for nitrate or nitrite MCL	Iditional requirements	**See 62-550.550(4) for requirements and attach a results page for each site.
Sampler's Name: Russ Barrett	·	
Sampler's Phone #: <u>850-455-8552</u>	Sampler's i	Fax #: <u>850-456-1010</u>
ampler's E-Mail Address: Theo.Deleon@	Telcove Net	
ERTIFICATION (to be completed by	sampler)	
Russ Barrett		Water Plant Operator II
(Print Name)		(Print Title)
o HEREBY CERTIFY that the aboy	e public water system and	d sample collection information is
omplete and correct.	, ————————————————————————————————————	Date: <u>//2//08</u>
Jones of the second		7

reporting Format 62-550.730

Iffective January 1995, Revised January 2004

Page 1 of [insert number of pages]

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC	Florida Certification	
	cation Expiration Date: 06-30-0	)8
PANAMA CITY, FL 32404 ANALYSIS INFORMATION (to be completed by	Phone # 850-871-1900	- 01/00/00
PWSID: 1170527		: 01/22/08
Lab Assigned Report Number or Job		
System Name: Peoples Water Service		try Point #4
Group(s) Analyzed & Results attached for compliance wit		icry rottic #4
	diapoor of 351, 1,1110. (disch dir only appri)	
Inorganics Synthetic Organics	Volatile Organics Disinfection	n Byproducts
All 17 X All 30	All 21 Trihalome	
Partial All Except Dioxi	n Partial Haloacet	c Acids
Nitrate Partial	Bromate	
_ Nitrite Dioxin Only	<u>Radionuclides</u> _ Chlorite	
_ Asbestos Only	Single Sample	
	_ Qtrly Composite**Secondaries	<u>3</u>
	_ All 14_	
Were any analyses subcontracted?		
If yes, please provide DOH certif		
ATTACH DOH ANALYTE SHEET FOR EACH	SUBCONTRACTED LAB*	
CEPT	TETCAMITON	
CERT	IFICATION	
I, Trish Jackson	, President	
do HEREBY CERTIFY that all attached analytical data are		ements of the
National Environmental Laboratory Accreditation Confere		
1-1-0	Date: 221-0	76
Signature:		
* Failure to provide a valid and current DOH lab dertif	ication number and a current Analyte Sheet for the	attached analysis
results will result in rejection of the report, possible		ailure to sample, and
may result in notification of the DOH Bureau of Laborate		
**Please provide radiological sample dates and locations	s for each quarter.	
COMPLIANCE DETERMINATION (to be complete	ad hu pro -u poul	
Sample Collection Info Satisfactory: Yes No Sample A		
Sample Collection into Sacistactory1es _No Sample A	marysis into Sacistactory: _ies _No	
_ Replacement Sample(s) Requested (circle or highlight of	group(s) above)	
_ Revised Report Requested (circle or highlight group(s	) above)	
_ Additional Monitoring Required (circle or highlight gr	roup(s) above)	
Reason(s): _ MCL(s) Exceeded _ Detection(s)	) Incomplete Report	
	satisfactory _ Analysis Unsatisfactory	
Other:	Date Matified	
Person Notified:	Date Notified:	
Comments: Dep/DOH DEP/DOH	Reviewing Official:	
DEP/DON	Wearemind Official:	<u></u> -

Page 5 of REPORT # 021908-4

### SYNTHETIC ORGANICS 62-550.310(2)(c) (PWS029)

Para	neter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	ug/1	Number	Result (ug/1)	Qual	Time_	Method	Date	(ug/1)	ID
2005	ENDRIN	2	369132	0.00780	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2010	LINDANE	0.2	369132	0.0078U	ប	0321EST	EPA 508	01/30/08	0.007B	E83079
2015	METHOXYCHLOR	40	369132	0.0190	U	0321EST	EPA 508	01/30/08	0.019	E83079
2020	TOXAPHENE	3	369132	0.0860	U	0321EST	EPA 508	01/30/08	0.086	E83079
2031	DALAPON	200	369132	0.780	U	0321EST	EPA 515.1	01/30/08	0.78	E83079
2032	DIQUAT	20	369132	0.29ប	U	0321EST	EPA 549.2	01/30/08	0.29	E83079
2033	ENDOTHALL	100	369132	7.60	U	0321EST	EPA 548.1	01/30/08	7.6	E83079
2034	GLYPHOSATE	700	369132	3.20U	U	0321EST	EPA 508	01/30/08	3.20	E83079
2035	DI (2-ETHYLHEXYL) ADIPATE	400	369132	0.220	υ	0321EST	EPA 508	01/30/08	0.22	E83079
2036	OXAMYL (VYDATE)	200	369132	0.52U	บ	0321EST	EPA 531.1	01/30/08	0.52	E83079
2037	SIMAZINE	4	369132	0.120	ប	0321EST	EPA 507	01/30/08	0.12	E83079
2039	DI (2-ETHYLHEXYL) PHTHALATE	6	369132	0.480	U	0321EST	EPA 508	01/30/08	0.48	E83079
2040	PICLORAM	500	369132	0.0370	U	0321EST	EPA 515.1	01/30/08	0.037	E83079
2041	DINOSEB	7	369132	0.16U	ឋ	0321EST	EPA 515.1	01/30/08	0.16	E83079
2042	HEXACHLOROCYCLOPENTADIENE	50	369132	0.0170	υ	0321EST	EPA 508	01/30/08	0.017	E83079
2046	CARBOFURAN	40	369132	0.450	υ	0321EST	EPA 531.1	01/30/08	0.45	E83079
2050	ATRAZINE	3	369132	0.130	υ	0321EST	EPA 507	01/30/08	0.13	E83079
2051	ALACHOR	2	369132	0.0140	U	0321EST	EPA 507	01/30/08	0.014	E83079
2063	2,3,7,8-TCDD(DIOXIN)	.00003	369132			0321EST	EPA 513	01/30/08		E83079
2065	HEPTACHLOR	0.4	369132	0.0250	U	0321EST	EPA 508	01/30/08	0.025	E83079
2067	HEPTACHLOR EPOXIDE	0.2	369132	0.00580	U	0321EST	EPA 508	01/30/08	0.0058	E83079
2105	2,4-D	70	369132	0.0710	U	0321EST	EPA 515.1	01/30/08	0.071	E83079
2110	2,4,5-TP (SILVEX)	50	369132	0.0570	U	0321EST	EPA 515.1	01/30/08	0.057	E83079
2274	HEXACHLOROBENZENE	1	369132	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2306	BENZO (A) PYRENE	0.2	369132	0.034U	U	0321EST	EPA 508	01/30/08	0.034	E83079
2326	PENTACHLOROPHENOL	1	369132	0.00800	U	0321 <b>EST</b>	EPA 515.1	01/30/08	0.0080	E83079
2383	PCB	0.5	369132	0.0970	U	0321EST	EPA 508	01/30/08	0.097	E83079
2931	DIBROMOCHLOROPROPHANE	0.2	369132	0.00600	υ	0321EST	EPA 504.1	01/30/08	0.0060	EB3079
2946	ETHYLENE DIBROMIDE	0.02	369132	0.0063U	U	0321EST	EPA 504.1	01/30/08	0.0063	E83079
2959	CHLORDANE	2	369132	0.0560	U	0321EST	EPA 508	01/30/08	0.056	E83079

LABORATORY CERTIFICATION INFORMATION (to be TACH CURRENT DOH ANALYTE SHEET*	completed by lab – Please typ	oe or print legibly)
Lab Name:	Ę	lorida Certification #: <u>E</u>
Address:		ation Expiration Date:
		#
ANALYSIS INFORMATION (to be completed by lab)		ived:
PWS ID (From Page 1):		Page 1):
Lab Assigned Report Number or Job ID:		age //
Group(s) Analyzed & Results attached for compliance wi	<del></del>	Check all that apply):
Inorganics  All 17  Partial  Nitrate  Nitrite  Asbestos Only  Synthetic Organics  All 30  All Except Dioxin  Partial  Dioxin Only	Volatile Organics  ☐All 21 ☐Partial  Radionuclides ☐Single Sample ☐Qtrly Composite**	Disinfection Byproducts ☐Trihalomethanes ☐Haloacetic Acids ☐Bromate ☐Chlorite  Secondaries ☐All 14
Were any analyses subcontracted?		□Ali 14 □Partial
If yes, please provide DOH certification numbers:  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRAC	CTED LAB*	
CER	TIFICATION	
(Print Name)		(Print Title)
do HEREBY CERTIFY that all attached analytical data ar Environmental Laboratory Accreditation Conference (NEI		
Signature:		Date:
* Failure to provide a valid and current Florida DOH lab certific results will result in rejection of the report, possible enforcem result in notification of the DOH Bureau of Laboratory Service ** Please provide radiological sample dates & locations for each	cation number and a current An ent against the public water sy es.	nalyte Sheet for the attached analysis
COMPLIANCE DETERMINATION (to be completed by DEP o	r DOH)	
Sample Collection Info Satisfactory: ☐Yes ☐No	Sample Analy	rsis Info Satisfactory: ☐Yes ☐No
Replacement Sample(s) Requested (circle or highlight group(s		t Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle of highlight group(s) above		
Reason(s):		☐Incomplete Report ☐ Analysis Unsatisfactory
		<u> </u>
□Other:		e Notified:
	Date	e Notified:

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

Page 2 of [insert number of pages]

### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 110608-39

REPORT DATE: 11/06/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave. Pensacola, FL 32507-0815

Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT CERTIFICATE OF ANALYSIS CHAIN OF CUSTODY DEP SIGNATURE FORMS

4 Pages

1 Pages

1 Pages

PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available n request. Analyses performed in the field are not regulated

by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

	N (to be completed by sampler – Please type or print legibly)
ystem Name: <u>Peoples Water Service C</u>	company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommunit	y
Address: 905 Lownde Avenue	
Ott. D. seeds	
City: Pensacola	
Phone #: 850-455-8552	
E-Mail Address: <u>TheoDeleon@PeoplesV</u>	vaterService.Com
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	Location Code (if known):
Sample Date: 10/13/08	
Sample Location (be specific): Well 4 Effluer	nt
Disinfectant Residual (Required when reporting	g results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 6.9
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
☐ Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter? 2nd)
⊠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** ☐Violation Resolution
☐Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
☐Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	RAD 226,228
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #: <u>850-456-1010</u>
Sampler's E-Mail Address: TheoDeleon@	®PeoplesWaterService.Com
CERTIFICATION (to be completed by	y sampler)
I, Russ Barrett	, Water Plant Operator II ,
(Print Name)	(Print Title)
complete and correct.	ove public water system and sample collection information is
2011picto and sorroot	nlis 1 a
Signature: // / /	Date: 10/15/108
_	u

Reporting Format 62-550.730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Assigned Report Number or Job ID: 110608-39  System Name: Peoples Water Service Co. Of FL Sample Location: Well #4  Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)  Inorganics
Qtrly Composite**Secondaries
Were any analyses subcontracted? X YES NO Partial
If yes, please provide DOH certification numbers: E83033
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
CERTIFICATION
I, Trish Jackson , President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conference (NELAC).
Signature: Date: 1/604
* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis
results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, a
may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.
COMPT TANCE DEPENDATIANTON
COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle or highlight group(s) above)
_ Revised Report Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ Detection(s) _ Incomplete Report
Other:
Person Notified: Date Notified:
Comments:
Date Reviewed: DEP/DOH Reviewing Official:

### RADIOCHEMICAL ANALYSIS 62-550.310(5) (PWS033)

Para	meter Name	Sample Number	Analysis Result(pCi/l)	Analysis Time	Analysis Method	Analysis Date	MDL	Lab <u>ID</u>
	GROSS ALPHA PHOTON EMITTERS	395988 395988			٠			
4020	RADIUM-226	395988	2.1+-0.4	1409CST	EPA 903.1	10/29/08	0.2	E83033
4030	RADIUM-228	395988	2.4+-0.6	1512CST	B&B Ra-05	10/30/08	0.6	E83033
4101	MAN-MADE BETA	395988						

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 080608-12 Page 1

REPORT DATE: 08/06/08
REPORT TYPE: Original
Peoples Water Service Company
CLIENT NO. 2286

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS
Custody sheet # 20666
DEP signature sheet
Data qualifier legend

4 Pages 1 Pages 1 Pages 1 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available in request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print legibly)
system Name: Peoples Water Service C	ompany of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommunity	y   Nontransient Noncommunity   Transient Noncommunity
Address: 905 Lownde Avenue	
City: Pensacola	State: Florida ZtP Code: 32507-0815
Phone #: <u>850-455-8552</u>	Fax #: 850-456-1010
E-Mail Address: <u>TheoDeleon@PeoplesW</u>	VaterService.Com
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	
Sample Date: 7/9/08	
	ıt
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 6.9
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
☐Distribution	☑Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter?
⊠Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**
∟Raw (at well or intake)	Clearance (permitting)
Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	rads 226, 228 only
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: 850-456-1010
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com
CERTIFICATION (to be completed by	r sampler)
I, Russ Barrett	, Water Plant Operator II
(Print Name)	(Print Title)
do HEREBY CERTIFY that the abordomplete and correct.	eve public water system and sample collection information is
Signature:	Date: 7/9/08

Reporting Format 62-550.730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81109
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-09
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab)  Date Sample(s) Received: 07/15/08
PWSID: 1170527 Sample Number: 386299
Lab Assigned Report Number or Job ID: 080608-12
System Name: Peoples Water Service Co. Of FL Sample Location: Well #4 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)
Thomas of the Company
Inorganics Synthetic Organics Volatile Organics Disinfection Byproduct All 17 All 30 All 21 Tribalomethanes
Partial All Except Dioxin Partial Haloacetic Acids Nitrate Partial Bromate
· - · · · · · · · · · · · · · · · · · ·
_ Asbestos Only _ EDB X Single Sample
_ Qtrly Composite** <u>Secondaries</u>
All 14
Were any analyses subcontracted? X YES NO Partial
If yes, please provide DOH certification numbers: E83033
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
CEDEL ET CAMTON
CERTIFICATION
I, Trish Jackson , President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conference (NELAC).
Signature: Date: 0.08
* Failure to provide a valid and current DOM lab certification number and a current Analyte Sheet for the attached analysis
results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, a
may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.
COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
Replacement Sample(s) Requested (circle or highlight group(s) above)
_ Revised Report Requested (circle or highlight group(s) above)
_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded Detection(s) Incomplete Report
_ Missing Analyte Sheet(s) _ Location Unsatisfactory _ Analysis Unsatisfactory
_ Other:
Person Notified: Date Notified:
Comments:
Date Reviewed: DEP/DOH Reviewing Official:

### RADIOCHEMICAL ANALYSIS 62-550.310(5) (PWS033)

Parat ID	neter Name	Sample <u>Number</u>	Analysis Result(pCi/l)	_	Analysis Method	Analysis Date	MDL	Lab ID
	GROSS ALPHA	386299						
4012	PHOTON EMITTERS	386299						
4020	RADIUM-226	386299	1.5+-0.2	1208EST	EPA 903.1	08/03/08	0.2	E83033
4030	RADIUM-228	386299	2.9+-0.8	1055EST	B&B Ra-05	08/04/08	0.9	E83033
4101	MAN-MADE BETA	386299						

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

# Florida Program to Environmental Otection Safe Drinking Vater Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please typ	pe or print legibly)
System Name: Peoples Water Service Co	ompany of Florida PWS I.D	0.#:
System Type (check one):	☐Nontransient Noncommunity	Transient Noncommunity
Address: P.O. Box 4815		
905 Lownde Avenue		
City: Pensacola	State: Florida	ZIP Code: <u>32507-0815</u>
Phone #: (850) 455-8552	Fax #: <u>(850)</u> 4	<del>156-1010</del>
E-Mail Address:		
SAMPLE INFORMATION (to be completed	by sampler)	
Sample Number: 1853740	Location Code (if kn	own):
Sample Date: <u>05/21/2008</u>	Sample Time: 10:0	00 AM PM (Circle One)
Sample Location (be specific): Well 4 Effluen	t	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	mg/L Field pH:
Sample Type (Check Only One)	Poseon(s) for Sa	mple (Check all that apply)
	Routine Compliance (with 62-550)	Quarterly (Which Quarter?
Distribution	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Entry Point (to Distribution)	- <del></del> .	□ Violation Resolution
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	_
Raw (at well or intake)	Clearance (permitting)	☐Replacement (of Invalidated Sample)
Max Residence Time	Other:  Sampling Procedure Used or Other Co	emments: See attached page for
Ave Residence Time		militerits. See attached page for
Near First Customer	additional comments.	2-550.550(4) for requirements and
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attact	n a results page for each site.
Sampler's Name:		
Sampler's Phone #:	Sampler's Fax #:	
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by	sampler)	
I,(Print Name)		(Print Title)
do HEREBY CERTIFY that the abo complete and correct.	ve public water system and samp	ne conection information is
ignature:		Date:
Note: This report may not be reproduced, except in a National Environmental Laboratory Accreditation Pro		boratories Inc. (UL). UL is accredited by the
Reporting Format 62-550.730 Effective January 1995, Revised January 2007	Page 1 of 3	
UL-SBN-RF-014-13	Effective Date: February 9, 2007	

: MMMM?

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

\TACH CURRENT DOH ANALYTE SHEET*						
Lab Name: Underwriters Laboratories Inc.		Florida Certification #: E87775				
Address: 110 South Hill Street	Certi	Certification Expiration Date: 06/30/2008				
South Bend, IN 46617	Phon	e#: <u>574-233-4777</u>				
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Re	ceived: <u>05/22/2008</u>				
PWS ID (From Page 1): 1170527	Sample Number (Fr	om Page 1): <u>1853740</u>				
Lab Assigned Report Number or Job ID: 204269						
Group(s) Analyzed & Results attached for compliance w	ith Chapter 62-550, F.A.C	. (Check all that apply):				
Inorganics  All 17  All 30  Partial  Nitrate  Nitrite  Asbestos Only  Synthetic Organics  All 30  All Except Dioxin  Partial  Dioxin Only	Volatile Organics  ☐All 21 ☐Partial  Radionuclides ☑Single Sample ☐Qtrly Composite**	Disinfection Byproducts ☐ Trihalomethanes ☐ Haloacetic Acids ☐ Bromate ☐ Chlorite  Secondaries ☐ All 14				
Were any analyses subcontracted? ☐Yes ☒No		□A" 14 □Partial				
If yes, please provide DOH certification numbers:ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRA	CTED LAB*					
	RTIFICATION					
		Recenter				
r, <u>5+ eve Dungy</u> (Print Name)		Reporter (Print Title)				
do HEREBY CERTIFY that all attached analytical data a Environmental Laboratory Accreditation Conference (NE Signature:		·				
Finalized by: 1673		Date: <u>7 /1 /2008</u>				
<ul> <li>Failure to provide a valid and current Florida DOH lab certification results will result in rejection of the report, possible enforcer result in notification of the DOH Bureau of Laboratory Services</li> <li>Please provide radiological sample dates &amp; locations for each control of the provide radiological sample dates.</li> </ul>	ment against the public water ces.					
COMPLIANCE DETERMINATION (to be completed by DEP	or DOH)					
Sample Collection Info Satisfactory:   Yes   No	Sample Ana	alysis Info Satisfactory: Tes No				
Replacement Sample(s) Requested (circle or highlight group	(s) above) Revised Rep	port Requested (circle or highlight group(s) above)				
Additional Monitoring Required (circle or highlight group(s) above	ve)					
Reason(s):		☐Incomplete Report ☐ Analysis Unsatisfactory				
Person Notified:		ate Notified:				
Comments:						
Reporting Format 62-550.730 Effective January 1995, Revised January 2007	Page 2 of 3					

Effective Date: February 9, 2007

· MARKELL

UL-SBN-RF-014-13

RADIONUCLIDES 62-550.310(6)

Report Number / Job ID: 204269

PWS ID (From Page 1): 1170527

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000 /	Gross Alpha (Excluranium)	15**	p€i/L					3				E87775
4002	Gress Alpha (indiuranium)	MARK.	pCl/L					1				E87775
4006	Combined Uranium	****	p€i/L					****				E87775
1.00gg	(U=234, U=285, & U=238)	30	µg/L					1				E87775
4020	Radium-226		~C:0	1.7		7500-Ra B	0.2	1	0.4	06/23/08	10:19	E87775
4030	Radium-228	5	pCi/L	3.0		7500-Ra D	0.8	1	0.6	06/09/08	11:52	E87775

<sup>\*\*</sup> If the results exceed 5 pCi/L, a measurement for radium-226 is required.

\*\*\*\*\* Reserved

Reporting Format 62-550.730 Effective January 1995, Revised January 2007

Page 3 of 3

<sup>\*\*\*</sup> If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

<sup>\*\*\*\*</sup> If uranium (U) is reported as a measurement of activity (pCi/L) it will be converted to a mass measurement (µg/L) by multiplying the result by 1.5.

<sup>\*</sup>Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for 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 mu( epilaced with acceptable results from samples collected during the same monitory).

\*\*Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results



**Water Quality Report** 

South Bend Office 110 South Hill Street South Bend, IN 46617-2702 USA www.ul.com/water

tel: 1 574 233 4777 fax: 1 574 233 8207

Customer Service: 1 800 332 4345

### **DRINKING WATER LABORATORY REPORT**

This report contains \_\_\_\_\_ pages (including the cover page)



If you have any questions concerning this report, please do not hesitate to call us at (800) 332-4345 or (574) 233-4777.

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UL-SBN-REP-F-007-00

Effective Date: January 30, 2007

(cover) Page 1 of 1

TAPAPAPA A

#### **NELAP NARRATIVE PAGE**

Client: Peoples Water Service

Report #: 204269NP

Underwriters Laboratories Inc. is a NELAP accredited laboratory. All reported results meet the requirements of the NELAP standards.

UL contact person: Jim Van Fleit

NELAP requires complete reporting of deviations from method requirements, regardless of the suspected impact on the data. Quality control failures not reported within the report summary are noted here.

There were no quality control failures.

Reviewed By

Finalized By

Report

711/08

Date

<u>\_\_\_\_</u>

### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 061908-8 Page 1

REPORT DATE: 06/19/08 REPORT TYPE: Original Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS Custodys shet # 20457 DEP signature sheet Data qualifier legend

4 Pages 1 Pages

1 Pages

1 Pages

PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available in request.

This report may not be reproduced except in full with written approval from the laboratory.

PUBLIC WATER SYSTEM INFORMATION  System Name: Peoples Water Service Control		-				
<del></del>	y Nontransient Noncommuni	ty Transient Noncommunity				
Address: 905 Lownde Avenue						
City: Pensacola	State: Flori	da ZIP Code: 32507-0815				
Phone #: 850-455-8552	Fax #: <u>850-</u>	456-1010				
E-Mail Address: <u>TheoDeleon@PeoplesV</u>	VaterService.Com					
SAMPLE INFORMATION (to be completed	by sampler)					
Sample Number:	Location Code (if	known):				
Sample Date: 5/21/08		00 AM PM (Circle One)				
Sample Location (be specific): Well 4 Effluer	ıt					
Disinfectant Residual (Required when reporting						
Sample Type (Check Only One)	Reason(s) for S	ample (Check all that apply)				
☐ Distribution	Routine Compliance (with 62-550)	mpliance (with 62-550) Quarterly (Which Quarter? 2nd				
⊠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**	☐Violation Resolution				
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)				
☐Max Residence Time	Other:					
☐Ave Residence Time	Sampling Procedure Used or Other C	Comments:				
☐Near First Customer	RADS 226 and 228, not gross alpha_					
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attac	62-550.550(4) for requirements and ch a results page for each site.				
Sampler's Name: Russ Barrett						
Sampler's Phone #: 850-455-8552	Sampler's Fax #:	850-456-1010				
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService,Com					
CERTIFICATION (to be completed by	r sampler)					
I, Russ Barrett	,	Vater Plant Operator II				
(Print Name) do HEREBY CERTIFY that the abo complete and correct.	ove public water system and sam	(Print Title) ple collection information is				
Signature:		Date:				

Reporting Format 62-550.730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab)  Date Sample(s) Received: 05/23/08
PWSID: 1170527 Sample Number: 381063
Lab Assigned Report Number or Job ID: 061908-8
System Name: Peoples Water Service Co. Of FL Sample Location: Well #4 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)
orouple, andryzed a Reserve accorded for compriance with chapter 62-550, F.A.C. (Check all that appry)
Inorganics Synthetic Organics Volatile Organics Disinfection Byproduct
All 17 All 30 All 21 Trihalomethanes
_ Asbestos Only _ EDB X Single Sample
_ Qtrly Composite**Secondaries
— All 14
Were any analyses subcontracted? X YES NO Partial
If yes, please provide DOH certification numbers: E83033
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
CERTIFICATION
I, Trish Jackson , President ,
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conference (NELAC).
1 hoto
Signature: Date: 0 1 1 0
* Failure to provide a valid and current DOH lab eftification number and a current Analyte Sheet for the attached analysis
results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, a
may result in notification of the DOH Bureau of Maboratory Services.
**Please provide radiological sample dates and locations for each quarter.
COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle or highlight group(s) above)
_ Revised Report Requested (circle or highlight group(s) above)
_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded Detection(s) Incomplete Report
_ Missing Analyte Sheet(s) _ Location Unsatisfactory _ Analysis Unsatisfactory
Other:
Person Notified: Date Notified:
Comments:
Date Reviewed: DEP/DOH Reviewing Official:

### RADIOCHEMICAL ANALYSIS 62-550.310(5) (PWS033)

Para:	neter Name	Sample Number	Analysis Result(pCi/l)	Data Analysis Qual Time	Analysis Method	Analysis Date	Lab MDL ID
	GROSS ALPHA PHOTON EMITTERS	381063 381063					
4020	RADIUM-226	381063	1.5+-0.3	1457EST	EPA 903.1	06/11/08	0.2 E83033
4030	RADIUM-228	381063	2.8+-0.7	1332EST	B&B Ra-05	06/10/08	0.8 E83033
4101	MAN-MADE BETA	381063					

LABORATORY CERTIFICATION INFORMATION (to b	completed by lab – Please type or print legibly)
TACH CURRENT DOH ANALYTE SHEET*	
Lab Name: The Water Spigot, Inc.	Florida Certification #: E81105
Address: <u>5806 E. Hwy 22</u>	Certification Expiration Date: 06-2008
Panama City, FL 32404	Phone #: 850-871-1900
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received:
PWS ID (From Page 1):	Sample Number (From Page 1):
Lab Assigned Report Number or Job ID:	
Group(s) Analyzed & Results attached for compliance w	th Chapter 62-550, F.A.C. (Check all that apply):
Inorganics   Synthetic Organics   All 30   All Except Dioxin   Partial   Partial   Partial   Dioxin Only   Asbestos Only	Volatile Organics       Disinfection Byproducts         □All 21       □Trihalomethanes         □Partial       □Haloacetic Acids         □Bromate       □Chlorite         ■Single Sample       □Chlorite         □Qtrly Composite**       Secondaries         □All 14
Were any analyses subcontracted? Yes ☐No	
If yes, please provide DOH certification numbers:	
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRA	CTED LAB*
CEF	TIFICATION
4.	
(Print Name)	(Print Title)
do HEREBY CERTIFY that all attached analytical data Environmental Laboratory Accreditation Conference (N	re correct and unless noted meet all requirements of the National (LAC).
Signature:	Date:
<ul> <li>Failure to provide a valid and current Florida DOH lab certif results will result in rejection of the report, possible enforces in notification of the DOH Bureau of Laboratory Services.</li> <li>** Please provide radiological sample dates &amp; locations for ea</li> </ul>	cation number and a current Analyte Sheet for the attached analysis nent against the public water system for failure to sample, and may result the quarter.
COMPLIANCE DETERMINATION (to be completed by DEP	or DOH)
Sample Collection Info Satisfactory:   Yes   No	Sample Analysis Info Satisfactory:   Yes   No
Replacement Sample(s) Requested (circle or highlight ground	(s) above) Revised Report Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) ab	ve)
Reason(s):	
Person Notified:	
Comments:	
Date Reviewed: DEP/DOH	Reviewing Official:

Reporting Format 62-550.730

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 041508-58 Page 1

REPORT DATE: 04/15/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS

CHAIN OF CUSTODY DEP SIGNATURE FORM DATA QUALIFIER 6 Pages

2 Pages

4 Pages

1 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available n request.

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PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print leg	ibly)
system Name: Peoples Water Service C	ompany of Florida, Inc. PWS I.D. #: FL	<u>1170527</u>
System Type (check one): XXCommunit	y Nontransient Noncommunity DT	ransient Noncommunity
Address: 905 Lownde Avenue		
City: Pensacola	State: Florida ZIP C	Code: <u>32507-0815</u>
Phone #: 850-455-8552	Fax #: <u>850-456-1010</u>	
E-Mail Address: TheoDeleon@PeoplesM	VaterService.Com	
SAMPLE INFORMATION (to be completed	by sampler)	
Sample Number:		
Sample Date: 3/17/08	•	AM PM (Circle One)
Sample Location (be specific): Well 4		
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): 0-5 m	g/L Field pH: 7.2
Sample Type (Check Only One)	Reason(s) for Sample (Check	all that apply)
Distribution	☑Routine Compliance (with 62-550) ☐Quarter	ly (Which Quarter?)
⊠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** ☐Violation	n Resolution
Raw (at well or intake)	Clearance (permitting)	ement (of Invalidated Sample)
☐Max Residence Time	Other: resample	
☐Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐Near First Customer	Rads 226, 228	
**************************************	dditional requirements attach a results pa	for requirements and ge for each site.
Sampler's Name: Russ Barrett		
Sampler's Phone #: 850-455-8552	Sampler's Fax #: <u>850-456-10</u>	10
Sampler's E-Mail Address: TheoDeleon@	PeoplesWaterService.Com	
CERTIFICATION (to be completed by	sampler)	
I,Russ Barrett	, Water Plant	Operator II
(Print Name)	(Prin	t Title)
do HEREBY CERTIFY that the abo	ve public water system and sample collection	on information is
Signature:	Date	3/13/08
		1.

Reporting Format 62-550.730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 03/25/08
PWSID: 1170527 Sample Number: 375201
Lab Assigned Report Number or Job ID: 041508-58
System Name: Peoples Water Service Co. Of FL Sample Location: Well #4
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)
Inorganics Synthetic Organics Volatile Organics Disinfection Byproduct
All 17 All 30 All 21 Trihalomethanes
Partial All Except Dioxin Partial Haloacetic Acids
Nitrate Partial Bromate
Nitrite Dioxin Only Radionuclides Chlorite
<del>-</del>
_ Asbestos Only X Single Sample
_ Qtrly Composite** <u>Secondaries</u>
_ All 14
Were any analyses subcontracted? X YES _ NO _ Partial
If yes, please provide DOH certification numbers: E83033
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
CERTIFICATION
I, Trish Jackson , President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accreditation Conference (NELAC).
Nacional Environmental Lappratory Acceptication Conterence (NELAC).
Data 4-1/10
Signature: Date: 1706
* Failure to provide a valid and current DOW ab certification number and a current Analyte Sheet for the attached analysis
results will result in rejection of the report, possible enforcement analyst the public water supply for failure to sample, a
may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.
COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle or highlight group(s) above)
_ Revised Report Requested (circle or highlight group(s) above)
_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ Detection(s) _ Incomplete Report
Other:  Dance Notified.
Person Notified: Date Notified:
Comments:
Date Reviewed: DEP/DOH Reviewing Official:

Page 3 of REPORT # 041508-58

### RADIOCHEMICAL ANALYSIS\* 62-550.310(5) (PWS033)

Para	meter	Sample	Analysis	Data	Analysis	Analysis	Analysis		Lab
<u>ID</u>	Name	Number	Result(pCi/l)	<u>Qual</u>	<u>Time</u>	Method	Date	MDL	ID
4000	GROSS ALPHA	375201							
4012	PHOTON EMITTERS	375201							
4020	RADIUM-226	375201	2.0+-0.2		1045EST	EPA 903.1	04/11/08	0.10	E83033
4030	RADIUM-228	375201	3.5+-0.8		1045EST	B&B Ra-05	04/11/08	0.90	E83033
4101	MAN-MADE BETA	375201					• •		
	*(Gross alpha	generally	y only require	ment,	see 62550	).519,FAC			

LABORATORY CERTIFICATION INFORMATION (to be	e completed by lab - Please type or print legibly)
ANALYTE SHEET*	
Lab Name: The Water Spigot, Inc.	Florida Certification #: E81105
Address: 5806 E. Hwy 22	Certification Expiration Date: 06-30-08
Panama City, FL 32404	Phone #: 850-871-1900
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received:
PWS ID (From Page 1):	Sample Number (From Page 1):
Lab Assigned Report Number or Job ID:	
Group(s) Analyzed & Results attached for compliance w	ith Chapter 62-550, F.A.C. (Check all that apply):
Inorganics    All 17	Volatile Organics       Disinfection Byproducts         □All 21       □Trihalomethanes         □Partial       □Haloacetic Acids         □Bromate       □Chlorite         ☑Single Sample       □Chlorite         □Qtrly Composite**       Secondaries         □All 14       □Partial
If yes, please provide DOH certification numbers:	
yes, please provide DOT Certification Hambers.	CTED LAB*
CER	TIFICATION
',(Print Name)	(Print Title)
	are correct and unless noted meet all requirements of the National
Signature:	Date:
	cation number and a current Analyte Sheet for the attached analysis nent against the public water system for failure to sample, and may result ch quarter.
COMPLIANCE DETERMINATION (to be completed by DEP	or DOH)
Sample Collection Info Satisfactory: ☐Yes ☐No	Sample Analysis Info Satisfactory:   Yes   No
Replacement Sample(s) Requested (circle or highlight group	(s) above) Revised Report Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) abor	we)
Reason(s):	Location Unsatisfactory
Person Notified:	
Comments:	
·	Reviewing Official:

Reporting Format 62-550.730

	N (to be completed by sampler - Please type or print legibly)
	ompany of Florida, Inc. PWS I.D. #: FL 1170527
,	y
Address: 905 Lownde Avenue	
City: Pensacola	State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552	
E-Mail Address: TheoDeleon@PeoplesV	
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	Location Code (if known):
Sample Date: 3/13/08	Sample Time: 1:50 AM PM (Circle One)
Sample Location (be specific): Well 4	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 7.3
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
☐ Distribution ★ ★ ★	Routine Compliance (with 62-550) Quarterly (Which Quarter?
⊠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** ☐Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
☐Max Residence Time	Other: resample
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	Rads 226, 228
**************************************	dditional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: <u>850-456-1010</u>
Sampler's E-Mail Address: TheoDeleon@	DPeoplesWaterService.Com
OFFITIOATION .	
CERTIFICATION (to be completed by	r sampler)
I, Russ Barrett	, Water Plant Operator II
(Print Name)	(Print Title)
do HEREBY CERTIFY that the abo	ove public water system and sample collection information is
Signature:	Date: 3/13/08

orting Format 62-550.730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGO	Γ, INC Florida Certification #: E81105
Address: 5806 E. HWY 22	Certification Expiration Date: 06-30-08
PANAMA CITY, FL	
ANALYSIS INFORMATION (to be	completed by lab) Date Sample(s) Received: 03/25/08
PWSID: 1170527	Sample Number: 375202
Lab Assigned Report Number	or Job ID: 041508-58
System Name: Peoples Water	Service Co. Of FL Sample Location: Well #4
	ompliance with Chapter 62-550, F.A.C. (Check all that apply)
· · · · · · · · · · · · · · · · · · ·	
Inorganics Synthetic	Organics Volatile Organics Disinfection Byproducts
All 17 All 30	All 21 Trihalomethanes
Partial All Excep	ot Dioxin Partial Haloacetic Acids
Nitrate Partial	Bromate
Nitrite Dioxin On	
Asbestos Only	X Single Sample
	_ Qtrly Composite**Secondaries
	All 14
Were any analyses subconti	
	d certification numbers: E83033
ATTACH DON ANALITE SHEET	FOR EACH SUBCONTRACTED LAB*
	CEDULELCARION
	CERTIFICATION
T Twish Tookson	Description to
I, Trish Jackson	, President
	ical data are correct and unless otherwise noted meet all requirements of the
National Environmental Laboratory Accredit	tion Conference (NELAC).
Giamatum 110	1.hc/0m - 4-17-28
Signature:	Date: 1770
	OH lab certification number and a current Analyte Sheet for the attached analysis
	possible enforcement anainst the public water supply for failure to sample, and
may result in notification of the DOH Bure	
**Please provide radiological sample dates	and locations for each quarter.
COMPLIANCE DETERMINATION (	
Sample Collection Info Satisfactory: _Yes	No Sample Analysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle o	or highlight group(s) above)
_ Revised Report Requested (circle or high)	.ight group(s) above)
_ Additional Monitoring Required (circle or	highlight group(s) above)
<del>-</del>	Detection(s) _ Incomplete Report
_ Missing Analyte Sheet(s)	Location Unsatisfactory _ Analysis Unsatisfactory
_ Other:	T-0
Person Notified:	Date Notified:
Comments:	
Date Reviewed:	DEP/DOH Reviewing Official:

## RADIOCHEMICAL ANALYSIS\* 62-550.310(5) (PWS033)

Parameter ID Name		-	Analysis Result(pCi/l)	Analysis Time	Analysis Method	Analysis Date	MDL	Lab ID
4000 GROSS 4012 PHOTO 4020 RADIO 4030 RADIO 4101 MAN-1	ON EMITTERS UM-226 UM-228	375202 375202 375202 375202 375202	1.2+-0.2 3.1+-0.7			04/11/08 04/11/08		E83033 E83033

<sup>\*(</sup>Gross alpha generally only requirement, see 62550.519,FAC

LABORATORY CERTIFICATION INFORMATION (to be	completed by lab - Please type or print legibly)
ANALYTE SHEET*	
Lab Name: The Water Spigot, Inc.	Florida Certification #: E81105
Address: <u>5806 E. Hwy 22</u>	Certification Expiration Date: 06-30-08
Panama City, FL 32404	Phone #: 850-871-1900
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received:
PWS ID (From Page 1):	Sample Number (From Page 1):
Lab Assigned Report Number or Job iD:	·
Group(s) Analyzed & Results attached for compliance w	th Chapter 62-550, F.A.C. (Check all that apply):
Inorganics   Synthetic Organics   All 17   All 30   All Except Dioxin   Nitrate   Partial   Dioxin Only   Asbestos Only      Were any analyses subcontracted?   Yes   No    If yes, please provide DOH certification numbers:	Volatile Organics       Disinfection Byproducts         □ All 21       □ Trihalomethanes         □ Partial       □ Haloacetic Acids         □ Bromate       □ Chlorite         ☑ Single Sample       □ Chlorites         □ Qtrly Composite**       Secondaries         □ All 14       □ Partial
SHEET FOR EACH SUBCONTRAC	CIED LAB*
CER	TIFICATION
i,	
(Print Name)	(Print Title)
do HEREBY CERTIFY that all attached analytical data a Environmental Laboratory Accreditation Conference (NE	re correct and unless noted meet all requirements of the National LAC).
Signature:	Date:
<ul> <li>Failure to provide a valid and current Florida DOH lab certific results will result in rejection of the report, possible enforcem in notification of the DOH Bureau of Laboratory Services.</li> <li>** Please provide radiological sample dates &amp; locations for each</li> </ul>	ation number and a current Analyte Sheet for the attached analysis ent against the public water system for failure to sample, and may result a quarter.
COMPLIANCE DETERMINATION (to be completed by DEP of	r DOH)
Sample Collection Info Satisfactory:   Yes   No	Sample Analysis Info Satisfactory: Yes No
Replacement Sample(s) Requested (circle or highlight group(	s) above) Revised Report Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) above	e)
Reason(s):	Location Unsatisfactory
Person Notified:	Date Notified:
Comments:	
Date Reviewed: DEP/DOH F	Reviewing Official:
Reporting Format 62-550.730	τ

. JBLIC WATER SYSTEM INFORMATION	ON (to be completed by sampler Pleas	se type or print legibly)
System Name: Peoples Water Service (		
System Type (check one): XXCommuni		unity
Address: 905 Lownde Avenue	•	
City: Pensacola	State: Fl	orida ZIP Code: 32507-0815
Phone #: 850-455-8552	Fax #: <u>85</u>	0-456-1010
E-Mail Address: Theo.Deleon@Telcove.	Net	
•	•	
SAMPLE INFORMATION (to be completed	by sampler)	
Sample Number:	Location Code	(if known):
Sample Date: 1/21/08	Sample Time:	10110 AM PM (Circle One)
Sample Location (be specific):	4 Effluet	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids	): <u>05</u> mg/L Field pH: <u>7.</u>
Sample Type (Check Only One)	Reason(s) for	Sample (Check all that apply)
Distribution	™Routine Compliance (with 62-550)	Quarterly (Which Quarter?
intry Point (to Distribution)	Confirmation of MCL Exceedance	e* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
Ratw (at well or intake)	Clearance (permitting)	Replacement (of invalidated Sample)
☐Max Residence Time	Other:	
☐Ave Residence Time		Comments:
☐Near First Customer	RAdionuclides	
*See 62-550.500(6) for requirerr NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements at	ee 62-550.550(4) for requirements and tach a results page for each site.
Sampler's Name: Russ Barrett		
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #	± <u>850-456-1010</u>
Sampler's E-Mail Address: Theo Deleon@	Telcove.Net	
CERTIFICATION (to be completed by	sampler)	
I. Russ Barrett	,	Water Plant Operator II
(Print Name)	**************************************	(Print Title)
do HEREBY CERTIFY that the above complete and correct.	e public water system and sar	mple collection information is
Enature: Junell //Se	7	Date: <u>//2//08</u>
, , , , , , , , , , , , , , , , , , ,	/	<i>'</i>

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC  Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08  PANAMA CITY, FL 32404 Phone # 850-871-1900  ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/22/08  PWSID: 1170527 Sample Number: 369142  Lab Assigned Report Number or Job ID: 021208-5  System Name: Peoples Water Service Co. Of FL Sample Location: Entry Point #4  Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts  All 17
CERTIFICATION
I, Trish Jackson  do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature:  Date:  Date:  Date:  * Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates and locations for each quarter.
COMPLIANCE DETERMINATION (to be completed by DEP or DOH)  Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No
_ Replacement Sample(s) Requested (circle or highlight group(s) above)  _ Revised Report Requested (circle or highlight group(s) above)
_ Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): _ MCL(s) Exceeded

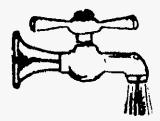
Page 5 of REPORT # 021208-5

## RADIOCHEMICAL ANALYSIS\* 62-550.310(5) (PWS033)

Para ID	meter <u>Name</u>	-	Analysis Result(pCi/l)	Analysis Time	Analysis Method	Analysis <u>Date</u>	MDL	Lab ID
	GROSS ALPHA PHOTON EMITTERS	369142 369142		1033EST	EPA 900.0	01/29/08	1.8	E83033
	RADIUM-226	369142		1116EST	EPA 903.1	02/08/08	0.1	E83033
4030	RADIUM-228	369142	4.4+-0.6	1135rst	B&B Ra-05	02/08/08	0.8	E83033
4101	MAN-MADE BETA	369142						

<sup>\*(</sup>Gross alpha generally only requirement, see 62550.519,FAC

ABORATORY CERTIFICATION INFORMATION (to b	e completed by lab – Please type or p	rint legibly)				
TTACH CURRENT DOH ANALYTE SHEET*	· · ·					
Lab Name:	Florida	Certification #: E				
Address:		Expiration Date:				
ANALYSIS INFORMATION (to be completed by lab)						
PWS ID (From Page 1):	·	1):				
Lab Assigned Report Number or Job ID:						
Group(s) Analyzed & Results attached for compliance w	rith Chapter 62-550, F.A.C. (Check a	ill that apply):				
Inorganics  All 17  All 30  Partial  Nitrate  Nitrite  Asbestos Only  Were any analyses subcontracted?  Synthetic Organics  All 30  All Except Dioxin  Partial  Dioxin Only  Yes  No	☐All 21 ☐Partial  Radionuclides  Single Sample ☐Qtrly Composite**	Disinfection Byproducts ☐ Trihalomethanes ☐ Haloacetic Acids ☐ Bromate ☐ Chlorite  Secondaries ☐ All 14 ☐ Partial				
If yes, please provide DOH certification numbers:ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRA	CTED LAB*					
CEF	RTIFICATION					
I,(Print Name)		Print Title)				
do HEREBY CERTIFY that all attached analytical data a Environmental Laboratory Accreditation Conference (NE		all requirements of the National				
Signature:	<u></u>	Date:				
* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.  ** Please provide radiological sample dates & locations for each quarter.						
COMPLIANCE DETERMINATION (to be completed by DEP	or DOH)					
Sample Collection Info Satisfactory:   Yes   No	Sample Analysis In	fo Satisfactory: ☐Yes ☐No				
Replacement Sample(s) Requested (circle or highlight group	(s) above) Revised Report Requ	uested (circle or highlight group(s) above)				
Additional Monitoring Required (circle or highlight group(s) above	ve)					
Reason(s):		☐Incomplete Report ☐ Analysis Unsatisfactory				
Person Notified:		fied:				
omments:						
Date Reviewed: DEP/DOH						
Market Ma	<u> </u>					



### the water spigot, inc.

NELAC Laboratory Certification #E81105

5806 East Hwy. 22 \* Panama City, Florida 32404 (850) 871-1900 \* Fax (850) 871-9303 trishj-waterspigot@comcast.net

### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 080608-54 Page 1

REPORT DATE: 08/06/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT
CERTIFICATE OF ANALYSIS
Custody sheet # 12787
Data qualifier legend

5 Pages

1 Pages

1 Pages

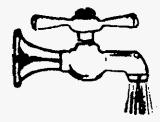
Trish Jackson

PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated the NELAC standards.

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### the water spigot, inc.

NELAC Laboratory Certification #E81105

5806 East Hwy. 22 \* Panama City, Florida 32404 (850) 871-1900 \* Fax (850) 871-9303 trishj-waterspigot@comcast.net

Peoples Water Service Company

Of Florida, Inc.

905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211 REPORT DATE: 08/06/08

CLIENT NUMBER:

SAMPLE NUMBER- 386295 SAMPLE ID- People's WS071508-101 #4 EFF

DATE SAMPLED- 07/09/08 LOCATION- Well #4 Eff. (AAA 6413)

SAMPLE MATRIX- WA TIME SAMPLED- 1015CST

DATE RECEIVED- 07/15/08 SAMPLER- Russ Barrett

RECEIVED BY- EP

TIME RECEIVED- 1400CST

DELIVERED BY- GREYHOUND/LB

Page 2 Report # 080608-54

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	07/09/08	1015CST	RB	0.6	PPM			
CHPIDE	SM4500CL-E	07/25/08	1250CDT	SAM	141	mg/l	10.0	50	
TC DISS. SOLIDS	SM2540C	07/15/08	1700CDT	LW	277	mg/L	1	5.0	
SPECIFIC CONDUCTIVITY	EPA120.1	07/25/08	1345	DMF	471	umh/cm	1.0	5.0	
pH, FIELD	150.1	07/09/08	1015CST	RB	6.9	s.u.			
SODIUM	SM 3111 B	07/24/08	1000CST	GB	54	mg/l	1	5.0	

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 110508-34 Page 1

REPORT DATE: 11/05/08 REPORT TYPE: Original

Peoples Water Service Company

CLIENT NO. 2286 Of Florida, Inc. 905 Lownde Ave.

Pensacola, FL 32507-0815 Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT
CERTIFICATE OF ANALYSIS
HAIN OF CUSTODY
JEP FORMS

Pages Pages Pages

4 Vo C

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These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available request. Analyses performed in the field are not regulated the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

# Florida Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATIO	ON (to be completed by sampler Please type or print legibly)
item Name: Peoples Water Service C	Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): XXCommunit	ty
Address: 905 Lownde Avenue	
City: Pensacola	
Phone #: 850-455-8552	
E-Mail Address: <u>TheoDeleon@PeoplesV</u>	vaterService.Com
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	Location Code (Street)
Sample Date: 10/13/08	
•	nt
•	g results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 6.9
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
□Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter? 2nd)
⊠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** ☐Violation Resolution
(aw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	Full VOC
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attach a results page for each site.
Sampler's Name: Russ Barrett	
Sampler's Phone #: 850-455-8552	Sampler's Fax #: <u>850-456-1010</u>
Sampler's E-Mail Address: TheoDeleon@	DPeoplesWaterService.Com
CERTIFICATION (to be completed by	y sampler)
I. Russ Barrett	, Water Plant Operator II,
(Print Name)	(Print Title)
do HEREBY CERTIFY that the abo	ove public water system and sample collection information is
	- 10/10/19
Signature:	Date:

Reporting Format 62-550.730

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Address: 5806 E. HWY 22 C	riorida ertification Expiration D	Date: 06-30-09
PANAMA CITY, FL 3		
ANALYSIS INFORMATION (to be comp PWSID: 1170527	pleted by lab) Date Sample	(s) Received: 10/14/08 per: 395997
Lab Assigned Report Number	or Job ID: 110508-34	
System Name: Peoples Water Se	ervice Co. Of FL Sample	Location: Well #4 Eff.
Group(s) Analyzed & Results attached for compl	<del></del>	
Inorganics Synthetic Org	ganics Volatile Organics	Disinfection Byproducts
All 17 All 30	X All 21	Trihalomethanes
Partial All Except	Dioxin Partial	Haloacetic Acids
Nitrate Partial	_	- Bromate
Nitrite Dioxin Only	y Radionuclides	_ Chlorite
Asbestos Only EDB	Single Sample	<del></del>
- · -	Qtrly Composite*	*Secondaries
		All 14
Were any analyses subcontract	cted? YES X NO	Partial
If yes, please provide DOH		<del>-</del>
ATTACH DOH ANALYTE SHEET FOI		•
	CERTIFICATION	
I, Trish Jackson	, President	
do HEREBY CERTIFY that all attached analytical		oted meet all requirements of the
National Environmental Laboratory Accreditation	on Conference (NELAC).	11 / 6
Signature:	Joseph Date	.: 11-6-08
* Failure to provide a valid and current DOH 1	do certification number and a current Ana	alyte Sheet for the attached analysis
results will result in rejection of the report		
may result in notification of the DOH Bureau	•	
**Please provide radiological sample dates and	locations for each quarter.	
COMPLIANCE DETERMINATION (to b	e completed by DEP or DOH)	
Sample Collection Info Satisfactory: _Yes _No	Sample Analysis Info Satisfactory: _Yes	_No
_ Replacement Sample(s) Requested (circle or b	ighlight group(s) above)	
		·
_ Revised Report Requested (circle or highligh	it group(s) above)	
		•
$\_$ Additional Monitoring Required (circle or hi	ghlight group(s) above)	
	etection(s) _ Incomplete Repo	
_ Missing Analyte Sheet(s) _ Lo	ocation Unsatisfactory _ Analysis Unsati	sfactory
Other:	week 1 % 45	- 1 e 1 - a
Person Notified:	Date Not	cilled:
Comments:	nn (noit nead a cossi i i i	
Tate Reviewed: DI	EP/DOH Reviewing Official	L:

### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Parameter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	ug/l_	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/1)	ID
		,							
2378 1,2,4-TRICHLOROBENZENE	70	395997	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	395997	0.5Ų	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	395997	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964 DICHLOROMETHANE	5	395997	0.5U	Ų	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	395997	0.5U	Ų	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	395997	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976 VINYĻ CHLORIDE	1	395997	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	395997	0.5Ψ	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	395997	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	395997	0 - 5U	υ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	395997	0.50	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	395997	0.5 <del>U</del>	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	395997	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	395997	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	395997	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	395997	0.50	Ų	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	395997	0.50	ប	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990 BENZENE	1	395997	0.50	υ	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991 TOLUENE	1,000	395997	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992 ETHYLBENZENE	700	395997	0 - 5 <b>U</b>	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996 STYRENE	100	395997	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

PUBLIC WATER SYSTEM INFORMATION	N (to be completed by sampler – Please ty	pe or print legibly)			
System Name: Peoples Water Service C					
System Type (check one): XXCommunit	y	ty Transient Noncommunity			
Address: 905 Lownde Avenue					
City: Pensacola					
Phone #: 850-455-8552		456-1010			
E-Mail Address: <u>TheoDeleon@PeoplesV</u>	VaterService Com				
SAMPLE INFORMATION (to be completed	by sampler)				
Sample Number:		known):			
Sample Date: 7/9/08	Sample Time: 10	known):PM (Circle One)			
Sample Location (be specific): Well 4 Effluen					
Disinfectant Residual (Required when reporting					
Sample Type (Check Only One)	Reason(s) for S	ample (Check all that apply)			
□Distribution	⊠Routine Compliance (with 62-550)	☑Quarterly (Which Quarter? 2nd)			
⊠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**	☐Violation Resolution			
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)			
Max Residence Time	Other:				
☐Ave Residence Time	Sampling Procedure Used or Other C	Comments:			
☐Near First Customer	Full VOC				
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements atta	62-550,550(4) for requirements and ch a results page for each site.			
Sampler's Name: Russ Barrett					
Sampler's Phone #: 850-455-8552	Sampler's Fax #:	850-456-1010			
Sampler's E-Mail Address: TheoDeleon@PeoplesWaterService.Com					
CERTIFICATION (to be completed by sampler)					
) Dung Bowell					
I, Russ Barrett , Water Plant Operator II (Print Name) (Print Title)					
do HEREBY CERTIFY that the abo complete and correct.	ve public water system and sam	ple collection information is			
Signature: Kunsh		Date: 7/9/08			

Reporting Format 62-550.730

200

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC  Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-09 PANAMA CITY, FL 32404 Phone # 850-871-1900  ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/15/08  PWSID: 1170527 Sample Number: 386286  Lab Assigned Report Number or Job ID: 072808-105  System Name: Peoples Water Service Co. Of FL Sample Location: Well #4 Eff.  Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts  All 17
CERTIFICATION
I, Trish Jackson , President  do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature: Date:
_ Revised Report Requested (circle or highlight group(s) above)
_ Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): _ MCL(s) Exceeded
ate Reviewed: DEP/DOH Reviewing Official:

### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	ug/1	Number	Result(ug/l)		Time	Method	Date		
2378	1,2,4-TRICHLOROBENZENE	70	386286	0.50	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2964	DICHLOROMETHANE	5	386286	0.50	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	386286	0.50	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2976	VINYL CHLORIDE	1	386286	0.50	ช	0700CST	EPA 502.2	07/16/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	386286	0.5บ	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	386286	0.50	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	<b>E81105</b>
2982	CARBON TETRACHLORIDE	3	386286	0.50	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	386286	0.50	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	386286	0.50	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	386286	0.50	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	386286	0.50	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2990	BENZENE	1	386286	0.50	ប	0700CST	EPA 502.2	07/16/08	0.5	E81105
2991	TOLUENE	1,000	386286	0.50	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2992	ETHYLBENZENE	700	386286	0.50	υ	0700CST	EPA 502.2	07/16/08	0.5	E81105
2996	STYRENE	100	386286	0.50	U	0700CST	EPA 502.2	07/16/08	0.5	E81105

PUBLIC WATER SYSTEM INFORMATION						
System Name: Peoples Water Service (	Company of Florida, Inc. PWS I.D	. #:FL 1170527				
System Type (check one): XXCommuni	ty	☐Transient Noncommunity				
Address: 905 Lownde Avenue	<del></del>					
City: Pensacola	State: Florid:	a ZIP Code: 32507-0815				
Phone #: 850-455-8552	Fax #: 850-4	56-1010				
E-Mail Address: <u>TheoDeleon@Peoples\</u>	VaterService.Com					
SAMPLE INFORMATION (to be completed	l by sampler)					
Sample Number: Location Code (if known):						
Sample Date: 4/9/08		5 (AM) PM (Circle One				
Sample Location (be specific): Well 4 Efflue		•				
Disinfectant Residual (Required when reporting						
Oursele Time (a)	D(a) 5 Cm	and (Ob. 1) 11th Land				
Sample Type (Check Only One)		mple (Check all that apply)  MQuarterly (Which Quarter? 200				
Distribution						
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-					
Plant Tap (not for compliance with 62-550)						
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)				
☐Max Residence Time	Other:	omments:				
☐Ave Residence Time ☐Near First Customer	· •					
*See 62-550.500(6) for requirer	Full Voc	52-550,550(4) for requirements and				
NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attact	h a results page for each site.				
Sampler's Name: Russ Barrett						
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #:	850-456-1010				
Sampler's E-Mail Address: <u>TheoDeleon@</u>	DPeoplesWaterService.Com					
CERTIFICATION (to be completed b	y sampler)					
I, Russ Barrett , Water Plant Operator II						
(Print Name) (Print Title)						
do HEREBY CERTIFY that the abo	ove public water system and samp	ole collection information is				
complete and correct.		1-1-				
Signature:						
_		777				
Reporting Format 62-550.730						

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\*

Lab Name: THE WATER SPIGOT, INC

Lab Name: THE WATER SPIGOT, INC Florid	a Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration	Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 8	50-871-1900
7. 17.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	le(s) Received: 04/10/08
DMOTE STORES	mber: 377041
Lab Assigned Report Number or Job ID: 052808-12	CI: 377041
System Name: Peoples Water Service Co. Of FL Sampl	e Location: Well #4 Eff
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Che	or all that applied
to the property of the companies of the	eck all cuat apply)
Inorganics Synthetic Organics Volatile Organic	s Disinfection Byproducts
_ All 17 All 30 X All 21	Trihalomethanes
Partial All Except Dioxin Partial	Haloacetic Acids
Nitrate Partial	Bromate
Nitrite Dioxin Only Radionuclides	_ Chlorite
Asbestos Only EDB Single Sample	_ curorree
	o**Cogordorios
_ Actily composite	
Were any analyses subcontracted? YES X NO	All 14
were any analyses subcontracted? YES X NO If yes, please provide DOH certification numbers:	_ Partial
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LA	D.+
ATTACH DON ANADITE SHEET FOR EACH SUBCONTRACTED DA	B*
CEDUTETONUTON	
CERTIFICATION	
I, Trish Jackson , President	
	<del></del>
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise	noted meet all requirements of the
National Environmental Laboratory Accreditation Conference (NELAC).	$\kappa$
Signature.	29.00
	te: 0 0 / 0 0
* Failure to provide a valid and current DOH lab certification number and a current	
results will result in rejection of the report, possible enforcement analyst the pub	olic water supply for failure to sample, and
may result in notification of the DOH Bureau of Laboratory Services.	
**Please provide radiological sample dates and locations for each quarter.	
COMPLETATOR DEPENDATABLE ON	
COMPLIANCE DETERMINATION (to be completed by DEP or DOH)	
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Y	es_No
_ Replacement Sample(s) Requested (circle or highlight group(s) above)	
_ Revised Report Requested (circle or highlight group(s) above)	
_ Additional Monitoring Required (circle or highlight group(s) above)	
Reason(s): _ MCL(s) Exceeded _ Detection(s) _ Incomplete Re	~
_ Missing Analyte Sheet(s) _ Location Unsatisfactory _ Analysis Unsa	tisfactory
Other:	
	otified:
Comments:	
-Date Reviewed: DEP/DOH Reviewing Official	al:

### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Para	meter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	WDL	Lab
<u>ID</u>	Name	ug/l	Number	Result(ug/1)	Qual	Time	Method	Date	(ug/1)	ID
2378	1,2,4-TRICHLOROBENZENE	70	377041	0.50	ប	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	377041	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	377041	0.5U	Ü	1545CST	EPA 502.2	04/10/08	0.5	E81105
2964	DICHLOROMETHANE	5	377041	0.5U	υ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	377041	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	377041	ช0	ប	1545CST	EPA 502.2	04/10/08	0.5	E81105
2976	VINYL CHLORIDE	1	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	377041	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2980	1,2-dichloroethane	3	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	377041	ช.5ช	บ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	377041	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	377041	0.5V	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	377041	0.50	υ	1545CST	EPA 502.2	04/10/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	377041	0.5V	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2990	BENZENE	1	377041	0.5ប	υ	1545CST	EPA 502.2	04/10/08	0.5	E01105
2991	TOLUENE	1,000	377041	0.50	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2992	ETHYLBENZENE	700	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2996	STYRENE	100	377041	0.50	ប	1545CST	EPA 502.2	04/10/08	0.5	E81105

BLIC WATER SYSTEM INFORMATIO	ON (to be completed by sampler - Please type or print legibly)					
	company of Florida, Inc. PWS I.D. #: FL 1170527					
	System Type (check one): Community					
Address: 905 Lownde Avenue	·					
City: Pensacola	State: Florida ZIP Code: 32507-0815					
Phone #: 850-455-8552	Fax #: <u>850-456-1010</u>					
E-Mail Address: <u>Theo.Deleon@Telcove.l</u>	Net					
SAMPLE INFORMATION (to be completed	by sampler)					
Sample Number	Location Code (if known):					
Sample Date:						
Sample Location (be specific): \\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	EFFLUENT					
Disinfectant Residual (Required when reporting n	esults for trithalomethanes and haloacetic acids): @9 mg/L Field pH: Z5					
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)					
Distribution	Routine Compliance (with 62-550)  [2] Quarterly (Which Quarter?					
Stry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)					
ant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites** ☐Violation Resolution					
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)					
☐Max Residence Time	Other:					
☐Ave Residence Time	Sampling Procedure Used or Other Comments:					
 ☐Near First Customer	Full VOC					
*See 62-550.500(6) for requirement NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL of	ditional requirements attach a results page for each site.					
Sampler's Name: Russ Barrett						
Sampler's Phone #: <u>850-455-8552</u>	Sampler's Fax #: 850-456-1010					
Sampler's E-Mail Address: Theo. Deleon@Telcove.Net						
CERTIFICATION (to be completed by sampler)						
, Russ Barrett	, Water Plant Operator II					
(Print Name)	(Print Title)					
to HEREBY CERTIFY that the above complete and correct.	e public water system and sample collection information is					
ig re:	Jos Date: 1/9/08					

LABORATORY CERTIFICATION INFORMATION Attach Current DOH Analyte Sheet\* Lab Name: THE WATER SPIGOT, INC

Florida Certification #: E81105 Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08 PANAMA CITY, FL 32404 Phone # 850-871-1900 ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/10/08 PWSID: 1170527 Sample Number: 368049 Lab Assigned Report Number or Job ID: 020108-5 System Name: Peoples Water Service Co. Of FL Sample Location: Well #4 Eff. Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply) Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts All 17 All 30 X All 21 Trihalomethanes Partial \_ All Except Dioxin Partial Haloacetic Acids Nitrate Partial Bromate Nitrite Dioxin Only Radionuclides Chlorite Asbestos Only Single Sample Qtrly Composite\*\*Secondaries All 14 Were any analyses subcontracted? YES Partial If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\* CERTIFICATION

I, Trish Jackson	, President									
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the										
National Environmental Laboratory Accredit	Mate: 2-6-08									
* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis										
results will result in rejection of the report, possible enforcement analyst the public water supply for failure to sample,										
may result in notification of the DOH Bureau of Laboratory Services.										
**Please provide radiological sample dates and locations for each quarter.										
COMPLIANCE DETERMINATION (to be completed by DEP or DOH)  Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No  _ Replacement Sample(s) Requested (circle or highlight group(s) above)  _ Revised Report Requested (circle or highlight group(s) above)										
_ Additional Monitoring Required (circle or highlight group(s) above)										
	_ Detection(s)									
_ Missing Analyte Sheet(s) _ Other:	_ Location Unsatisfactory _ Analysis Unsatisfactory									
Person Notified:	Date Notified:									
-Comments:										
ate Reviewed: DEP/DOH Reviewing Official:										
<del></del>										

### VOLATILE ORGANIC ANALYSIS 62-550.310(2)(b) (PWS028)

Para	meter	мСL	Sample	Analysis	Data	Analysis	Analysis	Analysis	WDL	Lab
ID	Name	<u>ug/1</u>	Number	Result (ug/1)		Time	Method	Date	(ug/1)	IĐ
2378	1,2,4-TRICHLOROBENZENE	70	368049	0.5U	บ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	368049	0.5U	ซ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	368049	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964	DICHLOROMETHANE	5	368049	0.50	ប	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	368049	Ø.5U	Ū	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	368049	0.50	ប	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976	VINYL CHLORIDE	1	368049	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	368049	0.50	v	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	368049	0.50	ប	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	368049	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	368049	0.50	υ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	368049	0.5U	υ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	368049	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	368049	0.50	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	368049	0.5U	บ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	368049	D.5U	บ	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	368049	0.5t	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990	BENZENE	1	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991	TOLUENE	1,000	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2992	ETHYLBENZENE	700	368049	0.50	ប	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996	STYRENE	100	368049	0 , 5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105