

CLASS A 080695-WU
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

DOCUMENT NUMBER-DATE

05021 MAY 20 08

FPSC-COMMISSION CLERK

THE PEOPLES WATER SERVICE COMPANY OF FLORIDA, INC.

2008 CHEMICAL TESTING RESULTS

VOLUME III-B

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DOCUMENT NUMBER-DATE

05021 MAY 20 8

FPSC-COMMISSION CLERK

2008 Bacteriological Results

DOCUMENT NUMBER: DATE
05021 MAY 20 8



NELAC: E11062

Department of Health
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

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 12/17/2008 1:12:00PM
Date Analyzed: 12/17/2008 1:20:00PM
Date Reported: 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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LN #66	12/17/2008 9:25AM	Dist	0.5	7.8	Absent			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: ReadyCult

Authorized By: William Nakashima
LIMS Report #: 1595553

DEP/DOH Use Only

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

DOCUMENT NUMBER - DATE
05021 MAY 20 08
EPSC-COMMISSION CLERK

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P005323
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 12/17/2008 1:12:00PM
Date Analyzed: 12/17/2008 1:20:00PM
Date Reported: 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	pH	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 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 #: 1595554

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P005324
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: R BARRETT / 850-455-8552
Collection Addr: 906 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 12/17/2008 1:12:00PM
Date Analyzed: 12/17/2008 1:20:00PM
Date Reported: 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	pH	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:

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 #: 1595555

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P005159
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 12/2/2008 3:02:00PM
Date Analyzed: 12/2/2008 3:07:00PM
Date Reported: 12/3/2008 5:29:52PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	FREEBOARD BLVD #63	12/2/2008 9:20AM	Dist	0.6	7.5	Absent			PED08007935
2	MARLIN SPIKE #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: Ready cult

Authorized By: William Nakashima
LIMS Report #: 1559285

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P005160
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 12/2/2008 3:02:00PM
Date Analyzed: 12/2/2008 3:07:00PM
Date Reported: 12/3/2008 5:29:53PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	STODDART (FRONT) #61	12/2/2008 11:25AM	Dist	0.6	7.6	Absent			PED08007942
9	SEDFIELD DR #42	12/2/2008 11:40AM	Dist	0.5	7.2	Absent			PED08007943
10	BLAKELUY AVE #24	12/2/2008 1:30PM	Dist	0.5	7.1	Absent			PED08007944
11	S FAIRFIELD DR #14	12/2/2008 1:35PM	Dist	0.5	7.0	Absent			PED08007945
12	INEZ DR #22	12/2/2008 1:40PM	Dist	0.5	6.9	Absent			PED08007946
13	N POLK AVE #10	12/2/2008 1:45PM	Dist	0.6	7.1	Absent			PED08007947
14	S POLK AVE #3	12/2/2008 1:50PM	Dist	0.6	7.2	Absent			PED08007948

Lab Comments/Qualifiers:

Disinfectant Residuals Avg: DPD
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 #: 1559288

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P005161
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 12/2/2008 3:02:00PM
Date Analyzed: 12/2/2008 3:07:00PM
Date Reported: 12/3/2008 5:29:53PM
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 Ct	pH	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	0.8	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 #: 1559291

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P005081
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

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

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 #: 1535401

DEP/DOH Use Only

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

Final

Department of Health
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

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 11/19/2008 11:20:00AM
Date Analyzed: 11/19/2008 1:00:00PM
Date Reported: 11/20/2008 3:53:08PM
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 CI	pH	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 #: 1535403

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P005083
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 11/19/2008 11:20:00AM
Date Analyzed: 11/19/2008 1:00:00PM
Date Reported: 11/20/2008 3:53:08PM
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	pH	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: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004947
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 11/4/2008 1:33:00PM
Date Analyzed: 11/4/2008 1:40:00PM
Date Reported: 11/5/2008 2:41:35PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	INDIGO DR #8	11/4/2008 8:25AM	Dist	0.7	7.3	Absent			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 #: 1502310

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004948
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 11/4/2008 1:33:00PM
Date Analyzed: 11/4/2008 1:40:00PM
Date Reported: 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 CI	pH	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
Disinfectant Analysis Certified Operator #: 12704

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: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004949
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 11/4/2008 1:33:00PM
Date Analyzed: 11/4/2008 1:40:00PM
Date Reported: 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 CI	pH	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: 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 #: 1502318

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004832
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/15/2008 11:41:00AM
Date Analyzed: 10/15/2008 12:07:00PM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LANE #66	10/15/2008 9:11AM	Dist	0.5	6.9	Absent			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 #: 1457584

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004833
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/15/2008 11:41:00AM
Date Analyzed: 10/15/2008 12:07:00PM
Date Reported: 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 CI	pH	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			PED08006911
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
Disinfectant Analysis Certified Operator #: 12704

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: ReadyCult

Authorized By: William Nakashima
LIMS Report #: 1457588

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004834
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/15/2008 11:41:00AM
Date Analyzed: 10/15/2008 12:07:00PM
Date Reported: 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 CI	pH	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 #: 1457592

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004690
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/1/2008 11:03:00AM
Date Analyzed: 10/1/2008 12:20:00PM
Date Reported: 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 CI	pH	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	MARLIN SPIKE #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 #: 1425623

DEP/DOH Use Only

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

Final



Department of Health
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

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: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/1/2008 11:03:00AM
Date Analyzed: 10/1/2008 12:20:00PM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	STODDART (FRONT) #61	10/1/2008 9:58AM	Dist	0.5	7.3	Absent			PED08006543
9	SEDFIELD DR #42	10/1/2008 9:43AM	Dist	0.6	7.3	Absent			PED08006544
10	BLAKELY AVE #24	10/1/2008 9:34AM	Dist	0.4	7.4	Absent			PED08006545
11	S FAIRFIELD DR #14	10/1/2008 9:23AM	Dist	0.6	7.3	Absent			PED08006546
12	INEZ DR #22	10/1/2008 9:26AM	Dist	0.6	7.3	Absent			PED08006547
13	N POLK AVE #10	10/1/2008 9:16AM	Dist	0.7	7.4	Absent			PED08006548
14	S POLK AVE #3	10/1/2008 9:12AM	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: Readyult

Authorized By: William Nakashima
LIMS Report #: 1425624

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004692
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/1/2008 11:03:00AM
Date Analyzed: 10/1/2008 12:20:00PM
Date Reported: 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 CI	pH	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
Disinfectant Analysis Certified Operator #: 10012

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: ReadyCult

Authorized By: William Nakashima
LIMS Report #: 1425625

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004519
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/17/2008 11:35:00AM
Date Analyzed: 9/17/2008 11:40:00AM
Date Reported: 9/18/2008 2:04:03PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LN #66	9/17/2008 8:45AM	Dist	0.6	7.0	Absent			PED08006154
2	BLUE ANGEL LAKES 368	9/17/2008 8:55AM	Dist	0.6	7.0	Absent			PED08006155
3	N LOOP RD #29	9/17/2008 9:05AM	Dist	0.5	7.2	Absent			PED08006156
4	STODDART PL (BACK) #62	9/17/2008 9:15AM	Dist	0.6	7.4	Absent			PED08006157
5	DOG TRACK RD #21	9/17/2008 9:22AM	Dist	0.6	7.4	Absent			PED08006158
6	CORAL CREEK DR #7	9/17/2008 9:28AM	Dist	0.6	7.5	Absent			PED08006159
7	BLAKELY AVE #24	9/17/2008 9:36AM	Dist	0.6	7.3	Absent			PED08006160

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 #: 1390267

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004520
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: RUSS BARRETT / 850-456-1010
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/17/2008 11:35:00AM
Date Analyzed: 9/17/2008 11:40:00AM
Date Reported: 9/18/2008 2:04:03PM
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	pH	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			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 #: 1390271

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004521
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/17/2008 11:35:00AM
Date Analyzed: 9/17/2008 11:40:00AM
Date Reported: 9/18/2008 2:04:03PM
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	pH	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			PED08006168
16	MAHOGONY MILL RD #45	9/17/2008 11:00AM	Dist	0.8	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

Lab Comments/Qualifiers:

Disinfectant Residuals Avg: DPD
Disinfectant Residuals Method: 12074
Disinfectant Analysis Certified Operator #:

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: Readycult

Authorized By: William Nakashima
LIMS Report #: 1390275

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004337
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/3/2008 2:49:00PM
Date Analyzed: 9/3/2008 2:55:00PM
Date Reported: 9/4/2008 4:00:29PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
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			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 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 #: 1358703

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004338
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/3/2008 2:49:00PM
Date Analyzed: 9/3/2008 2:55:00PM
Date Reported: 9/4/2008 4:00:30PM
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	pH	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
10	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: DPD
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 #: 1358705

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004339
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/3/2008 2:49:00PM
Date Analyzed: 9/3/2008 2:55:00PM
Date Reported: 9/4/2008 4:00:30PM
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	pH	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

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 #: 1358708

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004219
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/20/2008 2:52:00PM
Date Analyzed: 8/20/2008 2:57:00PM
Date Reported: 8/21/2008 4:11:33PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LANE #66	8/20/2008 8:30AM	Dist	0.5	7.7	Absent			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: DPD
Disinfectant Analysis Certified Operator #: 12461

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: Readycult

Authorized By: Beverly Butler
LIMS Report #: 1330804

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004220
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/20/2008 2:52:00PM
Date Analyzed: 8/20/2008 2:57:00PM
Date Reported: 8/21/2008 4:11:33PM
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	pH	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

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: Beverly Butler
LIMS Report #: 1330805

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004221
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/20/2008 2:52:00PM
Date Analyzed: 8/20/2008 2:57:00PM
Date Reported: 8/21/2008 4:11:34PM
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	pH	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

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: Beverly Butler
LIMS Report #: 1330806

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004114
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/6/2008 2:05:00PM
Date Analyzed: 8/6/2008 2:19:00PM
Date Reported: 8/7/2008 4:18:00PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	FREEBOARD AVE #63	8/6/2008 10:10AM	Dist	0.6	7.2	Absent			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 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 #: 1303443

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004115
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/6/2008 2:05:00PM
Date Analyzed: 8/6/2008 2:19:00PM
Date Reported: 8/7/2008 4:18:00PM
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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	STODDART (FRONT) #61	8/6/2008 10:45AM	Dist	0.5	7.0	Absent			PED08005235
9	SEDFIELD 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	Dist	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

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: Beverly Butler
LIMS Report #: 1303444

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004116
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/6/2008 2:05:00PM
Date Analyzed: 8/6/2008 2:19:00PM
Date Reported: 8/7/2008 4:18:01PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	HEINRICH ST #21	8/6/2008 11:30AM	Dist	0.6	7.4	Absent			PED08005242
16	STAR LAKE DR #15	8/6/2008 11:40AM	Dist	0.5	6.9	Absent			PED08005243
17	HERMEY RD #11	8/6/2008 11:45AM	Dist	0.6	6.8	Absent			PED08005244
18	CHASEVILLE ST #4	8/6/2008 1:50PM	Dist	0.5	7.5	Absent			PED08005245
19	N NAVY BLVD #35	8/6/2008 1:40PM	Dist	0.7	7.5	Absent			PED08005246
20	3960 N NAVY BLVD	8/6/2008 1:35PM	Dist	0.5	7.4	Absent			PED08005247

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: Beverly Butler
LIMS Report #: 1303445

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003915
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 7/16/2008 1:46:00PM
Date Analyzed: 7/16/2008 2:15:00PM
Date Reported: 7/17/2008 4:28:23PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LN #66	7/16/2008 9:14AM	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
6	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

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: Beverly Butler
LIMS Report #: 1266576

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003916
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 7/16/2008 1:47:00PM
Date Analyzed: 7/16/2008 2:15:00PM
Date Reported: 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 CI	pH	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
12	SW BAUBLITTS RD #52	7/16/2008 10:24AM	Dist	0.4	6.9	Absent			PED08004745
13	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

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: Beverly Butler
LIMS Report #: 1256576

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003917
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 7/16/2008 1:47:00PM
Date Analyzed: 7/16/2008 2:15:00PM
Date Reported: 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 CI	pH	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
19	N NAVY BLVD #35	7/16/2008 11:12AM	Dist	0.6	7.1	Absent			PED08004752
20	PATTON DR #51	7/16/2008 11:35AM	Dist	0.6	7.2	Absent			PED08004753

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: Beverly Butler
LIMS Report #: 1256577

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P003803
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 7/1/2008 1:34:00PM
Date Analyzed: 7/1/2008 1:45:00PM
Date Reported: 7/2/2008 4:13:07PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	INDIGO DR #8	7/1/2008 9:24AM	Dist	0.6	7.4	Absent			PED08004396
2	VONNA JO DR #20	7/1/2008 9:34AM	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 9:43AM	Dist	0.7	6.7	Absent			PED08004399
5	SELMA ST #59	7/1/2008 9:49AM	Dist	0.7	6.7	Absent			PED08004400
6	GRUNDY AVE #54	7/1/2008 9:54AM	Dist	0.7	6.8	Absent			PED08004401
7	GRUPERIA AVE #55	7/1/2008 9:54AM	Dist	0.6	6.8	Absent			PED08004402

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: Beverly Butler
LIMS Report #: 1224365

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003804
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 7/1/2008 1:34:00PM
Date Analyzed: 7/1/2008 1:45:00PM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	TALBERT AVE #39	7/1/2008 10:05AM	Dist	0.8	6.8	Absent			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
12	ALTON RD #41	7/1/2008 10:33AM	Dist	0.8	6.7	Absent			PED08004407
13	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
Disinfectant Analysis Certified Operator #: 12704

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: ReadyCult

Authorized By: Beverly Butler
LIMS Report #: 1224366

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003805
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 7/1/2008 1:34:00PM
Date Analyzed: 7/1/2008 1:45:00PM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	PARK DR #13	7/1/2008 10:59AM	Dist	0.6	6.7	Absent			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:

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 #: 1224367

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003686
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 6/18/2008 11:16:00AM
Date Analyzed: 6/18/2008 11:26:00AM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LN #66	6/18/2008 8:40AM	Dist	0.6	7.5	Absent			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
5	GULF BREEZE AVE #64	6/18/2008 9:10AM	Dist	0.5	7.0	Absent			PED08004106
6	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

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: Beverly Butler
LIMS Report #: 1194844

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003687
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 6/18/2008 11:16:00AM
Date Analyzed: 6/18/2008 11:26:00AM
Date Reported: 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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	HWY 98 MINI STORAGE #23	6/18/2008 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: 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 #: 1194845

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003688
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 6/18/2008 11:16:00AM
Date Analyzed: 6/18/2008 11:26:00AM
Date Reported: 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	pH	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
19	RAYMOND DR #30	6/18/2008 10:59AM	Dist	0.6	6.9	Absent			PED08004120
20	PATTON DR #51	6/18/2008 10:54AM	Dist	0.7	7.1	Absent			PED08004121

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: Beverly Butler
LIMS Report #: 1194848

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003554
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 6/4/2008 1:46:00PM
Date Analyzed: 6/4/2008 2:06:00PM
Date Reported: 6/5/2008 2:50:56PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	FREEBOARD BLVD #63	6/4/2008 9:28AM	Dist	0.5	7.3	Absent			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
6	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 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 #: 1162593

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003555
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 6/4/2008 1:46:00PM
Date Analyzed: 6/4/2008 2:06:00PM
Date Reported: 6/5/2008 2:50:57PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	DOG TRACK #21	6/4/2008 10:14AM	Dist	0.5	7.3	Absent			PED08003752
9	SEDFIELD 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
12	INEZ DR #22	6/4/2008 10:40AM	Dist	0.6	7.2	Absent			PED08003756
13	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 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 #: 1162594

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003556
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 6/4/2008 1:46:00PM
Date Analyzed: 6/4/2008 2:06:00PM
Date Reported: 6/5/2008 2:50:57PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	HEINRICH ST #21	6/4/2008 10:54AM	Dist	0.5	7.4	Absent			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
20	3960 N NAVY BLVD #36	6/4/2008 11:20AM	Dist	0.5	7.0	Absent			PED08003764

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: Beverly Butler
LIMS Report #: 1162595

DEP/DOH Use Only

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

Final

Department of Health
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

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 5/20/2008 2:30:00PM
Date Analyzed: 5/20/2008 3:10:00PM
Date Reported: 5/21/2008 3:58:47PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LANE #66	5/20/2008 9:20AM	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
5	DOG TRACK RD #21	5/20/2008 9:47AM	Dist	0.5	7.4	Absent			PED08003421
6	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

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: Beverly Butler
LIMS Report #: 1131678

DEP/DOH Use Only

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

Final

Department of Health
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

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 5/20/2008 2:30:00PM
Date Analyzed: 5/20/2008 3:10:00PM
Date Reported: 5/21/2008 3:58:47PM
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 CI	pH	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			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
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
Disinfectant Analysis Certified Operator #: 12704

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: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003432
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 5/20/2008 2:30:00PM
Date Analyzed: 5/20/2008 3:10:00PM
Date Reported: 5/21/2008 3:58:48PM
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	pH	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
19	N NAVY BLVD #35	5/20/2008 11:11AM	Dist	0.5	7.0	Absent			PED08003435
20	PATTON DR #51	5/20/2008 11:25AM	Dist	0.6	7.1	Absent			PED08003436

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: Beverly Butler
LIMS Report #: 1131680

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003315
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 5/7/2008 11:23:00AM
Date Analyzed: 5/7/2008 11:42:00AM
Date Reported: 5/8/2008 12:52:03PM
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	pH	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
5	SELMA ST #59	5/7/2008 9:42AM	Dist	0.7	7.2	Absent			PED08003037
6	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
Disinfectant Analysis Certified Operator #: 12704

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: Readycult

Authorized By: Beverly Butler
LIMS Report #: 1100919

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003316
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 5/7/2008 11:23:00AM
Date Analyzed: 5/7/2008 11:42:00AM
Date Reported: 5/8/2008 12:52:03PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	TALBERT AVE #39	5/7/2008 9:49AM	Dist	0.7	7.2	Absent			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
2	ALTON RD #41	5/7/2008 10:28AM	Dist	0.4	6.6	Absent			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: 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 #: 1100920

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003317
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 5/7/2008 11:23:00AM
Date Analyzed: 5/7/2008 11:42:00AM
Date Reported: 5/8/2008 12:52:03PM
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	pH	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
9	BRYANT RD #1	5/7/2008 11:05AM	Dist	0.7	7.2	Absent			PED08003051
20	N MILLS AVE #37	5/7/2008 11:10AM	Dist	0.7	7.3	Absent			PED08003052

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: Beverly Butler
LIMS Report #: 1100921

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003178
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/16/2008 1:41:00PM
Date Analyzed: 4/16/2008 2:10:00PM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LN #66	4/16/2008 8:45AM	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
5	GULF BREEZE AVE #64	4/16/2008 9:30AM	Dist	0.7	7.6	Absent			PED08002654
6	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

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: 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: _____

Final



NELAC: E11062

Department of Health
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

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/16/2008 1:41:00PM
Date Analyzed: 4/16/2008 2:10:00PM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab 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

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: Beverly Butler
LIMS Report #: 1051935

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003180
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/16/2008 1:41:00PM
Date Analyzed: 4/16/2008 2:10:00PM
Date Reported: 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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	BAYSHORE DR (EAST) #19	4/16/2008 11:00AM	Dist	0.5	7.6	Absent			PED08002664
16	VALENCIA RD #28	4/16/2008 11:10AM	Dist	0.4	7.6	Absent			PED08002665
17	SW BAUBLITS 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
20	PATTON DR #51	4/16/2008 11:30AM	Dist	0.7	7.6	Absent			PED08002669

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: Beverly Butler
LIMS Report #: 1051936

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☒ Repeat Samples Required
☐ Replacement 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: P003042
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

*Supervised by
Theo DeLeon
#10012*

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/1/2008 1:39:00PM
Date Analyzed: 4/1/2008 2:10:00PM
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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	FREEBOARD BLVD #63	4/1/2008 8:55AM	Dist	0.5	7.2	Absent			PED08002254
2	FOGGY BOTTOM #67	4/1/2008 9:03AM	Dist	0.4	7.2	Absent			PED08002255
3	MARLIN SPIKE 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			PED08002258
6	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:
Disinfectant Residuals Method: DPD
Disinfectant Analysis Certified Operator #: TD10012

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method: Readycult

Authorized By: Beverly Butler
LIMS Report #: 1016191

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final



Department of Health
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

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/1/2008 1:39:00PM
Date Analyzed: 4/1/2008 2:10:00PM
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 CI	pH	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	SEDFIELD 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 Method: DPD
Disinfectant Analysis Certified Operator #: TD10012

All Tests Performed in Accordance 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



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003044
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/1/2008 1:39:00PM
Date Analyzed: 4/1/2008 2:10:00PM
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	pH	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
19	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

Lab Comments/Qualifiers:

Disinfectant Residuals Avg:
Disinfectant Residuals Method: DPD
Disinfectant Analysis Certified Operator #: TD10012

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: ReadyCult

Authorized By: Beverly Butler
LIMS Report #: 1016193

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002909
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/18/2008 2:05:00PM
Date Analyzed: 3/18/2008 2:30:00PM
Date Reported: 3/19/2008 3:41:45PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LN #66	3/18/2008 9:04AM	Dist	0.6	7.1	Absent			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
5	DOG TRACK RD #21	3/18/2008 9:29AM	Dist	0.6	6.9	Absent			PED08001902
6	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 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 #: 984461

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002910
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/18/2008 2:05:00PM
Date Analyzed: 3/18/2008 2:30:00PM
Date Reported: 3/19/2008 3:41:45PM
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	pH	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			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 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 #: 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



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002911
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/18/2008 2:05:00PM
Date Analyzed: 3/18/2008 2:30:00PM
Date Reported: 3/19/2008 3:41:45PM
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	pH	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
19	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

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: Beverly Butler
LIMS Report #: 984463

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P002769
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/5/2008 1:27:00PM
Date Analyzed: 3/5/2008 2:02:00PM
Date Reported: 3/6/2008 4:09:47PM
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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	INDIGO DR #8	3/5/2008 9:04AM	Dist	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
	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:
Disinfectant Residuals Method: DPD
Disinfectant Analysis Certified Operator #: 12704

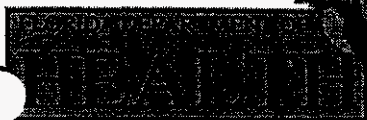
All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: ReadyCult

Authorized By: Beverly Butler
LIMS Report #: 955837

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P002770
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/5/2008 1:27:00PM
Date Analyzed: 3/5/2008 2:02:00PM
Date Reported: 3/6/2008 4:09:47PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
8	TALBERT AVE #39	3/5/2008 9:41AM	Dist	0.6	6.9	Absent			PED08001491
9	SPRINGLAKE DR #38	3/5/2008 9:44AM	Dist	0.8	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
13	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

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: Beverly Butler
LIMS Report #: 955838

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002771
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/5/2008 1:26:00PM
Date Analyzed: 3/5/2008 2:02:00PM
Date Reported: 3/6/2008 4:09:47PM
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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	PARK DR #13	3/5/2008 10:40AM	Dist	0.4	6.9	Absent			PED08001498
16	POPPY AVE #12	3/5/2008 10:45AM	Dist	0.6	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
19	BRYANT RD #1	3/5/2008 11:08AM	Dist	0.6	7.4	Absent			PED08001502
20	N MILLS AVE #37	3/5/2008 11:13AM	Dist	0.7	7.1	Absent			PED08001503

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: 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: _____

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002680
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 2/20/2008 2:16:00PM
Date Analyzed: 2/20/2008 2:42:00PM
Date Reported: 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	pH	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
	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 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 #: 924541

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P002681
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 2/20/2008 2:16:00PM
Date Analyzed: 2/20/2008 2:42:00PM
Date Reported: 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	pH	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
12	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

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: Readyult

Authorized By: Beverly Butler
LIMS Report #: 924542

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002682
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: R BARRETT / 850-455-8552
Collection Addr: 905 LOWME AVENUE
Pensacola, FL 32506

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 2/20/2008 2:16:00PM
Date Analyzed: 2/20/2008 2:42:00PM
Date Reported: 2/21/2008 4:07:45PM
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	pH	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			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
19	RAYMOND DR #30	2/20/2008 1:30PM	Dist	0.7	7.6	Absent			PED08001252
20	PATTON DR #51	2/20/2008 2:00PM	Dist	0.6	7.6	Absent			PED08001253

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: Beverly Butler
LIMS Report #: 924543

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002575
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 2/7/2008 11:31:00AM
Date Analyzed: 2/7/2008 12:08:00PM
Date Reported: 2/8/2008 3:24:20PM
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	pH	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
5	GULF BEACH HWY #47	2/7/2008 9:25AM	Dist	0.5	7.2	Absent			PED08000872
	STODDART PL APTS FRONT#	2/7/2008 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

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: Beverly Butler
LIMS Report #: 895845

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P002576
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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 32506

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 2/7/2008 11:31:00AM
Date Analyzed: 2/7/2008 12:08:00PM
Date Reported: 2/8/2008 3:24:20PM
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	pH	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	SEDFIELD 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
12	INEZ DR #22	2/7/2008 10:15AM	Dist	0.7	7.8	Absent			PED08000879
13	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 Analysis Certified Operator #: 12704

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: ReadyCult

Authorized By: Beverly Butler
LIMS Report #: 895846

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P002577
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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 32506

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 2/7/2008 11:31:00AM
Date Analyzed: 2/7/2008 12:08:00PM
Date Reported: 2/8/2008 3:24:21PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	HEINRICH ST #21	2/7/2008 10:35AM	Dist	0.8	7.6	Absent			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
19	N NAVY BLVD #35	2/7/2008 10:50AM	Dist	0.6	7.6	Absent			PED08000886
20	3960 N NAVY BLVD #36	2/7/2008 10:55AM	Dist	0.7	7.5	Absent			PED08000887

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: Beverly Butler
LIMS Report #: 895847

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002415
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/15/2008 1:50:00PM
Date Analyzed: 1/15/2008 2:07:00PM
Date Reported: 1/16/2008 6:08:05PM
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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	MIZZEN LN #66	1/15/2008 8:50AM	Dist	0.6	8.4	Absent			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
	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: 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 #: 841895

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002416
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/15/2008 1:50:00PM
Date Analyzed: 1/15/2008 2:07:00PM
Date Reported: 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 CI	pH	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			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:

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 #: 841896

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002417
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/15/2008 1:50:00PM
Date Analyzed: 1/15/2008 2:07:00PM
Date Reported: 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	pH	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			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
19	N NAVY BLVD #35 (NEW)	1/15/2008 11:00AM	Dist	0.8	8.4	Absent			PED08000384
20	PATTON DR #51	1/15/2008 11:10AM	Dist	0.7	7.8	Absent			PED08000385

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: Beverly Butler
LIMS Report #: 841897

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002299
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/2/2008 2:40:00PM
Date Analyzed: 1/2/2008 2:45:00PM
Date Reported: 1/3/2008 4:16:00PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	INDIGO DR #8	1/2/2008 10:05AM	Dist	0.6	7.6	Absent			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 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 #: 806679

DEP/DOH Use Only

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

Final

Department of Health
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

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/2/2008 2:41:00PM
Date Analyzed: 1/2/2008 2:45:00PM
Date Reported: 1/3/2008 4:16:00PM
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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	TALBERT AVE #39	1/2/2008 10:50AM	Dist	0.6	7.5	Absent			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
5	ALTON RD #41	1/2/2008 11:30AM	Dist	0.5	8.5	Absent			PED08000023
6	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
Disinfectant Analysis Certified Operator #: 12704

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: _____

Final



Department of Health
Bureau of Laboratories - Pensacola

50 West Maxwell Street

Pensacola, FL 32501

Phone: 850-595-8895

NELAC: E11062

Submission ID: P002301
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/2/2008 2:41:00PM
Date Analyzed: 1/2/2008 2:45:00PM
Date Reported: 1/3/2008 4:16:01PM
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	pH	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	0.8	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
	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 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 #: 806684

DEP/DOH Use Only

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

Final

Raw Tap

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P005252
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 12/9/2008 2:19:00PM
Date Analyzed: 12/9/2008 2:22:00PM
Date Reported: 12/10/2008 3:42:01PM
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	pH	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 11:00AM	Raw		5.7	Absent			PED08008199

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 #: 1575680

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P004803
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: R BARRETT / 850-455-8552
Collection Addr: 905 LOWNDEN AVENUE
Pensacola, FL 32507

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/13/2008 3:08:00PM
Date Analyzed: 10/13/2008 3:24:00PM
Date Reported: 10/14/2008 3:56:36PM
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 CI	pH	Total Coliform	E.coli	HPC 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 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 #: 1453138

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P004772
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/9/2008 10:14:00AM
Date Analyzed: 10/9/2008 10:25:00AM
Date Reported: 10/10/2008 3:06:01PM
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	pH	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 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 #: 1445154

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004771
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/9/2008 10:14:00AM
Date Analyzed: 10/9/2008 10:25:00AM
Date Reported: 10/10/2008 3:06:01PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
28	WELL 3 RAW TAP	10/8/2008 4:00PM	Raw		5.2	Absent			PED08006751

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 #: 1445153

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P004748
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/8/2008 8:53:00AM
Date Analyzed: 10/8/2008 11:15:00AM
Date Reported: 10/9/2008 1:34:45PM
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	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

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 #: 1442022

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004747
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/8/2008 8:53:00AM
Date Analyzed: 10/8/2008 11:15:00AM
Date Reported: 10/9/2008 1:34:45PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
26	WELL 3 RAW TAP	10/7/2008 4:00PM	Raw		5.2	Absent			PED08006694

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 #: 1442020

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004736
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/7/2008 9:16:00AM
Date Analyzed: 10/7/2008 10:05:00AM
Date Reported: 10/8/2008 2:21:09PM
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 Cl	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
25	WELL 3 RAW TAP	10/7/2008 8:30AM	Raw		5.2	Absent			PED08006660

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 #: 1438281

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004735
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/7/2008 9:16:00AM
Date Analyzed: 10/7/2008 10:05:00AM
Date Reported: 10/8/2008 2:21:09PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
24	WELL 3 RAW TAP	10/6/2008 3:00PM	Raw		5.2	Absent			PED08006659

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 #: 1438280

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P004725
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/6/2008 9:07:00AM
Date Analyzed: 10/6/2008 10:45:00AM
Date Reported: 10/7/2008 3:10:46PM
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	pH	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 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 #: 1434404

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004724
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-852
Collector/Phone: THEO DELEON / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/6/2008 9:07:00AM
Date Analyzed: 10/6/2008 10:45:00AM
Date Reported: 10/7/2008 3:10:46PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
21	WELL 3 RAW TAP	10/5/2008 9:15AM	Raw		5.2	Absent			PED08006629
22	WELL RAW TAP	10/5/2008 4:20PM	Raw		5.2	Absent			PED08006630

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 #: 1434403

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004718
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: THEO DELEON / 455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/3/2008 9:26:00AM
Date Analyzed: 10/3/2008 11:00:00AM
Date Reported: 10/4/2008 5:12:14PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
20	WELL 3 RAW TAP	10/3/2008 12:15AM	Raw		5.2	Absent			PED08006623

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 #: 1429277

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☒ Repeat Samples Required
☐ Replacement 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: P004717
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/3/2008 9:25:00AM
Date Analyzed: 10/3/2008 11:00:00AM
Date Reported: 10/4/2008 5:12:14PM
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	pH	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

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 #: 1429276

DEP/DOH Use Only

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

Final

Department of Health
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

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/2/2008 9:36:00AM
Date Analyzed: 10/2/2008 11:00:00AM
Date Reported: 10/3/2008 1:03:42PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
16	WELL 3 RAW TAP	10/2/2008 12:15AM	Raw		5.2	Absent			PED08006600
17	WELL 3 RAW TAP	10/2/2008 6:15AM	Raw		5.2	Absent			PED08006601

Comments/Qualifiers:

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

All Tests Performed in Accordance 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: _____

Final



NELAC: E11062

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

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/2/2008 9:36:00AM
Date Analyzed: 10/2/2008 11:00:00AM
Date Reported: 10/3/2008 1:03:43PM
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	pH	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

Comments/Qualifiers:

0/3/08 Reported results to Theo D.
* Satisfied

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

All Tests Performed in Accordance with NELAC Standards

Coliform/E. Coli Method: ReadyCult

Authorized By: William Nakashima
LIMS Report #: 1427694

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P004689
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/1/2008 11:03:00AM
Date Analyzed: 10/1/2008 12:20:00PM
Date Reported: 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 CI	pH	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

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 #: 1425622

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004688
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/1/2008 11:03:00AM
Date Analyzed: 10/1/2008 12:20:00PM
Date Reported: 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 CI	pH	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/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 #: 1425621

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004671
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/30/2008 10:41:00AM
Date Analyzed: 9/30/2008 11:55:00AM
Date Reported: 10/1/2008 4:11:06PM
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 CI	pH	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

Comments/Qualifiers:

10/1/08 Reported results to Theo D. @ PWSC.
Faxed

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 #: 1422669

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004670
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/30/2008 10:41:00AM
Date Analyzed: 9/30/2008 11:55:00AM
Date Reported: 10/1/2008 4:11:06PM
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 CI	pH	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

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 #: 1422668

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004649
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/29/2008 10:07:00AM
Date Analyzed: 9/29/2008 11:30:00AM
Date Reported: 9/30/2008 11:35:53AM
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	pH	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

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 #: 1418021

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

Submission ID: P004648
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/29/2008 10:07:00AM
Date Analyzed: 9/29/2008 11:30:00AM
Date Reported: 9/30/2008 11:35:53AM
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	pH	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:
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 #: 1418018

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004608
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: THEO DELEON & BUD HORTON / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/25/2008 8:37:00AM
Date Analyzed: 9/25/2008 10:19:00AM
Date Reported: 9/26/2008 1:17:43PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
15	WELL 3 RAW TAP	9/25/2008 12:15AM	Raw		5.2	Absent			PED08006372
16	WELL 3 RAW TAP	9/25/2008 6:15AM	Raw		5.2	Absent			PED08006373

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 #: 1412026

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P004558
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/22/2008 9:15:00AM
Date Analyzed: 9/22/2008 10:10:00AM
Date Reported: 9/23/2008 11:45:43AM
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	pH	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: 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 #: 1399766

DEP/DOH Use Only

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

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P004560
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/22/2008 9:15:00AM
Date Analyzed: 9/22/2008 10:10:00AM
Date Reported: 9/23/2008 11:45:43AM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
4	WELL 3 RAW TAP	9/22/2008 6:15AM	Raw		5.2	Absent			PED08006226

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 #: 1399769

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P004570
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/23/2008 8:59:00AM
Date Analyzed: 9/23/2008 10:30:00AM
Date Reported: 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 CI	pH	Total 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

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 #: 1403086

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004571
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: BUD HORTON / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/23/2008 8:59:00AM
Date Analyzed: 9/23/2008 10:30:00AM
Date Reported: 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 CI	pH	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 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 #: 1403089

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004583
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/24/2008 8:59:00AM
Date Analyzed: 9/24/2008 11:00:00AM
Date Reported: 9/25/2008 11:37:09AM
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	pH	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

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 #: 1407464

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

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

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: THEO DELEON & BUD HORTON / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/24/2008 8:59:00AM
Date Analyzed: 9/24/2008 11:00:00AM
Date Reported: 9/25/2008 11:37:12AM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
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

Comments/Qualifiers:

9/25/08 Reported results to Theo. (S)

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 #: 1407466

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P004607
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/25/2008 8:37:00AM
Date Analyzed: 9/25/2008 10:19:00AM
Date Reported: 9/26/2008 1:17:47PM
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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
13	WELL 3 RAW TAP	9/24/2008 12:15PM	Raw		5.2	Present	Absent		PED08006370
14	WELL 3 RAW TAP	9/24/2008 6:15PM	Raw		5.2	Present	Absent		PED08006371

Comments/Qualifiers:

9/26/08 Reported results to Theo D. [Signature]

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 #: 1412024

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

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

INVOICE

Date: Sep 26, 2008 12:07:09

Invoice #: 06798 P

Sold To:	Bill To:
Company Name:	Company Name: PEOPLES WATER SERVICE COMPANY
Attn:	Attn: THEO DELEON
Street:	Street: P O BOX 4815
City, State, Zip:	City, State, Zip: PENSACOLA, FL 32507-0815

Your Order #/CK#	Our Order #/CK#	Ship Date	Ship Via/Delivered By	FOB	Terms
		09/28-26/2008			TO BILL

Item/ Proc. Code	Qty	Description	Shipped/ Received	Unit Price	Amount
SDWA	4	WATER SAMPLES/COMMUNITY WATER SYSTEM- WELL SURVEY **NOTE: AMENDED INVOICE, SAMPLES CANCELLED BY CUSTOMER 9/26/08 MJ		10.00	

Shipped/
Received By: 

Tax Rate: %

Subtotal:

Tax:

Total:

Thank You!

Customer Copy



NELAC: E11062

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-895-8895

Submission ID: P004584
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: THEO DELEON & BUD HORTON / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/24/2008 8:59:00AM
Date Analyzed: 9/24/2008 11:00:00AM
Date Reported: 9/25/2008 11:37:12AM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
11	WELL 3 RAW TAP	9/24/2008 12:15AM	Raw		5.2	Present	Absent		PED08008309
12	WELL 3 RAW TAP	9/24/2008 6:15AM	Raw		5.2	Present	Absent		PED08008310

Lab Comments/Qualifiers:

4/25/08 Reported results to Theo.

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 #: 1407466

DEP/DOH Use Only

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

DEP/DOH Reviewing Official: _____

Final

X_SingleSampleFPH_DW.rpt

Page 1 of 1

Print Date: 09/25/2008



NELAC: E11062

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-695-8895

Submission ID: P004583
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8852
Collector/Phone: THEO DELEON / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/24/2008 8:59:00AM
Date Analyzed: 9/24/2008 11:00:00AM
Date Reported: 9/25/2008 11:37:09AM
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	pH	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

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 #: 1407464

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004626
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/26/2008 9:23:00AM
Date Analyzed: 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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
17	WELL 3 RAW TAP	9/25/2008 12:15PM	Raw		5.2	Canceled			PED08006414
18	WELL 3 RAW TAP	9/25/2008 6:15PM	Raw		5.2	Canceled			PED08006415

Lab Comments/Qualifiers: 17 (PED08006414) Unsatisfactory Sample Reason: Test cancelled by client.
18 (PED08006415) Unsatisfactory Sample Reason: Test cancelled by client.

9/26/08 PC w/ Theo Deleon - request samples cancelled. &

Fixed

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 #: 1412568

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P004627
County: Escambia
Type of Supply: Community Water System
Type of Sample: Well Survey

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/26/2008 9:23:00AM
Date Analyzed: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
19	WELL 3 RAW TAP	9/26/2008 12:15AM	Raw		5.2	Canceled			PED08006416
20	WELL 3 RAW TAP	9/26/2008 6:15AM	Raw		5.2	Canceled			PED08006417

Comments/Qualifiers: 19 (PED08006416) Unsatisfactory Sample Reason: Test cancelled by client.
20 (PED08006417) Unsatisfactory Sample Reason: Test cancelled by client.

9/26/08 PC w/Theo Deleon - request samples cancelled. (S)
Layed

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 #: 1412569

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004408
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/9/2008 2:01:00PM
Date Analyzed: 9/9/2008 2:10:00PM
Date Reported: 9/10/2008 4:25:54PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 9 RAW	9/9/2008 9:00AM	Raw		5.7	Absent			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

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 #: 1372049

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004167
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/13/2008 10:54:00AM
Date Analyzed: 8/13/2008 11:10:00AM
Date Reported: 8/14/2008 2:15:26PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 9 RAW	8/13/2008 9:38AM	Raw		5.7	Absent			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

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: Beverly Butler
LIMS Report #: 1318813

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003859
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 7/9/2008 2:23:00PM
Date Analyzed: 7/9/2008 3:08:00PM
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 CI	pH	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

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: Beverly Butler
LIMS Report #: 1241343

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003622
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
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
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	pH	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

Comments/Qualifiers:

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 #: 1178809

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003296
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 5/6/2008 11:41:00AM
Date Analyzed: 5/6/2008 11:58:00AM
Date Reported: 6/10/2008 5:19:02PM
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 CI	pH	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	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

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

DEP/DOH Use Only

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

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P003324
County: Escambia
Type of Supply: Community Water System
Type of Sample: Repeat

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 5/7/2008 1:47:00PM
Date Analyzed: 5/7/2008 2:15:00PM
Date Reported: 5/8/2008 2:55:45PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 9 RAW	5/7/2008 1:19PM			5.4	Absent			PED08003083

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: Beverly Butler
LIMS Report #: 1101603

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P003296
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 5/6/2008 11:41:00AM
Date Analyzed: 5/6/2008 11:58:00AM
Date Reported: 5/7/2008 2:57:59PM
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 CI	pH	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 DeLeon. *[Signature]*
" " " " R. Barrett. *[Signature]*
5/8/08 Faxed to Customer - DEP. *[Signature]*

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 #: 1098919

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003207
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/22/2008 10:10:00AM
Date Analyzed: 4/22/2008 11:10:00AM
Date Reported: 4/23/2008 12:41:28PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL9 RAW	4/22/2008 9:55AM	Raw		5.6	Absent			PED08002746

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: Beverly Butler
LIMS Report #: 1064900

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003114
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
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): <10 On Ice
Chlorine Check: Not Detected
District: Northwest District

Collector Comments:

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 3 RAW	4/9/2008 8:50AM	Raw		5.2	Absent			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 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 #: 1035739

DEP/DOH Use Only

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

Final

Department of Health
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: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/12/2008 1:32:00PM
Date Analyzed: 3/12/2008 1:45:00PM
Date Reported: 3/13/2008 3:27:57PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 3 RAW	3/12/2008 8:25AM	Raw		5.4	Absent			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
5	WELL 9 RAW	3/12/2008 8:55AM	Raw		5.7	Absent			PED08001766

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: Beverly Butler
LIMS Report #: 971401

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002622
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 2/13/2008 10:26:00AM
Date Analyzed: 2/13/2008 11:13:00AM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WELL 3 RAW	2/13/2008 8:45AM	Raw		5.4	Absent			PED08001050
2	WELL 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 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 #: 906694

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002364
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:


PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/9/2008 11:12:00AM
Date Analyzed: 1/9/2008 12:00:00PM
Date Reported: 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 CI	pH	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

Laboratory Comments/Qualifiers:

1/10/08 Reported to Theo. 

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 #: 822656

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Main Clearance

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P005093
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 11/20/2008 8:50:00AM
Date Analyzed: 11/20/2008 10:40:00AM
Date Reported: 11/21/2008 1:55:20PM
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 CI	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

Comments/Qualifiers:

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

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P005080
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 11/19/2008 11:20:00AM
Date Analyzed: 11/19/2008 1:00:00PM
Date Reported: 11/20/2008 3:53:07PM
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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	END OF MAIN	11/19/2008 8:10AM		0.5	7.6	Absent			PED08007692
2	TAP AT CHURCH	11/19/2008 8:15AM		0.5	7.8	Absent			PED08007693

Comments/Qualifiers:

Disinfectant Residuals Avg:
Disinfectant Residuals Method: DPD
Disinfectant Analysis Certified Operator #: 15407

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: ReadyCult

Authorized By: William Nakashima
LIMS Report #: 1535399

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004572
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/23/2008 8:59:00AM
Date Analyzed: 9/23/2008 10:30:00AM
Date Reported: 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 CI	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

Comments/Qualifiers:

Disinfectant Residuals Avg:
Disinfectant Residuals Method: DPD
Disinfectant Analysis Certified Operator #: 15407

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: ReadyCult

Authorized By: William Nakashima
LIMS Report #: 1403093

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004566
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/22/2008 1:59:00PM
Date Analyzed: 9/22/2008 2:20:00PM
Date Reported: 9/23/2008 4:07:39PM
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 CI	pH	Total Coliform	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: DPD
Disinfectant Analysis Certified Operator #: 15407

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: Readycult

Authorized By: William Nakashima
LIMS Report #: 1401369

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004113
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/6/2008 2:05:00PM
Date Analyzed: 8/6/2008 2:19:00PM
Date Reported: 8/7/2008 4:18:00PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	1" SVC W. NEW MAIN CLEAR.	8/6/2008 9:30AM		0.4	7.6	Absent			PED08005226
2A	HYD. E. NEW MAIN ALBANY	8/6/2008 9:32AM		0.4	7.6	Absent			PED08005227

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: Beverly Butler

LIMS Report #: 1303442

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004085
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: G LEATHERBERRY / 455-8552
Collection Addr: 905 LOWNDE AVE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/5/2008 2:13:00PM
Date Analyzed: 8/5/2008 2:28:00PM
Date Reported: 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 ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pH	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			PED08005146
2	E. HYD MAIN CLEAR. ALBANY	8/5/2008 1:50PM		0.7	7.1	Absent			PED08005147

Comments/Qualifiers:

8/6/08 Reported results to Ricco-B. (B)

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 #: 1300926

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003456
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 5/22/2008 11:25:00AM
Date Analyzed: 5/22/2008 11:45:00AM
Date Reported: 5/23/2008 2:35:10PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	N LOOP NEW MAIN ENTRY	5/22/2008 8:42AM		0.7	7.8	Absent			PED08003490
2	N LOOP NEW MAIN TERMINUS	5/22/2008 8:45AM		0.7	7.7	Absent			PED08003491

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: Beverly Butler
LIMS Report #: 1137761

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11082

Submission ID: P003471
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 5/23/2008 11:25:00AM
Date Analyzed: 5/23/2008 11:30:00AM
Date Reported: 5/27/2008 9:47:29AM
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	pH	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 TERMINUS	5/23/2008 9:05AM		0.6	7.2	Absent			PED08003552

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: Beverly Butler
LIMS Report #: 1139447

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P003252
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/25/2008 10:09:00AM
Date Analyzed: 4/25/2008 11:45:00AM
Date Reported: 4/28/2008 9:57:06AM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	WEATHERSTONE ENTRANCE	4/25/2008 9:05AM		0.5	7.0	Absent			PED08002856
2	WEATHERSTONE HYD - MIDD	4/25/2008 9:17AM		0.5	6.9	Absent			PED08002857
3	WEATHERSTONE HYD - BACK	4/25/2008 9:35AM		2.8	6.7	Absent			PED08002858

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: Beverly Butler
LIMS Report #: 1074045

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P003250
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: R BARRETT / 85-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/24/2008 2:42:00PM
Date Analyzed: 4/24/2008 3:41:00PM
Date Reported: 4/25/2008 5:05:23PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	ENTRANCE TO WEATHER 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 STONE	4/24/2008 2:08PM		0.6	7.7	Absent			PED08002853

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: Beverly Butler
LIMS Report #: 1073025

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P003177
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/16/2008 1:41:00PM
Date Analyzed: 4/16/2008 2:10:00PM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1M	NORTH END BLANCHE F/O	4/16/2008 8:55AM		0.5	7.4	Absent			PED08002648
2M	S. END BLANCHE VALVE	4/16/2008 9:00AM		0.4	7.4	Absent			PED08002649

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: Beverly Butler
LIMS Report #: 1051933

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003193
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/17/2008 11:04:00AM
Date Analyzed: 4/17/2008 12:50:00PM
Date Reported: 4/18/2008 4:13:31PM
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	pH	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

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: Beverly Butler
LIMS 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: _____

Final



Department of Health
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

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-465-8552
Collector/Phone: B HORTON / 850-455-8552
Collection Addr: 905 LOWNDE AVE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/4/2008 9:38:00AM
Date Analyzed: 3/4/2008 10:08:00AM
Date Reported: 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 CI	pH	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

Lab Comments/Qualifiers: 2 (PED08001416)

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

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
LABS Report #: 882326

DEP/DOH Use-Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: 850-595-8905

Submission ID: P002768
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: B HORTON / 850-455-8552
Collection Addr: 905 LOWMYE AVENUE
Pensacola, FL 32505

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/5/2008 1:26:00PM
Date Analyzed: 3/5/2008 2:02:00PM
Date Reported: 3/5/2008 4:09:47PM
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 CI	pH	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 (HYC)	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: 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 #: 12704

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: ReadyCult

Authorized By: Beverly Butler
LIMS Report #: 982327

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002731
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/3/2008 9:46:00AM
Date Analyzed: 3/3/2008 10:08:00AM
Date Reported: 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	pH	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:

*Notified to resample by phone
3/10/08. Sam*

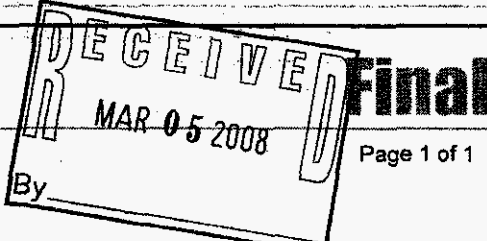
Disinfectant Residuals Avg:
Disinfectant Residuals Method: DPD
Disinfectant Analysis Certified Operator #: 12704

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: 3/7/08
DEP/DOH Reviewing Official: *Japhin C. Mettler*



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002768
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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 32506

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/5/2008 1:26:00PM
Date Analyzed: 3/5/2008 2:02:00PM
Date Reported: 3/6/2008 4:09:47PM
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	pH	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 (HYC)	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 #: 12704

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: _____
DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002768
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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 32506

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/5/2008 1:26:00PM
Date Analyzed: 3/5/2008 2:02:00PM
Date Reported: 3/6/2008 4:09:47PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	EAST COTTAGE VIEW (HYD)	8/30/2008 4:17PM		0.6	7.0	Absent			PED08001481
2A	MIDDLE COTTAGE VIEW (HYC)	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:
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 #: 955836

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002739
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/4/2008 9:38:00AM
Date Analyzed: 3/4/2008 10:06:00AM
Date Reported: 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 CI	pH	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: 2 (PED08001416) Demographic data updated on 03/10/2008: Corrected collection time.

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 #: 962326

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P002739
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/4/2008 9:38:00AM
Date Analyzed: 3/4/2008 10:06:00AM
Date Reported: 3/5/2008 12:07:29PM
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 CI	pH	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

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: Beverly Butler
LIMS Report #: 951815

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002731
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/3/2008 9:46:00AM
Date Analyzed: 3/3/2008 10:08:00AM
Date Reported: 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 CI	pH	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 Sample Collected
3/5/08
Russ & Buck*

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: _____

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11082

Submission ID: P002645
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170627
System Phone: 850-455-8552
Collector/Phone: R BARRETT / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32506

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 2/18/2008 2:08:00PM
Date Analyzed: 2/18/2008 2:16:00PM
Date Reported: 2/19/2008 3:06:49PM
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 CI	pH	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 (CAMSHIRE)	2/18/2008 10:31AM		0.5	8.1	Absent			PED08001104
4	END CUL DE SAC (CAMSHIRE)	2/18/2008 10:37AM		0.6	8.1	Absent			PED08001105

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: Beverly Butler
LIMS Report #: 917989

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002647
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 2/19/2008 10:03:00AM
Date Analyzed: 2/19/2008 10:19:00AM
Date Reported: 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 CI	pH	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/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: Beverly Butler
LIMS Report #: 920895

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002648
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 2/19/2008 10:04:00AM
Date Analyzed: 2/19/2008 10:19:00AM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	BERKSHIRE ENTRANCE	2/19/2008 9:25AM		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

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: Beverly Butler
LIMS Report #: 920896

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002679
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 2/20/2008 2:16:00PM
Date Analyzed: 2/20/2008 2:42:00PM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1B	BERKSHIRE ENTRANCE	2/20/2008 9:20AM		0.5	7.8	Absent			PED08001231
2B	BERKSHIRE MIDDLE	2/20/2008 9:30AM		0.5	7.8	Absent			PED08001232
3B	BERKSHIRE END	2/20/2008 9:35AM		0.4	7.8	Absent			PED08001233

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: Beverly Butler
LIMS Report #: 924540

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P002678
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 2/20/2008 2:16:00PM
Date Analyzed: 2/20/2008 2:42:00PM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1R	NORTH END OF N RUNYAN 4"	2/20/2008 8:35AM		0.8	8.1	Absent			PED08001229
2R	SOUTH END OF N RUNYAN 4"	2/20/2008 8:40AM		0.7	7.8	Absent			PED08001230

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: Beverly Butler
LIMS Report #: 924539

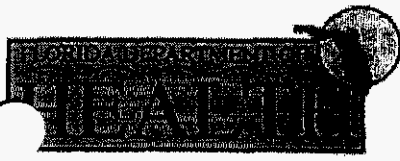
DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002683
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 2/21/2008 8:53:00AM
Date Analyzed: 2/21/2008 9:19:00AM
Date Reported: 2/22/2008 12:24:48PM
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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	NORTH END OF N RUNYAN 4"	2/21/2008 8:35AM		0.5	7.9	Absent			PED08001254
2	SOUTH END OF N RUNYAN 4"	2/21/2008 8:40AM		0.5	7.9	Absent			PED08001255

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: Beverly Butler
LIMS Report #: 927076

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Special/Random



NELAC E11062

Department of Health
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

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
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
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	pH	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. STEELER	10/21/2008 6:05PM		0.4	7.2	Absent			PED08007086

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 #: 1472993

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004877
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
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
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 CI	pH	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			PED08007087
4	1ST HOUSE ON RT. STEELER	10/22/2008 8:44AM		0.4	7.2	Absent			PED08007088

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 #: 1472996

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004769
County: Escambia
Type of Supply: Community Water System
Type of Sample: Other

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: BUD HORTON / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/9/2008 10:14:00AM
Date Analyzed: 10/9/2008 10:25:00AM
Date Reported: 10/10/2008 3:06:00PM
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 CI	pH	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:

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 #:

1445151

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004769
County: Escambia
Type of Supply: Community Water System
Type of Sample: Other

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: BUD HORTON / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/9/2008 10:14:00AM
Date Analyzed: 10/9/2008 10:25:00AM
Date Reported: 10/10/2008 3:06:00PM
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 CI	pH	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:

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 #: 1445151

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P004770
County: Escambia
Type of Supply: Community Water System
Type of Sample: Other

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: GARY LEATHERBERRY / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/9/2008 10:14:00AM
Date Analyzed: 10/9/2008 10:25:00AM
Date Reported: 10/10/2008 3:06:00PM
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 CI	pH	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:

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 #: 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 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: FL1170527

Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)

Date: 10/8/08 Time: 11:30am

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? Less than 8 hour

Number of service connections affected? 77 Residential Services/Connections

Was a precautionary boil water notice issued (PBWN)? (PICK ONE) Yes

Date issued: 10/8/08 How was it issued? (Circle all that 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 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: Alleyway of Gilliland Rd and Greve Rd

Size of water main broken? 6" AC

Number and type of service connections affected? 77 PE Service Connections

Malfunction

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 provide turbidity chart to DEP)

Other: 6" AC Water Main Repaired at Gilliland Rd and Greve Rd

Maintenance

Clean aerator

Clean storage tank

H.S. Pump replacement

Well pump replacement: Well #

Water main replacement

Valve Replacement:

Other:

Corrective/Remedial Action being taken

Auxiliary power system on-line Back-up chlorinator on-line X Water main flushing

Other: During connection constant flow from pipe was maintained and all parts/material were disinfected

Estimated time for completion of repairs: Less than 8 hour

Bacteriological samples required? (PICK ONE) Yes Number of samples and date(s) of collection: (4) 10/8 & (4) 10/9, 2008

Chemical recheck samples required: Residual verified during 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)



NELAC: E11062

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

Submission ID: P004831
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/15/2008 11:41:00AM
Date Analyzed: 10/15/2008 12:07:00PM
Date Reported: 10/16/2008 2:20:24PM
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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
2A	OLD CORRY TANK	10/15/2008 8:43AM		0.6	7.8	Absent			PED08006898

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 #: 1457582

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004801
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/13/2008 3:07:00PM
Date Analyzed: 10/13/2008 3:24:00PM
Date Reported: 10/14/2008 3:56:36PM
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 CI	pH	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

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 #: 1453133

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P004802
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/13/2008 3:08:00PM
Date Analyzed: 10/13/2008 3:24:00PM
Date Reported: 10/14/2008 3:56:36PM
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 CI	pH	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

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 #: 1453135

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 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: FL1170527

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? Less than 2 hour

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 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 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: Thayer Avenue

Size of water main broken? 3" AC

Number and type of service connections affected? 25 PE residential connections

Malfunction

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 provide turbidity chart to DEP)

Other: 3" water main emergency repaired

Maintenance

Clean aerator

Clean storage tank

H.S. Pump replacement

Well pump replacement: Well #

Water main replacement

Valve Replacement:

Other:

Corrective/Remedial Action being taken

Auxiliary power system on-line

Back-up chlorinator on-line

X Water main flushing

Other: During emergency repair constant flow was maintained from pipe and all parts/material used were disinfected.

Estimated time for completion of repairs: Less than 2hour

Bacteriological samples required? (PICK ONE) Yes Number of samples and date(s) of collection: (2) 10/12 & (2) 10/13, 2008

Chemical recheck samples required: Residual verified during 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)

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P004823
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 10/14/2008 2:16:00PM
Date Analyzed: 10/14/2008 2:40:00PM
Date Reported: 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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	OLD CORY TANK	10/14/2008 2:00PM		0.4	7.1	Absent			PED08006889

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 #: 1455496

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004471
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/15/2008 10:30:00AM
Date Analyzed: 9/15/2008 10:53:00AM
Date Reported: 9/16/2008 12:17:41PM
Sample Temp (°C): <10 On Ice
Chlorine Check: Not Detected
District: Northwest District

Collector Comments: MARINA VILLAS MAIN CLEARANCE, 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	MAHOGONY MILL S.S.	9/15/2008 10:10AM		0.6	7.0	Absent			PED08006048
2	BUILDING 5	9/15/2008 10:15AM		0.6	7.0	Absent			PED08006049

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 #: 1383758

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P004494
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 9/16/2008 11:32:00AM
Date Analyzed: 9/16/2008 12:05:00PM
Date Reported: 9/17/2008 4:22:30PM
Sample Temp (°C): <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	pH	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

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 #: 1388055

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 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: FL1170527

Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)

Date: 9/14/08 Time: 9:15am

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? 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 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 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: Mahogany Mill Rd at the Mariner Villa Apts #4, #5, and #6 buildings

Size of water main broken? 6" PVC

Number and type of service connections affected? 24 PE residential connections

Malfunction

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 provide turbidity chart to DEP)

Other: 6" water main leak

Maintenance

Clean aerator

Clean storage tank

H.S. Pump replacement

Well pump replacement: Well #

Water main replacement

Valve Replacement:

Other:

Corrective/Remedial Action being taken

Auxiliary power system on-line

Back-up chlorinator on-line

X Water main flushing

Other: During repairs constant flow was maintained from pipe and all parts/material used 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 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).

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004284
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/28/2008 9:50:00AM
Date Analyzed: 8/28/2008 12:10:00PM
Date Reported: 8/29/2008 1:45:00PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	HYDRANT ON NAVY BLVD	8/28/2008 8:45AM		0.6	7.2	Absent			PED08005683
2A	434 NAVY BLVD	8/28/2008 8:47AM		0.6	7.2	Absent			PED08005684

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 #: 1348201

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004283
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: M TORRANCE / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/28/2008 9:50:00AM
Date Analyzed: 8/28/2008 12:10:00PM
Date Reported: 8/29/2008 1:45:00PM
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 CI	pH	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

Comments/Qualifiers:

Disinfectant Residuals Avg:
Disinfectant Residuals Method: DPD
Disinfectant Analysis Certified Operator #: 15407

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: ReadyCult

Authorized By: William Nakashima
LIMS Report #: 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



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004189
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/18/2008 9:21:00AM
Date Analyzed: 8/18/2008 10:30:00AM
Date Reported: 8/19/2008 12:42:48PM
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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	326 SUNSET	8/18/2008 8:40AM		0.7	7.4	Absent			PED08005418
2A	S. SECOND ST. SAMPLE STN	8/18/2008 8:45AM		0.7	7.4	Absent			PED08005419

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: Beverly Butler
LIMS Report #: 1326310

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004190
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/18/2008 9:21:00AM
Date Analyzed: 8/18/2008 10:30:00AM
Date Reported: 8/19/2008 12:42:48PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	326 SUNSET	8/17/2008 11:00AM		0.6	7.4	Absent			PED08005416
2	S. SECOND ST. SAMPLE STN	8/17/2008 11:10AM		0.6	7.4	Absent			PED08005417

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: Beverly Butler
LIMS Report #: 1326312

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004059
County: Escambia
Type of Supply: Community Water System
Type of Sample: Other

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 8/4/2008 10:05:00AM
Date Analyzed: 8/4/2008 10:24:00AM
Date Reported: 8/5/2008 1:52:57PM
Sample Temp (°C): <10 On Ice
Chlorine Check: Not Detected
District: Northwest District

Collector Comments: SAMPLE TYPE "S", CUSTOMER REQUEST

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	22 LAKESIDE	8/4/2008 9:15AM		0.4	7.2	Absent			PED08005071

Lab Comments/Qualifiers:

108 Reported results to Russ D. [Signature]

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

All Tests Performed in Accordance with NELAC Standards
Coliform/E. Coli Method: Readycult

Authorized By: Beverly Butler
LIMS Report #: 1299107

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004038
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 7/31/2008 9:00:00AM
Date Analyzed: 7/31/2008 9:09:00AM
Date Reported: 8/1/2008 11:37:04AM
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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	1604 AMERICUS	7/31/2008 8:30AM		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

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: Beverly Butler
LIMS Report #: 1290882

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P004029
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: B HORTON / 455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 7/30/2008 11:05:00AM
Date Analyzed: 7/30/2008 11:30:00AM
Date Reported: 7/31/2008 1:19:21PM
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 CI	pH	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: 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 #: 1286900

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 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: FL1170527

Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)

Date: 7/30/08 Time: 11:45am

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? Less than 1 hour

Number of service connections affected? 15 Residential Connections

Was a precautionary boil water notice issued (PBWN)? (PICK ONE) Yes

Date issued: 7/30/08 How was it issued? (Circle all that 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 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: Graupera & Americus Ave

Size of water main broken? 8" AC & 2" PVC

Number and type of service connections affected? 15 PE residential connections

Malfunction

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 provide turbidity chart to DEP)

Other: 8" isolation valve installed

Maintenance

Clean aerator

Clean storage tank

H.S. Pump replacement

Well pump replacement: Well #

Water main replacement

Valve Replacement:

XX Other: Installation of new isolation valve

Corrective/Remedial Action being taken

Auxiliary power system on-line

Back-up chlorinator on-line

X Water main flushing

Other: During maintenance constant flow was maintained from pipe and all parts/material used were disinfected.

Estimated time for completion of repairs: Less than 1 hour

Bacteriological samples required? (PICK ONE) Yes Number of samples and date(s) of collection: (3) 7/30 & (3) 7/31, 2008

Chemical recheck samples required: Residual verified during 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).

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003621
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 6/11/2008 11:02:00AM
Date Analyzed: 6/11/2008 11:10:00AM
Date Reported: 6/12/2008 1:32:24PM
Sample Temp (°C): <10 On Ice
Chlorine Check: Not Detected
District: Northwest District

Collector Comments: CUSTOMER CONCERN

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1H	216 RUTH	6/11/2008 9:20AM	Dist	0.7	7.5	Absent			PED08003928
2H	216 RUTH	6/11/2008 9:20AM	Dist	0.7	7.5	Absent			PED08003929

Lab Comments/Qualifiers:

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: _____

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 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: FL1170527

Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)

Date: 6/9/08 Time: 9:30am

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? Less than 4 hour

Number of service connections affected? 10-15 Commercial Connections and 1 Master Meter for 160 Apartments

Was a precautionary boil water notice issued (PBWN)? (PICK ONE) Yes

Date issued: 6/9/08 How was it issued? (Circle all that 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 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: 3600-3800 Navy Boulevard

Size of water main broken? 8" PVC

Number and type of service connections affected? 10-15 Commercial Connections and 1 Master Meter for 160 Apartments

Malfunction

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 provide turbidity chart to DEP)

Other: 8" water main leak

Maintenance

Clean aerator

Clean storage tank

H.S. Pump replacement

Well pump replacement: Well #

Water main replacement

Valve Replacement:

Other:

Corrective/Remedial Action being taken

Auxiliary power system on-line

Back-up chlorinator on-line

X Water main flushing

Other: During repairs constant flow was maintained from pipe and all parts/material used were disinfected.

Estimated time for completion of repairs: Less than 4 hour

Bacteriological samples required? (PICK ONE) Yes Number of samples and date(s) of collection: (3) 6/9 & (3) 6/10, 2008

Chemical recheck samples required: Residual verified during 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).

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003599
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: R BARRETT / 455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 6/10/2008 11:06:00AM
Date Analyzed: 6/10/2008 12:15:00PM
Date Reported: 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 CI	pH	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 PBWN	6/10/2008 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 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 #: 1176401

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003583
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 6/9/2008 10:25:00AM
Date Analyzed: 6/9/2008 11:55:00AM
Date Reported: 6/10/2008 3:02:29PM
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	pH	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		0.8	7.1	Absent			PED08003830
3	EAST END HYD - CHASEVILLE	6/9/2008 10:10AM		0.4	7.0	Absent			PED08003831

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: Beverly Butler
LIMS Report #: 1173405

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003780
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: T DELEON / 850-456-1010
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 6/30/2008 10:30:00AM
Date Analyzed: 6/30/2008 10:45:00AM
Date Reported: 7/1/2008 12:23:43PM
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 CI	pH	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

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: 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: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003781
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: T DELEON / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 6/30/2008 10:30:00AM
Date Analyzed: 6/30/2008 10:45:00AM
Date Reported: 7/1/2008 12:23:43PM
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 CI	pH	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

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: 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: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003507
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 6/2/2008 9:21:00AM
Date Analyzed: 6/2/2008 9:50:00AM
Date Reported: 6/3/2008 2:09:22PM
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	pH	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 SHERMAN	6/1/2008 9:00AM		0.7	7.3	Absent			PED08003637

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: Beverly Butler
LIMS Report #: 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



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

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 6/2/2008 9:21:00AM
Date Analyzed: 6/2/2008 9:50:00AM
Date Reported: 6/3/2008 2:09:23PM
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	pH	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	6/2/2008 8:45AM		0.5	7.3	Absent			PED08003639

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: Beverly Butler
LIMS Report #: 1156432

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 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: FL1170527

Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)

Date: 5/30/08 Time: 11:45am

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? Less than 1 hour

Number of service connections affected? 11 Residential Connections

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

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 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: Sherman Avenue

Size of water main broken? 3" PVC

Number and type of service connections affected? 11 PE residential connections

Malfunction

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 provide turbidity chart to DEP)

Other: 3" water main break

Maintenance

Clean aerator

Clean storage tank

H.S. Pump replacement

Well pump replacement: Well #

Water main replacement

Valve Replacement:

Other:

Corrective/Remedial Action being taken

Auxiliary power system on-line Back-up chlorinator on-line X Water main flushing

Other: During emergency repair constant flow was maintained from pipe and all parts/material used were disinfected.

Estimated time for completion of repairs: Less than 1 hour

Bacteriological samples required? (PICK ONE) Yes Number of samples and date(s) of collection: (2) 6/1 & (2) 6/2, 2008

Chemical recheck samples required: Residual verified during maintenance, after maintenance, and will verify during Bact
ampling

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

NELAC: E11062

Submission ID: P003396
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 5/16/2008 9:03:00AM
Date Analyzed: 5/16/2008 12:00:00PM
Date Reported: 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

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	HYD- ALBA PLENA & RUBERIA	5/15/2008 6:20PM		0.5	7.3	Absent			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:
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 #: 1122724

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003397
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 5/16/2008 9:03:00AM
Date Analyzed: 5/16/2008 12:00:00PM
Date Reported: 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

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	HYD-ALBA PLENA & RUBERIA	5/16/2008 8:44AM		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

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: Beverly Butler
LIMS Report #: 1122725

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 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: FL1170527

Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)

Date: 5/16/08 Time: 8:30am

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? Less than 2 hour

Number of service connections affected? 40 Residential Services/Connections

Was a precautionary boil water notice issued (PBWN)? (PICK ONE) Yes

Date issued: 5/15/08 How was it issued? (Circle all that 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 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: Intersection of Ruberia Avenue & Alba Plena Street

Size of water main broken? 6" AC

Number and type of service connections affected? 40 PE Service Connections

Malfunction

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 provide turbidity chart to DEP)

Other: Contractor working in the area damaged the 6" AC water main

Maintenance

Clean aerator

Clean storage tank

H.S. Pump replacement

Well pump replacement: Well #

Water main replacement

Valve Replacement:

Other:

Corrective/Remedial Action being taken

Auxiliary power system on-line

Back-up chlorinator on-line

X Water main flushing

Other: Maintained constant flow from pipe and all parts/material were disinfected prior to installation

Estimated time for completion of repairs: Less than 2 hour

Bacteriological samples required? (PICK ONE) Yes Number of samples and date(s) of collection: (4) 5/15 & (4) 5/16, 2008

Chemical recheck samples required: Residual verified during maintenance, after maintenance, and during Bact samplings

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



NELAC: E11062

Submission ID: P003225
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/23/2008 11:03:00AM
Date Analyzed: 4/23/2008 11:40:00AM
Date Reported: 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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	HYDRANT LAKESIDE	4/22/2008 2:35PM		0.4	7.5	Absent			PED08002787
2	F/O ON END OF MAIN	4/22/2008 2:45PM		0.4	7.5	Absent			PED08002788

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: Beverly Butler
LIMS Report #: 1067770

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P003226
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/23/2008 11:03:00AM
Date Analyzed: 4/23/2008 11:40:00AM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1M	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 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 #: 1067772

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P003175
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/16/2008 1:41:00PM
Date Analyzed: 4/16/2008 2:10:00PM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1H	1060 HARBORVIEW	4/15/2008 3:40PM		0.5	7.7	Absent			PED08002644
2H	1010 HARBORVIEW	4/15/2008 3:45PM		0.4	7.6	Absent			PED08002645

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: Beverly Butler
LIMS Report #: 1051931

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003176
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/16/2008 1:41:00PM
Date Analyzed: 4/16/2008 2:10:00PM
Date Reported: 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 CI	pH	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

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: Beverly Butler
LIMS Report #: 1051932

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003078
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/4/2008 9:11:00AM
Date Analyzed: 4/4/2008 9:17:00AM
Date Reported: 4/5/2008 3:30:37PM
Sample Temp (°C): <10 On Ice
Chlorine Check: Not Detected
District: Northwest District

Collector Comments: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	610A S PAULDING	4/4/2008 8:12AM		0.5	7.4	Absent			PED08002375
2	616 S PAULDING	4/4/2008 8:15AM		0.5	7.3	Absent			PED08002376

Lab Comments/Qualifiers:

4/5/08 Reported by BB @ 10:40am. 

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 #: 1023249

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003063
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/3/2008 10:30:00AM
Date Analyzed: 4/3/2008 10:32:00AM
Date Reported: 4/4/2008 12:07:13PM
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	pH	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

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: Beverly Butler
LIMS Report #: 1021927

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P003064
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 4/3/2008 10:30:00AM
Date Analyzed: 4/3/2008 10:32:00AM
Date Reported: 4/4/2008 12:07:13PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	1520 S FAIRFIELD DR	4/3/2008 8:50AM		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 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 #: 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



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002964
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/25/2008 9:47:00AM
Date Analyzed: 3/25/2008 10:15:00AM
Date Reported: 3/26/2008 12:07:12PM
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	pH	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

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: 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: _____

Final



NELAC: E11062

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

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: GARY LEATHERBERRY / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/25/2008 9:47:00AM
Date Analyzed: 3/25/2008 10:15:00AM
Date Reported: 3/26/2008 12:07:12PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1A	HYDRANT ON ELITE PBWN	3/25/2008 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\	3/25/2008 9:23AM		0.6	6.6	Absent			PED08002063

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: Beverly Butler
LIMS 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: _____

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 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: FL1170527

Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)

Date: 3/25/08 Time: 8:15am

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? Less than 2 hour

Number of service connections affected? 10 Residential Connections and 2 Commercial Connections

Was a precautionary boil water notice issued (PBWN)? (PICK ONE) Yes

Date issued: 3/24/08 How was it issued? (Circle all that 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 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: Elite Road

Size of water main broken? 12" PVC

Number and type of service connections affected? 10 PE residential connections and 2 commercial connections

Malfunction

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 provide turbidity chart to DEP)

Other: 12" water main leak

Maintenance

Clean aerator

Clean storage tank

H.S. Pump replacement

Well pump replacement: Well #

Water main replacement

Valve Replacement:

Other:

Corrective/Remedial Action being taken

Auxiliary power system on-line Back-up chlorinator on-line X Water main flushing

Other: During repairs constant flow was maintained from pipe and all parts/material used weres 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: (3) 3/24 & (3) 3/25, 2008

Chemical recheck samples required: Residual verified during 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).



NELAC: E11062

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

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/17/2008 10:45:00AM
Date Analyzed: 3/17/2008 11:40:00AM
Date Reported: 3/18/2008 4:31:31PM
Sample Temp (°C): <10 On Ice
Chlorine Check: Not Detected
District: Northwest District

Collector Comments: PBWN CLEARANCE

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd CI	pH	Total Coliform	E.coli	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

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: Beverly Butler
LIMS Report #: 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

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P002908
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/18/2008 2:05:00PM
Date Analyzed: 3/18/2008 2:30:00PM
Date Reported: 3/19/2008 3:41:45PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1B	PBWN BAINBRIDGE #1919	3/18/2008 8:50AM		0.6	7.6	Absent			PED08001896
2B	PBWN BAINBRIDGE #1920	3/18/2008 8:54AM		0.6	7.6	Absent			PED08001897

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: Beverly Butler
LIMS Report #: 984460

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 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: FL1170527

Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)

Date: 3/14/08 Time: 4:00pm

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? Less than 2 hour

Number of service connections affected? 3 Residential Services/Connections

Was a precautionary boil water notice issued (PBWN)? (PICK ONE) Yes

Date issued: 3/14/08 How was it issued? (Circle all that 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 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: Bainbridge Avenue

Size of water main broken? 6" PVC

Number and type of service connections affected? 3 PE Service Connections

Malfunction

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 provide turbidity chart to DEP)

Other: 6" AC Water Main Repair at Bainbridge Avenue

Maintenance

Clean aerator

Clean storage tank

H.S. Pump replacement

Well pump replacement: Well #

Water main replacement

Valve Replacement:

Other:

Corrective/Remedial Action being taken

Auxiliary power system on-line

Back-up chlorinator on-line

X Water main flushing

Other: During connection constant flow from pipe was maintained and all parts/material were disinfected

Estimated time for completion of repairs: Less than 1 hour

Bacteriological samples required? (PICK ONE) Yes Number of samples and date(s) of collection: (2) 3/17 & (2) 3/18, 2008

Chemical recheck samples required: Residual verified during 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)



NELAC: E11062

Department of Health
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

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone: 850-455-8552
Collector/Phone: BUD HORTON / 850-455-8552
Collection Addr: 905 LOWNDE AVENUE
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/14/2008 9:53:00AM
Date Analyzed: 3/14/2008 11:42:00AM
Date Reported: 3/17/2008 8:11:56AM
Sample Temp (°C): <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 CI	pH	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

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: Beverly Butler
LIMS Report #: 975746

DEP/DOH Use Only

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P002877
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

System Owner: PEOPLES WATER SERVICE COMPANY
System ID: 1170527
System Phone:
Collector/Phone: G LEATHERBERRY / 850-455-8552
Collection Addr: P O BOX 4815
Pensacola, FL 32507

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
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): <10 On Ice
Chlorine Check: Not Detected
District: Northwest District

Collector Comments:

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	THAYER 208	3/13/2008 1:35PM		0.5	7.4	Absent			PED08001807
2	THAYER 200	3/13/2008 1:40PM		0.5	7.4	Absent			PED08001808

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: Beverly Butler
LIMS Report #: 974825

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 Break/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, F.A.C., 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: FL1170527

Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)

Date: 3/13/08 Time: 11:45am

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? Less than 1 hour

Number of service connections affected? 25 Residential Connections

Was a precautionary boil water notice issued (PBWN)? (PICK ONE) Yes

Date issued: 3/13/08 How was it issued? (Circle all that 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 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: Thayer Avenue

Size of water main broken? 3" AC

Number and type of service connections affected? 25 PE residential connections

Malfunction

☐ 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 provide turbidity chart to DEP)

Other: 4" water main isolated during an additional valve installation

Maintenance

☐ Clean aerator

☐ Clean storage tank

☐ H.S. Pump replacement

☐ Well pump replacement: Well #

☐ Water main replacement

☐ Valve Replacement:

Other:

Corrective/Remedial Action being taken

☐ Auxiliary power system on-line

☐ Back-up chlorinator on-line

☒ X Water main flushing

Other: During emergency repair constant flow was maintained from pipe and all parts/material used were disinfected.

Estimated time for completion of repairs: Less than 1 hour

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 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)

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002827
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/11/2008 9:41:00AM
Date Analyzed: 3/11/2008 10:12:00AM
Date Reported: 3/12/2008 11:59:46AM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	TOP RUNYAN	3/11/2008 8:50AM		0.6	7.6	Absent			PED08001678
2	BOTTOM RUNYAN	3/11/2008 8:52AM		0.6	7.6	Absent			PED08001679

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: Beverly Butler
LIMS Report #: 966994

DEP/DOH Use Only

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

Final



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002819
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 3/10/2008 10:51:00AM
Date Analyzed: 3/10/2008 11:14:00AM
Date Reported: 3/11/2008 12:39:52PM
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	pH	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

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: Beverly Butler
LIMS Report #: 964772

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 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: FL1170527

Reported to: Krista McGraw (DEP) & Steve Metzler (DOH)

Date: 3/10/08 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? Less than 1 hour

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 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 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: North Runyan Ave

Size of water main broken? 4" PVC

Number and type of service connections affected? 12 PE Service Connections

Malfunction

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 provide turbidity chart to DEP)

Other: 4" PVC Water Main Project Connection N. Runyan Avenue

Maintenance

Clean aerator

Clean storage tank

H.S. Pump replacement

Well pump replacement: Well #

Water main replacement

Valve Replacement:

Other:

Corrective/Remedial Action being taken

Auxiliary power system on-line Back-up chlorinator on-line X Water main flushing

Other: During connection constant flow from pipe was maintained and all parts/material were disinfected

Estimated time for completion of repairs: Less than 1 hour

Bacteriological samples required? (PICK ONE) Yes Number of samples and date(s) of collection: (3) 3/10 & (3) 3/11, 2008

Chemical recheck samples required: Residual verified during 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)



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002501
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/29/2008 9:18:00AM
Date Analyzed: 1/29/2008 10:00:00AM
Date Reported: 1/30/2008 12:37:30PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	304 HERMEY	1/29/2008 8:40AM		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

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: Beverly Butler
LIMS Report #: 871767

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P002518
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/30/2008 9:05:00AM
Date Analyzed: 1/30/2008 9:40:00AM
Date Reported: 1/31/2008 2:02:01PM
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	pH	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

Authorized By: Beverly Butler
LIMS Report #: 875695

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895



NELAC: E11062

Submission ID: P002349
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/8/2008 2:31:00PM
Date Analyzed: 1/8/2008 2:34:00PM
Date Reported: 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 CI	pH	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

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: Beverly Butler
LIMS Report #: 820228

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002365
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/9/2008 11:12:00AM
Date Analyzed: 1/9/2008 12:00:00PM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1S	303 SEAMARGE	1/9/2008 9:50AM		0.4	7.3	Absent			PED08000219
2S	309 SEAMARGE	1/9/2008 9:52AM		0.4	7.3	Absent			PED08000220

Lab Comments/Qualifiers:

1/18 Reported to Theo. [Signature]

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 #: 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



Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002348
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/8/2008 2:31:00PM
Date Analyzed: 1/8/2008 2:34:00PM
Date Reported: 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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1B	7389 PETERSEN LN	1/8/2008 1:45PM		0.5	7.6	Absent			PED08000169

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: Beverly Butler
LIMS Report #: 820226

DEP/DOH Use Only

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002501
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/29/2008 9:18:00AM
Date Analyzed: 1/29/2008 10:00:00AM
Date Reported: 1/30/2008 12:37:30PM
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	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	304 HERMEY	1/29/2008 8:40AM		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

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: Beverly Butler

LIMS Report #: 871767

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement 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: P002518
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/30/2008 9:05:00AM
Date Analyzed: 1/30/2008 9:40:00AM
Date Reported: 1/31/2008 2:02:01PM
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	pH	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

Authorized By: Beverly Butler
LIMS Report #: 875695

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002348
County: Escambia
Type of Supply: Community Water System
Type of Sample: Compliance

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/8/2008 2:31:00PM
Date Analyzed: 1/8/2008 2:34:00PM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1B	7389 PETERSEN LN	1/8/2008 1:45PM		0.5	7.6	Absent			PED08000169

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: Beverly Butler
LIMS Report #: 820226

DEP/DOH Use Only

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

Final

Department of Health
Bureau of Laboratories - Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Phone: 850-595-8895

NELAC: E11062

Submission ID: P002365
County: Escambia
Type of Supply: Community Water System
Type of Sample: Main Clearance

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

Report To:

PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/9/2008 11:12:00AM
Date Analyzed: 1/9/2008 12:00:00PM
Date Reported: 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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1S	303 SEAMARGE	1/9/2008 9:50AM		0.4	7.3	Absent			PED08000219
2S	309 SEAMARGE	1/9/2008 9:52AM		0.4	7.3	Absent			PED08000220

Lab Comments/Qualifiers:

108 Reported to Theo. 

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 #: 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

Department of Health
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

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

Report To:
PEOPLES WATER SERVICE CO
THEO DELEON
P O BOX 4815
Pensacola, FL 32507

Date Received: 1/2/2008 2:40:00PM
Date Analyzed: 1/2/2008 2:45:00PM
Date Reported: 1/3/2008 4:16:00PM
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 CI	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1B	BAYSHORE CONDOS	1/2/2008 2:20PM		0.6	7.5	Absent			PED08000010
2B	BAYSHORE CONDOS	1/2/2008 2:25PM		0.6	7.5	Absent			PED08000011

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: Beverly Butler
LIMS Report #: 806677

DEP/DOH Use Only

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

Final

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 Lowndes Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS

Custody sheet # 16517

DEP signature sheets

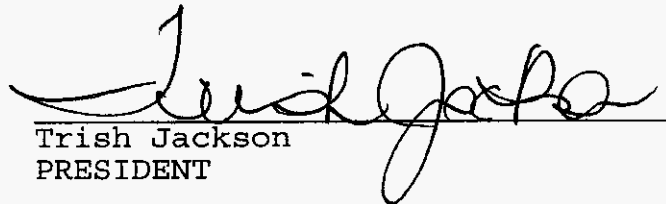
Data qualifier legend

17 Pages

1 Pages

108 Pages TV

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.

This report may not be reproduced except in full with written approval from the laboratory.

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

LIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 905 Lowndes 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: 1/21/08

Sample Time: 9:00 AM PM (Circle One)

Sample Location (be specific): Well 3 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.0 mg/L Field pH: 7.3

Sample Type (Check Only One)

☐ Distribution

☒ Entry Point (to Distribution)

☐ Instant Tap (not for compliance with 62-550)

☐ Raw (at well or intake)

☐ Max Residence Time

☐ Ave Residence Time

☐ Near First Customer

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

☒ Routine Compliance (with 62-550)

☐ Confirmation of MCL Exceedance*

☐ Composite of Multiple Sites**

☐ Clearance (permitting)

☐ Other: _____

☐ Quarterly (Which Quarter? _____)

☐ Special (not for compliance with 62-550)

☐ Violation Resolution

☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

SECONDARIES; INORGANICS

*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 #: 850-455-8552

Sampler's Fax #: 850-456-1010

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)

I HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: [Signature]

Date: 1/21/08

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab -- Please type or print legibly)

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E
Address: _____ Certification Expiration Date: _____
Phone #: _____

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 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

Volatile Organics

- ☐ All 21
☐ Partial

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☒ All 14
☐ Partial

Were any analyses subcontracted? ☐ Yes ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: _____

* 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 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: _____

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

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: 01/22/08
PWSID: 1170527 Sample Number: 369136
Lab Assigned Report Number or Job ID: 022808-15
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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input checked="" type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input checked="" type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: 2.28.08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

INORGANIC ANALYSES

62-550.310 (1)

(PWS030)

Parameter ID	Name	MCL (mg/l)	Sample Number	Analysis Result (mg/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL	Lab 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)

Parameter		Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	MCL(mg/l)	Number	Result(mg/l)	Qual	Time	Method	Date	(mg/l) ID
1002	ALUMINUM	0.2	369136	0.05U	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	3U	U	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	pH	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	0.05U	U	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

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS

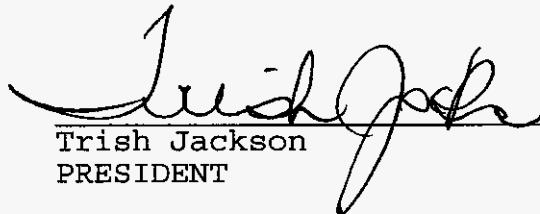
12 Pages

Custody sheet # 17770

1 Pages

DEP signature sheets

5 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. This report may not be reproduced except in full with written approval from the laboratory.

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

LIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 905 Lowndes 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: 1/21/08 Sample Time: 9:00 AM PM (Circle One)

Sample Location (be specific): Well 3 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: 7.3

Sample Type (Check Only One)

☐ Distribution

☒ Entry Point (to Distribution)

☐ Instant Tap (not for compliance with 62-550)

☐ Raw (at well or intake)

☐ Max Residence Time

☐ Ave Residence Time

☐ Near First Customer

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

☒ Routine Compliance (with 62-550)

☐ Confirmation of MCL Exceedance*

☐ Composite of Multiple Sites**

☐ Clearance (permitting)

☐ Other: _____

☐ Quarterly (Which Quarter? _____)

☐ Special (not for compliance with 62-550)

☐ Violation Resolution

☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

SOC'S

*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 #: 850-455-8552

Sampler's Fax #: 850-456-1010

Sampler's E-Mail Address: Theo.Deleon@Telcove.Net

CERTIFICATION (to be completed by sampler)

I, Russ Barrett
(Print Name)

Water Plant Operator II
(Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: [Signature]

Date: 1/21/08

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

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: 01/22/08
PWSID: 1170527 Sample Number: 369131
Lab Assigned Report Number or Job ID: 021908-4
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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☒ YES ☐ NO
If yes, please provide DOH certification numbers: E83079
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: Trish Jackson

Date: 2-21-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

SYNTHETIC ORGANICS
62-550.310(2) (c)
(PWS029)

Parameter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2005 ENDRIN	2	369131	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2010 LINDANE	0.2	369131	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2015 METHOXYCHLOR	40	369131	0.019U	U	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	7.6U	U	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	0.22U	U	0321EST	EPA 508	01/30/08	0.22	E83079
2036 OXAMYL (VYDATE)	200	369131	0.52U	U	0321EST	EPA 531.1	01/30/08	0.52	E83079
2037 SIMAZINE	4	369131	0.12U	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	0.037U	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 HEXACHLOROCYCLOPENTADIENE	50	369131	0.017U	U	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	0.025U	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	0.057U	U	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	E83079
2326 PENTACHLOROPHENOL	1	369131	0.0080U	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	E83079
2931 DIBROMOCHLOROPROPHANE	0.2	369131	0.0060U	U	0321EST	EPA 504.1	01/30/08	0.0060	E83079
2946 ETHYLENE DIBROMIDE	0.02	369131	0.0063U	U	0321EST	EPA 504.1	01/30/08	0.0063	E83079
2959 CHLORDANE	2	369131	0.056U	U	0321EST	EPA 508	01/30/08	0.056	E83079

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E
Address: _____ Certification Expiration Date: _____
Phone #: _____

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 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

Volatile Organics

- ☐ All 21
☐ Partial

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☐ All 14
☐ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

(Print Name)

(Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: _____

* 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 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: _____

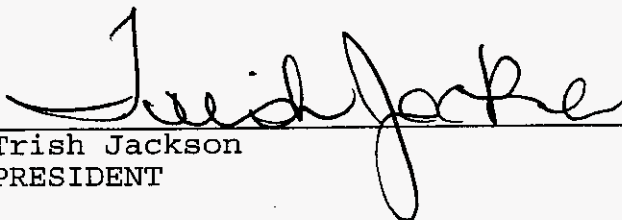
CERTIFICATE OF ANALYSIS

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

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS
CHAIN OF CUSTODY
REP 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. This report may not be reproduced except in full with written approval from the laboratory.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 905 Lowndes 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: 1/21/08

Sample Time: 9:00

AM PM (Circle One)

Sample Location (be specific): Well 3 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L

Field pH: 7.3

Sample Type (Check Only One)

☐ Distribution

☒ y Point (to Distribution)

☐ Plant Tap (not for compliance with 62-550)

☐ Raw (at well or intake)

☐ Max Residence Time

☐ Ave Residence Time

☐ Near First Customer

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

☒ Routine Compliance (with 62-550)

☐ Quarterly (Which Quarter? _____)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Composite of Multiple Sites**

☐ Violation Resolution

☐ Clearance (permitting)

☐ Replacement (of Invalidated Sample)

☐ Other: _____

Sampling Procedure Used or Other Comments: _____

RADIONUCLIDES

*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 #: 850-455-8552

Sampler's Fax #: 850-456-1010

Sampler's E-Mail Address: Theo.Deleon@Telcove.Net

CERTIFICATION (to be completed by sampler)

I, Russ Barrett
(Print Name)

Water Plant Operator II
(Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Sig. ure: [Signature]

Date: 1/21/08

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

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: 01/22/08
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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input checked="" type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☒ YES ☐ NO
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: 2-11-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

RADIOCHEMICAL ANALYSIS*

62-550.310 (5)

(PWS033)

Parameter ID	Name	Sample Number	Analysis Result (pCi/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL	Lab 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							

*(Gross alpha generally only requirement, see 62550.519,FAC

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

DOH CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E
Address: _____ Certification Expiration Date: _____
Phone #: _____

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 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

Volatile Organics

- ☐ All 21
☐ Partial

Radionuclides

- ☒ Single Sample
☐ Qtrly Composite**

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☐ All 14
☐ Partial

Were any analyses subcontracted? ☐ Yes ☐ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____, _____
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: _____

* 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 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

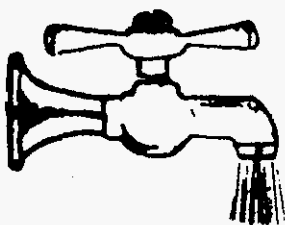
☐ Analysis Unsatisfactory

☐ Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



the water spigot, inc.

NELAC Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-waterspigit@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

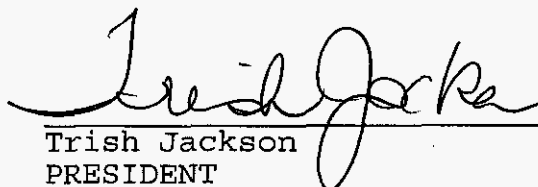
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CERTIFICATE OF ANALYSIS

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CHAIN OF CUSTODY

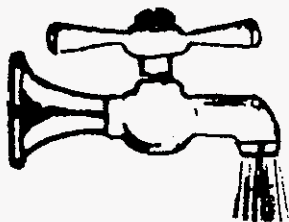
1 Pages


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 by 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

Peoples Water Service Company
of Florida, Inc.
105 Lowndes Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

REPORT DATE: 11/06/08

CLIENT NUMBER: 2286

SAMPLE NUMBER- 395987 SAMPLE ID- People's Water WS101408-109 #3 SAMPLE MATRIX- WA
DATE SAMPLED- 10/13/08 LOCATION- Well #3 (AAA6417) TIME SAMPLED- 1105CST
DATE RECEIVED- 10/14/08 SAMPLER- Russ Barrett RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/GB

Page 2 Report # 110608-40

ANALYSIS	METHOD	ANALYSIS			RESULT UNITS	MDL	PQL	DATA QUAL
		DATE	TIME	BY				
Chlorine residual	EPA 330.3	10/13/08	1105CST	RB	0.6 PPM			
CHLORIDE	SM4500CL-E	10/20/08	1420CDT	SAM	16.2 mg/l	1.0	5.0	
TOTAL DISS. SOLIDS	SM2540C	10/15/08	1200CDT	LW	89 mg/L	1	5.0	
SPECIFIC CONDUCTIVITY	EPA120.1	10/31/08	1025CDT	DMF	141.4 umh/cm	1.0	5.0	
PH, FIELD	150.1	10/13/08	1105CST	RB	7.4 S.U.			
NITROGEN	SM 3111 B	10/22/08	1425CST	GB	9 mg/l	1	5.0	

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler -- Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 10/13/08 Sample Time: 11:05 AM PM (Circle One)
Sample Location (be specific): Well #3 (unique ID #)AAA6417
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.4

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

Sodium, chloride, conductivity, TDS, _____

*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 #: 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 above public water system and sample collection information is complete and correct.

Signature:  Date: 10/13/08

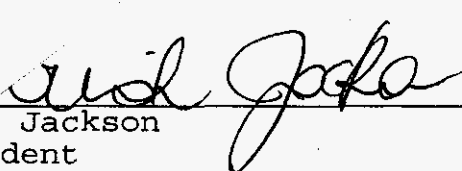
CERTIFICATE OF ANALYSIS

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 Lowndes Ave.
Pensacola, FL 32507-0811
Attn: Theo DeLeon Ext

CONTENTS OF REPORT
CERTIFICATE OF ANALYSIS
CHAIN OF CUSTODY
REPORT SIGNATURE

3 VOC

4 Pages
1 Pages
2 Pages


David Jackson
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.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): ☒ Community ☐ 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: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____

Location Code (if known): _____

Sample Date: 12/9/08

Sample Time: 9:10

☒ AM ☐ PM (Circle One)

Sample Location (be specific): Well # 3 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L

Field pH: 7.0

Sample Type (Check Only One)

☐ Distribution

☒ Entry Point (to Distribution)

☐ Plant Tap (not for compliance with 62-550)

☒ Raw (at well or intake)

☐ Max Residence Time

☐ Ave Residence Time

☐ Near First Customer

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

☒ Routine Compliance (with 62-550)

☐ Confirmation of MCL Exceedance*

☐ Composite of Multiple Sites**

☐ Clearance (permitting)

☐ Other: _____

☐ Quarterly (Which Quarter? 2nd _____)

☐ Special (not for compliance with 62-550)

☐ Violation Resolution

☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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 #: 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
(Print Name)

Water Plant Operator II
(Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____

Date: _____

12/9/08

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

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: 12/10/08
PWSID: 1170527 Sample Number: 401020
Lab Assigned Report Number or Job ID: 011209-77
System Name: Peoples Water Service Co. Of FL Sample Location: Well #3 Effluent
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
If yes, please provide DOH certification numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

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: Trish Jackson 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2964 DICHLOROMETHANE	5	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2976 VINYL CHLORIDE	1	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	401020	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	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	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2990 BENZENE	1	401020	0.5U	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	0.5U	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: 011209-73 Page 1
REPORT DATE: 01/12/09
REPORT TYPE: Original
Peoples Water Service Company
CLIENT NO. 2286
Of Florida, Inc.
905 Lowndes Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

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CERTIFICATE OF ANALYSIS

4 Pages

CHAIN OF CUSTODY

1 Pages

EP SIGNATURE FORMS

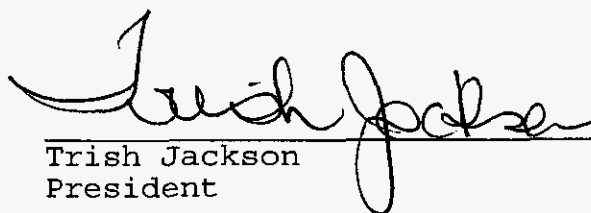
2 Pages

MCL

1 Pages

DATA QUALIFIER

1 Pages


Trish Jackson
President

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ 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: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 12/9/08 Sample Time: 9:00 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: 5.4

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 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 above public water system and sample collection information is complete and correct.

Signature: _____

Date: 12/9/08

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

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: 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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO

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: 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	401017	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	401017	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	401017	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2964 DICHLOROMETHANE	5	401017	0.5U	U	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	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2976 VINYL CHLORIDE	1	401017	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	401017	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	401017	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	401017	0.5U	U	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	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	401017	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	401017	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	401017	0.5U	U	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	0.5U	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	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2996 STYRENE	100	401017	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.

Analysis Results Above MCL

Page 1

Client

Number Analysis

Sample

Number Sample ID

Analysis

Date Time

BY

Result

MCL

286 TECE

401017 Peoples #3raw W
S121008-34

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 Lowndes Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS

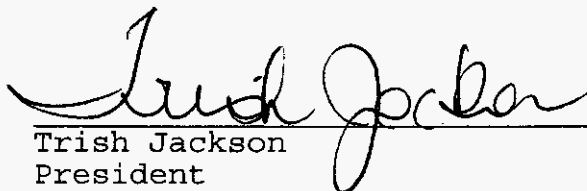
4 Pages

CHAIN OF CUSTODY

1 Pages

EP SIGNATURE FORMS

2 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 by the NELAC standards. This report may not be reproduced except in full with written approval from the laboratory.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ 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: TheoDeleon@PeoplesWaterService.Com

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 #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)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____
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 #: 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 above public water system and sample collection information is
complete and correct.

Signature:  Date: 12/9/08

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

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: 12/10/08
PWSID: 1170527 Sample Number: 401018
Lab Assigned Report Number or Job ID: 011209-75
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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? YES ☒ NO
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: 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	ID
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	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2976 VINYL CHLORIDE	1	401018	0.5U	U	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	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	401018	0.5U	U	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	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	401018	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	401018	0.5U	U	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	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2992 ETHYLBENZENE	700	401018	0.5U	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 Lowndes Ave.

Pensacola, FL 32507-0815

Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS

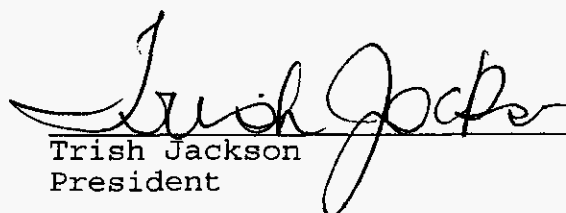
4 Pages

CHAIN OF CUSTODY

1 Pages

EP SIGNATURE FORMS

2 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 by the NELAC standards. This report may not be reproduced except in full with written approval from the laboratory.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
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 haloacetic acids): NA mg/L Field pH: 5.4

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 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 above public water system and sample collection information is
complete and correct.

Signature:  Date: 12/9/08

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

LABORATORY CERTIFICATION INFORMATION

Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC
Address: 5806 E. HWY 22
PANAMA CITY, FL 32404
ANALYSIS INFORMATION (to be completed by lab)
PWSID: 1170527
Lab Assigned Report Number or Job ID: 011209-76
System Name: Peoples Water Service Co. Of FL
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Florida Certification #: E81105
Expiration Date: 06-30-09
Phone # 850-871-1900
Date Sample(s) Received: 12/10/08
Sample Number: 401019

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
If yes, please provide DOH certification numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Trish Jackson, President

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Signature: 

Date: 1-12-09

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**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: _____

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/l)	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	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2964 DICHLOROMETHANE	5	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2976 VINYL CHLORIDE	1	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	401019	0.5U	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	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	401019	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	401019	0.5U	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	0.5U	U	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	0.5U	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	0.5U	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: 123108-34 Page 1
REPORT DATE: 12/31/08
REPORT TYPE: Original
Peoples Water Service Company
CLIENT NO. 2286
Of Florida, Inc.
905 Lowndes Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS

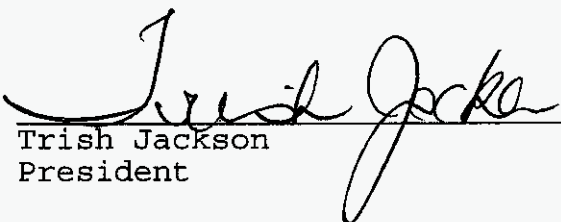
4 Pages

CHAIN OF CUSTODY

1 Pages

EP SIGN. FORMS

2 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 by the NELAC standards. This report may not be reproduced except in full with written approval from the laboratory.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 11/12/08 Sample Time: 8:40 AM PM (Circle One)
Sample Location (be specific): Well # 3 Effluent
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: 7.1

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 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 above public water system and sample collection information is
complete and correct.

Signature:  Date: 11/12/08

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

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

☐ All 17

☐ Partial

☐ Nitrate

☐ Nitrite

☐ Asbestos Only

Synthetic Organics

☐ All 30

☐ All Except Dioxin

☐ Partial

☐ Dioxin Only

☐ EDB

Volatile Organics

☒ All 21

☐ Partial

Radionuclides

☐ Single Sample

☐ Qtrly Composite**

Disinfection Byproducts

☐ Trihalomethanes

☐ Haloacetic Acids

☐ Bromate

☐ Chlorite

Secondaries

☐ All 14

☐ Partial

Were any analyses subcontracted? ☐ YES ☒ NO

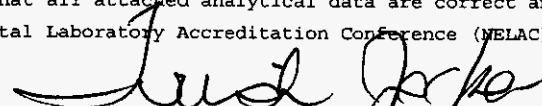
If yes, please provide DOH certification numbers:

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: 12-31-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378	1,2,4-TRICHLOROBENZENE	70	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	398818	0.5U	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	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	398818	0.5U	U	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	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	398818	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	398818	0.5U	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	0.5U	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	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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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CERTIFICATE OF ANALYSIS

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CHAIN OF CUSTODY

1 Pages

REP SIGN. FORMS

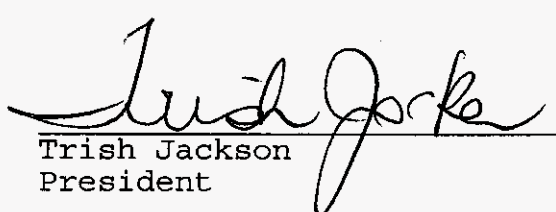
2 Pages

MCL

1 Pages

DATA QUALIFIER

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. This report may not be reproduced except in full with written approval from the laboratory.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler -- Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 11/12/08 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): NA mg/L Field pH: 5.5

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____
Sampling Procedure Used or Other Comments: _____
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 #: 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 above public water system and sample collection information is
complete and correct.

Signature:  Date: 11/12/08

Analysis Results Above MCL

Page 1

Client

Number Analysis

Sample

Number Sample ID

Analysis

Date Time

BY

Result

MCL

386 TECE

398815 People's WS1113

08-138 #3 Raw

11/25/08 1500CST DLB

6.4

3.0

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

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: 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
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<input type="checkbox"/> Radionuclides	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> Secondaries
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: 12-31-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBNZENE	70	398815	0.5U	U	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	0.5U	U	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-DICHLOROBNZENE	600	398815	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2969 PARA-DICHLOROBNZENE	75	398815	0.5U	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	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	398815	0.5U	U	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	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	398815	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	398815	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	398815	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	398815	0.5U	U	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 MONOCHLOROBNZENE	100	398815	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2990 BENZENE	1	398815	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2991 TOLUENE	1,000	398815	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2992 ETHYLBENZENE	700	398815	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2996 STYRENE	100	398815	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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 Lowndes Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

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CERTIFICATE OF ANALYSIS

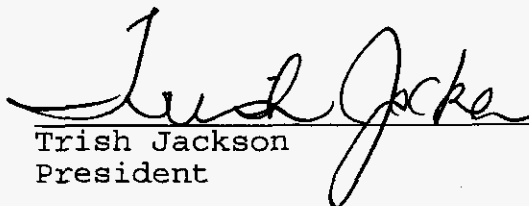
4 Pages

CHAIN OF CUSTODY

1 Pages

EP SIGN. FORMS

2 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 by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
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)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____
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 #: 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 above public water system and sample collection information is complete and correct.

Signature:  Date: 11/12/08

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

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: 398816
Lab Assigned Report Number or Job ID: 123108-32
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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? YES ☒ NO
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: 12-31-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	398816	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	398816	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	398816	0.5U	U	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	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	398816	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2976 VINYL CHLORIDE	1	398816	0.5U	U	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	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	398816	0.5U	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	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	398816	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	398816	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	398816	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	398816	0.5U	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	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2992 ETHYLBENZENE	700	398816	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2996 STYRENE	100	398816	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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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CERTIFICATE OF ANALYSIS

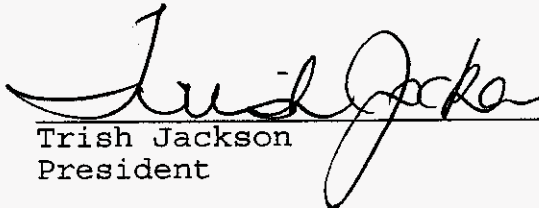
4 Pages

CHAIN OF CUSTODY

1 Pages

WEP SIGN. FORMS

2 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 by the NELAC standards.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 11/12/08 Sample Time: 8:35 AM PM (Circle One)
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)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 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 above public water system and sample collection information is
complete and correct.

Signature:  Date: 11/12/08

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

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: 398817
Lab Assigned Report Number or Job ID: 123108-33
System Name: Peoples Water 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)

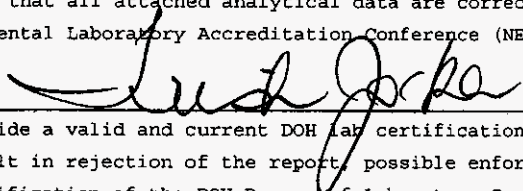
<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: 12-31-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	398817	0.5U	U	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 DICHLOROMETHANE	5	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2976 VINYL CHLORIDE	1	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2990 BENZENE	1	398817	0.5U	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 ETHYLBENZENE	700	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2996 STYRENE	100	398817	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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 Lowndes Ave.

Pensacola, FL 32507-0815

Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS

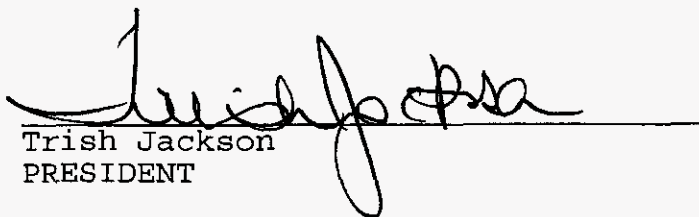
4 Pages

CHAIN OF CUSTODY

1 Pages

EP FORMS

2 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 by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed 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)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 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 above public water system and sample collection information is complete and correct.

Signature:  Date: 10/13/08

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

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: 10/14/08
PWSID: 1170527 Sample Number: 395992
Lab Assigned Report Number or Job ID: 110508-29
System Name: Peoples Water Service Co. Of FL Sample Location: Well #3 Effluve
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: 11-6-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964 DICHLOROMETHANE	5	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	395992	0.5U	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	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979 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	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
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2987 TETRACHLOROETHYLENE	3	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990 BENZENE	1	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991 TOLUENE	1,000	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992 ETHYLBENZENE	700	395992	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996 STYRENE	100	395992	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.

CERTIFICATE OF ANALYSIS

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

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS

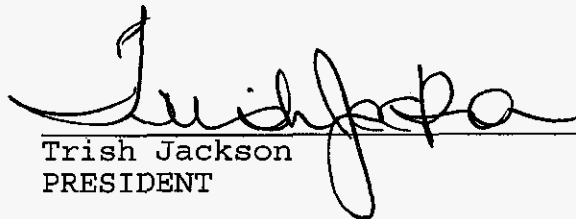
4 Pages

CHAIN OF CUSTODY

1 Pages

REP FORMS

2 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 by the NELAC standards.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 10/13/08 Sample Time: 11:03 AM PM (Circle One)
Sample Location (be specific): Well 3 GAC #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)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____
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
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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 above public water system and sample collection information is
complete and correct.

Signature:  Date: 10/13/08

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

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: 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 Chapter 62-550, F.A.C. (Check all that apply)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
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<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
If yes, please provide DOH certification numbers:
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Signature: 

Date: 11-6-08

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**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: _____

VOLATILE ORGANIC ANALYSIS
62-550.310(2) (b)
(PWS028)

Parameter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
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2380 CIS-1,2-DICHLOROETHYLENE	70	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964 DICHLOROMETHANE	5	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976 VINYL CHLORIDE	1	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	395990	0.5U	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	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990 BENZENE	1	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991 TOLUENE	1,000	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992 ETHYLBENZENE	700	395990	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996 STYRENE	100	395990	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.

CERTIFICATE OF ANALYSIS

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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CERTIFICATE OF ANALYSIS

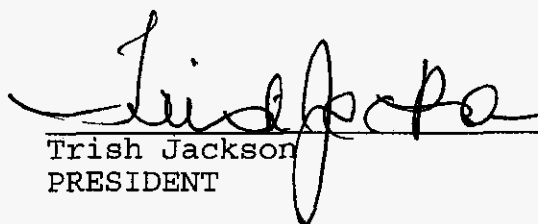
4 Pages

CHAIN OF CUSTODY

1 Pages

EP FORMS

2 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 by the NELAC standards. This report may not be reproduced except in full with written approval from the laboratory.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 10/13/08 Sample Time: 11:04 AM PM (Circle One)
Sample Location (be specific): Well 3 GAC #2 55%
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.4

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 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 above public water system and sample collection information is
complete and correct.

Signature:  Date: 10/13/08

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

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: 10/14/08
PWSID: 1170527 Sample Number: 395991
Lab Assigned Report Number or Job ID: 110508-28
System Name: Peoples Water 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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? YES ☒ NO
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: 11-6-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

VOLATILE ORGANIC ANALYSIS
62-550.310(2) (b)
(PWS028)

Parameter ID Name	MCL ug/l	Sample Number	Analysis Result (ug/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (ug/l)	Lab 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	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964 DICHLOROMETHANE	5	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976 VINYL CHLORIDE	1	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	395991	0.5U	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	U	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	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	395991	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990 BENZENE	1	395991	0.5U	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	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105

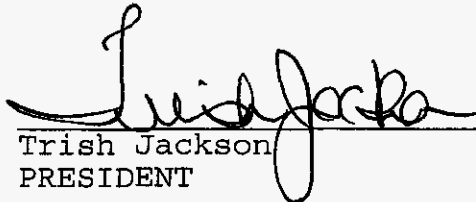
Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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 Lowndes Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

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DEP SIGNATURE FORMS	2 Pages
MCL	1 Pages
DATA QUALIFIER	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 by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler -- Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
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)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____
Sampling Procedure Used or Other Comments: _____
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 #: 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 above public water system and sample collection information is complete and correct.

Signature:  Date: 10/13/08

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

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: 10/14/08
PWSID: 1170527 Sample Number: 395989
Lab Assigned Report Number or Job ID: 110508-25
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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: Trish Jackson

Date: 11-6-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	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	0.5U	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	0.5U	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	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976 VINYL CHLORIDE	1	395989	0.5U	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	0.5U	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	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	395989	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	395989	0.5U	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	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990 BENZENE	1	395989	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991 TOLUENE	1,000	395989	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992 ETHYLBENZENE	700	395989	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996 STYRENE	100	395989	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.

Analysis Results Above MCL

Page 1

Client

Number Analysis

Sample

Number Sample ID

Analysis

Date Time

BY

Result

MCL

286 TECE

395989 People's WS1014

08-111 #3 Raw

10/28/08 0930CST DLB

4.9

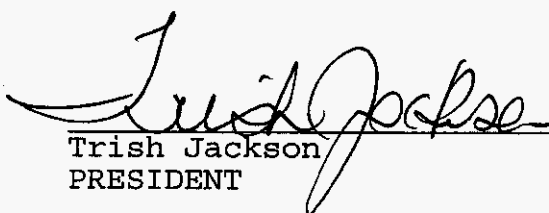
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CERTIFICATE OF ANALYSIS

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

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.

This report may not be reproduced except in full with written approval from the laboratory.

Analysis Results Above MCL

Page 1

Client

ber Analysis
2286 TECE

Sample

Number Sample ID
377033 People's WS0410
08-95 #3 Raw

Analysis

Date Time

BY

Result

MCL

04/10/08 1545CST DLB

7.3

3.0

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

BLIC WATER SYSTEM INFORMATION (to be completed by sampler -- Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ 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: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 4/9/08 Sample Time: 8:51 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: 7.2

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____
Sampling Procedure Used or Other Comments: _____
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 #: 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 above public water system and sample collection information is complete and correct.

Signature:  Date: 4/9/08

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

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: 377036
Lab Assigned Report Number or Job ID: 052808-12
System Name: Peoples Water Service Co. Of FL Sample Location: Well #3 Effluve
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: Trish Jackson

Date: 5/29/08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

VOLATILE ORGANIC ANALYSIS
62-550.310(2) (b)
(PWS028)

Parameter ID	Name	MCL ug/l	Sample Number	Analysis Result(ug/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (ug/l)	Lab ID
2378	1,2,4-TRICHLOROBENZENE	70	377036	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	377036	0.5U	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	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	377036	0.5U	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	0.5U	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-DICHLOROETHYLENE	100	377036	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	377036	0.5U	U	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	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	377036	0.5U	U	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	EPA 502.2	04/10/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	377036	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2990	BENZENE	1	377036	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2991	TOLUENE	1,000	377036	0.5U	U	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

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 905 Lowndes Avenue

City: Pensacola

State: Florida

ZIP Code: 32507-0815

Phone #: 850-455-8552

Fax #: 850-456-1010

E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed 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)

☐ Distribution

☐ Entry Point (to Distribution)

☐ Plant Tap (not for compliance with 62-550)

☒ Raw (at well or intake)

☐ Max Residence Time

☐ Ave Residence Time

☐ Near First Customer

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

☒ Routine Compliance (with 62-550)

☐ Confirmation of MCL Exceedance*

☐ Composite of Multiple Sites**

☐ Clearance (permitting)

☐ Other: _____

☐ Quarterly (Which Quarter? _____)

☐ Special (not for compliance with 62-550)

☐ Violation Resolution

☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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 #: 850-455-8552

Sampler's Fax #: 850-456-1010

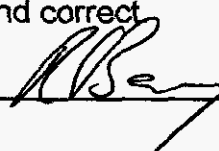
Sampler's E-Mail Address: TheoDeleon@PeoplesWaterService.Com

CERTIFICATION (to be completed by sampler)

I, Russ Barrett
(Print Name)

Water Plant Operator II
(Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: 

Date: 4/9/08

VOLATILE ORGANIC ANALYSIS
62-550.310(2) (b)
(PWS028)

Parameter ID Name	MCL ug/l	Sample Number	Analysis Result(ug/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (ug/l)	Lab ID
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2380 CIS-1,2-DICHLOROETHYLENE	70	377033	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	377033	0.5U	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	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	377033	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2976 VINYL CHLORIDE	1	377033	0.5U	U	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	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	377033	0.5U	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	0.5U	U	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	I	1545CST	EPA 502.2	04/10/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	377033	0.5U	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	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2990 BENZENE	1	377033	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2991 TOLUENE	1,000	377033	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2992 ETHYLBENZENE	700	377033	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2996 STYRENE	100	377033	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ 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: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 4/9/08 Sample Time: 8:49 AM PM (Circle One)
Sample Location (be specific): Well 3 GAC #1 55%
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.2

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 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 above public water system and sample collection information is
complete and correct.

Signature:  Date: 4/9/08

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

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: 377034
Lab Assigned Report Number or Job ID: 052808-12
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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO

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: Trish Jackson

Date: 5/29/08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	377034	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	377034	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	377034	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2964 DICHLOROMETHANE	5	377034	0.5U	U	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	0.5U	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
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2979 TRANS-1,2-DICHLOROETHYLENE	100	377034	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
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2982 CARBON TETRACHLORIDE	3	377034	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	377034	0.5U	U	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	0.5U	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	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105

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

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Address: 905 Lowndes Avenue
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Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 4/9/08 Sample Time: 8:50 AM PM (Circle One)
Sample Location (be specific): Well 3 GAC #2 55%
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.2

Sample Type (Check Only One)

- ☐ Distribution
☐ Entry Point (to Distribution)
☐ Plant Tap (not for compliance with 62-550)
☒ Raw (at well or intake)
☐ Max Residence Time
☐ Ave Residence Time
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Reason(s) for Sample (Check all that apply)

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Sampling Procedure Used or Other Comments: _____

Full Voc _____

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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 above public water system and sample collection information is
complete and correct.

Signature: [Signature] Date: 4/9/08

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

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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 #:
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
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<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

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may result in notification of the DOH Bureau of Laboratory Services.

**Please provide radiological sample dates and locations for each quarter.

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☐ 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: _____

VOLATILE ORGANIC ANALYSIS
62-550.310(2) (b)
(FWS028)

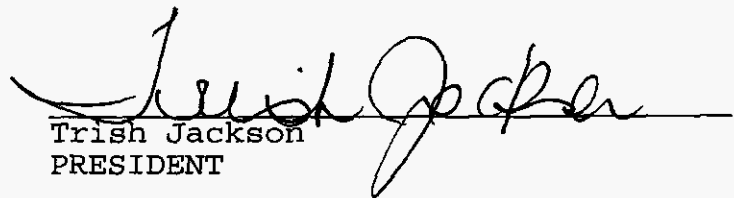
Parameter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2964 DICHLOROMETHANE	5	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	377035	0.5U	U	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	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	377035	0.5U	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	0.5U	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	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	377035	0.5U	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	I	1545CST	EPA 502.2	04/10/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2990 BENZENE	1	377035	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2991 TOLUENE	1,000	377035	0.5U	U	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	U	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 Lowndes Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	22 Pages
Custody sheet #12789	1 Pages
DEP signature sheets	9 Pages
Data qualifier legend	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.

This report may not be reproduced except in full with written approval from the laboratory.

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

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: 379449

Lab Assigned Report Number or Job ID: 061908-10

System Name: Peoples Water Service Co. Of FL Sample Location: Well #3 Effluence

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO

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: Trish Jackson

Date: 6-19-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2964 DICHLOROMETHANE	5	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2976 VINYL CHLORIDE	1	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2989 MONOCHLOROBENZENE	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	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992 ETHYLBENZENE	700	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2996 STYRENE	100	379449	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 905 Lowndes Avenue

City: Pensacola State: Florida ZIP Code: 32507-0815

Phone #: 850-455-8552 Fax #: 850-456-1010

E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

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)

☐ Distribution

☒ Entry Point (to Distribution)

Plant Tap (not for compliance with 62-550)

☐ Raw (at well or intake)

☐ Max Residence Time

☐ Ave Residence Time

☐ Near First Customer

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

☒ Routine Compliance (with 62-550)

☐ Confirmation of MCL Exceedance*

☐ Composite of Multiple Sites**

☐ Clearance (permitting)

☐ Other: _____

☐ Quarterly (Which Quarter? 2nd _____)

☐ Special (not for compliance with 62-550)

☐ Violation Resolution

☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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 #: 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
(Print Name)

Water Plant Operator II
(Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____

Date: 5/6/08

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

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: 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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproduct:</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: 6-19-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

VOLATILE ORGANIC ANALYSIS
62-550.310(2) (b)
(PWS028)

Parameter ID Name	MCL ug/l	Sample Number	Analysis Result(ug/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (ug/l)	Lab ID
2378 1,2,4-TRICHLOROBENZENE	70	379446	0.5U	U	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	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2964 DICHLOROMETHANE	5	379446	0.5U	U	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	E81105
2976 VINYL CHLORIDE	1	379446	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	379446	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	379446	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	379446	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	379446	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	379446	0.5U	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	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	379446	0.5U	U	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	0.5U	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	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992 ETHYLBENZENE	700	379446	0.5U	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

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 905 Lowndes Avenue

City: Pensacola

State: Florida ZIP Code: 32507-0815

Phone #: 850-455-8552

Fax #: 850-456-1010

E-Mail Address: TheoDeleon@PeoplesWaterService.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)

☐ Distribution

☒ Entry Point (to Distribution)

Plant Tap (not for compliance with 62-550)

☐ Raw (at well or intake)

☐ Max Residence Time

☐ Ave Residence Time

☐ Near First Customer

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

☒ Routine Compliance (with 62-550)

☐ Confirmation of MCL Exceedance*

☐ Composite of Multiple Sites**

☐ Clearance (permitting)

☐ Other: _____

☐ Quarterly (Which Quarter? 2nd _____)

☐ Special (not for compliance with 62-550)

☐ Violation Resolution

☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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 #: 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 above public water system and sample collection information is
complete and correct.

Signature: 

Date: 5/6/08

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

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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
- All 17	- All 30	X All 21	- Trihalomethanes
- Partial	- All Except Dioxin	- Partial	- Haloacetic Acids
- Nitrate	- Partial		- Bromate
- Nitrite	- Dioxin Only	<u>Radionuclides</u>	- Chlorite
- Asbestos Only	- EDB	- Single Sample	
		- Qtrly Composite**	<u>Secondaries</u>
			- All 14
			- Partial

Were any analyses subcontracted? YES X NO
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: Trish Jackson

Date: 6-19-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	379447	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
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	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2964 DICHLOROMETHANE	5	379447	0.5U	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	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2976 VINYL CHLORIDE	1	379447	0.5U	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	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	379447	0.5U	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	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	379447	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	379447	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	379447	0.5U	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	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2991 TOLUENE	1,000	379447	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992 ETHYLBENZENE	700	379447	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2996 STYRENE	100	379447	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105

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

BLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
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)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____
Sampling Procedure Used or Other Comments: _____
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 #: 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 above public water system and sample collection information is
complete and correct.

Signature:  Date: 5/6/08

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

LABORATORY CERTIFICATION INFORMATION

Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC
Address: 5806 E. HWY 22
PANAMA CITY, FL 32404
ANALYSIS INFORMATION (to be completed by lab)
PWSID: 1170527
Lab Assigned Report Number or Job ID: 061908-10
System Name: Peoples Water Service Co. Of FL
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Florida Certification #: E81105
Certification Expiration Date: 06-30-08
Phone # 850-871-1900
Date Sample(s) Received: 05/07/08
Sample Number: 379448
Sample Location: Well #3 GAC #2

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: 6-19-98

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	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	0.5U	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	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	379448	0.5U	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	E81105
2990 BENZENE	1	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2991 TOLUENE	1,000	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992 ETHYLBENZENE	700	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2996 STYRENE	100	379448	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed 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)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____
Sampling Procedure Used or Other Comments: _____
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 #: 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 above public water system and sample collection information is complete and correct.

Signature:  Date: 5/6/08

Analysis Results Above MCL

Page 1

Client	Sample	Analysis					
Number Analysis	Number Sample ID	Date Time	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		

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 3/12/08 Sample Time: 8:30 8:36 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)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 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 above public water system and sample collection information is complete and correct.

Signature:  Date: 3/12/08

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

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: 03/13/08
PWSID: 1170527 Sample Number: 374185
Lab Assigned Report Number or Job ID: 040108-43
System Name: Peoples Water Service Co. Of FL Sample Location: Well #3 Effluve
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: Trish Jackson

Date: 4-1-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

VOLATILE ORGANIC ANALYSIS
62-550.310(2) (b)
(PWS028)

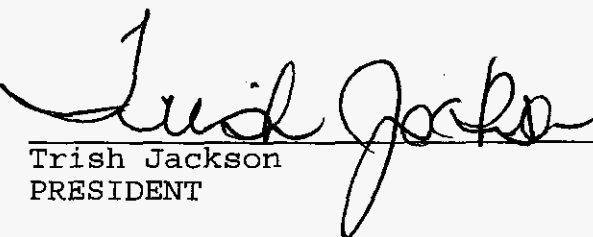
Parameter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2964 DICHLOROMETHANE	5	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2976 VINYL CHLORIDE	1	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	374185	0.5U	U	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-TRICHLOROETHANE	200	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	374185	0.5U	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	0.5U	U	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 ETHYLBENZENE	700	374185	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2996 STYRENE	100	374185	0.5U	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 Lowndes Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	20 Pages
Custody sheet # 12773	1 Pages
MCL sheet	1 Pages
DEP signature sheets	13 Pages
Data qualifier legend	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.

This report may not be reproduced except in full with written approval from the laboratory.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 905 Lowndes Avenue

City: Pensacola State: Florida ZIP Code: 32507-0815

Phone #: 850-455-8552 Fax #: 850-456-1010

E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

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): 1.1 mg/L Field pH: 5.4

Sample Type (Check Only One)

☐ Distribution

☐ Entry Point (to Distribution)

☐ Plant Tap (not for compliance with 62-550)

☒ Raw (at well or intake)

☐ Max Residence Time

☐ Ave Residence Time

☐ Near First Customer

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

☒ Routine Compliance (with 62-550)

☐ Confirmation of MCL Exceedance*

☐ Composite of Multiple Sites**

☐ Clearance (permitting)

☐ Other: _____

☐ Quarterly (Which Quarter? _____)

☐ Special (not for compliance with 62-550)

☐ Violation Resolution

☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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 #: 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 above public water system and sample collection information is complete and correct.

Signature:  Date: 3/12/08

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

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: 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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO

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: 4-1-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	374182	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	374182	0.5U	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	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	374182	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	374182	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2976 VINYL CHLORIDE	1	374182	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	374182	0.5U	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	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	374182	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	374182	0.5U	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	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	374182	0.5U	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	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2992 ETHYLBENZENE	700	374182	0.5U	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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue

City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 3/12/08 Sample Time: 8:32 AM PM (Circle One)
Sample Location (be specific): Well 3 GAC #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)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 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 above public water system and sample collection information is
complete and correct.

Signature:  Date: 3/12/08

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

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: 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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: Trish Jackson

Date: 4-1-08

* 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 against 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: _____

Comments: _____
Date 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	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2964 DICHLOROMETHANE	5	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2976 VINYL CHLORIDE	1	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	374183	0.5	I	0800CST	EPA 502.2	03/25/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2990 BENZENE	1	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2991 TOLUENE	1,000	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2992 ETHYLBENZENE	700	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2996 STYRENE	100	374183	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 3/12/08 Sample Time: 8:30 8:34 AM PM (Circle One)
Sample Location (be specific): Well 3 GAC #2 55%
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.4

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____
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 #: 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 above public water system and sample collection information is complete and correct.

Signature:  Date: 3/12/08

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

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: 03/13/08
PWSID: 1170527 Sample Number: 374184
Lab Assigned Report Number or Job ID: 040108-43
System Name: Peoples Water 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
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: 4-1-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2964 DICHLOROMETHANE	5	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2976 VINYL CHLORIDE	1	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	374184	0.5U	U	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	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
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	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2990 BENZENE	1	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2991 TOLUENE	1,000	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2992 ETHYLBENZENE	700	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2996 STYRENE	100	374184	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105

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

LABORATORY CERTIFICATION INFORMATION

Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC
Address: 5806 E. HWY 22 PANAMA CITY, FL 32404
ANALYSIS INFORMATION (to be completed by lab)
PWSID: 1170527
Lab Assigned Report Number or Job ID: 030408-3
System Name: Peoples Water Service Co. Of FL
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Florida Certification #: E81105
Expiration Date: 06-30-08
Phone # 850-871-1900
Date Sample(s) Received: 02/15/08
Sample Number: 371555

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: Trish Jackson

Date: 3-4-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	371555	0.5U	U	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	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	371555	0.5U	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	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2990 BENZENE	1	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2991 TOLUENE	1,000	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2992 ETHYLBENZENE	700	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2996 STYRENE	100	371555	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 905 Lowndes 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: 2/13/08

Sample Time: 8:45 AM PM (Circle One)

Sample Location (be specific): Well 3 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L

Field pH: 7.0

Sample Type (Check Only One)

☐ Distribution

☒ Entry Point (to Distribution)

☐ Plant Tap (not for compliance with 62-550)

☐ Raw (at well or intake)

☐ Max Residence Time

☐ Ave Residence Time

☐ Near First Customer

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

☒ Routine Compliance (with 62-550)

☐ Quarterly (Which Quarter? _____)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Composite of Multiple Sites**

☐ Violation Resolution

☐ Clearance (permitting)

☐ Replacement (of Invalidated Sample)

☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 850-455-8552

Sampler's Fax #: 850-456-1010

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)

I **HEREBY CERTIFY** that the above public water system and sample collection information is
true and correct.

Signature: _____

Date: 2/13/08

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

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: 02/15/08
PWSID: 1170527 Sample Number: 371552
Lab Assigned Report Number or Job ID: 030408-3
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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: *Trish Jackson*

Date: 3.4.08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	371552	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	371552	0.5U	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	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	371552	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	371552	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2976 VINYL CHLORIDE	1	371552	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	371552	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	371552	0.5U	U	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	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	371552	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	371552	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	371552	0.5U	U	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	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2990 BENZENE	1	371552	0.5U	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	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2996 STYRENE	100	371552	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 905 Lowndes 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: 2/13/08

Sample Time: 8:45 AM PM (Circle One)

Sample Location (be specific): Well 3 Raw

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): N/A mg/L Field pH: 5.4

Sample Type (Check Only One)

☐ Distribution

☐ Entry Point (to Distribution)

☐ Plant Tap (not for compliance with 62-550)

☒ Raw (at well or intake)

☐ Max Residence Time

☐ Ave Residence Time

☐ Near First Customer

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

☒ Routine Compliance (with 62-550)

☐ Confirmation of MCL Exceedance*

☐ Composite of Multiple Sites**

☐ Clearance (permitting)

☐ Other: _____

☐ Quarterly (Which Quarter? _____)

☐ Special (not for compliance with 62-550)

☐ Violation Resolution

☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

FAL 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 #: 850-455-8552

Sampler's Fax #: 850-456-1010

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)

I HEREBY CERTIFY that the above public water system and sample collection information is
true and correct.

Signature: _____

Date: 2/13/08

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

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: 02/15/08

PWSID: 1170527

Sample Number: 371553

Lab Assigned Report Number or Job ID: 030408-3

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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO

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: 3-4-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ 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: 2/13/08 Sample Time: 8:45 AM PM (Circle One)
Sample Location (be specific): Well 3 GAC #1 SSF
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): N/A mg/L Field pH: 5.4

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: 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 #: 850-455-8552

Sampler's Fax #: 850-456-1010

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)

I HEREBY CERTIFY that the above public water system and sample collection information is
on file and correct.

Signature: [Signature]

Date: 2/13/08

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

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: 02/15/08
PWSID: 1170527 Sample Number: 371554

Lab Assigned Report Number or Job ID: 030408-3
System Name: Peoples Water 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)

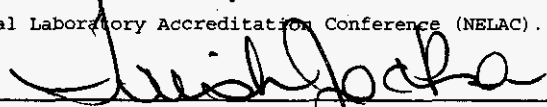
<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: 3-4-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	371554	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	371554	0.5U	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	0.5U	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	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2976 VINYL CHLORIDE	1	371554	0.5U	U	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	0.5U	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	U	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	0.5U	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	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2990 BENZENE	1	371554	0.5U	U	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	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2996 STYRENE	100	371554	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes 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: 2/13/08 Sample Time: 8:14 AM PM (Circle One)
Sample Location (be specific): Well 3 GAC #2 SS.
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): N/A mg/L Field pH: 5.4

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: Full V2C

*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 #: 850-455-8552

Sampler's Fax #: 850-456-1010

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)

I HEREBY CERTIFY that the above public water system and sample collection information is
true and correct.

Signature: [Signature]

Date: 2/13/08

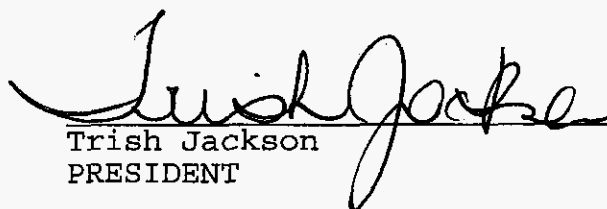
CERTIFICATE OF ANALYSIS

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 Lowndes Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE 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 upon request.

This report may not be reproduced except in full with written approval from the laboratory.

Analysis Results Above MCL

Page 1

Client

ber Analysis
2286 TECE

Sample

Number Sample ID
368045 People's WS0110
08-96 #3 Raw

Analysis

Date	Time	BY	Result	MCL
01/23/08	1400CST	DLB	7.8	3.0

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes 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: 1-9-08 Sample Time: 10:15 (AM) PM (Circle One)
Sample Location (be specific): Well 3 Effluent
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: 7.2

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☒ Quarterly (Which Quarter? 1st)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 850-455-8552

Sampler's Fax #: 850-456-1010

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 public water system and sample collection information is
complete and correct.

Signature: [Signature]

Date: 1/9/08

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

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: 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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: Trish Jackson

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 against 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: _____

Comments: _____
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	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	368048	0.5U	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	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976 VINYL CHLORIDE	1	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	368048	0.5U	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-TRICHLOROETHANE	200	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990 BENZENE	1	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991 TOLUENE	1,000	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2992 ETHYLBENZENE	700	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996 STYRENE	100	368048	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 905 Lowndes 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: 1-9-08

Sample Time: 10:20

(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: 5.4

Sample Type (Check Only One)

☐ Distribution

☐ Tap Point (to Distribution)

☐ Plant Tap (not for compliance with 62-550)

☒ Raw (at well or intake)

☐ Max Residence Time

☐ Ave Residence Time

☐ Near First Customer

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

☒ Routine Compliance (with 62-550)

☐ Confirmation of MCL Exceedance*

☐ Composite of Multiple Sites**

☐ Clearance (permitting)

☐ Other: _____

☒ Quarterly (Which Quarter? 1st)

☐ Special (not for compliance with 62-550)

☐ Violation Resolution

☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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 #: 850-455-8552

Sampler's Fax #: 850-456-1010

Sampler's E-Mail Address: Theo.Deleon@Telcove.Net

CERTIFICATION (to be completed by sampler)

I, Russ Barrett
(Print Name)

Water Plant Operator II
(Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____

Date: 1/9/08

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

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: 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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO

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: Trish Jackson

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 against 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: _____

Comments: _____

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	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	368045	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	368045	0.5U	U	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	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	368045	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	368045	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976 VINYL CHLORIDE	1	368045	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	368045	0.5U	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	E81105
2981 1,1,1-TRICHLOROETHANE	200	368045	0.5U	U	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	0.5U	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	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990 BENZENE	1	368045	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991 TOLUENE	1,000	368045	0.5U	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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes 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: 1-9-08 Sample Time: 10:15 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: 5.4

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☒ Quarterly (Which Quarter? 1st)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 850-455-8552

Sampler's Fax #: 850-456-1010

Sampler's E-Mail Address: Theo.Deleon@Telcove.Net

CERTIFICATION (to be completed by sampler)

I, Russ Barrett

(Print Name)

Water Plant Operator II

(Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____

Date: 1/9/08

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

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)

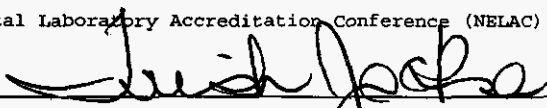
<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<input type="checkbox"/> Radionuclides	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? YES X NO
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: 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 against 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: _____

Comments: _____
Date 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	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	ID
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	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964 DICHLOROMETHANE	5	368046	0.5U	U	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	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	368046	0.5U	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	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990 BENZENE	1	368046	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991 TOLUENE	1,000	368046	0.5U	U	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	U	1400CST	EPA 502.2	01/23/08	0.5	E81105

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes 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: 1-9-08 Sample Time: 10:20 AM PM (Circle One)
Sample Location (be specific): Well 3 GAC 2
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.4

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☒ Quarterly (Which Quarter? 1st)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 850-455-8552 Sampler's Fax #: 850-456-1010
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 public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 1/9/08

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

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: 368047

Lab Assigned Report Number or Job ID: 020108-5

System Name: Peoples Water 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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO

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: Trish Jackson

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 against 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: _____

Comments: _____

ate Reviewed: _____

DEP/DOH Reviewing Official: _____

VOLATILE ORGANIC ANALYSIS
62-550.310 (2) (b)
(PWS028)

Parameter ID Name	MCL ug/l	Sample Number	Analysis Result (ug/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (ug/l)	Lab 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	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964 DICHLOROMETHANE	5	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976 VINYL CHLORIDE	1	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	368047	0.5U	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	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	368047	0.9	I	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990 BENZENE	1	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991 TOLUENE	1,000	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2992 ETHYLBENZENE	700	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996 STYRENE	100	368047	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105

Well 4

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes 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: 1/21/08 Sample Time: 10:10 AM PM (Circle One)
Sample Location (be specific): Well 4 Effluent
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 7.4

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

SECONDARIES, INORGANICS

*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 #: 850-455-8552 Sampler's Fax #: 850-456-1010
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 public water system and sample collection information is
complete and correct.

Signature: [Signature] Date: 1/21/08

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

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

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E

Address: _____ Certification Expiration Date: _____

Phone #: _____

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 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

Volatile Organics

- ☐ All 21
☐ Partial

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☒ All 14
☐ Partial

Were any analyses subcontracted? ☐ Yes ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

(Print Name)

(Print Title)

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

Signature: _____ Date: _____

* 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 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: _____

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

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: 01/22/08
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
<input checked="" type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input checked="" type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? YES ☒ NO
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: Trish Jackson

Date: 2.28.08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

INORGANIC ANALYSES

62-550.310(1)

(PWS030)

Parameter ID	Name	MCL(mg/l)	Sample Number	Analysis Result(mg/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL	Lab ID
1005	ARSENIC	0.01	369137	0.003U	U	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	E81105
1074	ANTIMONY	0.006	369137	0.003U	U	1200CST	EPA 200.9	01/27/08	0.003	E81105
1075	BERYLLIUM	0.004	369137	0.0001U	U	1000CST	EPA 200.9	01/26/08	0.0001	E81105
1085	THALLIUM	0.002	369137	0.001U	U	1500CST	EPA 200.9	01/26/08	0.001	E81105
1094	ASBESTOS	7 MFL	369137							

SECONDARY CHEMICAL ANALYSES

62-550.320

(PWS031)

Parameter		Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID	Name	MCL(mg/l)	Number	Result(mg/l)	Qual	Time	Method	Date	(mg/l) ID
1002	ALUMINUM	0.2	369137	0.05U	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	0.1U	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	0.003U	U	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	pH	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	0.05U	U	1430CST	SM5540C	01/23/08	0.05 E81105

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes 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: 1/21/08 Sample Time: 10:10 AM PM (Circle One)
Sample Location (be specific): Well 4 Effluent
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 7.4

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

SOC'S

*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 #: 850-455-8552

Sampler's Fax #: 850-456-1010

Sampler's E-Mail Address: Theo.Deleon@Telcove.Net

CERTIFICATION (to be completed by sampler)

I, Russ Barrett

(Print Name)

Water Plant Operator II

(Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: [Signature]

Date: 1/21/08

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

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: 01/22/08
PWSID: 1170527 Sample Number: 369132
Lab Assigned Report Number or Job ID: 021908-4
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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input checked="" type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☒ YES ☐ NO
If yes, please provide DOH certification numbers: E83079
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: Trish Jackson

Date: 2-21-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

SYNTHETIC ORGANICS
62-550.310(2) (c)
(PWS029)

Parameter	MCL	Sample	Analysis	Data	Analysis	Analysis	Analysis	MDL	Lab
ID Name	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2005 ENDRIN	2	369132	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2010 LINDANE	0.2	369132	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2015 METHOXYCHLOR	40	369132	0.019U	U	0321EST	EPA 508	01/30/08	0.019	E83079
2020 TOXAPHENE	3	369132	0.086U	U	0321EST	EPA 508	01/30/08	0.086	E83079
2031 DALAPON	200	369132	0.78U	U	0321EST	EPA 515.1	01/30/08	0.78	E83079
2032 DIQUAT	20	369132	0.29U	U	0321EST	EPA 549.2	01/30/08	0.29	E83079
2033 ENDOTHALL	100	369132	7.6U	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	0.22U	U	0321EST	EPA 508	01/30/08	0.22	E83079
2036 OXAMYL (VYDATE)	200	369132	0.52U	U	0321EST	EPA 531.1	01/30/08	0.52	E83079
2037 SIMAZINE	4	369132	0.12U	U	0321EST	EPA 507	01/30/08	0.12	E83079
2039 DI (2-ETHYLHEXYL) PHTHALATE	6	369132	0.48U	U	0321EST	EPA 508	01/30/08	0.48	E83079
2040 PICLORAM	500	369132	0.037U	U	0321EST	EPA 515.1	01/30/08	0.037	E83079
2041 DINOSEB	7	369132	0.16U	U	0321EST	EPA 515.1	01/30/08	0.16	E83079
2042 HEXACHLOROCYCLOPENTADIENE	50	369132	0.017U	U	0321EST	EPA 508	01/30/08	0.017	E83079
2046 CARBOFURAN	40	369132	0.45U	U	0321EST	EPA 531.1	01/30/08	0.45	E83079
2050 ATRAZINE	3	369132	0.13U	U	0321EST	EPA 507	01/30/08	0.13	E83079
2051 ALACHOR	2	369132	0.014U	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	0.025U	U	0321EST	EPA 508	01/30/08	0.025	E83079
2067 HEPTACHLOR EPOXIDE	0.2	369132	0.0058U	U	0321EST	EPA 508	01/30/08	0.0058	E83079
2105 2,4-D	70	369132	0.071U	U	0321EST	EPA 515.1	01/30/08	0.071	E83079
2110 2,4,5-TP (SILVEX)	50	369132	0.057U	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	0.0080U	U	0321EST	EPA 515.1	01/30/08	0.0080	E83079
2383 PCB	0.5	369132	0.097U	U	0321EST	EPA 508	01/30/08	0.097	E83079
2931 DIBROMOCHLOROPROPANE	0.2	369132	0.0060U	U	0321EST	EPA 504.1	01/30/08	0.0060	E83079
2946 ETHYLENE DIBROMIDE	0.02	369132	0.0063U	U	0321EST	EPA 504.1	01/30/08	0.0063	E83079
2959 CHLORDANE	2	369132	0.056U	U	0321EST	EPA 508	01/30/08	0.056	E83079

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

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

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E
Address: _____ Certification Expiration Date: _____
Phone #: _____

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 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

Volatile Organics

- ☐ All 21
☐ Partial

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☐ All 14
☐ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

(Print Name)

(Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: _____

* 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 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: _____

Reviewed: _____ DEP/DOH Reviewing Official: _____

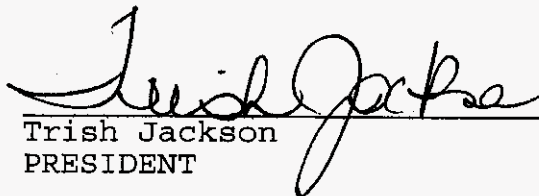
CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 110608-39 Page 1
REPORT DATE: 11/06/08
REPORT TYPE: Original
Peoples Water Service Company
CLIENT NO. 2286
Of Florida, Inc.
905 Lowndes 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


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.

This report may not be reproduced except in full with written approval from the laboratory.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 10/13/08 Sample Time: 10:09 AM PM (Circle One)
Sample Location (be specific): Well 4 Effluent
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 6.9

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____
Sampling Procedure Used or Other Comments: _____
RAD 226,228

*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 #: 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 above public water system and sample collection information is
complete and correct.

Signature: 

Date: 10/13/08

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

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: 10/14/08
PWSID: 1170527 Sample Number: 395988
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)

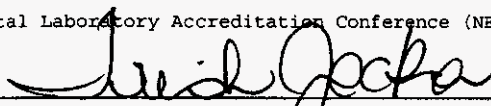
<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input checked="" type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☒ YES ☐ NO
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: 11-6-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

RADIOCHEMICAL ANALYSIS

62-550.310(5)

(PWS033)

Parameter ID	Name	Sample Number	Analysis Result (pCi/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL	Lab ID
4000	GROSS ALPHA	395988							
4012	PHOTON EMITTERS	395988							
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.

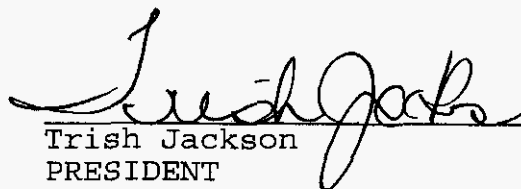
CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 080608-12 Page 1
REPORT DATE: 08/06/08
REPORT TYPE: Original
Peoples Water Service Company
CLIENT NO. 2286
Of Florida, Inc.
905 Lowndes 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 on 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.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue

City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 7/9/08 Sample Time: 10:15 AM PM (Circle One)
Sample Location (be specific): Well 4 Effluent
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 6.9

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____
Sampling Procedure Used or Other Comments: _____
rads 226, 228 only

*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 #: 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 above public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 7/9/08

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

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: 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)

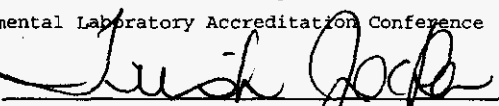
<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproduct:</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input checked="" type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☒ YES ☐ NO
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: 8-6-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

RADIOCHEMICAL ANALYSIS

62-550.310(5)

(PWS033)

Parameter ID	Name	Sample Number	Analysis Result (pCi/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL	Lab ID
4000	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 Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

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

System Name: Peoples Water Service Company of Florida

PWS I.D. #:

1	1	7	0	5	2	7
---	---	---	---	---	---	---

System Type (check one):

☐ Community

☐ Nontransient Noncommunity

☐ Transient Noncommunity

Address: P.O. Box 4815

905 Lowndes Avenue

City: Pensacola

State: Florida

ZIP Code: 32507-0815

Phone #: (850) 455-8552

Fax #: (850) 456-1010

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1853740

Location Code (if known): _____

Sample Date: 05/21/2008

Sample Time: 10:00

(AM) PM (Circle One)

Sample Location (be specific): Well 4 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L

Field pH: _____

Sample Type (Check Only One)

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

☐ Distribution

☐ Routine Compliance (with 62-550)

☐ 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: See attached page for

☐ Near First Customer

additional comments.

*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: _____

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 above public water system and sample collection information is complete and correct.

Signature: _____

Date: _____

Note: This report may not be reproduced, except in full, without written approval from Underwriters Laboratories Inc. (UL). UL is accredited by the National Environmental Laboratory Accreditation Program (NELAP).

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

: 000000

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

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

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Underwriters Laboratories Inc. Florida Certification #: E87775
Address: 110 South Hill Street Certification Expiration Date: 06/30/2008
South Bend, IN 46617 Phone #: 574-233-4777

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 05/22/2008

PWS ID (From Page 1): 1170527

Sample Number (From Page 1): 1853740

Lab Assigned Report Number or Job ID: 204269

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

Volatile Organics

- ☐ All 21
☐ Partial

Radionuclides

- ☒ Single Sample
☐ Qtrly Composite**

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☐ All 14
☐ Partial

Were any analyses subcontracted? ☐ Yes ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

_____, Steve Dungey, _____, Reporter
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Steve Dungey

Date: 7/1/08

Finalized by: MSB

Date: 7/1/2008

* 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 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: _____

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

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 (Excl Uranium)	15**	pCi/L					3				E87775
4002	Gross Alpha (Incl Uranium)	***	pCi/L					1				E87775
4006	Combined Uranium (U-234, U-235, & U-238)	****	pCi/L					*****				E87775
		30	µg/L					1				E87775
4020	Radium-226	5	pCi/L	1.7		7500-Ra B	0.2	1	0.4	06/23/08	10:19	E87775
4030	Radium-228			3.0		7500-Ra D	0.8	1	0.6	06/09/08	11:52	E87775

** If the results exceed 5 pCi/L, a measurement for radium-226 is required.

*** 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.

**** 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.

***** Reserved



**Underwriters
Laboratories Inc.®**

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 6 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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the standard in safety

Underwriters
Laboratories

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.

Steve Dungey
Reviewed By

Reporter
Title

7/1/08
Date

[Signature]
Finalized By

Ch E. Manager
Title

7/1/2008
Date

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 Lowndes Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS
Custody sheet # 20457
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 on request.

This report may not be reproduced except in full with written approval from the laboratory.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue

City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 5/21/08 Sample Time: 9:00 AM PM (Circle One)
Sample Location (be specific): Well 4 Effluent
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 7.1

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

RADS 226 and 228, not gross alpha

*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 #: 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 above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

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: 05/23/08
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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproduct</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input checked="" type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☒ YES ☐ NO
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: 6-19-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

RADIOCHEMICAL ANALYSIS

62-550.310(5)

(PWS033)

Parameter ID Name	Sample Number	Analysis Result (pCi/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL	Lab ID
4000 GROSS ALPHA	381063							
4012 PHOTON EMITTERS	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							

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

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

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: The Water Spigot, Inc. Florida Certification #: E81105
Address: 5806 E. Hwy 22 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 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

Volatile Organics

- ☐ All 21
☐ Partial

Radionuclides

- ☒ Single Sample
☐ Qtrly Composite**

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☐ All 14
☐ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

_____, _____
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: _____

* 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 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: _____

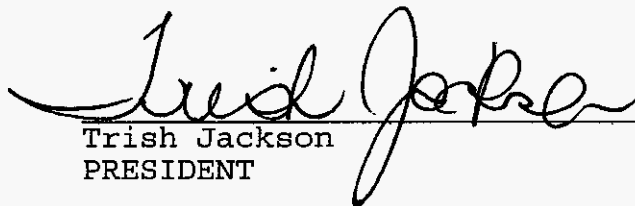
CERTIFICATE OF ANALYSIS

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 Lowndes 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 on request.

This report may not be reproduced except in full with written approval from the laboratory.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 3/17/08 Sample Time: 2:43 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: 7.2

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: resample

Sampling Procedure Used or Other Comments: _____

Rads 226, 228 _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements
for nitrate or nitrite MCL exceedances.

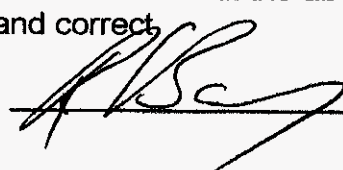
**See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: Russ Barrett
Sampler's Phone #: 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 above public water system and sample collection information is complete and correct.

Signature:  Date: 3/13/08

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

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: 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)

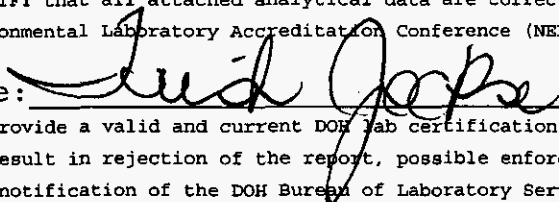
<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input checked="" type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☒ YES ☐ NO
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: 4-17-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

RADIOCHEMICAL ANALYSIS*

62-550.310(5)

(PWS033)

Parameter ID	Name	Sample Number	Analysis Result (pCi/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL	Lab 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 only requirement, see 62550.519,FAC

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

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

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 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

Volatile Organics

- ☐ All 21
☐ Partial

Radionuclides

- ☒ Single Sample
☐ Qtrly Composite**

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☐ All 14
☐ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: _____

ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: _____

* 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 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: _____

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 905 Lowndes Avenue

City: Pensacola State: Florida ZIP Code: 32507-0815

Phone #: 850-455-8552 Fax #: 850-456-1010

E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 3/13/08 Sample Time: 1:50 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)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: resample _____

Sampling Procedure Used or Other Comments: _____

Rads 226, 228

*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 #: 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 above public water system and sample collection information is complete and correct.

Signature: 

Date: 3/13/08

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

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: 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

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input checked="" type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☒ YES ☐ NO

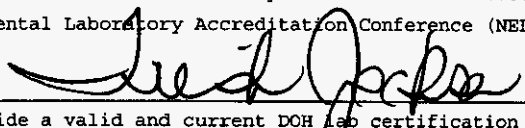
If yes, please provide DOH certification numbers: E83033

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: 4-17-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

RADIOCHEMICAL ANALYSIS*

62-550.310(5)

(PWS033)

Parameter ID	Name	Sample Number	Analysis Result (pCi/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL	Lab ID
4000	GROSS ALPHA	375202							
4012	PHOTON EMITTERS	375202							
4020	RADIUM-226	375202	1.2+-0.2		1045EST	EPA 903.1	04/11/08	0.10	E83033
4030	RADIUM-228	375202	3.1+-0.7		1045EST	B&B Ra-05	04/11/08	0.80	E83033
4101	MAN-MADE BETA	375202							

*(Gross alpha generally only requirement, see 62550.519,FAC

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

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

~~LABORATORY CERTIFICATION INFORMATION~~ **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 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

Volatile Organics

- ☐ All 21
☐ Partial

Radionuclides

- ☒ Single Sample
☐ Qtrly Composite**

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☐ All 14
☐ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: _____

~~LABORATORY CERTIFICATION INFORMATION~~ **ANALYTE SHEET FOR EACH SUBCONTRACTED LAB***

CERTIFICATION

I, _____, _____
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: _____

* 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 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: _____

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes 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: 1/21/08 Sample Time: 1040 ☒ AM ☐ PM (Circle One)
Sample Location (be specific): Well 4 Effluent
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 7.4

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

Radionuclides

*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 #: 850-455-8552 Sampler's Fax #: 850-456-1010
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 public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 1/21/08

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

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: 01/22/08
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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input checked="" type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☒ YES ☐ NO
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: Trish Jackson Date: 2-11-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

RADIOCHEMICAL ANALYSIS*

62-550.310(5)

(PWS033)

Parameter ID	Name	Sample Number	Analysis Result (pCi/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL	Lab ID
4000	GROSS ALPHA	369142	9.9+-2.4		1033EST	EPA 900.0	01/29/08	1.8	E83033
4012	PHOTON EMITTERS	369142							
4020	RADIUM-226	369142	1.3+-0.2		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							

*(Gross alpha generally only requirement, see 62550.519,FAC

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

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

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E

Address: _____ Certification Expiration Date: _____

Phone #: _____

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 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

Volatile Organics

- ☐ All 21
☐ Partial

Radionuclides

- ☒ Single Sample
☐ Qtrly Composite**

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☐ All 14
☐ Partial

Were any analyses subcontracted? ☐ Yes ☐ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____, _____
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: _____

* 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 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

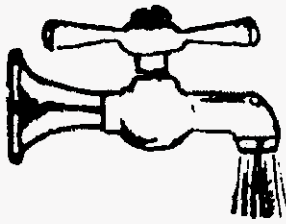
☐ Analysis Unsatisfactory

☐ Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



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 Lowndes Ave.

Pensacola, FL 32507-0815

Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS

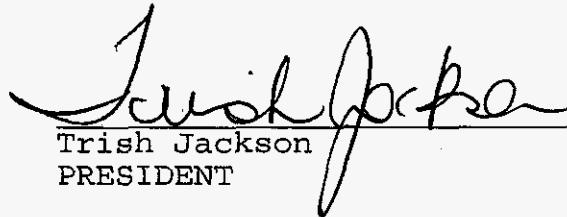
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— Custody sheet # 12787

1 Pages

Data qualifier legend

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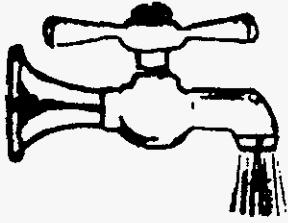


Trish Jackson
PRESIDENT

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.



the water spigot, inc.

NELAC Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-waterspigit@comcast.net

CERTIFICATE OF ANALYSIS

Peoples Water Service Company
Of Florida, Inc.
905 Lowndes Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

REPORT DATE: 08/06/08

CLIENT NUMBER: 2286

SAMPLE NUMBER- 386295 SAMPLE ID- People's WS071508-101 #4 EFF SAMPLE MATRIX- WA
DATE SAMPLED- 07/09/08 LOCATION- Well #4 Eff. (AAA6413) 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			RESULT UNITS	MDL	PQL	DATA
		DATE	TIME	BY				QUAL
Chlorine residual	EPA 330.3	07/09/08	1015CST	RB	0.6 PPM			
CHLORIDE	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 Lowndes Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

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CERTIFICATE OF ANALYSIS
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DEP FORMS

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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 upon request. Analyses performed in the field are not regulated to the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler -- Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 10/13/08 Sample Time: 10:09 AM PM (Circle One)
Sample Location (be specific): Well 4 Effluent
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 6.9

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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.

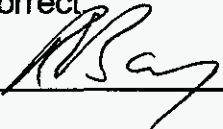
**See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: Russ Barrett
Sampler's Phone #: 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 above public water system and sample collection information is
complete and correct.

Signature:  Date: 10/13/08

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

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: 10/14/08
PWSID: 1170527 Sample Number: 395997
Lab Assigned Report Number or Job ID: 110508-34
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)

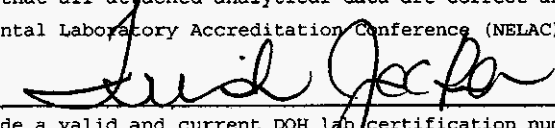
<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: 11-6-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result (ug/l)	Qual	Time	Method	Date	(ug/l)	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	0.5U	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	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	395997	0.5U	U	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 VINYL CHLORIDE	1	395997	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	395997	0.5U	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	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	395997	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	395997	0.5U	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	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	395997	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990 BENZENE	1	395997	0.5U	U	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	0.5U	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.

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes Avenue
City: Pensacola State: Florida ZIP Code: 32507-0815
Phone #: 850-455-8552 Fax #: 850-456-1010
E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 7/9/08 Sample Time: 10:15 AM PM (Circle One)
Sample Location (be specific): Well 4 Effluent
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 6.9

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☒ Quarterly (Which Quarter? 2nd _____)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____
Sampling Procedure Used or Other Comments: _____
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 #: 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 above public water system and sample collection information is complete and correct.

Signature:  Date: 7/9/08

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

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: 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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO

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: 7-28-08

* 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 against 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: _____

Comments: _____

Date 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	ug/l	Number	Result(ug/l)	Qual	Time	Method	Date	(ug/l)	ID
2378 1,2,4-TRICHLOROBENZENE	70	386286	0.5U	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	0.5U	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	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2976 VINYL CHLORIDE	1	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	386286	0.5U	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	0.5U	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	E81105
2982 CARBON TETRACHLORIDE	3	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	386286	0.5U	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	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2990 BENZENE	1	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2991 TOLUENE	1,000	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2992 ETHYLBENZENE	700	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2996 STYRENE	100	386286	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105

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

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

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 905 Lowndes Avenue

City: Pensacola State: Florida ZIP Code: 32507-0815

Phone #: 850-455-8552 Fax #: 850-456-1010

E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 4/9/08 Sample Time: 9:55 AM PM (Circle One)

Sample Location (be specific): Well 4 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 7.3

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☒ Quarterly (Which Quarter? 2nd)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 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 above public water system and sample collection information is complete and correct.

Signature: 

Date: 4/9/08

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

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: 377041

Lab Assigned Report Number or Job ID: 052808-12
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)

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only	<input type="checkbox"/> EDB	<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>

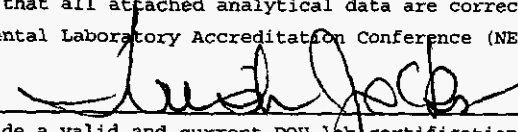
Were any analyses subcontracted? ☐ YES ☒ NO
If yes, please provide DOH certification numbers:

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: 5-29-08

* 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 against 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: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

VOLATILE ORGANIC ANALYSIS
62-550.310(2) (b)
(PWS028)

Parameter ID Name	MCL ug/l	Sample Number	Analysis Result(ug/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (ug/l)	Lab ID
2378 1,2,4-TRICHLOROBENZENE	70	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2964 DICHLOROMETHANE	5	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	377041	0.5U	U	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	0.5U	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	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	377041	0.5U	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	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2990 BENZENE	1	377041	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2991 TOLUENE	1,000	377041	0.5U	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	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 905 Lowndes 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: 1-9-08 Sample Time: 10:00 AM PM (Circle One)
Sample Location (be specific): Well 4 Effluent
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 mg/L Field pH: 7.5

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☒ Quarterly (Which Quarter? 1st)
☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites** ☐ Violation Resolution
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
☐ Other: _____

Sampling Procedure Used or Other Comments: _____

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 #: 850-455-8552 Sampler's Fax #: 850-456-1010
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 public water system and sample collection information is
complete and correct.

Signature: [Signature] Date: 1/9/08

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

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)

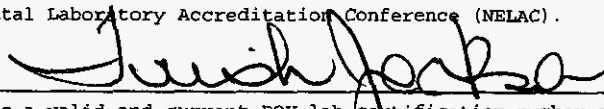
<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☐ YES ☒ NO
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: 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 against 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: _____

Comments: _____

ate Reviewed: _____ DEP/DOH Reviewing Official: _____

VOLATILE ORGANIC ANALYSIS
62-550.310 (2) (b)
(PWS028)

Parameter ID Name	MCL ug/l	Sample Number	Analysis Result (ug/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (ug/l)	Lab ID
2378 1,2,4-TRICHLOROBENZENE	70	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380 CIS-1,2-DICHLOROETHYLENE	70	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955 XYLENES (TOTAL)	10,000	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964 DICHLOROMETHANE	5	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968 O-DICHLOROBENZENE	600	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969 PARA-DICHLOROBENZENE	75	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976 VINYL CHLORIDE	1	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977 1,1-DICHLOROETHYLENE	7	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979 TRANS-1,2-DICHLOROETHYLENE	100	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980 1,2-DICHLOROETHANE	3	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981 1,1,1-TRICHLOROETHANE	200	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982 CARBON TETRACHLORIDE	3	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983 1,2-DICHLOROPROPANE	5	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984 TRICHLOROETHYLENE	3	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985 1,1,2-TRICHLOROETHANE	5	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987 TETRACHLOROETHYLENE	3	368049	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989 MONOCHLOROBENZENE	100	368049	0.5U	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	0.5U	U	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