080695-WU

CLASS A
WATER AND/OR WASTEWATER UTILITIES

ADDITIONAL ENGINEERING INFORMATION MINIMUM FILING REQUIREMENTS

OF

Peoples Water Service Company of Florida, Inc.

Exact Legal Name of Utility

VOLUME IIIC

FOR THE

TEST YEAR ENDED December 31, 2008

DOCUMENT NUMBER-DATE
05022 MAY 20 08
FPSC-COMMISSION CLERK

THE PEOPLES WATER SERVICE COMPANY OF FLORIDA, INC.

2008 CHEMICAL TESTING RESULTS

VOLUME III-C

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05022 MAY 20 08
FPSC-COMMISSION CLERK

Well 5

DOCUMENT NUMBER-DATE
05022 MAY 20 08
FPSC-COMMISSION CLERK

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): [XX] 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: 1/21/08 Sample Time: 10:50 (AM) PM (Circle One)

Sample Location (be specific): Well 5 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 6.8

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? _____)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] ...t Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of invalidated Sample)
[ ] Max Residence Time	[ ] Other: _____	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments: _____	
[ ] Near First Customer	Coliforms, 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 (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: 1/21/08

DOCUMENT NUMBER-DATE 05022 MAY20 60

FPSC-COMMISSION CLERK

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: _____

D 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: 369138
Lab Assigned Report Number or Job ID: 022808-15
System Name: Peoples Water Service Co. Of FL Sample Location: Entry Point #5
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
X All 17	_ All 30	_ All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			X 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	369138	0.003U	U	0930CST	EPA 200.9	01/25/08	0.003	E81105
1010	BARIUM	2	369138	0.023		0900CST	200.7	02/04/08	0.001	E81105
1015	CADMIUM	0.005	369138	0.0001U	U	1100CST	EPA 200.9	01/23/08	0.0001	E81105
1020	CHROMIUM	0.1	369138	0.001U	U	0900CST	EPA 200.7	02/04/08	0.001	E81105
1024	CYANIDE	0.2	369138	0.005U	U	1638CST	335.4	01/31/08	0.005	E81105
1025	FLUORIDE	4	369138	0.1U	U	1200CST	SM4500F-C	02/12/08	0.1	E81105
1030	LEAD	0.015	369138	0.001U	U	1200CST	EPA 200.9	01/24/08	0.001	E81105
1035	MERCURY	0.002	369138	0.0002U	U	1530cst	EPA 245.1	01/28/08	0.0002	E81105
1036	NICKEL	0.1	369138	0.002	I	0900cst	200.7	02/04/08	0.001	E81105
1040	NITRATE	10	369138	1.54		0948cst	353.2	01/25/08	0.10	E81105
1041	NITRITE	1	369138	0.1U	U	0924CST	EPA 353.2	01/23/08	0.1	E81105
1045	SELENIUM	0.05	369138	0.005U	U	1700CST	EPA 200.9	01/27/08	0.005	E81105
1052	SODIUM	160	369138	6		1400CST	SM3111B	01/25/08	1	E81105
1074	ANTIMONY	0.006	369138	0.003U	U	1200CST	EPA 200.9	01/27/08	0.003	E81105
1075	BERYLLIUM	0.004	369138	0.0001U	U	1000CST	EPA 200.9	01/26/08	0.0001	E81105
1085	THALLIUM	0.002	369138	0.001U	U	1500CST	EPA 200.9	01/26/08	0.001	E81105
1094	ASBESTOS	7 MFL	369138							

SECONDARY CHEMICAL ANALYSES
62-550.320
(PWS031)

Parameter ID	Name	MCL(mg/l)	Sample Number	Analysis Result(mg/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (mg/l)	Lab ID
1002	ALUMINUM	0.2	369138	0.05U	U	0900CST	EPA 200.7	02/04/08	0.05	E81105
1017	CHLORIDE	250	369138	7.0		0800CST	EPA 325.2	02/18/08	1.0	E81105
1022	COPPER	1	369138	0.01	I	0930CST	SM 3111 B	02/05/08	0.01	E81105
1025	FLUORIDE	2.0	369138	0.1U	U	1200CST	SM4500F-C	02/12/08	0.1	E81105
1028	IRON	0.3	369138	0.040U	U	0900CST	200.7	02/04/08	0.040	E81105
1032	MANGANESE	0.05	369138	0.012		0900CST	200.7	02/04/08	0.001	E81105
1050	SILVER	0.1	369138	0.004	I	1230CST	SM3111B	01/29/08	0.003	E81105
1055	SULFATE	250	369138	5	I	1052CST	EPA375.4	02/14/08	3	E81105
1095	ZINC	5	369138	0.199		0900CST	200.7	02/04/08	0.004	E81105
1905	COLOR	15 CU	369138	5		1630CDT	SM2120B	01/22/08	5	E81105
1920	ODOR	3 TON	369138	0		1700CDT	SM2150B	01/22/08	0	E81105
1925	pH	6.5-8.5	369138	7.06		1600CDT	EPA150.1	01/22/08		E81105
1930	TOTAL DISSOLVED SOLIDS	500	369138	109		1700CDT	SM2540C	01/29/08	1	E81105
2905	FOAMING AGENTS	0.5	369138	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): [XX] 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: 1/21/08 Sample Time: 10:50 (AM) PM (Circle One)

Sample Location (be specific): Well 5 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
- [X] Entry Point (to Distribution)
- [ ] Treatment 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)

- [X] 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: 369133
Lab Assigned Report Number or Job ID: 021908-4
System Name: Peoples Water Service Co. Of FL Sample Location: Entry Point #5
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	_ All 21	_ Trihalomethanes
_ Partial	X All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ Partial

Were any analyses subcontracted? X 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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 ID	Name	MCL ug/l	Sample Number	Analysis Result(ug/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (ug/l)	Lab ID
2005	ENDRIN	2	369133	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2010	LINDANE	0.2	369133	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2015	METHOXYCHLOR	40	369133	0.019U	U	0321EST	EPA 508	01/30/08	0.019	E83079
2020	TOXAPHENE	3	369133	0.086U	U	0321EST	EPA 508	01/30/08	0.086	E83079
2031	DALAPON	200	369133	0.78U	U	0321EST	EPA 515.1	01/30/08	0.78	E83079
2032	DIQUAT	20	369133	0.29U	U	0321EST	EPA 549.2	01/30/08	0.29	E83079
2033	ENDOTHALL	100	369133	7.6U	U	0321EST	EPA 548.1	01/30/08	7.6	E83079
2034	GLYPHOSATE	700	369133	3.20U	U	0321EST	EPA 508	01/30/08	3.20	E83079
2035	DI(2-ETHYLHEXYL)ADIPATE	400	369133	0.22U	U	0321EST	EPA 508	01/30/08	0.22	E83079
2036	OXAMYL(VYDATE)	200	369133	0.52U	U	0321EST	EPA 531.1	01/30/08	0.52	E83079
2037	SIMAZINE	4	369133	0.12U	U	0321EST	EPA 507	01/30/08	0.12	E83079
2039	DI(2-ETHYLHEXYL)PHTHALATE	6	369133	0.48U	U	0321EST	EPA 508	01/30/08	0.48	E83079
2040	PICLORAM	500	369133	0.037U	U	0321EST	EPA 515.1	01/30/08	0.037	E83079
2041	DINOSEB	7	369133	0.16U	U	0321EST	EPA 515.1	01/30/08	0.16	E83079
2042	HEXACHLOROCYCLOPENTADIENE	50	369133	0.017U	U	0321EST	EPA 508	01/30/08	0.017	E83079
2046	CARBOFURAN	40	369133	0.45U	U	0321EST	EPA 531.1	01/30/08	0.45	E83079
2050	ATRAZINE	3	369133	0.13U	U	0321EST	EPA 507	01/30/08	0.13	E83079
2051	ALACHOR	2	369133	0.014U	U	0321EST	EPA 507	01/30/08	0.014	E83079
2063	2,3,7,8-TCDD(DIOXIN)	.00003	369133	------		0321EST	EPA 513	01/30/08	-----	E83079
2065	HEPTACHLOR	0.4	369133	0.025U	U	0321EST	EPA 508	01/30/08	0.025	E83079
2067	HEPTACHLOR EPOXIDE	0.2	369133	0.05	I	0321EST	EPA 508	01/30/08	0.0058	E83079
2105	2,4-D	70	369133	0.071U	U	0321EST	EPA 515.1	01/30/08	0.071	E83079
2110	2,4,5-TP (SILVEX)	50	369133	0.057U	U	0321EST	EPA 515.1	01/30/08	0.057	E83079
2274	HEXACHLOROBENZENE	1	369133	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2306	BENZO(A)PYRENE	0.2	369133	0.034U	U	0321EST	EPA 508	01/30/08	0.034	E83079
2326	PENTACHLOROPHENOL	1	369133	0.0080U	U	0321EST	EPA 515.1	01/30/08	0.0080	E83079
2383	PCB	0.5	369133	0.097U	U	0321EST	EPA 508	01/30/08	0.097	E83079
2931	DIBROMOCHLOROPROPHANE	0.2	369133	0.0060U	U	0321EST	EPA 504.1	01/30/08	0.0060	E83079
2946	ETHYLENE DIBROMIDE	0.02	369133	0.0063U	U	0321EST	EPA 504.1	01/30/08	0.0063	E83079
2959	CHLORDANE	2	369133	0.12	I	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	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☒ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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

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): [XX] 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: 1/21/08 Sample Time: 10:50 (AM) PM (Circle One)

Sample Location (be specific): Well 5 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)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? _____)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of invalidated Sample)
[ ] Max Residence Time	[ ] Other: _____	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments: _____	
[ ] Near First Customer	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.

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: 369143
Lab Assigned Report Number or Job ID: 021208-5
System Name: Peoples Water Service Co. Of FL Sample Location: Entry Point #5
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	_ All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		X Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ Partial

Were any analyses subcontracted? X 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	369143	1.1+-0.7		1033EST	EPA 900.0	01/29/08	0.8	E83033
4012	PHOTON EMITTERS	369143							
4020	RADIUM-226	369143	0.4+-0.2		1116EST	EPA 903.1	02/08/08	0.2	E83033
4030	RADIUM-228	369143	1.1+-0.6		1135rst	B&B Ra-05	02/08/08	0.9	E83033
4101	MAN-MADE BETA	369143							

*(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)

ACH 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)

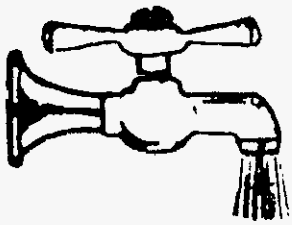
☐ Additional Monitoring Required (circle or highlight group(s) above)

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

Peoples Water Service Company
Of Florida, Inc.
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

REPORT DATE: 08/06/08
CLIENT NUMBER: 2286

SAMPLE NUMBER- 386296 SAMPLE ID- People's WS071508-102 #5 EFF SAMPLE MATRIX- WA
DATE SAMPLED- 07/09/08 LOCATION- Well #5 Effluent (AAA6415) TIME SAMPLED- 1105CST
DATE RECEIVED- 07/15/08 SAMPLER- Russ Barrett RECEIVED BY- EP
TIME RECEIVED- 1400CST DELIVERED BY- GREYHOUND/LB

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	07/09/08	1105CST	RB	0.7	PPM			
CHLORIDE	SM4500CL-E	07/25/08	1250CDT	SAM	7.8	mg/l	1.0	5.0	
TOTAL DISS. SOLIDS	SM2540C	07/15/08	1700CDT	LW	142	mg/L	1	5.0	
SPECIFIC CONDUCTIVITY	EPA120.1	07/25/08	1345	DMF	152.2	umh/cm	1.0	5.0	
pH,FIELD	150.1	07/09/08	1105CST	RB	6.8	S.U.			
SODIUM	SM 3111 B	07/24/08	1000CST	GB	6	mg/l	1	5.0	

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 011209-81 Page 1
REPORT DATE: 01/12/09
REPORT TYPE: Original
Peoples Water Service Company
CLIENT NO. 2286
Of Florida, Inc.
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

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): XX 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: 10:40 AM PM (Circle One)

Sample Location (be specific): Well # 5 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 6.6

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (Which Quarter? 2nd)
☒ Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance*	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites**	☐ Violation Resolution
☐ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of Invalidated Sample)
☐ Max Residence Time	☐ Other:	
☐ Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐ Near First Customer	Full VOC	

*See 62-550.500(6) for 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

Reporting Format 62-550.730

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: 401024
Lab Assigned Report Number or Job ID: 011209-81
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Efflue
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 1-12-09

* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

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	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2964	DICHLOROMETHANE	5	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2976	VINYL CHLORIDE	1	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2990	BENZENE	1	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2991	TOLUENE	1,000	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2992	ETHYLBENZENE	700	401024	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2996	STYRENE	100	401024	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: 011209-78 Page 1
REPORT DATE: 01/12/09
REPORT TYPE: Original
Peoples Water Service Company
CLIENT NO. 2286
Of Florida, Inc.
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

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Trish Jackson
President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.
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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): [XX] 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: 10:20 (AM) PM (Circle One)

Sample Location (be specific): Well # 5 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)
- [ ] 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

Reporting Format 62-550.730

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: 401021
Lab Assigned Report Number or Job ID: 011209-78
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Raw
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ Partial

Were any analyses subcontracted? _ YES X NO
If yes, please provide DOH certification numbers:
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_ 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)

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2964	DICHLOROMETHANE	5	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2976	VINYL CHLORIDE	1	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2990	BENZENE	1	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2991	TOLUENE	1,000	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2992	ETHYLBENZENE	700	401021	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2996	STYRENE	100	401021	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: 011209-79 Page 1
REPORT DATE: 01/12/09
REPORT TYPE: Original
Peoples Water Service Company
CLIENT NO. 2286
Of Florida, Inc.
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

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): [XX] 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: 10:30 (AM) PM (Circle One)

Sample Location (be specific): Well # 5 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)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd)
[ ] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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

Reporting Format 62-550.730

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: 401022
Lab Assigned Report Number or Job ID: 011209-79
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #1
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 1-12-09

* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

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	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2964	DICHLOROMETHANE	5	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2976	VINYL CHLORIDE	1	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2990	BENZENE	1	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2991	TOLUENE	1,000	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2992	ETHYLBENZENE	700	401022	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2996	STYRENE	100	401022	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: 011209-80 Page 1
REPORT DATE: 01/12/09
REPORT TYPE: Original
Peoples Water Service Company
CLIENT NO. 2286
Of Florida, Inc.
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

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): [XX] 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: 10:32 (AM) PM (Circle One)

Sample Location (be specific): Well # 5 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)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd_____)
[ ] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 401023
Lab Assigned Report Number or Job ID: 011209-80
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #2
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 1-12-09

* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

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	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2964	DICHLOROMETHANE	5	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2976	VINYL CHLORIDE	1	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2990	BENZENE	1	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2991	TOLUENE	1,000	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2992	ETHYLBENZENE	700	401023	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2996	STYRENE	100	401023	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: 123108-38 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

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	4 Pages
CHAIN OF CUSTODY	1 Pages
DEP 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.
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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)

tem Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): [XX] 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: 11/12/08 Sample Time: 9:50 (AM) PM (Circle One)

Sample Location (be specific): Well # 5 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
- [x] 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)

- [x] 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: 11/12/08

Reporting Format 62-550.730

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: 398822
Lab Assigned Report Number or Job ID: 123108-38
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Efflue
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2990	BENZENE	1	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2991	TOLUENE	1,000	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2992	ETHYLBENZENE	700	398822	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2996	STYRENE	100	398822	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: 123108-35 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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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)

em Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): [XX] 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: 11/12/08 Sample Time: 9:40 AM PM (Circle One)

Sample Location (be specific): Well # 5 RAW

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.6

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)

- [X] 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: 11/12/08

Reporting Format 62-550.730

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: 398819
Lab Assigned Report Number or Job ID: 123108-35
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Raw
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2990	BENZENE	1	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2991	TOLUENE	1,000	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2992	ETHYLBENZENE	700	398819	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2996	STYRENE	100	398819	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: 123108-36 Page 1
REPORT DATE: 12/31/08
REPORT TYPE: Original
Peoples Water Service Company
CLIENT NO. 2286
Of Florida, Inc.
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

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Trish Jackson
President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.
A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated 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): [XX] 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: 11/12/08 Sample Time: 9:43 AM PM (Circle One)

Sample Location (be specific): Well # 5 GAC #1

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.6

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)

- [X] 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: 11/12/08

Reporting Format 62-550.730

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: 398820
Lab Assigned Report Number or Job ID: 123108-36
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #1
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2990	BENZENE	1	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2991	TOLUENE	1,000	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2992	ETHYLBENZENE	700	398820	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2996	STYRENE	100	398820	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: 123108-37 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

CONTENTS OF REPORT

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CHAIN OF CUSTODY	1 Pages
DEP 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): [XX] 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: 11/12/08 Sample Time: 9:45 (AM) PM (Circle One)

Sample Location (be specific): Well # 5 GAC #2

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.6

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)

- [x] Routine Compliance (with 62-550)
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other: _____
- Sampling Procedure Used or Other Comments: _____
- Full VOC _____
- [ ] Quarterly (Which Quarter? 2nd _____)
- [ ] Special (not for compliance with 62-550)
- [ ] Violation Resolution
- [ ] Replacement (of Invalidated Sample)

*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: 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: 398821
Lab Assigned Report Number or Job ID: 123108-37
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #2
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2990	BENZENE	1	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2991	TOLUENE	1,000	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2992	ETHYLBENZENE	700	398821	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2996	STYRENE	100	398821	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: 110508-33 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
DEP 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 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): [XX] 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: 10/13/08 Sample Time: 10:29 (AM) PM (Circle One)

Sample Location (be specific): Well 5 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 mg/L Field pH: 6.8

Sample Type (Check Only One)

- [ ] Distribution
- [X] 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)

- [X] 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: 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: 395996
Lab Assigned Report Number or Job ID: 110508-33
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Efflue
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964	DICHLOROMETHANE	5	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976	VINYL CHLORIDE	1	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990	BENZENE	1	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991	TOLUENE	1,000	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992	ETHYLBENZENE	700	395996	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996	STYRENE	100	395996	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: 110508-30 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
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.
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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): [XX] 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: 10/13/08 Sample Time: 10:33 (AM) PM (Circle One)

Sample Location (be specific): Well 5 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)

- [x] 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: 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: 395993
Lab Assigned Report Number or Job ID: 110508-30
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Raw
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964	DICHLOROMETHANE	5	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976	VINYL CHLORIDE	1	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
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2984	TRICHLOROETHYLENE	3	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990	BENZENE	1	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991	TOLUENE	1,000	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992	ETHYLBENZENE	700	395993	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996	STYRENE	100	395993	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: 110508-31 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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CHAIN OF CUSTODY	1 Pages
DEP 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 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): [XX] 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: 10/13/08 Sample Time: 10:36 (AM) PM (Circle One)

Sample Location (be specific): Well 5 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)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd_____)
[ ] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other: _____	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments: _____	
[ ] Near First Customer	Full VOC_____	

*See 62-550.500(6) for 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: 10/13/08

Reporting Format 62-550.730

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: 395994
Lab Assigned Report Number or Job ID: 110508-31
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #1
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964	DICHLOROMETHANE	5	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976	VINYL CHLORIDE	1	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990	BENZENE	1	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991	TOLUENE	1,000	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992	ETHYLBENZENE	700	395994	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996	STYRENE	100	395994	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: 110508-32 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
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): [XX] 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: 10/13/08 Sample Time: 10:38 (AM) PM (Circle One)

Sample Location (be specific): Well 5 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)

- [x] 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: 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: 395995
Lab Assigned Report Number or Job ID: 110508-32
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #2
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: [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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964	DICHLOROMETHANE	5	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
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2977	1,1-DICHLOROETHYLENE	7	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990	BENZENE	1	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991	TOLUENE	1,000	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992	ETHYLBENZENE	700	395995	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996	STYRENE	100	395995	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: 102008-8 Page 1
REPORT DATE: 10/20/08
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
DEP FORM	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.
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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: 06-30-09
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 09/15/08
PWSID: 1170527 Sample Number: 392910
Lab Assigned Report Number or Job ID: 102008-8
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Efflue

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 10-21-08

* 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2964	DICHLOROMETHANE	5	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2976	VINYL CHLORIDE	1	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2990	BENZENE	1	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2991	TOLUENE	1,000	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2992	ETHYLBENZENE	700	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2996	STYRENE	100	392910	0.5U	U	1700CST	EPA 502.2	09/18/08	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)

ystem Name: Peoples Water Service Company of Florida, Inc. PWS I.D. #: FL 1170527

System Type (check one): [XX] 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: 9/9/08 Sample Time: 9:30 (AM) PM (Circle One)

Sample Location (be specific): Well 5 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: 6.8

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 9/9/08

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 102008-7 Page 1
REPORT DATE: 10/20/08
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
DEP FORM	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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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: 09/15/08
PWSID: 1170527 Sample Number: 392909
Lab Assigned Report Number or Job ID: 102008-7
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #2
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 10/21/08

* 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2964	DICHLOROMETHANE	5	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2976	VINYL CHLORIDE	1	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2990	BENZENE	1	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2991	TOLUENE	1,000	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2992	ETHYLBENZENE	700	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2996	STYRENE	100	392909	0.5U	U	1700CST	EPA 502.2	09/18/08	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): [XX] 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: 9/9/08 Sample Time: 9:25 AM PM (Circle One)

Sample Location (be specific): Well 5 GAC #2

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): N/A mg/L Field pH: 5.5

Sample Type (Check Only One)

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

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

- [X] 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: 9/9/08

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 102008-6 Page 1
REPORT DATE: 10/20/08
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
DEP FORM	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

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: 09/15/08
PWSID: 1170527 Sample Number: 392908
Lab Assigned Report Number or Job ID: 102008-6
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #1
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 10/21/08

* 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
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2955	XYLENES (TOTAL)	10,000	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2964	DICHLOROMETHANE	5	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
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2976	VINYL CHLORIDE	1	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
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2981	1,1,1-TRICHLOROETHANE	200	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
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2990	BENZENE	1	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2991	TOLUENE	1,000	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2992	ETHYLBENZENE	700	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2996	STYRENE	100	392908	0.5U	U	1700CST	EPA 502.2	09/18/08	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): [XX] 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: 9/9/08 Sample Time: 9:20 (AM) PM (Circle One)

Sample Location (be specific): Well 5 GAC #1

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): N/A mg/L Field pH: 5.5

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd)
[ ] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[X] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 9/9/08

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 102008-5 Page 1
REPORT DATE: 10/20/08
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

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DEP FORM	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.
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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: 09/15/08
PWSID: 1170527 Sample Number: 392907
Lab Assigned Report Number or Job ID: 102008-5
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Raw
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ Partial

Were any analyses subcontracted? _ YES X NO
If yes, please provide DOH certification numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

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Signature: Trish Jackson Date: 10-21-08

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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 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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2983	1,2-DICHLOROPROPANE	5	392907	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	392907	0.5U	U	1700CST	EPA 502.2	09/18/08	0.5	E81105
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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): [XX] 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: 9/9/08 Sample Time: 9:15 (AM) PM (Circle One)

Sample Location (be specific): Well 5 RAW

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): N/A mg/L Field pH: 5.5

Sample Type (Check Only One)

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

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

- [X] Routine Compliance (with 62-550)
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other: _____
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- [ ] 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: 9/2/08

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 092508-54 Page 1
REPORT DATE: 09/25/08
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
DEP SIGNATURE FORM	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): [XX] 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: 8/13/08 Sample Time: 9:35 (AM) PM (Circle One)

Sample Location (be specific): Well 5 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 6.8

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: RBarr Date: 8/13/08

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: 08/19/08
PWSID: 1170527 Sample Number: 389803
Lab Assigned Report Number or Job ID: 092508-54
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Efflue
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 9-25-08

* 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2964	DICHLOROMETHANE	5	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2976	VINYL CHLORIDE	1	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	389803	2.8	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2990	BENZENE	1	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2991	TOLUENE	1,000	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2992	ETHYLBENZENE	700	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2996	STYRENE	100	389803	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 092508-6 Page 1
REPORT DATE: 09/25/08
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

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DEP 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 request. Analyses performed in the field are not regulated 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): [XX] 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: 8/13/08 Sample Time: 9:30 (AM) PM (Circle One)

Sample Location (be specific): Well 5 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)
- [x] Raw (at well or intake)
- [ ] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

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

- [x] Routine Compliance (with 62-550)
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other:
- Sampling Procedure Used or Other Comments:
- Full VOC
- [ ] Quarterly (Which Quarter? 2nd)
- [ ] Special (not for compliance with 62-550)
- [ ] Violation Resolution
- [ ] Replacement (of Invalidated Sample)

*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: 8/13/08

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: 08/19/08
PWSID: 1170527 Sample Number: 389800
Lab Assigned Report Number or Job ID: 092508-6
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Raw
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 9-2508

* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2964	DICHLOROMETHANE	5	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2976	VINYL CHLORIDE	1	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2990	BENZENE	1	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2991	TOLUENE	1,000	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2992	ETHYLBENZENE	700	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2996	STYRENE	100	389800	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 092508-7 Page 1
REPORT DATE: 09/25/08
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.
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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): [XX] 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: 8/13/08 Sample Time: 9:32 (AM) PM (Circle One)

Sample Location (be specific): Well 5 GAC #1 55%

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)
- [X] Raw (at well or intake)
- [ ] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

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

- [X] 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: 8/13/08

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: 08/19/08
PWSID: 1170527 Sample Number: 389801
Lab Assigned Report Number or Job ID: 092508-7
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #1
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ Partial

Were any analyses subcontracted? _ YES X NO
If yes, please provide DOH certification numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

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Signature: _____ Date: 9-25-08

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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 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	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2964	DICHLOROMETHANE	5	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2976	VINYL CHLORIDE	1	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2990	BENZENE	1	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2991	TOLUENE	1,000	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2992	ETHYLBENZENE	700	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2996	STYRENE	100	389801	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 092508-8 Page 1
REPORT DATE: 09/25/08
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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CHAIN OF CUSTODY	1 Pages
DEP 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 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): [XX] 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: 8/13/08 Sample Time: 9:34 (AM) PM (Circle One)

Sample Location (be specific): Well 5 GAC #2 55%

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.5

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd)
[ ] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[X] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 8/13/08

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: 08/19/08
PWSID: 1170527 Sample Number: 389802
Lab Assigned Report Number or Job ID: 092508-8
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #2
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: [signature] Date: 9.25.08

* 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2964	DICHLOROMETHANE	5	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2976	VINYL CHLORIDE	1	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2990	BENZENE	1	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2991	TOLUENE	1,000	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2992	ETHYLBENZENE	700	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2996	STYRENE	100	389802	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 071708-21 Page 1
REPORT DATE: 07/17/08
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

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CHAIN OF CUSTODY	1 Pages
DEP SIGNATURE FORMS	14 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.
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): [XX] 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: 6/11/08 Sample Time: 9:00 (AM) PM (Circle One)

Sample Location (be specific): Well 5 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 6.8

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	MTBE	

*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: Russell Barrett Date: 6/11/08

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: 06/13/08
PWSID: 1170527 Sample Number: 383145
Lab Assigned Report Number or Job ID: 071708-21
System Name:Peoples Water Service Co. Of FL Sample Location: Well #5 Efflue
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 7.21.08

* 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2964	DICHLOROMETHANE	5	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2976	VINYL CHLORIDE	1	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2990	BENZENE	1	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2991	TOLUENE	1,000	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2992	ETHYLBENZENE	700	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2996	STYRENE	100	383145	0.5U	U	1500CST	EPA 502.2	06/26/08	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: 6/11/08 Sample Time: 9:00 (AM) PM (Circle One)

Sample Location (be specific): Well 5 Raw

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.4

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (Which Quarter? 2nd)
☐ Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance*	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites**	☐ Violation Resolution
☒ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of Invalidated Sample)
☐ Max Residence Time	☐ Other:	
☐ Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐ Near First Customer	Full VOC	

*See 62-550.500(6) for 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: [signature] Date: 6/4/08

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: 06/13/08
PWSID: 1170527 Sample Number: 383142
Lab Assigned Report Number or Job ID: 071708-21
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Raw
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 7-21-08

* 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2964	DICHLOROMETHANE	5	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2976	VINYL CHLORIDE	1	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2990	BENZENE	1	383142	0.8	I	1500CST	EPA 502.2	06/26/08	0.5	E81105
2991	TOLUENE	1,000	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2992	ETHYLBENZENE	700	383142	1.0	I	1500CST	EPA 502.2	06/26/08	0.5	E81105
2996	STYRENE	100	383142	0.5U	U	1500CST	EPA 502.2	06/26/08	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): [XX] 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: 6/11/08 Sample Time: 9:06 (AM) PM (Circle One)

Sample Location (be specific): Well 5 GAC #1 55%

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): N/A mg/L Field pH: 5.4

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd_____)
[ ] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[X] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: [signature] Date: 6/11/08

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: 06/13/08
PWSID: 1170527 Sample Number: 383143
Lab Assigned Report Number or Job ID: 071708-21
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #1

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 7/2/08

* 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2964	DICHLOROMETHANE	5	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2976	VINYL CHLORIDE	1	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2990	BENZENE	1	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2991	TOLUENE	1,000	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2992	ETHYLBENZENE	700	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2996	STYRENE	100	383143	0.5U	U	1500CST	EPA 502.2	06/26/08	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): [XX] 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: 6/11/08 Sample Time: 7:08 (AM) PM (Circle One)

Sample Location (be specific): Well 5 GAC #2 55%

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): N/A mg/L Field pH: 5.4

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd)
[ ] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[X] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: Russell Barrett Date: 6/11/08

Reporting Format 62-550.730

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: 06/13/08
PWSID: 1170527 Sample Number: 383144
Lab Assigned Report Number or Job ID: 071708-21
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #2

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 7-2-08

* 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2964	DICHLOROMETHANE	5	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2976	VINYL CHLORIDE	1	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2990	BENZENE	1	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2991	TOLUENE	1,000	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2992	ETHYLBENZENE	700	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2996	STYRENE	100	383144	0.5U	U	1500CST	EPA 502.2	06/26/08	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): [XX] 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: 7/9/08 Sample Time: 11:04 (AM) PM (Circle One)

Sample Location (be specific): Well 5 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 6.8

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[X] Quarterly (Which Quarter? 2nd)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	MTBE	

*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: 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: 386290
Lab Assigned Report Number or Job ID: 072808-105
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Efflue
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2964	DICHLOROMETHANE	5	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2976	VINYL CHLORIDE	1	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2990	BENZENE	1	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2991	TOLUENE	1,000	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2992	ETHYLBENZENE	700	386290	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2996	STYRENE	100	386290	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): [XX] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 905 Lowride 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: 11:04 (AM) PM (Circle One)

Sample Location (be specific): Well 5 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 6.8

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[X] Quarterly (Which Quarter? 2nd)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	[redacted] 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: [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: 386288
Lab Assigned Report Number or Job ID: 072808-105
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #1

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 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	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2964	DICHLOROMETHANE	5	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2976	VINYL CHLORIDE	1	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2990	BENZENE	1	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2991	TOLUENE	1,000	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2992	ETHYLBENZENE	700	386288	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2996	STYRENE	100	386288	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): [XX] 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: 7/9/08 Sample Time: 11:02 AM/ PM (Circle One)

Sample Location (be specific): Well 5 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)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[X] Quarterly (Which Quarter? 2nd)
[ ] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 7/9/08

Reporting Format 62-550.730

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: 386289
Lab Assigned Report Number or Job ID: 072808-105
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #2
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ Detection(s) _ Incomplete Report
_ Missing Analyte Sheet(s) _ Location Unsatisfactory _ Analysis Unsatisfactory
_ Other:_____
Person Notified:_____ Date Notified:_____
Comments:_____
ıte 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	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2964	DICHLOROMETHANE	5	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2976	VINYL CHLORIDE	1	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2990	BENZENE	1	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2991	TOLUENE	1,000	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2992	ETHYLBENZENE	700	386289	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2996	STYRENE	100	386289	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): [XX] 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: 7/9/08 Sample Time: 11:02 AM PM (Circle One)

Sample Location (be specific): Well 5 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)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[X] Quarterly (Which Quarter? 2nd)
[ ] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[✓] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 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: 386287
Lab Assigned Report Number or Job ID: 072808-105
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Raw

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2964	DICHLOROMETHANE	5	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2976	VINYL CHLORIDE	1	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2990	BENZENE	1	386287	0.5	I	0700CST	EPA 502.2	07/16/08	0.5	E81105
2991	TOLUENE	1,000	386287	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2992	ETHYLBENZENE	700	386287	0.9	I	0700CST	EPA 502.2	07/16/08	0.5	E81105
2996	STYRENE	100	386287	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): [XX] 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: 7/9/08 Sample Time: 11:00 (AM) PM (Circle One)

Sample Location (be specific): Well 5 RAW

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.4

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[X] Quarterly (Which Quarter? 2nd)
[ ] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[X] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 7/9/08

Reporting Format 62-550.730

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: 379453
Lab Assigned Report Number or Job ID: 061908-10
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Efflue
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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): [XX] 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: 5/6/08 Sample Time: 9:30 AM PM (Circle One)

Sample Location (be specific): Well 5 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 7.2

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter?)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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

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	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2964	DICHLOROMETHANE	5	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	379453	0.5	I	0800CST	EPA 502.2	05/19/08	0.5	E81105
2976	VINYL CHLORIDE	1	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2990	BENZENE	1	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2991	TOLUENE	1,000	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992	ETHYLBENZENE	700	379453	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2996	STYRENE	100	379453	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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E811(
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: 379450
Lab Assigned Report Number or Job ID: 061908-10
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Raw
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproduc
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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 anainst the public water supply for failure to sample, an 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	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2964	DICHLOROMETHANE	5	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2976	VINYL CHLORIDE	1	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2990	BENZENE	1	379450	1.0	I	0800CST	EPA 502.2	05/19/08	0.5	E81105
2991	TOLUENE	1,000	379450	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992	ETHYLBENZENE	700	379450	1.4	I	0800CST	EPA 502.2	05/19/08	0.5	E81105
2996	STYRENE	100	379450	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

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: 379451
Lab Assigned Report Number or Job ID: 061908-10
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #1

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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): [XX] 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: 5/6/08 Sample Time: 9:17 (AM) PM (Circle One)

Sample Location (be specific): Well 5 GAC #1 55%

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 5.4

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] 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
[X] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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

Reporting Format 62-550.730

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	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2964	DICHLOROMETHANE	5	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2976	VINYL CHLORIDE	1	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2990	BENZENE	1	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2991	TOLUENE	1,000	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992	ETHYLBENZENE	700	379451	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2996	STYRENE	100	379451	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): [XX] 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: 5/6/08 Sample Time: 9:15 AM PM (Circle One)

Sample Location (be specific): Well 5 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)
- [X] Raw (at well or intake)
- [ ] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

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

- [X] 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: 5/6/08

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
2378	1,2,4-TRICHLOROBENZENE	70	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2964	DICHLOROMETHANE	5	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2976	VINYL CHLORIDE	1	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2990	BENZENE	1	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2991	TOLUENE	1,000	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992	ETHYLBENZENE	700	379452	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2996	STYRENE	100	379452	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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E811(
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: 379452
Lab Assigned Report Number or Job ID: 061908-10
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproduc
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 6-1908

* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, an 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): [XX] 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: 5/6/08 Sample Time: 9:20 AM PM (Circle One)

Sample Location (be specific): Well 5 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)
- [x] Raw (at well or intake)
- [ ] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

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

- [x] 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: _____

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): [XX] 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: 9:35 (AM) PM (Circle One)

Sample Location (be specific): Well 5 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)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? _____)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other: _____	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments: _____	
[ ] Near First Customer	Full Voc _____	

*See 62-550.500(6) for 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

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: 377040
Lab Assigned Report Number or Job ID: 052808-12
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Efflue

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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 Jack 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2964	DICHLOROMETHANE	5	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2976	VINYL CHLORIDE	1	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2990	BENZENE	1	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2991	TOLUENE	1,000	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2992	ETHYLBENZENE	700	377040	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2996	STYRENE	100	377040	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): [XX] 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: 9:28 (AM) PM (Circle One)

Sample Location (be specific): Well 5 RAW

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.3

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] 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
[X] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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

Reporting Format 62-550.730

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: 377037
Lab Assigned Report Number or Job ID: 052808-12
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Influe

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2964	DICHLOROMETHANE	5	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2976	VINYL CHLORIDE	1	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2990	BENZENE	1	377037	0.8	I	1545CST	EPA 502.2	04/10/08	0.5	E81105
2991	TOLUENE	1,000	377037	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2992	ETHYLBENZENE	700	377037	0.9	I	1545CST	EPA 502.2	04/10/08	0.5	E81105
2996	STYRENE	100	377037	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): [XX] 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: 9:38 (AM) PM (Circle One)

Sample Location (be specific): Well 5 GAC #155%

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.3

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter?)
[ ] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[✓] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	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: Russell Barrett 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: 377038
Lab Assigned Report Number or Job ID: 052808-12
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #1
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2964	DICHLOROMETHANE	5	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2976	VINYL CHLORIDE	1	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2990	BENZENE	1	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2991	TOLUENE	1,000	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2992	ETHYLBENZENE	700	377038	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2996	STYRENE	100	377038	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): [XX] 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: 9:30 (AM) PM (Circle One)

Sample Location (be specific): Well 5 GAC #2 55%

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.3

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? _____)
[ ] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[✓] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other: _____	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments: _____	
[ ] Near First Customer	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

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: 377039
Lab Assigned Report Number or Job ID: 052808-12
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #2

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: [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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2964	DICHLOROMETHANE	5	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2976	VINYL CHLORIDE	1	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2990	BENZENE	1	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2991	TOLUENE	1,000	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2992	ETHYLBENZENE	700	377039	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2996	STYRENE	100	377039	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

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): [XX] 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: 3/12/08 Sample Time: 9:40 (AM) PM (Circle One)

Sample Location (be specific): Well 5 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .84 mg/L Field pH: 7.1

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? _____)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other: _____	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments: _____	
[ ] Near First Customer	Full Voc	

*See 62-550.500(6) for 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: 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: 374189
Lab Assigned Report Number or Job ID: 040108-43
System Name:Peoples Water Service Co. Of FL Sample Location: Well #5 Efflue

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2990	BENZENE	1	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2991	TOLUENE	1,000	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2992	ETHYLBENZENE	700	374189	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2996	STYRENE	100	374189	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): [XX] 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: 3/12/08 Sample Time: 9:34 (AM) PM (Circle One)

Sample Location (be specific): Well 5 RAW

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.4

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] 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
[X] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 3/12/08

Reporting Format 62-550.730

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: 374186
Lab Assigned Report Number or Job ID: 040108-43
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Influe
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2990	BENZENE	1	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2991	TOLUENE	1,000	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2992	ETHYLBENZENE	700	374186	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2996	STYRENE	100	374186	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): [XX] 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: 3/12/08 Sample Time: 9:36 (AM) PM (Circle One)

Sample Location (be specific): Well 5 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)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] 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
[X] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 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: 374187
Lab Assigned Report Number or Job ID: 040108-43
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #1
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2990	BENZENE	1	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2991	TOLUENE	1,000	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2992	ETHYLBENZENE	700	374187	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2996	STYRENE	100	374187	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): [XX] 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: 3/12/08 Sample Time: 9:38 (AM) PM (Circle One)

Sample Location (be specific): Well 5 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)
- [x] Raw (at well or intake)
- [ ] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

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

- [x] 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: 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: 374188
Lab Assigned Report Number or Job ID: 040108-43
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #2
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2990	BENZENE	1	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2991	TOLUENE	1,000	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2992	ETHYLBENZENE	700	374188	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2996	STYRENE	100	374188	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 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: 371559
Lab Assigned Report Number or Job ID: 030408-3
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Efflue
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2964	DICHLOROMETHANE	5	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2976	VINYL CHLORIDE	1	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2990	BENZENE	1	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2991	TOLUENE	1,000	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2992	ETHYLBENZENE	700	371559	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2996	STYRENE	100	371559	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): [XX] 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: 9:30 (AM) PM (Circle One)

Sample Location (be specific): Well 5 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)

- [X] 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: 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: 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: 371556
Lab Assigned Report Number or Job ID: 030408-3
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Raw
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: [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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2964	DICHLOROMETHANE	5	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2976	VINYL CHLORIDE	1	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2990	BENZENE	1	371556	0.6	I	1300CST	EPA 502.2	02/15/08	0.5	E81105
2991	TOLUENE	1,000	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2992	ETHYLBENZENE	700	371556	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2996	STYRENE	100	371556	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): [XX] 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: 9:30 (AM) PM (Circle One)

Sample Location (be specific): Well 5 Raw

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): N/A mg/L Field pH: 5.6

Sample Type (Check Only One)

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

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

- [X] 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: Theo.Deleon@Telcove.Net

CERTIFICATION (to be completed by sampler)

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: 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: 371557
Lab Assigned Report Number or Job ID: 030408-3
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #1
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: [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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2964	DICHLOROMETHANE	5	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2976	VINYL CHLORIDE	1	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2990	BENZENE	1	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2991	TOLUENE	1,000	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2992	ETHYLBENZENE	700	371557	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2996	STYRENE	100	371557	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): [XX] 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: 9:30 (AM) PM (Circle One)

Sample Location (be specific): Well 5 GAC#1 55/.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): N/A mg/L Field pH: 5.6

Sample Type (Check Only One)

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

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

- [X] 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 complete and correct.

Signature: Date: 2/13/08

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
2378	1,2,4-TRICHLOROBENZENE	70	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2964	DICHLOROMETHANE	5	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2976	VINYL CHLORIDE	1	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2990	BENZENE	1	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2991	TOLUENE	1,000	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2992	ETHYLBENZENE	700	371558	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2996	STYRENE	100	371558	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): [XX] 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: 9:30 (AM) PM (Circle One)

Sample Location (be specific): Well 5 GAC #2 55/

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 5.6

Sample Type (Check Only One)

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

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

- [X] 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: 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: 2/13/08

Florida D[ ]artment of Environmental F[ ]tection
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): [XX] 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: 1-9-08 Sample Time: 9:10 (AM) PM (Circle One)

Sample Location (be specific): Well 5 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 8.0

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[X] Quarterly (Which Quarter? 1st)
[X] [illegible]y Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Russ Barrett

Sampler's Phone #: 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),

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: 368053
Lab Assigned Report Number or Job ID: 020108-5
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 Efflue
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964	DICHLOROMETHANE	5	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976	VINYL CHLORIDE	1	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990	BENZENE	1	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991	TOLUENE	1,000	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2992	ETHYLBENZENE	700	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996	STYRENE	100	368053	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105

Florida D[illegible]artment of Environmental P[illegible]tection
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): [XX] 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: 1-9-08 Sample Time: 9:00 (AM) PM (Circle One)

Sample Location (be specific): Well 5 RAW

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): NA mg/L Field pH: 5.4

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 1st)
[ ] [illegible]ry 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
[X] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	FULL VOC	

*See 62-550.500(6) for 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: 1/9/08

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: 368050
Lab Assigned Report Number or Job ID: 020108-5
System Name:Peoples Water Service Co. Of FL Sample Location: Well #5 Raw
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964	DICHLOROMETHANE	5	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976	VINYL CHLORIDE	1	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990	BENZENE	1	368050	0.5	I	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991	TOLUENE	1,000	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2992	ETHYLBENZENE	700	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996	STYRENE	100	368050	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105

Florida D artment of Environmental I tection
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): [XX] 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: 1-9-08 Sample Time: 9:08 (AM) PM (Circle One)

Sample Location (be specific): Well 5 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)
- [X] Raw (at well or intake)
- [ ] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

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

- [X] Routine Compliance (with 62-550)
- [X] 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: [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: 368051
Lab Assigned Report Number or Job ID: 020108-5
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #1
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964	DICHLOROMETHANE	5	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976	VINYL CHLORIDE	1	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990	BENZENE	1	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991	TOLUENE	1,000	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2992	ETHYLBENZENE	700	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996	STYRENE	100	368051	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105

Florida D artment of Environmental I tection
Safe Drinking Water Program Laboratory Reporting Format

UBLIC 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): [XX] 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: 1-9-08 Sample Time: 9:08 (AM) PM (Circle One)

Sample Location (be specific): Well 5 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
- [ ] ntry Point (to Distribution)
- [ ] . tant Tap (not for compliance with 62-550)
- [X] Raw (at well or intake)
- [ ] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

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

- [X] Routine Compliance (with 62-550)
- [X] 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.

Si ure: 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: 368052
Lab Assigned Report Number or Job ID: 020108-5
System Name: Peoples Water Service Co. Of FL Sample Location: Well #5 GAC #2
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964	DICHLOROMETHANE	5	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976	VINYL CHLORIDE	1	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990	BENZENE	1	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991	TOLUENE	1,000	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2992	ETHYLBENZENE	700	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996	STYRENE	100	368052	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105

Well 8

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): [XX] 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: 1/21/08 Sample Time: 9:40 (AM) PM (Circle One)

Sample Location (be specific): Well 8 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
- [X] Entry Point (to Distribution)
- [ ] ...nt 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)

- [X] 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)

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: Russell Barrett 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	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☒ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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: 369139
Lab Assigned Report Number or Job ID: 022808-15
System Name: Peoples Water Service Co. Of FL Sample Location: Entry Point #8
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
X All 17	_ All 30	_ All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			X 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	369139	0.003U	U	0930CST	EPA 200.9	01/25/08	0.003	E81105
1010	BARIUM	2	369139	0.014		0900CST	200.7	02/04/08	0.001	E81105
1015	CADMIUM	0.005	369139	0.0001U	U	1100CST	EPA 200.9	01/23/08	0.0001	E81105
1020	CHROMIUM	0.1	369139	0.001U	U	0900CST	EPA 200.7	02/04/08	0.001	E81105
1024	CYANIDE	0.2	369139	0.005U	U	1638CST	335.4	01/31/08	0.005	E81105
1025	FLUORIDE	4	369139	0.1U	U	1200CST	SM4500F-C	02/12/08	0.1	E81105
1030	LEAD	0.015	369139	0.001U	U	1200CST	EPA 200.9	01/24/08	0.001	E81105
1035	MERCURY	0.002	369139	0.0002U	U	1530cst	EPA 245.1	01/28/08	0.0002	E81105
1036	NICKEL	0.1	369139	0.001	U	0900cst	200.7	02/04/08	0.001	E81105
1040	NITRATE	10	369139	1.49		0948cst	353.2	01/25/08	0.10	E81105
1041	NITRITE	1	369139	0.1U	U	0924CST	EPA 353.2	01/23/08	0.1	E81105
1045	SELENIUM	0.05	369139	0.005U	U	1700CST	EPA 200.9	01/27/08	0.005	E81105
1052	SODIUM	160	369139	5	I	1400CST	SM3111B	01/25/08	1	E81105
1074	ANTIMONY	0.006	369139	0.003U	U	1200CST	EPA 200.9	01/27/08	0.003	E81105
1075	BERYLLIUM	0.004	369139	0.0001U	U	1000CST	EPA 200.9	01/26/08	0.0001	E81105
1085	THALLIUM	0.002	369139	0.001U	U	1500CST	EPA 200.9	01/26/08	0.001	E81105
1094	ASBESTOS	7 MFL	369139							

SECONDARY CHEMICAL ANALYSES
62-550.320
(PWS031)

Parameter ID	Name	MCL(mg/l)	Sample Number	Analysis Result(mg/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (mg/l)	Lab ID
1002	ALUMINUM	0.2	369139	0.05U	U	0900CST	EPA 200.7	02/04/08	0.05	E81105
1017	CHLORIDE	250	369139	6.4		0800CST	EPA 325.2	02/18/08	1.0	E81105
1022	COPPER	1	369139	0.01	I	0930CST	SM 3111 B	02/05/08	0.01	E81105
1025	FLUORIDE	2.0	369139	0.1U	U	1200CST	SM4500F-C	02/12/08	0.1	E81105
1028	IRON	0.3	369139	0.040U	U	0900CST	200.7	02/04/08	0.040	E81105
1032	MANGANESE	0.05	369139	0.001U	U	0900CST	200.7	02/04/08	0.001	E81105
1050	SILVER	0.1	369139	0.004	I	1230CST	SM3111B	01/29/08	0.003	E81105
1055	SULFATE	250	369139	3U	U	1052CST	EPA375.4	02/14/08	3	E81105
1095	ZINC	5	369139	0.130		0900CST	200.7	02/04/08	0.004	E81105
1905	COLOR	15 CU	369139	5		1630CDT	SM2120B	01/22/08	5	E81105
1920	ODOR	3 TON	369139	0		1700CDT	SM2150B	01/22/08	0	E81105
1925	pH	6.5-8.5	369139	7.18		1600CDT	EPA150.1	01/22/08		E81105
1930	TOTAL DISSOLVED SOLIDS	500	369139	74		1700CDT	SM2540C	01/29/08	1	E81105
2905	FOAMING AGENTS	0.5	369139	0.05U	U	1430CST	SM5540C	01/23/08	0.05	E81105

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): [XX] 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: 1/21/08 Sample Time: 9:40 (AM) PM (Circle One)

Sample Location (be specific): Well 8 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .07 mg/L Field pH: 7.3

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter?)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Point Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	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)

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: 1/21/08

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: 369134
Lab Assigned Report Number or Job ID: 021908-4
System Name: Peoples Water Service Co. Of FL Sample Location: Entry Point #8

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	_ All 21	_ Trihalomethanes
_ Partial	X All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ Partial

Were any analyses subcontracted? X 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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 ID	Name	MCL ug/l	Sample Number	Analysis Result(ug/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (ug/l)	Lab ID
2005	ENDRIN	2	369134	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2010	LINDANE	0.2	369134	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2015	METHOXYCHLOR	40	369134	0.019U	U	0321EST	EPA 508	01/30/08	0.019	E83079
2020	TOXAPHENE	3	369134	0.086U	U	0321EST	EPA 508	01/30/08	0.086	E83079
2031	DALAPON	200	369134	0.78U	U	0321EST	EPA 515.1	01/30/08	0.78	E83079
2032	DIQUAT	20	369134	0.29U	U	0321EST	EPA 549.2	01/30/08	0.29	E83079
2033	ENDOTHALL	100	369134	7.6U	U	0321EST	EPA 548.1	01/30/08	7.6	E83079
2034	GLYPHOSATE	700	369134	3.20U	U	0321EST	EPA 508	01/30/08	3.20	E83079
2035	DI(2-ETHYLHEXYL)ADIPATE	400	369134	0.22U	U	0321EST	EPA 508	01/30/08	0.22	E83079
2036	OXAMYL(VYDATE)	200	369134	0.52U	U	0321EST	EPA 531.1	01/30/08	0.52	E83079
2037	SIMAZINE	4	369134	0.12U	U	0321EST	EPA 507	01/30/08	0.12	E83079
2039	DI(2-ETHYLHEXYL)PHTHALATE	6	369134	0.48U	U	0321EST	EPA 508	01/30/08	0.48	E83079
2040	PICLORAM	500	369134	0.037U	U	0321EST	EPA 515.1	01/30/08	0.037	E83079
2041	DINOSEB	7	369134	0.16U	U	0321EST	EPA 515.1	01/30/08	0.16	E83079
2042	HEXACHLOROCYCLOPENTADIENE	50	369134	0.017U	U	0321EST	EPA 508	01/30/08	0.017	E83079
2046	CARBOFURAN	40	369134	0.45U	U	0321EST	EPA 531.1	01/30/08	0.45	E83079
2050	ATRAZINE	3	369134	0.13U	U	0321EST	EPA 507	01/30/08	0.13	E83079
2051	ALACHOR	2	369134	0.014U	U	0321EST	EPA 507	01/30/08	0.014	E83079
2063	2,3,7,8-TCDD(DIOXIN)	.00003	369134	------		0321EST	EPA 513	01/30/08	-----	E83079
2065	HEPTACHLOR	0.4	369134	0.025U	U	0321EST	EPA 508	01/30/08	0.025	E83079
2067	HEPTACHLOR EPOXIDE	0.2	369134	0.0076	I	0321EST	EPA 508	01/30/08	0.0058	E83079
2105	2,4-D	70	369134	0.071U	U	0321EST	EPA 515.1	01/30/08	0.071	E83079
2110	2,4,5-TP (SILVEX)	50	369134	0.057U	U	0321EST	EPA 515.1	01/30/08	0.057	E83079
2274	HEXACHLOROBENZENE	1	369134	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2306	BENZO(A)PYRENE	0.2	369134	0.034U	U	0321EST	EPA 508	01/30/08	0.034	E83079
2326	PENTACHLOROPHENOL	1	369134	0.0080U	U	0321EST	EPA 515.1	01/30/08	0.0080	E83079
2383	PCB	0.5	369134	0.097U	U	0321EST	EPA 508	01/30/08	0.097	E83079
2931	DIBROMOCHLOROPROPHANE	0.2	369134	0.0060U	U	0321EST	EPA 504.1	01/30/08	0.0060	E83079
2946	ETHYLENE DIBROMIDE	0.02	369134	0.0063U	U	0321EST	EPA 504.1	01/30/08	0.0063	E83079
2959	CHLORDANE	2	369134	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	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☒ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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

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): [XX] 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: 1/21/08 Sample Time: 9:40 (AM) PM (Circle One)

Sample Location (be specific): Well 8 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
- [X] ry Point (to Distribution)
- [ ] ant 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)

- [X] 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: 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: 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: 369144
Lab Assigned Report Number or Job ID: 021208-5
System Name: Peoples Water Service Co. Of FL Sample Location: Entry Point #8
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	_ All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		X Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ Partial

Were any analyses subcontracted? X 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	369144	2.0+-0.9		1033EST	EPA 900.0	01/29/08	1.0	E83033
4012	PHOTON EMITTERS	369144							
4020	RADIUM-226	369144	0.3+-0.2	U	1116EST	EPA 903.1	02/08/08	0.3	E83033
4030	RADIUM-228	369144	0.9+-0.6	U	1135rst	B&B Ra-05	02/08/08	0.9	E83033
4101	MAN-MADE BETA	369144							

*(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	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☒ Single Sample	
		☐ Qtrly Composite**	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: _____

[illegible] 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

Peoples Water Service Company
Of Florida, Inc.
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

REPORT DATE: 08/06/08
CLIENT NUMBER: 2286

SAMPLE NUMBER- 386297 SAMPLE ID- People's WS071508-103 #8 EFF SAMPLE MATRIX- WA
DATE SAMPLED- 07/09/08 LOCATION- Well #8 Eff. (AAA 6416) TIME SAMPLED- 1045CST
DATE RECEIVED- 07/15/08 SAMPLER- Russ Barrett RECEIVED BY- EP
TIME RECEIVED- 1400CST DELIVERED BY- GREYHOUND/LB

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	07/09/08	1045CST	RB	0.8	PPM			
CHLORIDE	SM4500CL-E	07/25/08	1250CDT	SAM	6.9	mg/l	1.0	5.0	
TC DISS. SOLIDS	SM2540C	07/15/08	1700CDT	LW	108	mg/L	1	5.0	
SPECIFIC CONDUCTIVITY	EPA120.1	07/25/08	1345	DMF	97.0	umh/cm	1.0	5.0	
pH, FIELD	150.1	07/09/08	1045CST	RB	6.5	S.U.			
SODIUM	SM 3111 B	07/24/08	1000CST	GB	5	mg/l	1	5.0	

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 011209-82 Page 1
REPORT DATE: 01/12/09
REPORT TYPE: Original
Peoples Water Service Company
CLIENT NO. 2286
Of Florida, Inc.
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

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DEP 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: 10:00 AM PM (Circle One)

Sample Location (be specific): Well # 8 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 6.9

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (Which Quarter? 2nd)
☒ Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance*	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites**	☐ Violation Resolution
☐ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of Invalidated Sample)
☐ Max Residence Time	☐ Other:	
☐ Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐ Near First Customer	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: 401025
Lab Assigned Report Number or Job ID: 011209-82
System Name: Peoples Water Service Co. Of FL Sample Location: Well #8 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: 1-12-09

* Failure to provide a valid and current DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

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	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2964	DICHLOROMETHANE	5	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2976	VINYL CHLORIDE	1	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	401025	1.6	I	1700cst	EPA 502.2	12/22/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2990	BENZENE	1	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2991	TOLUENE	1,000	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2992	ETHYLBENZENE	700	401025	0.5U	U	1700cst	EPA 502.2	12/22/08	0.5	E81105
2996	STYRENE	100	401025	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: 123108-39 Page 1
REPORT DATE: 12/31/08
REPORT TYPE: Original
Peoples Water Service Company
CLIENT NO. 2286
Of Florida, Inc.
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

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Trish Jackson
President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.
A statement of estimated uncertainty of test results is available request. Analyses performed in the field are not regulated the NELAC standards.
This report may not be reproduced except in full with written approval from the laboratory.

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): [XX] 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: 11/12/08 Sample Time: 9:30 (AM) PM (Circle One)

Sample Location (be specific): Well # 8 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.7

Sample Type (Check Only One)

- [ ] Distribution
- [x] 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)

- [x] 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: 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: 398823
Lab Assigned Report Number or Job ID: 123108-39
System Name: Peoples Water Service Co. Of FL Sample Location: Well #8 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	398823	0.5U	u	1500CST	EPA 502.2	11/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	398823	1.0		1500CST	EPA 502.2	11/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2990	BENZENE	1	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2991	TOLUENE	1,000	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2992	ETHYLBENZENE	700	398823	0.5U	U	1500CST	EPA 502.2	11/25/08	0.5	E81105
2996	STYRENE	100	398823	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: 102008-9 Page 1
REPORT DATE: 10/20/08
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
DEP FORM	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): [XX] 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: 9/9/08 Sample Time: 9:50 (AM) PM (Circle One)

Sample Location (be specific): Well 8 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.1

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 9/9/08

Reporting Format 62-550.730

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: 395998
Lab Assigned Report Number or Job ID: 110508-35
System Name: Peoples Water Service Co. Of FL Sample Location: Well #8 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964	DICHLOROMETHANE	5	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976	VINYL CHLORIDE	1	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	395998	2.3	I	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990	BENZENE	1	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991	TOLUENE	1,000	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992	ETHYLBENZENE	700	395998	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996	STYRENE	100	395998	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): [XX] 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: 10/13/08 Sample Time: 10:50 (AM) PM (Circle One)

Sample Location (be specific): Well 8 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 7.3

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd_____)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 10/13/08

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 110508-35 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
DEP 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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CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 092508-9 Page 1
REPORT DATE: 09/25/08
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

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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.
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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: 8/13/08 Sample Time: 9:18 (AM) PM (Circle One)

Sample Location (be specific): Well 8 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 7.1

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (Which Quarter? 2nd)
☒ Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance*	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites**	☐ Violation Resolution
☐ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of Invalidated Sample)
☐ Max Residence Time	☐ Other:	
☐ Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐ Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 8/13/08

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: 08/19/08
PWSID: 1170527 Sample Number: 389804
Lab Assigned Report Number or Job ID: 092508-9
System Name: Peoples Water Service Co. Of FL Sample Location: Well #8 Eff.

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: [signature] Date: 9-25-08

* 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2964	DICHLOROMETHANE	5	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2976	VINYL CHLORIDE	1	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2990	BENZENE	1	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2991	TOLUENE	1,000	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2992	ETHYLBENZENE	700	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	0.5	E81105
2996	STYRENE	100	389804	0.5U	U	1300CST	EPA 502.2	09/03/08	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): [XX] 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: 7/9/08 Sample Time: 10:45 (AM) PM (Circle One)

Sample Location (be specific): Well 8 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: 6.5

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[X] Quarterly (Which Quarter? 2nd)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 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: 386291
Lab Assigned Report Number or Job ID: 072808-105
System Name: Peoples Water Service Co. Of FL Sample Location: Well #8 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2964	DICHLOROMETHANE	5	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2976	VINYL CHLORIDE	1	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	386291	2.3	I	0700CST	EPA 502.2	07/16/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2990	BENZENE	1	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2991	TOLUENE	1,000	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2992	ETHYLBENZENE	700	386291	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2996	STYRENE	100	386291	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): [XX] 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: 6/11/08 Sample Time: 9:12 AM PM (Circle One)

Sample Location (be specific): Well 8 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .06 mg/L Field pH: 6.6

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full Use	

*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: Russell Barrett Date: 6/11/08

Reporting Format 62-550.730

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: 06/13/08
PWSID: 1170527 Sample Number: 383146
Lab Assigned Report Number or Job ID: 071708-21
System Name: Peoples Water Service Co. Of FL Sample Location: Well #8 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: 7-2-08

* 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2964	DICHLOROMETHANE	5	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2976	VINYL CHLORIDE	1	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	383146	2.8		1500CST	EPA 502.2	06/26/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2990	BENZENE	1	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2991	TOLUENE	1,000	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2992	ETHYLBENZENE	700	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	0.5	E81105
2996	STYRENE	100	383146	0.5U	U	1500CST	EPA 502.2	06/26/08	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): [XX] 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: 5/6/08 Sample Time: 9:55 AM PM (Circle One)

Sample Location (be specific): Well 8 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 6.9

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter?)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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

Reporting Format 62-550.730

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: 379454
Lab Assigned Report Number or Job ID: 061908-10
System Name: Peoples Water Service Co. Of FL Sample Location: Well #8 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: [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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2964	DICHLOROMETHANE	5	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2976	VINYL CHLORIDE	1	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	379454	2.9		0800CST	EPA 502.2	05/19/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2990	BENZENE	1	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2991	TOLUENE	1,000	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992	ETHYLBENZENE	700	379454	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2996	STYRENE	100	379454	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): [XX] 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: 9:15 (AM) PM (Circle One)

Sample Location (be specific): Well 8 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.9 mg/L Field pH: 7.2

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter?)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full Voc	

*See 62-550.500(6) for 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

Reporting Format 62-550.730

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: 377042
Lab Assigned Report Number or Job ID: 052808-12
System Name: Peoples Water Service Co. Of FL Sample Location: Well #8 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2964	DICHLOROMETHANE	5	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2976	VINYL CHLORIDE	1	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	377042	2.4	I	1545CST	EPA 502.2	04/10/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2990	BENZENE	1	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2991	TOLUENE	1,000	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2992	ETHYLBENZENE	700	377042	0.5U	U	1545CST	EPA 502.2	04/10/08	0.5	E81105
2996	STYRENE	100	377042	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): [XX] 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: 3/12/08 Sample Time: 9:55 (AM) PM (Circle One)

Sample Location (be specific): Well 8Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.9 mg/L Field pH: 7.0

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter?)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 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: 374190
Lab Assigned Report Number or Job ID: 040108-43
System Name:Peoples Water Service Co. Of FL Sample Location: Well #8 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2964	DICHLOROMETHANE	5	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2976	VINYL CHLORIDE	1	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	374190	1.9	I	0800CST	EPA 502.2	03/25/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2990	BENZENE	1	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2991	TOLUENE	1,000	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2992	ETHYLBENZENE	700	374190	0.5U	U	0800CST	EPA 502.2	03/25/08	0.5	E81105
2996	STYRENE	100	374190	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 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: 371560
Lab Assigned Report Number or Job ID: 030408-3
System Name: Peoples Water Service Co. Of FL Sample Location: Well #8 Eff.

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2964	DICHLOROMETHANE	5	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2976	VINYL CHLORIDE	1	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	371560	1.4	I	1300CST	EPA 502.2	02/15/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2990	BENZENE	1	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2991	TOLUENE	1,000	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2992	ETHYLBENZENE	700	371560	0.5U	U	1300CST	EPA 502.2	02/15/08	0.5	E81105
2996	STYRENE	100	371560	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): [XX] 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: 9:40 (AM) PM (Circle One)

Sample Location (be specific): Well 8 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 8.3

Sample Type (Check Only One)

- [ ] tribution
- [X] 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)

- [X] 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)

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: 2/13/08

Florida D artment of Environmental P tection
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): [XX] 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: 1-9-08 Sample Time: 9:20 (AM) PM (Circle One)

Sample Location (be specific): Well 8 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: 8.5

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 1st)
[ ] try Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] rlant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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.

Si ure: 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: 368054
Lab Assigned Report Number or Job ID: 020108-5
System Name: Peoples Water Service Co. Of FL Sample Location: Well #8 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964	DICHLOROMETHANE	5	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976	VINYL CHLORIDE	1	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	368054	2.0	I	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990	BENZENE	1	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991	TOLUENE	1,000	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2992	ETHYLBENZENE	700	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996	STYRENE	100	368054	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105

Well 9

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): [XX] 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: 1/21/08 Sample Time: 10:30 (AM) PM (Circle One)

Sample Location (be specific): Well 9 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 6.9

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter?)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Point Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	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),

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

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	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☒ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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: 01/10/08
PWSID: 1170527 Sample Number: 368055
Lab Assigned Report Number or Job ID: 020108-5
System Name: Peoples Water Service Co. Of FL Sample Location: Well #9 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964	DICHLOROMETHANE	5	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976	VINYL CHLORIDE	1	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990	BENZENE	1	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991	TOLUENE	1,000	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2992	ETHYLBENZENE	700	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996	STYRENE	100	368055	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

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: 369140
Lab Assigned Report Number or Job ID: 022808-15
System Name: Peoples Water Service Co. Of FL Sample Location: Entry Point #9
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
X All 17	_ All 30	_ All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			X 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	369140	0.003U	U	0930CST	EPA 200.9	01/25/08	0.003	E81105
1010	BARIUM	2	369140	0.027		0900CST	200.7	02/04/08	0.001	E81105
1015	CADMIUM	0.005	369140	0.0001U	U	1100CST	EPA 200.9	01/23/08	0.0001	E81105
1020	CHROMIUM	0.1	369140	0.001U	U	0900CST	EPA 200.7	02/04/08	0.001	E81105
1024	CYANIDE	0.2	369140	0.005U	U	1638CST	335.4	01/31/08	0.005	E81105
1025	FLUORIDE	4	369140	0.1U	U	1200CST	SM4500F-C	02/12/08	0.1	E81105
1030	LEAD	0.015	369140	0.001U	U	1200CST	EPA 200.9	01/24/08	0.001	E81105
1035	MERCURY	0.002	369140	0.0002U	U	1530cst	EPA 245.1	01/28/08	0.0002	E81105
1036	NICKEL	0.1	369140	0.001	I	0900cst	200.7	02/04/08	0.001	E81105
1040	NITRATE	10	369140	1.28		0948cst	353.2	01/25/08	0.10	E81105
1041	NITRITE	1	369140	0.1U	U	0924CST	EPA 353.2	01/23/08	0.1	E81105
1045	SELENIUM	0.05	369140	0.005U	U	1700CST	EPA 200.9	01/27/08	0.005	E81105
1052	SODIUM	160	369140	18		1400CST	SM3111B	01/25/08	1	E81105
1074	ANTIMONY	0.006	369140	0.003U	U	1200CST	EPA 200.9	01/27/08	0.003	E81105
1075	BERYLLIUM	0.004	369140	0.0001U	U	1000CST	EPA 200.9	01/26/08	0.0001	E81105
1085	THALLIUM	0.002	369140	0.001U	U	1500CST	EPA 200.9	01/26/08	0.001	E81105
1094	ASBESTOS	7 MFL	369140							

SECONDARY CHEMICAL ANALYSES
62-550.320
(PWS031)

Parameter ID	Name	MCL(mg/l)	Sample Number	Analysis Result(mg/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (mg/l)	Lab ID
1002	ALUMINUM	0.2	369140	0.05U	U	0900CST	EPA 200.7	02/04/08	0.05	E81105
1017	CHLORIDE	250	369140	38.2		0800CST	EPA 325.2	02/18/08	1.0	E81105
1022	COPPER	1	369140	0.01	I	0930CST	SM 3111 B	02/05/08	0.01	E81105
1025	FLUORIDE	2.0	369140	0.1U	U	1200CST	SM4500F-C	02/12/08	0.1	E81105
1028	IRON	0.3	369140	0.040U	U	0900CST	200.7	02/04/08	0.040	E81105
1032	MANGANESE	0.05	369140	0.007		0900CST	200.7	02/04/08	0.001	E81105
1050	SILVER	0.1	369140	0.003U	U	1230CST	SM3111B	01/29/08	0.003	E81105
1055	SULFATE	250	369140	3U	U	1052CST	EPA375.4	02/14/08	3	E81105
1095	ZINC	5	369140	0.185		0900CST	200.7	02/04/08	0.004	E81105
1905	COLOR	15 CU	369140	5		1630CDT	SM2120B	01/22/08	5	E81105
1920	ODOR	3 TON	369140	0		1700CDT	SM2150B	01/22/08	0	E81105
1925	pH	6.5-8.5	369140	6.78		1600CDT	EPA150.1	01/22/08		E81105
1930	TOTAL DISSOLVED SOLIDS	500	369140	109		1700CDT	SM2540C	01/29/08	1	E81105
2905	FOAMING AGENTS	0.5	369140	0.05U	U	1430CST	SM5540C	01/23/08	0.05	E81105

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): [XX] 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: 1/21/08 Sample Time: 10:30 (AM) PM (Circle One)

Sample Location (be specific): Well 9 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 6.9

Sample Type (Check Only One)

- [ ] Distribution
- [X] try Point (to Distribution)
- [ ] ant 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)

- [X] 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: _____ 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: 369135
Lab Assigned Report Number or Job ID: 021908-4
System Name: Peoples Water Service Co. Of FL Sample Location: Entry Point #9
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	_ All 21	_ Trihalomethanes
_ Partial	X All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ Partial

Were any analyses subcontracted? X YES _ NO
If yes, please provide DOH certification numbers: 83079
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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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 ID	Name	MCL ug/l	Sample Number	Analysis Result(ug/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (ug/l)	Lab ID
2005	ENDRIN	2	369135	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2010	LINDANE	0.2	369135	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2015	METHOXYCHLOR	40	369135	0.019U	U	0321EST	EPA 508	01/30/08	0.019	E83079
2020	TOXAPHENE	3	369135	0.086U	U	0321EST	EPA 508	01/30/08	0.086	E83079
2031	DALAPON	200	369135	0.78U	U	0321EST	EPA 515.1	01/30/08	0.78	E83079
2032	DIQUAT	20	369135	0.29U	U	0321EST	EPA 549.2	01/30/08	0.29	E83079
2033	ENDOTHALL	100	369135	7.6U	U	0321EST	EPA 548.1	01/30/08	7.6	E83079
2034	GLYPHOSATE	700	369135	3.20U	U	0321EST	EPA 508	01/30/08	3.20	E83079
2035	DI(2-ETHYLHEXYL)ADIPATE	400	369135	0.22U	U	0321EST	EPA 508	01/30/08	0.22	E83079
2036	OXAMYL(VYDATE)	200	369135	0.52U	U	0321EST	EPA 531.1	01/30/08	0.52	E83079
2037	SIMAZINE	4	369135	0.12U	U	0321EST	EPA 507	01/30/08	0.12	E83079
2039	DI(2-ETHYLHEXYL)PHTHALATE	6	369135	0.48U	U	0321EST	EPA 508	01/30/08	0.48	E83079
2040	PICLORAM	500	369135	0.037U	U	0321EST	EPA 515.1	01/30/08	0.037	E83079
2041	DINOSEB	7	369135	0.16U	U	0321EST	EPA 515.1	01/30/08	0.16	E83079
2042	HEXACHLOROCYCLOPENTADIENE	50	369135	0.017U	U	0321EST	EPA 508	01/30/08	0.017	E83079
2046	CARBOFURAN	40	369135	0.45U	U	0321EST	EPA 531.1	01/30/08	0.45	E83079
2050	ATRAZINE	3	369135	0.13U	U	0321EST	EPA 507	01/30/08	0.13	E83079
2051	ALACHOR	2	369135	0.014U	U	0321EST	EPA 507	01/30/08	0.014	E83079
2063	2,3,7,8-TCDD(DIOXIN)	.00003	369135	------		0321EST	EPA 513	01/30/08	-----	E83079
2065	HEPTACHLOR	0.4	369135	0.025U	U	0321EST	EPA 508	01/30/08	0.025	E83079
2067	HEPTACHLOR EPOXIDE	0.2	369135	0.0058U	U	0321EST	EPA 508	01/30/08	0.0058	E83079
2105	2,4-D	70	369135	0.071U	U	0321EST	EPA 515.1	01/30/08	0.071	E83079
2110	2,4,5-TP (SILVEX)	50	369135	0.057U	U	0321EST	EPA 515.1	01/30/08	0.057	E83079
2274	HEXACHLOROBENZENE	1	369135	0.0078U	U	0321EST	EPA 508	01/30/08	0.0078	E83079
2306	BENZO(A)PYRENE	0.2	369135	0.034U	U	0321EST	EPA 508	01/30/08	0.034	E83079
2326	PENTACHLOROPHENOL	1	369135	0.0080U	U	0321EST	EPA 515.1	01/30/08	0.0080	E83079
2383	PCB	0.5	369135	0.097U	U	0321EST	EPA 508	01/30/08	0.097	E83079
2931	DIBROMOCHLOROPROPHANE	0.2	369135	0.0060U	U	0321EST	EPA 504.1	01/30/08	0.0060	E83079
2946	ETHYLENE DIBROMIDE	0.02	369135	0.0063U	U	0321EST	EPA 504.1	01/30/08	0.0063	E83079
2959	CHLORDANE	2	369135	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)

ACH 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: _____

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): [XX] 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: 1/21/08 Sample Time: 10:30 (AM) PM (Circle One)

Sample Location (be specific): Well 9 Effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 6.9

Sample Type (Check Only One)

- [ ] Distribution
- [X] Entry Point (to Distribution)
- [ ] ...it 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)

- [X] 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: 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)

Russ Barrett (Print Name), Water Plant Operator II (Print Title),

...lo HEREBY CERTIFY that the above public water system and sample collection information is ...omplete and correct.

...ig... ...ire: [signature] Date: 1/21/08

...eporting Format 62-550.730
...fective January 1995, Revised January 2004

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: 369145
Lab Assigned Report Number or Job ID: 021208-5
System Name: Peoples Water Service Co. Of FL Sample Location: Entry Point #9
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	_ All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		X Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ Partial

Were any analyses subcontracted? X YES _ NO
If yes, please provide DOH certification numbers: 83033
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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	369145	2.9+-1.1		1033EST	EPA 900.0	01/29/08	1.1	E83033
4012	PHOTON EMITTERS	369145							
4020	RADIUM-226	369145	0.2+-0.1	U	1116EST	EPA 903.1	02/08/08	0.2	E83033
4030	RADIUM-228	369145	1.3+-0.7		1135rst	B&B Ra-05	02/08/08	0.9	E83033
4101	MAN-MADE BETA	369145							

*(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)

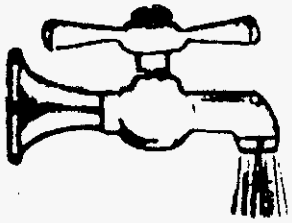
☐ Additional Monitoring Required (circle or highlight group(s) above)

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

Peoples Water Service Company
Of Florida, Inc.
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

REPORT DATE: 08/06/08
CLIENT NUMBER: 2286

SAMPLE NUMBER- 386298 SAMPLE ID- People's WS071508-104 #9 EFF SAMPLE MATRIX- WA
DATE SAMPLED- 07/09/08 LOCATION- Well #9 Eff. (AAA6414) TIME SAMPLED- 1125CST
DATE RECEIVED- 07/15/08 SAMPLER- Russ Barrett RECEIVED BY- EP
TIME RECEIVED- 1400CST DELIVERED BY- GREYHOUND/LB

Page 5 Report # 080608-54

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	07/09/08	1125CST	RB	0.8	PPM			
CHLORIDE	SM4500CL-E	07/25/08	1250CDT	SAM	39.2	mg/l	1.0	5.0	
TO DISS. SOLIDS	SM2540C	07/15/08	1700CDT	LW	164	mg/L	1	5.0	
SPECIFIC CONDUCTIVITY	EPA120.1	07/25/08	1345	DMF	222	umh/cm	1.0	5.0	
pH,FIELD	150.1	07/09/08	1125CST	RB	7.2	S.U.			
SODIUM	SM 3111 B	07/24/08	1000CST	GB	18	mg/l	1	5.0	

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 110508-36 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
DEP 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 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): [XX] 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: 10/13/08 Sample Time: 10:25 AM PM (Circle One)

Sample Location (be specific): Well 9 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)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 10/15/08

Reporting Format 62-550.730

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: 395999
Lab Assigned Report Number or Job ID: 110508-36
System Name: Peoples Water Service Co. Of FL Sample Location: Well #9 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964	DICHLOROMETHANE	5	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976	VINYL CHLORIDE	1	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990	BENZENE	1	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991	TOLUENE	1,000	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992	ETHYLBENZENE	700	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996	STYRENE	100	395999	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: 110508-36 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
DEP 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): [XX] 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: 10/13/08 Sample Time: 10:25 AM PM (Circle One)

Sample Location (be specific): Well 9 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
- [x] 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)

- [x] 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: 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: 395999
Lab Assigned Report Number or Job ID: 110508-36
System Name: Peoples Water Service Co. Of FL Sample Location: Well #9 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2964	*DICHLOROMETHANE*	5	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2976	*VINYL CHLORIDE*	1	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2990	BENZENE	1	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2991	TOLUENE	1,000	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2992	ETHYLBENZENE	700	395999	0.5U	U	0930CST	EPA 502.2	10/28/08	0.5	E81105
2996	STYRENE	100	395999	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): [XX] 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: 7/9/08 Sample Time: 9:00 (AM) PM (Circle One)

Sample Location (be specific): Well 9 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)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[X] Quarterly (Which Quarter? 2nd)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 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: 386292
Lab Assigned Report Number or Job ID: 072808-105
System Name: Peoples Water Service Co. Of FL Sample Location: Well #9 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2964	DICHLOROMETHANE	5	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2976	VINYL CHLORIDE	1	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2990	BENZENE	1	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2991	TOLUENE	1,000	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2992	ETHYLBENZENE	700	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2996	STYRENE	100	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 072808-105 Page 1
REPORT DATE: 07/28/08
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

CONTENTS OF REPORT

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CHAIN OF CUSTODY	1 Pages
DEP SIGNATURE FORMSO	14 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

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): [XX] 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: 5/6/08 Sample Time: 9:00 AM PM (Circle One)

Sample Location (be specific): Well 9 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
- [X] 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)

- [X] 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: Fill 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: 379455
Lab Assigned Report Number or Job ID: 061908-10
System Name: Peoples Water Service Co. Of FL Sample Location: Well #9 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: _____ 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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): [XX] 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: 1-9-08 Sample Time: 935 (AM) PM (Circle One)

Sample Location (be specific): Well 9 effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 7.0

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[X] Quarterly (Which Quarter? 1st)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full Vac	

*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: 368055
Lab Assigned Report Number or Job ID: 020108-5
System Name: Peoples Water Service Co. Of FL Sample Location: Well #9 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only		_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ All 14
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2964	DICHLOROMETHANE	5	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2976	VINYL CHLORIDE	1	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2990	BENZENE	1	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2991	TOLUENE	1,000	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2992	ETHYLBENZENE	700	368055	0.5U	U	1400CST	EPA 502.2	01/23/08	0.5	E81105
2996	STYRENE	100	368055	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): [XX] 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: 7/9/08 Sample Time: 9:00 (AM) PM (Circle One)

Sample Location (be specific): Well 9 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)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[X] Quarterly (Which Quarter? 2nd)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 7/9/08

Reporting Format 62-550.730

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: 386292
Lab Assigned Report Number or Job ID: 072808-105
System Name: Peoples Water Service Co. Of FL Sample Location: Well #9 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2380	CIS-1,2-DICHLOROETHYLENE	70	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2955	XYLENES (TOTAL)	10,000	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2964	DICHLOROMETHANE	5	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2976	VINYL CHLORIDE	1	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2984	TRICHLOROETHYLENE	3	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2985	1,1,2-TRICHLOROETHANE	5	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2990	BENZENE	1	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2991	TOLUENE	1,000	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2992	ETHYLBENZENE	700	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105
2996	STYRENE	100	386292	0.5U	U	0700CST	EPA 502.2	07/16/08	0.5	E81105

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 072808-105 Page 1
REPORT DATE: 07/28/08
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

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	16 Pages
CHAIN OF CUSTODY	1 Pages
DEP SIGNATURE FORMSO	14 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): [XX] 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: 5/6/08 Sample Time: 9:00 (AM) PM (Circle One)

Sample Location (be specific): Well 9 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)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[ ] Quarterly (Which Quarter? 2nd_____)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] Plant Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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

Reporting Format 62-550.730

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: 379455
Lab Assigned Report Number or Job ID: 061908-10
System Name: Peoples Water Service Co. Of FL Sample Location: Well #9 Eff.
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
_ All 17	_ All 30	X All 21	_ Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	_ Haloacetic Acids
_ Nitrate	_ Partial		_ Bromate
_ Nitrite	_ Dioxin Only	Radionuclides	_ Chlorite
_ Asbestos Only	_ EDB	_ Single Sample	
		_ Qtrly Composite**	Secondaries
			_ 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: _____ 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 anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)
Sample Collection Info Satisfactory: _Yes _No Sample Analysis Info Satisfactory: _Yes _No

_ Replacement Sample(s) Requested (circle or highlight group(s) above)

_ Revised Report Requested (circle or highlight group(s) above)

_ Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): _ MCL(s) Exceeded _ 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
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2955	XYLENES (TOTAL)	10,000	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2964	DICHLOROMETHANE	5	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2968	O-DICHLOROBENZENE	600	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2969	PARA-DICHLOROBENZENE	75	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2976	VINYL CHLORIDE	1	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2977	1,1-DICHLOROETHYLENE	7	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2979	TRANS-1,2-DICHLOROETHYLENE	100	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2980	1,2-DICHLOROETHANE	3	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2981	1,1,1-TRICHLOROETHANE	200	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2982	CARBON TETRACHLORIDE	3	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2983	1,2-DICHLOROPROPANE	5	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
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2985	1,1,2-TRICHLOROETHANE	5	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2987	TETRACHLOROETHYLENE	3	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2989	MONOCHLOROBENZENE	100	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2990	BENZENE	1	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2991	TOLUENE	1,000	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2992	ETHYLBENZENE	700	379455	0.5U	U	0800CST	EPA 502.2	05/19/08	0.5	E81105
2996	STYRENE	100	379455	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): [XX] 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: 1-9-08 Sample Time: 9:35 (AM) PM (Circle One)

Sample Location (be specific): Well 9 effluent

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 7.0

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
[ ] Distribution	[X] Routine Compliance (with 62-550)	[X] Quarterly (Which Quarter? 1st)
[X] Entry Point (to Distribution)	[ ] Confirmation of MCL Exceedance*	[ ] Special (not for compliance with 62-550)
[ ] ...t Tap (not for compliance with 62-550)	[ ] Composite of Multiple Sites**	[ ] Violation Resolution
[ ] Raw (at well or intake)	[ ] Clearance (permitting)	[ ] Replacement (of Invalidated Sample)
[ ] Max Residence Time	[ ] Other:	
[ ] Ave Residence Time	Sampling Procedure Used or Other Comments:	
[ ] Near First Customer	Full VOC	

*See 62-550.500(6) for 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: 1/9/08

Distribution System

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 19 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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00001

NELAP NARRATIVE PAGE

Client: Peoples Water Service

Report #: 207316NP

Underwriters Laboratories Inc. is a NELAP accredited laboratory. All reported results meet the requirements of the NELAP standards.

UL contact person: Jim Van Fleit

NELAP requires complete reporting of deviations from method requirements, regardless of the suspected impact on the data. Quality control failures not reported within the report summary are noted here.

There were no quality control failures.

Reviewed By	Title	Date
Finalized By	Title	Date

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. #: 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: 1884745+51 Location Code (if known): _____

Sample Date: 07/09/2008 Sample Time: 10:00 (AM) PM (Circle One)

Sample Location (be specific): Pinewood Lane Pt. No. 1

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: 6.8

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: _____

Note: See attached page for 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: 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: 7/9/08

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).

: 88883

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: 06/30/2009

South Bend, IN 46617 Phone #: 574-233-4777

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/10/2008

PWS ID (From Page 1): 1170527 Sample Number (From Page 1): 1884745-51

Lab Assigned Report Number or Job ID: 207316

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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 Dungy (Print Name), Reporter (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 Dungy Date: 7/30/08

Finalized by: NRT Date: 7/30/2008

* 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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 207316

Disinfectant Residual (mg/L) (From Page 1): 0.8

PWS ID (From Page 1): 1170527

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L							E87775
1011	Bromate	10	µg/L							E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.0	U	552.2	2.0	07/17/08	15:20	E87775
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	15:20	E87775
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	15:20	E87775
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	15:20	E87775
2454	Dibromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	15:20	E87775
2456	Total Haloacetic Acids (HAA5)	60	µg/L	2.0	U	552.2		07/17/08	15:20	E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.5	U	524.2	0.5	07/13/08	10:04	E87775
2942	Bromoform	N/A	µg/L	0.5	U	524.2	0.5	07/13/08	10:04	E87775
2943	Bromodichloromethane	N/A	µg/L	0.5	U	524.2	0.5	07/13/08	10:04	E87775
2944	Dibromochloromethane	N/A	µg/L	0.5	U	524.2	0.5	07/13/08	10:04	E87775
2950	Total Trihalomethanes	80	µg/L	0.5	U	524.2		07/13/08	10:04	E87775

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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. #: 1 1 7 0 5 2 7

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: 1884746+52 Location Code (if known):

Sample Date: 07/09/2008 Sample Time: 09:55 (AM) PM (Circle One)

Sample Location (be specific): Mahogony Mills Rd. Pt. No. 2

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.1

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☒Distribution	☒Routine Compliance (with 62-550)	☐Quarterly (Which Quarter?)
☐Entry Point (to Distribution)	☐Confirmation of MCL Exceedance*	☐Special (not for compliance with 62-550)
☐Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
☐Raw (at well or intake)	☐Clearance (permitting)	☐Replacement (of Invalidated Sample)
☒Max Residence Time	☐Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐Near First Customer	Note: See attached page for 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: 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: [signature] Date: 7/9/08

Note: This report may not be reproduced, except in full, without written approval from Underwriters Laboratories Inc. (UL). UL is accredited by the ...nal Environmental Laboratory Accreditation Program (NELAP).

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: 06/30/2009

South Bend, IN 46617 Phone #: 574-233-4777

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/10/2008

PWS ID (From Page 1): 1170527 Sample Number (From Page 1): 1884746+52

Lab Assigned Report Number or Job ID: 207316

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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 Dungy (Print Name), Reporter (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 Dungy Date: 7/30/08

Finalized by: NDT Date: 7/30/2008

* 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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 207316

Disinfectant Residual (mg/L) (From Page 1): 0.6

PWS ID (From Page 1): 1170527

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L							E87775
1011	Bromate	10	µg/L							E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.0	U	552.2	2.0	07/17/08	15:56	E87775
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	15:56	E87775
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	15:56	E87775
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	15:56	E87775
2454	Dibromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	15:56	E87775
2456	Total Haloacetic Acids (HAA5)	60	µg/L	2.0	U	552.2		07/17/08	15:56	E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.5	U	524.2	0.5	07/13/08	10:40	E87775
2942	Bromoform	N/A	µg/L	**0.8**		524.2	0.5	07/13/08	10:40	E87775
2943	Bromodichloromethane	N/A	µg/L	0.5	U	524.2	0.5	07/13/08	10:40	E87775
2944	Dibromochloromethane	N/A	µg/L	**1.2**		524.2	0.5	07/13/08	10:40	E87775
2950	Total Trihalomethanes	80	µg/L	**2.0**		524.2		07/13/08	10:40	E87775

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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. #: 1 1 7 0 5 2 7

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: 1884747+53 Location Code (if known):

Sample Date: 07/09/2008 Sample Time: 09:30 (AM) PM (Circle One)

Sample Location (be specific): Marlinspike Dr. Pt. No. 3

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 6.9

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☒Distribution	☒Routine Compliance (with 62-550)	☐Quarterly (Which Quarter?)
☐Entry Point (to Distribution)	☐Confirmation of MCL Exceedance*	☐Special (not for compliance with 62-550)
☐Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
☐Raw (at well or intake)	☐Clearance (permitting)	☐Replacement (of Invalidated Sample)
☒Max Residence Time	☐Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐Near First Customer	Note: See attached page for 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: Russ Barrett

Sampler's Phone #: (850) 455-8552 Sampler's Fax #: (9850) 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: [signature] Date: 7/9/08

Note: This report may not be reproduced, except in full, without written approval from Underwriters Laboratories Inc. (UL). UL is accredited by the ıal Environmental Laboratory Accreditation Program (NELAP).

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: 06/30/2009

South Bend, IN 46617 Phone #: 574-233-4777

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 7/10/2008

PWS ID (From Page 1): 1170527 Sample Number (From Page 1): 1884747+53

Lab Assigned Report Number or Job ID: 207316

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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 Dungy (Print Name), Reporter (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 Dungy Date: 7/30/08

Finalized by: [signature] Date: 7/30/2008

* 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: _____

.e Reviewed: _____ DEP/DOH Reviewing Official: _____

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

11000

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 184394

Disinfectant Residual (mg/L) (From Page 1): 0.5

PWS ID (From Page 1): 1170527

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L							E87775
1011	Bromate	10	µg/L							E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.0	U	552.2	2.0	07/17/08	17:09	E87775
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	17:09	E87775
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	17:09	E87775
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	17:09	E87775
2454	Dibromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	17:09	E87775
2456	Total Haloacetic Acids (HAA5)	60	µg/L	2.0	U	552.2		07/17/08	17:09	E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.5	U	524.2	0.5	07/13/08	18:45	E87775
2942	Bromoform	N/A	µg/L	**2.3**	U	524.2	0.5	07/13/08	18:45	E87775
2943	Bromodichloromethane	N/A	µg/L	0.5	U	524.2	0.5	07/13/08	18:45	E87775
2944	Dibromochloromethane	N/A	µg/L	**1.6**		524.2	0.5	07/13/08	18:45	E87775
2950	Total Trihalomethanes	80	µg/L	**3.9**		524.2		07/13/08	18:45	E87775

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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. #: 1 1 7 0 5 2 7

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: 1884748+54 Location Code (if known):

Sample Date: 07/09/2008 Sample Time: 09:20 (AM) PM (Circle One)

Sample Location (be specific): Indigo Dr. Pt. No. 4

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.0

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☒Distribution	☒Routine Compliance (with 62-550)	☐Quarterly (Which Quarter?)
☐Entry Point (to Distribution)	☐Confirmation of MCL Exceedance*	☐Special (not for compliance with 62-550)
☐Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
☐Raw (at well or intake)	☐Clearance (permitting)	☐Replacement (of Invalidated Sample)
☒Max Residence Time	☐Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐Near First Customer	Note: See attached page for 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: 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: 7/9/08

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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: 06/30/2009

South Bend, IN 46617 Phone #: 574-233-4777

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/10/2008

PWS ID (From Page 1): 1170527 Sample Number (From Page 1): 1884748+54

Lab Assigned Report Number or Job ID: 207316

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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 Dungy (Print Name), Reporter (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 Dungy Date: 7/30/08

Finalized by: NBB Date: 7/30/2008

* 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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 207316

Disinfectant Residual (mg/L) (From Page 1): 0.6

PWS ID (From Page 1): 1170527

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L							E87775
1011	Bromate	10	µg/L							E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.0	U	552.2	2.0	07/17/08	17:45	E87775
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	17:45	E87775
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	17:45	E87775
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	17:45	E87775
2454	Dibromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	17:45	E87775
2456	Total Haloacetic Acids (HAA5)	60	µg/L	2.0	U	552.2		07/17/08	17:45	E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.5	U	524.2	0.5	07/13/08	19:21	E87775
2942	Bromoform	N/A	µg/L	**1.9**		524.2	0.5	07/13/08	19:21	E87775
2943	Bromodichloromethane	N/A	µg/L	0.5	U	524.2	0.5	07/13/08	19:21	E87775
2944	Dibromochloromethane	N/A	µg/L	**1.4**		524.2	0.5	07/13/08	19:21	E87775
2950	Total Trihalomethanes	80	µg/L	**3.3**		524.2		07/13/08	19:21	E87775

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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. #: 1 1 7 0 5 2 7

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: 1884749+55 Location Code (if known):

Sample Date: 07/09/2008 Sample Time: 09:00 (AM) PM (Circle One)

Sample Location (be specific): Freeboard Pt. No. 5

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 7.2

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☒Distribution	☒Routine Compliance (with 62-550)	☐Quarterly (Which Quarter?)
☐Entry Point (to Distribution)	☐Confirmation of MCL Exceedance*	☐Special (not for compliance with 62-550)
☐Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
☐Raw (at well or intake)	☐Clearance (permitting)	☐Replacement (of Invalidated Sample)
☒Max Residence Time	☐Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐Near First Customer	Note: See attached page for 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: 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: 7/9/08

Note: This report may not be reproduced, except in full, without written approval from Underwriters Laboratories Inc. (UL). UL is accredited by the ıal Environmental Laboratory Accreditation Program (NELAP).

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: 06/30/2009

South Bend, IN 46617 Phone #: 574-233-4777

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/10/2008

PWS ID (From Page 1): 1170527 Sample Number (From Page 1): 1884749+55

Lab Assigned Report Number or Job ID: 207316

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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 Dungy (Print Name), Reporter (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 Dungy Date: 7/30/09

Finalized by: [illegible] Date: 7/30/2008

* 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: _____

e Reviewed: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 207316

Disinfectant Residual (mg/L) (From Page 1): 0.7

PWS ID (From Page 1): 1170527

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L							E87775
1011	Bromate	10	µg/L							E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.0	U	552.2	2.0	07/17/08	18:21	E87775
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	18:21	E87775
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	18:21	E87775
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	18:21	E87775
2454	Dibromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	07/17/08	18:21	E87775
2456	Total Haloacetic Acids (HAA5)	60	µg/L	2.0	U	552.2		07/17/08	18:21	E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.5	U	524.2	0.5	07/13/08	20:33	E87775
2942	Bromoform	N/A	µg/L	2.1		524.2	0.5	07/13/08	20:33	E87775
2943	Bromodichloromethane	N/A	µg/L	0.5	U	524.2	0.5	07/13/08	20:33	E87775
2944	Dibromochloromethane	N/A	µg/L	1.3		524.2	0.5	07/13/08	20:33	E87775
2950	Total Trihalomethanes	80	µg/L	3.3		524.2		07/13/08	20:33	E87775

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

LABORATORY REPORT

This report contains 22 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.

This report may not be reproduced, except in full, without written approval from Underwriters Laboratories Inc. (UL).

NELAP NARRATIVE PAGE

Client: Peoples Water Service Report #: 214055NP

Underwriters Laboratories Inc. is a NELAP accredited laboratory. All reported results meet the requirements of the NELAP standards.

UL contact person: Jim VanFleit

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.

Note: This report may not be reproduced, except in full, without written approval from Underwriters Laboratories Inc. (UL).

Jim VanFleit — PM — 11/1/08

Authorized By | Title | Date

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. #: 1 1 7 0 5 2 7

System Type (check one): ☒Community ☐Nontransient Noncommunity ☐Transient Noncommunity

Address: 905 Lownde Avenue

City: Pensacola State: FL ZIP Code: 32507-0815

Phone #: 850-455-8522 Fax #: 850-456-1010

E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1956618+25 Location Code (if known):

Sample Date: 10/13/08 Sample Time: 11:00 (AM) PM (Circle One)

Sample Location (be specific): SM 1 Well #3 entry point

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 6.9 mg/L Field pH: 7.4

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☐Distribution	☒Routine Compliance (with 62-550)	☐Quarterly (Which Quarter?)
☒Entry Point (to Distribution)	☐Confirmation of MCL Exceedance*	☐Special (not for compliance with 62-550)
☐Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
☐Raw (at well or intake)	☐Clearance (permitting)	☐Replacement (of Invalidated Sample)
☐Max Residence Time	☐Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐Near First Customer	See attached page for 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: 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), OPT (Print Title),

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 10/13/08

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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: 06/30/2009

South Bend, IN 46617 Phone #: 574-233-4777

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/15/08

PWS ID (From Page 1): 1170527 Sample Number (From Page 1): 1956618+25

Lab Assigned Report Number or Job ID: 214055

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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 Dungy (Print Name), Reporter (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 Dungy Date: 10/31/08

Finalized by: Jan Hurt Date: 11/1/08

* 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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 214055

Disinfectant Residual (mg/L) (From Page 1): 6.9

PWS ID (From Page 1): 1170527

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L							E87775
1011	Bromate	10	µg/L							E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.0	U	552.2	2.0	10/21/08	12:23	E87775
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	12:23	E87775
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	12:23	E87775
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	12:23	E87775
2454	Dibromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	12:23	E87775
2456	Total Haloacetic Acids (HAA5)	60	µg/L	2.0	U	552.2		10/21/08	12:23	E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	15:45	E87775
2942	Bromoform	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	15:45	E87775
2943	Bromodichloromethane	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	15:45	E87775
2944	Dibromochloromethane	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	15:45	E87775
2950	Total Trihalomethanes	80	µg/L	0.5	U	524.2		10/17/08	15:45	E87775

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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. #: 1 1 7 0 5 2 7

System Type (check one): ☒Community ☐Nontransient Noncommunity ☐Transient Noncommunity

Address: 905 Lownde Avenue

City: Pensacola State: FL ZIP Code: 32507-0815

Phone #: 850-455-8522 Fax #: 850-456-1010

E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1956619+26 Location Code (if known):

Sample Date: 10/13/08 Sample Time: 2:12 AM (PM) (Circle One)

Sample Location (be specific): SM 2 S Fairfield Avg, Res, time

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 mg/L Field pH: 6.8

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)
☐lant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
☐Raw (at well or intake)	☐Clearance (permitting)	☐Replacement (of Invalidated Sample)
☐Max Residence Time	☐Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐Near First Customer	See attached page for 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: 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), OPT (Print Title),

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 10/13/08

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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: 06/30/2009

South Bend, IN 46617 Phone #: 574-233-4777

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/15/08

PWS ID (From Page 1): 1170527 Sample Number (From Page 1): 1956619+26

Lab Assigned Report Number or Job ID: 214055

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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 Dungy (Print Name), Reporter (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 Dungy Date: 10/31/08

Finalized by: Jan Hunt Date: 11/1/08

* 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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 214055

Disinfectant Residual (mg/L) (From Page 1): 0.4

PWS ID (From Page 1): 1170527

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L							E87775
1011	Bromate	10	µg/L							E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.0	U	552.2	2.0	10/21/08	12:59	E87775
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	12:59	E87775
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	12:59	E87775
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	12:59	E87775
2454	Dibromoacetic Acid	N/A	µg/L	**1.4**		552.2	1.0	10/21/08	12:59	E87775
2456	Total Haloacetic Acids (HAA5)	60	µg/L	**1.4**		552.2		10/21/08	12:59	E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	16:18	E87775
2942	Bromoform	N/A	µg/L	**8.5**		524.2	0.5	10/17/08	16:18	E87775
2943	Bromodichloromethane	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	16:18	E87775
2944	Dibromochloromethane	N/A	µg/L	**3.0**		524.2	0.5	10/17/08	16:18	E87775
2950	Total Trihalomethanes	80	µg/L	**11.5**		524.2		10/17/08	16:18	E87775

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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. #: 1170527

System Type (check one): ☒Community ☐Nontransient Noncommunity ☐Transient Noncommunity

Address: 905 Lownde Avenue

City: Pensacola State: FL ZIP Code: 32507-0815

Phone #: 850-455-8522 Fax #: 850-456-1010

E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1956620+27 Location Code (if known): _____

Sample Date: 10/13/08 Sample Time: 1:39 AM (PM) (Circle One)

Sample Location (be specific): SM 3 Mizzen Ln, High HAA5 Location

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 mg/L Field pH: 7.0

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☒Distribution	☒Routine Compliance (with 62-550)	☐Quarterly (Which Quarter? _____)
☐ntry Point (to Distribution)	☐Confirmation of MCL Exceedance*	☐Special (not for compliance with 62-550)
☐Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
☐Raw (at well or intake)	☐Clearance (permitting)	☐Replacement (of Invalidated Sample)
☐Max Residence Time	☐Other: _____	
☐Ave Residence Time	Sampling Procedure Used or Other Comments: _____	
☐Near First Customer	See attached page for 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: 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, Ross Barrett (Print Name), Opt II (Print Title),

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

nature: R Barrett Date: 10/13/08

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).

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: 06/30/2009

South Bend, IN 46617 Phone #: 574-233-4777

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/15/08

PWS ID (From Page 1): 1170527 Sample Number (From Page 1): 1956620+27

Lab Assigned Report Number or Job ID: 214055

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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 Dungy (Print Name), Reporter (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 Dungy Date: 10/31/08

Finalized by: J. Wist Date: 11/1/08

* 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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 214055

Disinfectant Residual (mg/L) (From Page 1): 0.4

PWS ID (From Page 1): 1170527

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L							E87775
1011	Bromate	10	µg/L							E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.0	U	552.2	2.0	10/21/08	13:36	E87775
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	13:36	E87775
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	13:36	E87775
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	13:36	E87775
2454	Dibromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	13:36	E87775
2456	Total Haloacetic Acids (HAA5)	60	µg/L	2.0	U	552.2		10/21/08	13:36	E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	17:25	E87775
2942	Bromoform	N/A	µg/L	**2.2**		524.2	0.5	10/17/08	17:25	E87775
2943	Bromodichloromethane	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	17:25	E87775
2944	Dibromochloromethane	N/A	µg/L	**1.3**		524.2	0.5	10/17/08	17:25	E87775
2950	Total Trihalomethanes	80	µg/L	**4.5**		524.2		10/17/08	17:25	E87775

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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. #: 1 1 7 0 5 2 7

System Type (check one): ☒Community ☐Nontransient Noncommunity ☐Transient Noncommunity

Address: 905 Lownde Avenue

City: Pensacola State: FL ZIP Code: 32507-0815

Phone #: 850-455-8522 Fax #: 850-456-1010

E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1956621+28 Location Code (if known): _____

Sample Date: 10/13/08 Sample Time: 1:30 AM (PM) (Circle One)

Sample Location (be specific): SM 4 Westgate, High HAA5 Location

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

☐ntry 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: _____

See attached page for 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: 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), OPT (Print Title),

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

ıature: R V Barrett Date: 10/13/08

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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: 06/30/2009

South Bend, IN 46617 Phone #: 574-233-4777

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/15/08

PWS ID (From Page 1): 1170527 Sample Number (From Page 1): 1956621+28

Lab Assigned Report Number or Job ID: 214055

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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 Dungy (Print Name), Reporter (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 Dungy Date: 10/31/08

Finalized by: John Hunt Date: 11/1/08

* 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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 214055

Disinfectant Residual (mg/L) (From Page 1): 0.5

PWS ID (From Page 1): 1170527

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L							E87775
1011	Bromate	10	µg/L							E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.0	U	552.2	2.0	10/21/08	14:12	E87775
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	14:12	E87775
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	14:12	E87775
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	14:12	E87775
2454	Dibromoacetic Acid	N/A	µg/L	**1.0**		552.2	1.0	10/21/08	14:12	E87775
2456	Total Haloacetic Acids (HAA5)	60	µg/L	**1.0**		552.2		10/21/08	14:12	E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	17:59	E87775
2942	Bromoform	N/A	µg/L	**3.7**		524.2	0.5	10/17/08	17:59	E87775
2943	Bromodichloromethane	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	17:59	E87775
2944	Dibromochloromethane	N/A	µg/L	**1.4**		524.2	0.5	10/17/08	17:59	E87775
2950	Total Trihalomethanes	80	µg/L	**5.1**		524.2		10/17/08	17:59	E87775

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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. #: 1 1 7 0 5 2 7

System Type (check one): ☒Community ☐Nontransient Noncommunity ☐Transient Noncommunity

Address: 905 Lownde Avenue

City: Pensacola State: FL ZIP Code: 32507-0815

Phone #: 850-455-8522 Fax #: 850-456-1010

E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1956622+29 Location Code (if known):

Sample Date: 10/13/08 Sample Time: 1:46 AM (PM) (Circle One)

Sample Location (be specific): SM 5 Downhall, High TTHM Location

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 mg/L Field pH: 6.9

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☒Distribution	☒Routine Compliance (with 62-550)	☐Quarterly (Which Quarter?)
ntry Point (to Distribution)	☐Confirmation of MCL Exceedance*	☐Special (not for compliance with 62-550)
☐Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
☐Raw (at well or intake)	☐Clearance (permitting)	☐Replacement (of Invalidated Sample)
☐Max Residence Time	☐Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐Near First Customer	See attached page for 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: 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, Ross Barrett (Print Name), opt. II (Print Title),

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

ıature: Date: 10/13/08

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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: 06/30/2009

South Bend, IN 46617 Phone #: 574-233-4777

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/15/08

PWS ID (From Page 1): 1170527 Sample Number (From Page 1): 1956622+29

Lab Assigned Report Number or Job ID: 214055

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 Dungy (Print Name), Reporter (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 Dungy Date: 10/31/08

Finalized by: Jean Hunt Date: 11/1/08

* 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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 214055

Disinfectant Residual (mg/L) (From Page 1): 0.4

PWS ID (From Page 1): 1170527

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L							E87775
1011	Bromate	10	µg/L							E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.0	U	552.2	2.0	10/21/08	14:48	E87775
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	14:48	E87775
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	14:48	E87775
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	14:48	E87775
2454	Dibromoacetic Acid	N/A	µg/L	**1.1**		552.2	1.0	10/21/08	14:48	E87775
2456	Total Haloacetic Acids (HAA5)	60	µg/L	**1.1**		552.2		10/21/08	14:48	E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	18:32	E87775
2942	Bromoform	N/A	µg/L	**2.3**		524.2	0.5	10/17/08	18:32	E87775
2943	Bromodichloromethane	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	18:32	E87775
2944	Dibromochloromethane	N/A	µg/L	**1.5**		524.2	0.5	10/17/08	18:32	E87775
2950	Total Trihalomethanes	80	µg/L	**3.8**	U	524.2		10/17/08	18:32	E87775

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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. #: 1 1 7 0 5 2 7

System Type (check one): ☒Community ☐Nontransient Noncommunity ☐Transient Noncommunity

Address: 905 Lownde Avenue

City: Pensacola State: FL ZIP Code: 32507-0815

Phone #: 850-455-8522 Fax #: 850-456-1010

E-Mail Address: TheoDeleon@PeoplesWaterService.Com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1956623+30 Location Code (if known):

Sample Date: 10/13/08 Sample Time: 1:57 AM (PM) (Circle One)

Sample Location (be specific): SM 6 Foggy Bottom, High TTHM Location

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 6.8

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:	
☐Near First Customer	See attached page for 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: 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), Opt II (Print Title),

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 10/13/08

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).

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: 06/30/2009

South Bend, IN 46617 Phone #: 574-233-4777

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/15/08

PWS ID (From Page 1): 1170527 Sample Number (From Page 1): 1956623+30

Lab Assigned Report Number or Job ID: 214055

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	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 Dungy (Print Name), Reporter (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 Dungy Date: 10/31/08

Finalized by: Jon Hart Date: 11/1/08

* 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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 214055

Disinfectant Residual (mg/L) (From Page 1): 0.5

PWS ID (From Page 1): 1170527

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L							E87775
1011	Bromate	10	µg/L							E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.0	U	552.2	2.0	10/21/08	15:25	E87775
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	15:25	E87775
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	15:25	E87775
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	552.2	1.0	10/21/08	15:25	E87775
2454	Dibromoacetic Acid	N/A	µg/L	**1.0**		552.2	1.0	10/21/08	15:25	E87775
2456	Total Haloacetic Acids (HAA5)	60	µg/L	**1.0**		552.2		10/21/08	15:25	E87775

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	19:06	E87775
2942	Bromoform	N/A	µg/L	**2.2**		524.2	0.5	10/17/08	19:06	E87775
2943	Bromodichloromethane	N/A	µg/L	0.5	U	524.2	0.5	10/17/08	19:06	E87775
2944	Dibromochloromethane	N/A	µg/L	**1.6**		524.2	0.5	10/17/08	19:06	E87775
2950	Total Trihalomethanes	80	µg/L	**3.8**		524.2		10/17/08	19:06	E87775

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Table 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

PWS CERTIFICATION OF NOTIFICATION OF LEAD AND COPPER TAP SAMPLE RESULTS

TRUCTIONS: This form shall be completed and submitted by community or non-transient non-community water systems that take ...d and copper tap samples in accordance with 40 CFR 141.86 and that have one or more individual sample results exceeding sither 0.015 milligrams/liter (mg/L) for lead or 1.3 mg/L for copper during a monitoring period. Such systems shall, within 60 days after receiving each individual sample result exceeding either 0.015 mg/L for lead or 1.3 mg/L for copper, notify the customer in writing of the sample result. WITHIN 70 DAYS AFTER RECEIVING ALL LEAD AND COPPER TAP SAMPLE RESULTS FOR A MONITORING PERIOD IN WHICH ONE OR MORE OF THE INDIVIDUAL SAMPLE RESULTS EXCEEDS EITHER 0.015 MG/L FOR LEAD OR 1.3 MG/L FOR COPPER, such systems also shall complete this form and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided on this form shall be typed or printed in ink.

I. General Information		
Public Water System (PWS) Name: Peoples Water Service Company Of Florida, Inc.		
PWS Identification Number: 1170527	PWS Type: ☒ Community ☐ Non-Transient Non-Community	
PWS Size: ☐ Small ☐ Medium ☒ Large		
PWS Owner: Peoples Water Service Company Of Florida, Inc.		
Contact Person: Mark Cross	Contact Person's Title: Manager	
Contact Person's Mailing Address: 905 Lownde Avenue		
City: Pensacola	State: Florida	Zip Code: 32507-0815
Contact Person's Telephone Number: 850-455-8552	Contact Person's Fax Number: 850-456-1010	
Contact Person's E-Mail Address: MarkCross@PeoplesWaterService.Com		

II. Certification*

A. Certification by a Community Water System (CWS)

The CWS identified in Part I of this form had one or more lead and copper tap sample results exceeding either 0.015 mg/L for lead or 1.3 mg/L for copper during the following monitoring period: 2007

am duly authorized to sign this form on behalf of the CWS. I certify that, within 60 days after the CWS received each individual ...ead and copper tap sample result exceeding either 0.015 mg/L for lead or 1.3 mg/L for copper during this monitoring period, the CWS notified the customer in writing of the sample result.

Signature and Date	Printed or Typed Name	Title
7-9-07	Mark Cross	Manager

B. Certification by a Non-Transient Non-Community Water System (or a Community Water System Serving a Facility Where the Population Served Is Prevented from Making Plumbing Improvements and Is Not Separately Charged for Water Consumption)

The PWS identified in Part I of this form had one or more lead and copper tap sample results exceeding either 0.015 mg/L for lead or 1.3 mg/L for copper during the following monitoring period:

I am duly authorized to sign this form on behalf of the PWS. I certify that, within 60 days after the PWS received each individual lead and copper tap sample result exceeding either 0.015 mg/L for lead or 1.3 mg/L for copper during this monitoring period, the PWS posted the sample results in a public place or common area in the building(s) where the samples were taken.

Signature and Date	Printed or Typed Name	Title

* *A community water system (CWS) shall complete the certification in Part II.A of this form unless the CWS is serving a facility (such as a prison or hospital) where the population served is prevented from making plumbing improvements and is not separately charged for water consumption, in which case the CWS may use the certification in Part II.B of this form. A non-transient non-community water system shall complete the certification in Part II.B of this form.*

LEAD AND COPPER TAP SAMPLE ANALYSIS AND RESULT RANKING

REPORTING FORMAT 62-550.730(4)(a)

System Name:	Peoples Water Service Co. of Fl. Inc.	Date Submitted to Lab:	7-Jun-07
WS-ID:	1170527	Analysis Date:	11-Jun-07
Laboratory Name:	The Water Spigot Inc.	Lab Analysis Method:	SM 3111 B
Lab-ID:	E81105	**Lead or Copper (list one):**	Copper
Contact Person:	Ellen Peel	Method Detection Limit:	0.001
Phone:	850-871-1900	90th Percentile Value:	0.54

Site Status S/O	Rank	Street Address	No	Tier	LAB SAMPLE ID	DATE SITE	LEAD	COPPER
S	1	414 Creary St	30	1	WS060707-190	6/5/2007	****	0.01
S	2	7535 Sandy Creek Dr	10	1	WS060707-174	6/5/2007	****	0.03
S	3	7544 Sandy Creek Dr	2	1	WS060707-167	6/4/2007	****	0.04
S	4	612 S. 1st St # 26	16	1	WS060707-179	6/4/2007	****	0.05
S	5	7320 Sandy Creek Dr	25	1	WS060707-187	6/6/2007	****	0.06
S	6	7668 Old Hickory Dr	22	1	WS060707-184	6/5/2007	****	0.09
S	7	7790 Grundy St	8	1	WS060707-172	6/4/2007	****	0.10
S	8	7674 Old Hickory Dr	23	1	WS060707-185	6/5/2007	****	0.12
S	9	7677 Old Hickory Dr	21	1	WS060707-183	6/5/2007	****	0.14
S	10	7360 Sandy Creek Dr	26	1	WS060707-188	6/5/2007	****	0.14
O	11	7419 Sandy Creek Dr	37	1	WS060707-192	6/4/2007	****	0.16
S	12	7669 Old Hickory Dr	15	1	WS060707-178	6/4/2007	****	0.18
S	13	7170 Bay Springs Dr	24	1	WS060707-186	6/5/2007	****	0.18
O	14	7737 Grundy St	44	1	WS060707-194	6/5/2007	****	0.18
S	15	3442 Chantarene Dr	17	1	WS060707-180	6/5/2007	****	0.20
S	16	7835 Bay Meadows Dr	4	1	WS060707-169	6/4/2007	****	0.23
S	17	7683 Old Hickory Dr	14	1	WS060707-177	6/6/2007	****	0.25
O	18	7662 Old Hickory Dr	36	1	WS060707-191	6/4/2007	****	0.29
O	19	7751 Grundy St	45	1	WS060707-195	6/6/2007	****	0.30
S	20	7687 Old Hickory Dr	12	1	WS060707-175	6/4/2007	****	0.32
S	21	7759 Grundy St	13	1	WS060707-176	6/4/2007	****	0.32
S	22	1821 Fox Briar Dr	19	1	WS060707-181	6/5/2007	****	0.36
S	23	7676 Old Hickory Dr	5	1	WS060707-170	6/6/2007	****	0.40
S	24	7432 Sandy Creek Dr	9	1	WS060707-173	6/4/2007	****	0.40
O	25	3413 Chantarene Dr	7	1	WS060707-171	6/5/2007	****	0.52
S	26	3374 Chantarene Dr	1	1	WS060707-166	6/4/2007	****	0.53
S	27	7797 Grundy St	20	1	WS060707-182	6/6/2007	****	0.54
O	28	1429 Lemhurst Dr	40	1	WS060707-193	6/5/2007	****	0.80
S	29	613 S 1st St # 28	29	1	WS060707-189	6/5/2007	****	0.96
S	30	3401 Chantarene Dr	3	1	WS060707-168	6/4/2007	****	0.99

CERTIFICATION: The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/- 100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in chapter 10D-41 FAC. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: ***Original signed copy attached***

NAME (PLEASE PRINT): ***Trish Jackson***

TITLE AND DATE: ***President - 6/19/07***

LEAD AND COPPER TAP SAMPLE ANALYSIS AND RESULT RANKING
REPORTING FORMAT 62-550.730(4)(a)

System Name:	Peoples Water Service Co. of Fl. Inc.	Date Submitted to Lab:	7-Jun-07
PWS-ID:	1170527	Analysis Date:	11-Jun-07
Laboratory Name:	The Water Spigot Inc.	Lab Analysis Method:	EPA 200.9
Lab-ID:	E81105	**Lead or Copper (list one):**	Lead
Contact Person:	Ellen Peel	Method Detection Limit:	0.001
Phone:	850-871-1900	90th Percentile Value:	0.015

Site Status S/O	Rank	Street Address	No	Tier	LAB SAMPLE ID	DATE SITE	LEAD	COPPER
S	1	7835 Bay Meadows Dr	4	1	WS060707-169	6/4/2007	0.001U	****
S	2	7676 Old Hickory Dr	5	1	WS060707-170	6/6/2007	0.001U	****
S	3	7535 Sandy Creek Dr	10	1	WS060707-174	6/5/2007	0.001U	****
S	4	7687 Old Hickory Dr	12	1	WS060707-175	6/4/2007	0.001U	****
S	5	7759 Grundy St	13	1	WS060707-176	6/4/2007	0.001U	****
S	6	7683 Old Hickory Dr	14	1	WS060707-177	6/6/2007	0.001U	****
S	7	1821 Fox Briar Dr	19	1	WS060707-181	6/5/2007	0.001U	****
S	8	7668 Old Hickory Dr	22	1	WS060707-184	6/5/2007	0.001U	****
S	9	7170 Bay Springs Dr	24	1	WS060707-186	6/5/2007	0.001U	****
S	10	7360 Sandy Creek Dr	26	1	WS060707-188	6/5/2007	0.001U	****
S	11	613 S 1st St # 28	29	1	WS060707-189	6/5/2007	0.001U	****
S	12	414 Creary St	30	1	WS060707-190	6/5/2007	0.001U	****
O	13	7737 Grundy St	44	1	WS060707-194	6/5/2007	0.001U	****
S	14	7432 Sandy Creek Dr	9	1	WS060707-173	6/4/2007	0.002	****
S	15	7797 Grundy St	20	1	WS060707-182	6/6/2007	0.002	****
S	16	7677 Old Hickory Dr	21	1	WS060707-183	6/5/2007	0.002	****
S	17	7320 Sandy Creek Dr	25	1	WS060707-187	6/6/2007	0.002	****
O	18	7419 Sandy Creek Dr	37	1	WS060707-192	6/4/2007	0.002	****
S	19	7790 Grundy St	8	1	WS060707-172	6/4/2007	0.003	****
O	20	7751 Grundy St	45	1	WS060707-195	6/6/2007	0.003	****
S	21	7544 Sandy Creek Dr	2	1	WS060707-167	6/4/2007	0.005	****
S	22	7669 Old Hickory Dr	15	1	WS060707-178	6/4/2007	0.006	****
S	23	3413 Chantarene Dr	7	1	WS060707-171	6/5/2007	0.009	****
S	24	612 S. 1st St # 26	16	1	WS060707-179	6/4/2007	0.009	****
O	25	1429 Lemhurst Dr	40	1	WS060707-193	6/5/2007	0.010	****
S	26	7674 Old Hickory Dr	23	1	WS060707-185	6/5/2007	0.012	****
S	27	3442 Chantarene Dr	17	1	WS060707-180	6/5/2007	0.015	****
O	28	7662 Old Hickory Dr	36	1	WS060707-191	6/4/2007	0.020	****
S	29	3401 Chantarene Dr	3	1	WS060707-168	6/4/2007	0.170	****
S	30	3374 Chantarene Dr	1	1	WS060707-166	6/4/2007	0.480 (0.098)	****

Talked w/ Kariann Hezdorf at DEP 7/16/07 8:30am
#30 PWS should be #29, Ranking is 0.048

CERTIFICATION: The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/- 100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in chapter 10D-41 FAC. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: *Original signed copy attached*

NAME (PLEASE PRINT): *Trish Jackson*

TITLE AND DATE: *President - 6/19/07*

LEAD AND COPPER TAP SAMPLE ANALYSIS AND RESULT RANKING

REPORTING FORMAT 62-550.730(4)(a)

System Name:	Peoples Water Service Co. of Fl. Inc.	Date Submitted to Lab:	7-Jun-07
PWS-ID:	1170527	Analysis Date:	11-Jun-07
Laboratory Name:	The Water Spigot Inc.	Lab Analysis Method:	EPA 200.9
Lab-ID:	E81105	**Lead or Copper (list one):**	Lead
Contact Person:	Ellen Peel	Method Detection Limit:	0.001
Phone:	850-871-1900	90th Percentile Value:	0.015

Site Sample #	Ranking	Street Address	Sample #	Tier	Lab Sample ID #	Date Collected	Lead Result	Comments
S	1	7835 Bay Meadows Dr	4	1	WS060707-169	6/4/2007	0.001U	****
S	2	7676 Old Hickory Dr	5	1	WS060707-170	6/6/2007	0.001U	****
S	3	7535 Sandy Creek Dr	10	1	WS060707-174	6/5/2007	0.001U	****
S	4	7687 Old Hickory Dr	12	1	WS060707-175	6/4/2007	0.001U	****
S	5	7759 Grundy St	13	1	WS060707-176	6/4/2007	0.001U	****
S	6	7683 Old Hickory Dr	14	1	WS060707-177	6/6/2007	0.001U	****
S	7	1821 Fox Briar Dr	19	1	WS060707-181	6/5/2007	0.001U	****
S	8	7668 Old Hickory Dr	22	1	WS060707-184	6/5/2007	0.001U	****
S	9	7170 Bay Springs Dr	24	1	WS060707-186	6/5/2007	0.001U	****
S	10	7360 Sandy Creek Dr	26	1	WS060707-188	6/5/2007	0.001U	****
S	11	613 S 1st St # 28	29	1	WS060707-189	6/5/2007	0.001U	****
S	12	414 Creary St	30	1	WS060707-190	6/5/2007	0.001U	****
S	13	7737 Grundy St	44	1	WS060707-194	6/5/2007	0.001U	****
S	14	7432 Sandy Creek Dr	9	1	WS060707-173	6/4/2007	0.002	****
S	15	7797 Grundy St	20	1	WS060707-182	6/6/2007	0.002	****
S	16	7677 Old Hickory Dr	21	1	WS060707-183	6/5/2007	0.002	****
S	17	7320 Sandy Creek Dr	25	1	WS060707-187	6/6/2007	0.002	****
O	18	7419 Sandy Creek Dr	37	1	WS060707-192	6/4/2007	0.002	****
S	19	7790 Grundy St	8	1	WS060707-172	6/4/2007	0.003	****
O	20	7751 Grundy St	45	1	WS060707-195	6/6/2007	0.003	****
S	21	7544 Sandy Creek Dr	2	1	WS060707-167	6/4/2007	0.005	****
S	22	7669 Old Hickory Dr	15	1	WS060707-178	6/4/2007	0.006	****
S	23	3413 Chantarene Dr	7	1	WS060707-171	6/5/2007	0.009	****
S	24	612 S. 1st St # 26	16	1	WS060707-179	6/4/2007	0.009	****
O	25	1429 Lemhurst Dr	40	1	WS060707-193	6/5/2007	0.010	****
S	26	7674 Old Hickory Dr	23	1	WS060707-185	6/5/2007	0.012	****
S	27	3442 Chantarene Dr	17	1	WS060707-180	6/5/2007	0.015	****
O	28	7662 Old Hickory Dr	36	1	WS060707-191	6/4/2007	0.020	****
S	29	3374 Chantarene Dr	1	1	WS060707-166	6/4/2007	0.048	****
S	30	3401 Chantarene Dr	3	1	WS060707-168	6/4/2007	0.170	****

CERTIFICATION: The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/- 100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in chapter 10D-41 FAC. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:	***Original signed copy attached***
NAME (PLEASE PRINT):	***Trish Jackson***
TITLE AND DATE:	***President - 6/19/07***

Note: Correction made 7/16/07

Lead and Copper Tap Sample Analysis And Result Ranking

Reporting Format 62-550.730(5)(a)

SYSTEM NAME : PEOPLES WATER SERVICE CO. SUBMITTED TO LAB: 06/07/07

PWS I.D:1170527 ANALYSIS DATE: 06/08/07

LABORATORY NAME: THE WATER SPIGOT, INC. Lab Analysis SM 3111 B

Lab-ID: E81105 Lead or Copper (LIST ONE) COPPER

CONTACT PERSON: ELLEN PEEL Method Detection LIMIT : 0.01

Phone: (850)-871-1900 90th Percentile Value: _____

A	RANK	LOCATION CODE		LAB SAMPLE ID.	DATE SITE	LEAD	COPPER
		NO	TIER				

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (±100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: Trish Jackson

NAME (PLEASE PRINT): TRISH JACKSON, PRESIDENT

DATE: 06/19/07

Lead and Copper Tap Sample Analysis And Result Ranking

Reporting Format 62-550.730(5)(a)

SYSTEM NAME : PEOPLES WATER SERVICE CO. SUBMITTED TO LAB: 06/07/07

PWS I.D:1170527 ANALYSIS DATE: 06/11/07

LABORATORY NAME: THE WATER SPIGOT, INC. Lab Analysis EPA 200.9

Lab-ID: E81105 Lead or Copper (LIST ONE) LEAD

CONTACT PERSON: ELLEN PEEL Method Detection LIMIT : 0.001

Phone: (850)-871-1900 90th Percentile Value: _____

A	RANK	LOCATION CODE		LAB SAMPLE ID.	DATE SITE	LEAD	COPPER
		NO	TIER				

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (±100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

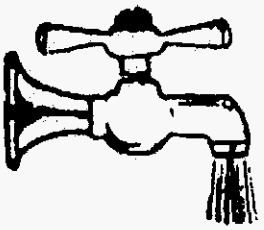
SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: _____

NAME (PLEASE PRINT): TRISH JACKSON, PRESIDENT

DATE: 06/19/07

Analysis Results Above MCL

Client Number	Analysis	Sample Number	Sample ID	Analysis Date	Time	BY	Result	MCL
2286	PB/DW	345321	People's WS0607 07-166 #1	06/11/07	0800CST	KCB	0.048	0.01
2286	PB/DW	345323	People's WS0607 07-168 #3	06/11/07	0800CST	KCB	0.170	0.01
2286	PB/DW	345346	People's WS0607 07-191 #36	06/11/07	0800CST	KCB	0.020	0.01



the water spigot, inc.

NELAP 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

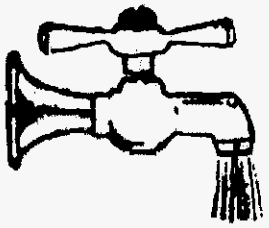
REPORT SERIAL NUMBER: 061907-8 Page 1
REPORT DATE: 06/19/07
REPORT TYPE: Original
Peoples Water Service Company
CLIENT NO. 2286
Of Florida, Inc.
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	31 Pages
CHAIN OF CUSTODY	2 Pages
DEP FORMS	2 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.
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.



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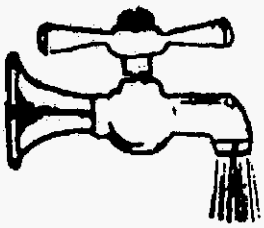
Of Florida, Inc.
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345321 SAMPLE ID- People's WS060707-166 #1 SAMPLE MATRIX- WA
DATE SAMPLED- 06/04/07 LOCATION- 3374 Chantarene Dr. TIME SAMPLED- 1500CST
DATE RECEIVED- 06/07/07 SAMPLER- Stockton RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.53	mg/l	0.01	0.050	
LE	EPA 200.9	06/11/07	0800CST	KCB	0.048	mg/l	0.002	0.0100	



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905 Lownde Ave.
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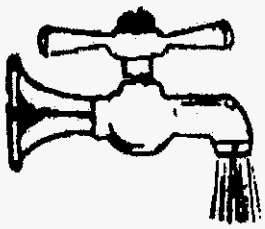
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345322 SAMPLE ID- People's WS060707-167 #2 SAMPLE MATRIX- WA
DATE SAMPLED- 06/04/07 LOCATION- 7544 Sandy Creek Dr. TIME SAMPLED- 1320CST
DATE RECEIVED- 06/07/07 SAMPLER- Allen RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.04	mg/l	0.01	0.050	I
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.005	mg/l	0.001	0.0050	



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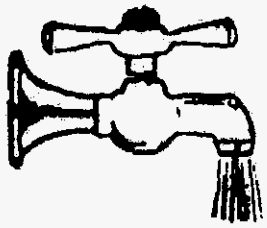
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345323 SAMPLE ID- People's WS060707-168 #3 SAMPLE MATRIX- WA
DATE SAMPLED- 06/04/07 LOCATION- 3401 Chantarene Dr. TIME SAMPLED- 1515CST
DATE RECEIVED- 06/07/07 SAMPLER- Trimble RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.99	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.170	mg/l	0.010	0.050	



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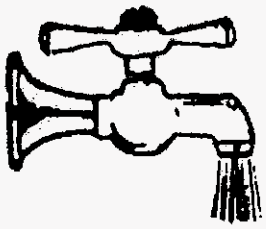
REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345324 SAMPLE ID- People's WS060707-169 #4 SAMPLE MATRIX- WA
DATE SAMPLED- 06/04/07 LOCATION- 7835 Bay Meadows Dr. TIME SAMPLED- 1322CST
DATE RECEIVED- 06/07/07 SAMPLER- Sprinkle RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.23	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.001U	mg/l	0.001	0.0050	U



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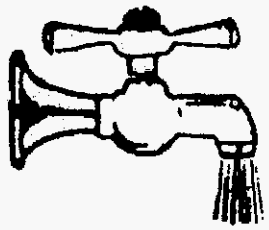
REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345325 SAMPLE ID- People's WS060707-170 #5 SAMPLE MATRIX- WA
DATE SAMPLED- 06/06/07 LOCATION- 7676 Old Hickory Dr. TIME SAMPLED- 0816CST
DATE RECEIVED- 06/07/07 SAMPLER- Salladay RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.40	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.001U	mg/l	0.001	0.0050	U



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Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345326 SAMPLE ID- People's WS060707-171 #7 SAMPLE MATRIX- WA
DATE SAMPLED- 06/05/07 LOCATION- 3413 Chantarene Dr. TIME SAMPLED- 0938CST
DATE RECEIVED- 06/07/07 SAMPLER- Bairott RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

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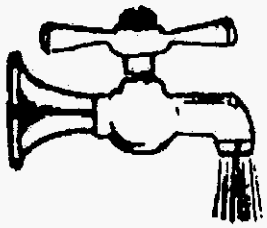
ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.52	mg/l	0.01	0.050	
LE	EPA 200.9	06/11/07	0800CST	KCB	0.009	mg/l	0.001	0.0050	



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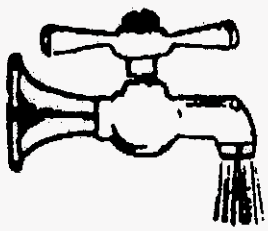
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345327 SAMPLE ID- People's WS060707-172 #8 SAMPLE MATRIX- WA
DATE SAMPLED- 06/04/07 LOCATION- 7790 Grundy St. TIME SAMPLED- 1020CST
DATE RECEIVED- 06/07/07 SAMPLER- Fox RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

Page 8 Report # 061907-8

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.10	mg/l	0.01	0.050	
LEA	EPA 200.9	06/11/07	0800CST	KCB	0.003	mg/l	0.001	0.0050	I



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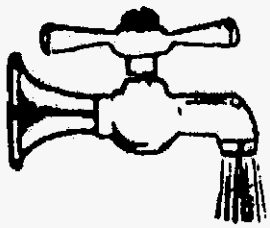
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345328 SAMPLE ID- People's WS060707-173 #9 SAMPLE MATRIX- WA
DATE SAMPLED- 06/04/07 LOCATION- 7432 Sandy Creek Dr. TIME SAMPLED- 0945CST
DATE RECEIVED- 06/07/07 SAMPLER- Boston RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.40	mg/l	0.01	0.050	
LE	EPA 200.9	06/11/07	0800CST	KCB	0.002	mg/l	0.001	0.0050	I



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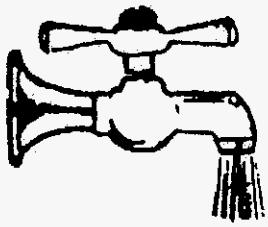
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345329 SAMPLE ID- People's WS060707-174 #10 SAMPLE MATRIX- WA
DATE SAMPLED- 06/05/07 LOCATION- 7535 Sandy Creek TIME SAMPLED- 0836CST
DATE RECEIVED- 06/07/07 SAMPLER- Palagana RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

Page 10 Report # 061907-8

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.03	mg/l	0.01	0.050	I
LE/	EPA 200.9	06/11/07	0800CST	KCB	0.001U	mg/l	0.001	0.0050	U



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Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345330 SAMPLE ID- People's WS060707-175 #12 SAMPLE MATRIX- WA
DATE SAMPLED- 06/04/07 LOCATION- 7687 Old Hickory Dr. TIME SAMPLED- 0900CST
DATE RECEIVED- 06/07/07 SAMPLER- Randall RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

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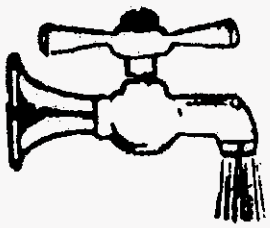
ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.32	mg/l	0.01	0.050	
LE	EPA 200.9	06/11/07	0800CST	KCB	0.001U	mg/l	0.001	0.0050	U



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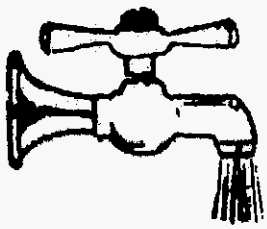
REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345331 SAMPLE ID- People's WS060707-176 #13 SAMPLE MATRIX- WA
DATE SAMPLED- 06/04/07 LOCATION- 7759 Grundy St. TIME SAMPLED- 1030CST
DATE RECEIVED- 06/07/07 SAMPLER- Mahina RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.32	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.001	mg/l	0.001	0.0050	I



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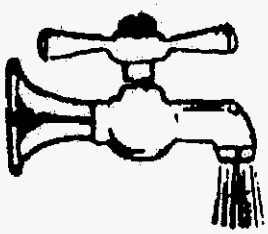
REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345332 SAMPLE ID- People's WS060707-177 #14 SAMPLE MATRIX- WA
DATE SAMPLED- 06/06/07 LOCATION- 7683 Old Hickory Dr. TIME SAMPLED- 0815CST
DATE RECEIVED- 06/07/07 SAMPLER- Shafer RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.25	mg/l	0.01	0.050	
LE	EPA 200.9	06/11/07	0800CST	KCB	0.001U	mg/l	0.001	0.0050	U



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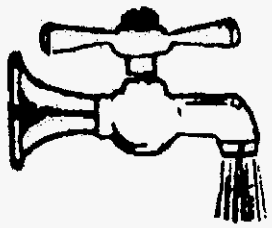
REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345333 SAMPLE ID- People's WS060707-178 #15 SAMPLE MATRIX- WA
DATE SAMPLED- 06/04/07 LOCATION- 7669 Old Hickory Dr. TIME SAMPLED- 0925CST
DATE RECEIVED- 06/07/07 SAMPLER- Willis RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.18	mg/l	0.01	0.050	
LE	EPA 200.9	06/11/07	0800CST	KCB	0.006	mg/l	0.001	0.0050	



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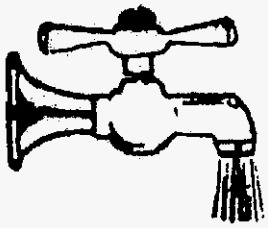
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345334 SAMPLE ID- People's WS060707-179 #16 SAMPLE MATRIX- WA
DATE SAMPLED- 06/04/07 LOCATION- 612 S. 1st St. #26 TIME SAMPLED- 1530CST
DATE RECEIVED- 06/07/07 SAMPLER- Bay RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.05	mg/l	0.01	0.050	I
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.009	mg/l	0.001	0.0050	



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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.
905 Lownde Ave.
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345335 SAMPLE ID- People's WS060707-180 #17 SAMPLE MATRIX- WA
DATE SAMPLED- 06/05/07 LOCATION- 3442 Chantarene Dr. TIME SAMPLED- 1600CST
DATE RECEIVED- 06/07/07 SAMPLER- Scherrill RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

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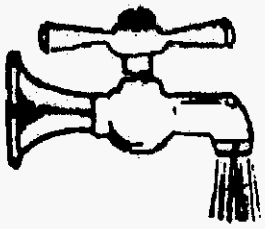
ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.20	mg/l	0.01	0.050	
LE	EPA 200.9	06/11/07	0800CST	KCB	0.015	mg/l	0.001	0.0050	



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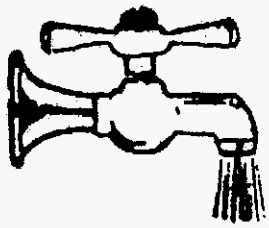
Pensacola, FL 32507-0815
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345336 SAMPLE ID- People's WS060707-181 #19 SAMPLE MATRIX- WA
DATE SAMPLED- 06/05/07 LOCATION- 1821 Fox Briar Dr. TIME SAMPLED- 0845CST
DATE RECEIVED- 06/07/07 SAMPLER- Cardwell RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.36	mg/l	0.01	0.050	
LE	EPA 200.9	06/11/07	0800CST	KCB	0.001U	mg/l	0.001	0.0050	U



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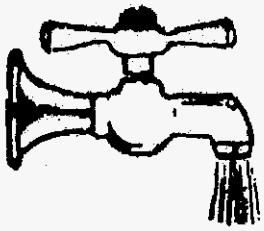
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345337 SAMPLE ID- People's WS060707-182 #20 SAMPLE MATRIX- WA
DATE SAMPLED- 06/06/07 LOCATION- 7797 Grundy St. TIME SAMPLED- 0832CST
DATE RECEIVED- 06/07/07 SAMPLER- Biggerstaff RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.54	mg/l	0.01	0.050	
LE	EPA 200.9	06/11/07	0800CST	KCB	0.002	mg/l	0.001	0.0050	I



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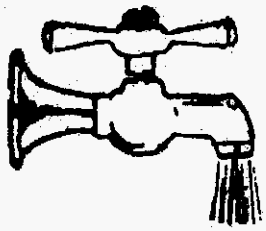
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345338 SAMPLE ID- People's WS060707-183 #21 SAMPLE MATRIX- WA
DATE SAMPLED- 06/05/07 LOCATION- 7677 Old Hickory Dr. TIME SAMPLED- 0820CST
DATE RECEIVED- 06/07/07 SAMPLER- McDonald RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.14	mg/l	0.01	0.050	
LE	EPA 200.9	06/11/07	0800CST	KCB	0.002	mg/l	0.001	0.0050	I



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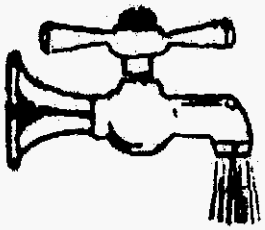
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345339 SAMPLE ID- People's WS060707-184 #22 SAMPLE MATRIX- WA
DATE SAMPLED- 06/05/07 LOCATION- 7668 Old Hickory Dr. TIME SAMPLED- 0822CST
DATE RECEIVED- 06/07/07 SAMPLER- Thornton RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.09	mg/l	0.01	0.050	
LE	EPA 200.9	06/11/07	0800CST	KCB	0.001U	mg/l	0.001	0.0050	U



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REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345340 SAMPLE ID- People's WS060707-185 #23 SAMPLE MATRIX- WA
DATE SAMPLED- 06/05/07 LOCATION- 7674 Old Hickory Dr. TIME SAMPLED- 1100CST
DATE RECEIVED- 06/07/07 SAMPLER- Carnes RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

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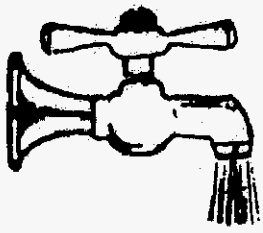
ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.12	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.012	mg/l	0.001	0.0050	



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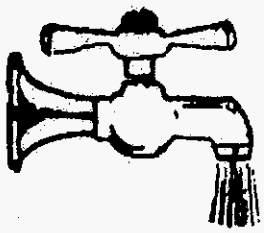
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345341 SAMPLE ID- People's WS060707-186 #24 SAMPLE MATRIX- WA
DATE SAMPLED- 06/05/07 LOCATION- 7170 Bay Springs Dr. TIME SAMPLED- 0827CST
DATE RECEIVED- 06/07/07 SAMPLER- Nelson RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.18	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.001U	mg/l	0.001	0.0050	U



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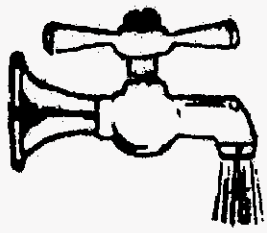
REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345342 SAMPLE ID- People's WS060707-187 #25 SAMPLE MATRIX- WA
DATE SAMPLED- 06/06/07 LOCATION- 7320 Sandy Creek Dr. TIME SAMPLED- 0820CST
DATE RECEIVED- 06/07/07 SAMPLER- Means RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.06	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.002	mg/l	0.001	0.0050	I



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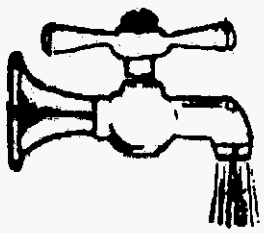
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345343 SAMPLE ID- People's WS060707-188 #26 SAMPLE MATRIX- WA
DATE SAMPLED- 06/05/07 LOCATION- 7360 Sandy Creek Dr. TIME SAMPLED- 0833CST
DATE RECEIVED- 06/07/07 SAMPLER- Erigio RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.14	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.001U	mg/l	0.001	0.0050	U



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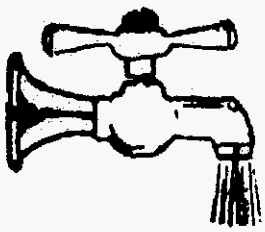
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345344 SAMPLE ID- People's WS060707-189 #29 SAMPLE MATRIX- WA
DATE SAMPLED- 06/05/07 LOCATION- 613 S. 1ST St. #28 TIME SAMPLED- 0923CST
DATE RECEIVED- 06/07/07 SAMPLER- Watford RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.98	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.001U	mg/l	0.001	0.0050	U



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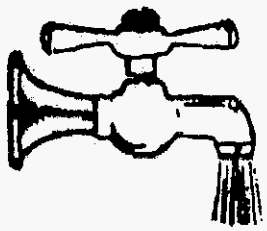
REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345345 SAMPLE ID- People's WS060707-190 #30 SAMPLE MATRIX- WA
DATE SAMPLED- 06/05/07 LOCATION- 414 Creary St. TIME SAMPLED- 0930CST
DATE RECEIVED- 06/07/07 SAMPLER- Spinner RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.01	mg/l	0.01	0.050	I
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.001U	mg/l	0.001	0.0050	U



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REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345346 SAMPLE ID- People's WS060707-191 #36 SAMPLE MATRIX- WA
DATE SAMPLED- 06/04/07 LOCATION- 7662 Old Hickory Dr. TIME SAMPLED- 0920CST
DATE RECEIVED- 06/07/07 SAMPLER- Dawals RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

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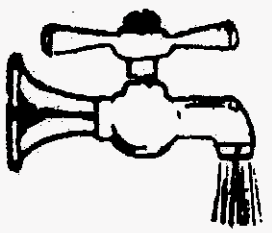
ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.29	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.020	mg/l	0.001	0.0050	



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REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345347 SAMPLE ID- People's WS060707-192 #37 SAMPLE MATRIX- WA
DATE SAMPLED- 06/04/07 LOCATION- 7419 Sandy Creek Dr. TIME SAMPLED- 0915CST
DATE RECEIVED- 06/07/07 SAMPLER- Smith RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

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ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.16	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.002	mg/l	0.001	0.0050	I

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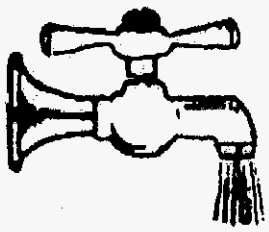
Attn: Theo DeLeon Ext.211

REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345348 SAMPLE ID- People's WS060707-193 #40 SAMPLE MATRIX- WA
DATE SAMPLED- 06/05/07 LOCATION- 1429 Lemhurst TIME SAMPLED- 0940CST
DATE RECEIVED- 06/07/07 SAMPLER- Clifford RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.80	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.010	mg/l	0.001	0.0050	



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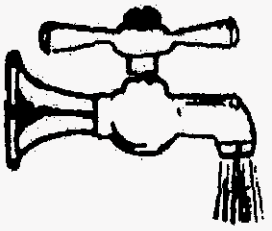
REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345349 SAMPLE ID- People's WS060707-194 #44 SAMPLE MATRIX- WA
DATE SAMPLED- 06/05/07 LOCATION- 7737 Grundy St. TIME SAMPLED- 0845CST
DATE RECEIVED- 06/07/07 SAMPLER- Barrett RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.18	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.001U	mg/l	0.001	0.0050	U



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REPORT DATE: 06/19/07
CLIENT NUMBER: 2286

SAMPLE NUMBER- 345350 SAMPLE ID- People's WS060707-195 #45 SAMPLE MATRIX- WA
DATE SAMPLED- 06/06/07 LOCATION- 7751 Grundy St. TIME SAMPLED- 0830CST
DATE RECEIVED- 06/07/07 SAMPLER- Irvine RECEIVED BY- EP
TIME RECEIVED- 1430CST DELIVERED BY- GREYHOUND/JP

Page 31 Report # 061907-8

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COPPER	SM 3111 B	06/08/07	0830CST	GB	0.30	mg/l	0.01	0.050	
LEAD	EPA 200.9	06/11/07	0800CST	KCB	0.003	mg/l	0.001	0.0050	I

LEAD AND COPPER TAP SAMPLE ANALYSIS AND RESULT RANKING
REPORTING FORMAT 62-550.730(4)(a)

System Name:	Peoples Water Service Co. of Fl. Inc.	Date Submitted to Lab:	7-Jun-07
PWS-ID:	1170527	Analysis Date:	11-Jun-07
Laboratory Name:	The Water Spigot Inc.	Lab Analysis Method:	SM 3111 B
Lab-ID:	E81105	**Lead or Copper (list one):**	Copper
Contact Person:	Ellen Peel	Method Detection Limit:	0.001
Phone:	850-871-1900	90th Percentile Value:	0.54

Site Status S/O	Rank	Street Address	No	Tier	LAB SAMPLE ID	DATE SITE	LEAD	COPPER
S	1	414 Creary St	30	1	WS060707-190	6/5/2007	****	0.01
S	2	7535 Sandy Creek Dr	10	1	WS060707-174	6/5/2007	****	0.03
S	3	7544 Sandy Creek Dr	2	1	WS060707-167	6/4/2007	****	0.04
S	4	612 S. 1st St # 26	16	1	WS060707-179	6/4/2007	****	0.05
S	5	7320 Sandy Creek Dr	25	1	WS060707-187	6/6/2007	****	0.06
S	6	7668 Old Hickory Dr	22	1	WS060707-184	6/5/2007	****	0.09
S	7	7790 Grundy St	8	1	WS060707-172	6/4/2007	****	0.10
S	8	7674 Old Hickory Dr	23	1	WS060707-185	6/5/2007	****	0.12
S	9	7677 Old Hickory Dr	21	1	WS060707-183	6/5/2007	****	0.14
S	10	7360 Sandy Creek Dr	26	1	WS060707-188	6/5/2007	****	0.14
O	11	7419 Sandy Creek Dr	37	1	WS060707-192	6/4/2007	****	0.16
	12	7669 Old Hickory Dr	15	1	WS060707-178	6/4/2007	****	0.18
	13	7170 Bay Springs Dr	24	1	WS060707-186	6/5/2007	****	0.18
O	14	7737 Grundy St	44	1	WS060707-194	6/5/2007	****	0.18
S	15	3442 Chantarene Dr	17	1	WS060707-180	6/5/2007	****	0.20
S	16	7835 Bay Meadows Dr	4	1	WS060707-169	6/4/2007	****	0.23
S	17	7683 Old Hickory Dr	14	1	WS060707-177	6/6/2007	****	0.25
O	18	7662 Old Hickory Dr	36	1	WS060707-191	6/4/2007	****	0.29
O	19	7751 Grundy St	45	1	WS060707-195	6/6/2007	****	0.30
S	20	7687 Old Hickory Dr	12	1	WS060707-175	6/4/2007	****	0.32
S	21	7759 Grundy St	13	1	WS060707-176	6/4/2007	****	0.32
S	22	1821 Fox Briar Dr	19	1	WS060707-181	6/5/2007	****	0.36
S	23	7676 Old Hickory Dr	5	1	WS060707-170	6/6/2007	****	0.40
S	24	7432 Sandy Creek Dr	9	1	WS060707-173	6/4/2007	****	0.40
O	25	3413 Chantarene Dr	7	1	WS060707-171	6/5/2007	****	0.52
S	26	3374 Chantarene Dr	1	1	WS060707-166	6/4/2007	****	0.53
S	27	7797 Grundy St	20	1	WS060707-182	6/6/2007	****	0.54
O	28	1429 Lemhurst Dr	40	1	WS060707-193	6/5/2007	****	0.80
S	29	613 S 1st St # 28	29	1	WS060707-189	6/5/2007	****	0.98
S	30	3401 Chantarene Dr	3	1	WS060707-168	6/4/2007	****	0.99

CERTIFICATION: The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/- 100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in chapter 10D-41 FAC. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: *Original signed copy attached*

NAME (PLEASE PRINT): *Trish Jackson*

TITLE AND DATE: *President - 6/19/07*

LEAD AND COPPER TAP SAMPLE ANALYSIS AND RESULT RANKING

REPORTING FORMAT 62-550.730(4)(a)

;em Name:	Peoples Water Service Co. of Fl. Inc.	Date Submitted to Lab:	7-Jun-07
PWS-ID:	1170527	Analysis Date:	11-Jun-07
Laboratory Name:	The Water Spigot Inc.	Lab Analysis Method:	EPA 200.9
Lab-ID:	E81105	**Lead or Copper (list one):**	Lead
Contact Person:	Ellen Peel	Method Detection Limit:	0.001
Phone:	850-871-1900	90th Percentile Value:	0.015

Site Status S/O	Rank	Street Address	No	Tier	LAB SAMPLE ID	DATE SITE	LEAD	COPPER
S	1	7835 Bay Meadows Dr	4	1	WS060707-169	6/4/2007	0.001U	****
S	2	7676 Old Hickory Dr	5	1	WS060707-170	6/6/2007	0.001U	****
S	3	7535 Sandy Creek Dr	10	1	WS060707-174	6/5/2007	0.001U	****
S	4	7687 Old Hickory Dr	12	1	WS060707-175	6/4/2007	0.001U	****
S	5	7759 Grundy St	13	1	WS060707-176	6/4/2007	0.001U	****
S	6	7683 Old Hickory Dr	14	1	WS060707-177	6/6/2007	0.001U	****
S	7	1821 Fox Briar Dr	19	1	WS060707-181	6/5/2007	0.001U	****
S	8	7668 Old Hickory Dr	22	1	WS060707-184	6/5/2007	0.001U	****
S	9	7170 Bay Springs Dr	24	1	WS060707-186	6/5/2007	0.001U	****
S	10	7360 Sandy Creek Dr	26	1	WS060707-188	6/5/2007	0.001U	****
S	11	613 S 1st St # 28	29	1	WS060707-189	6/5/2007	0.001U	****
	12	414 Creary St	30	1	WS060707-190	6/5/2007	0.001U	****
O	13	7737 Grundy St	44	1	WS060707-194	6/5/2007	0.001U	****
S	14	7432 Sandy Creek Dr	9	1	WS060707-173	6/4/2007	0.002	****
S	15	7797 Grundy St	20	1	WS060707-182	6/6/2007	0.002	****
S	16	7677 Old Hickory Dr	21	1	WS060707-183	6/5/2007	0.002	****
S	17	7320 Sandy Creek Dr	25	1	WS060707-187	6/6/2007	0.002	****
O	18	7419 Sandy Creek Dr	37	1	WS060707-192	6/4/2007	0.002	****
S	19	7790 Grundy St	8	1	WS060707-172	6/4/2007	0.003	****
O	20	7751 Grundy St	45	1	WS060707-195	6/6/2007	0.003	****
S	21	7544 Sandy Creek Dr	2	1	WS060707-167	6/4/2007	0.005	****
S	22	7669 Old Hickory Dr	15	1	WS060707-178	6/4/2007	0.006	****
S	23	3413 Chantarene Dr	7	1	WS060707-171	6/5/2007	0.009	****
S	24	612 S. 1st St # 26	16	1	WS060707-179	6/4/2007	0.009	****
O	25	1429 Lemhurst Dr	40	1	WS060707-193	6/5/2007	0.010	****
S	26	7674 Old Hickory Dr	23	1	WS060707-185	6/5/2007	0.012	****
S	27	3442 Chantarene Dr	17	1	WS060707-180	6/5/2007	0.015	****
O	28	7662 Old Hickory Dr	36	1	WS060707-191	6/4/2007	0.020	****
S	29	3401 Chantarene Dr	3	1	WS060707-168	6/4/2007	0.170	****
S	30	3374 Chantarene Dr	1	1	WS060707-166	6/4/2007	0.480	****

CERTIFICATION: The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/- 100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in chapter 10D-41 FAC. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SI TURE OF AUTHORIZED LABORATORY REPRESENTATIVE: *Original signed copy attached*

NAME (PLEASE PRINT): *Trish Jackson*

TITLE AND DATE: *President - 6/19/07*

Lead and Copper Tap Sample Analysis And Result Ranking

Reporting Format 62-550.730(5)(a)

SYSTEM NAME : PEOPLES WATER SERVICE CO. SUBMITTED TO LAB: 06/07/07

PWS I.D:1170527 ANALYSIS DATE: 06/08/07

LABORATORY NAME: THE WATER SPIGOT, INC. Lab Analysis SM 3111 B

Lab-ID: E81105 Lead or Copper (LIST ONE) COPPER

CONTACT PERSON: ELLEN PEEL Method Detection LIMIT : 0.01

Phone: (850)-871-1900 90th Percentile Value: _____

A	RANK	LOCATION CODE		LAB SAMPLE ID.	DATE SITE	LEAD	COPPER
		NO	TIER				

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (±100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: Trish Jackson

NAME (PLEASE PRINT): TRISH JACKSON, PRESIDENT

DATE: 06/19/07

Lead and Copper Tap Sample Analysis And Result Ranking

Reporting Format 62-550.730(5)(a)

SYSTEM NAME : PEOPLES WATER SERVICE CO. SUBMITTED TO LAB: 06/07/07

PWS I.D:1170527 ANALYSIS DATE: 06/11/07

LABORATORY NAME: THE WATER SPIGOT, INC. Lab Analysis EPA 200.9

Lab-ID: E81105 Lead or Copper (LIST ONE) LEAD

CONTACT PERSON: ELLEN PEEL Method Detection LIMIT : 0.001

Phone: (850)-871-1900 90th Percentile Value: _____

A	RANK	LOCATION CODE		LAB SAMPLE ID.	DATE SITE	LEAD	COPPER
		NO	TIER				

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (±100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: _____

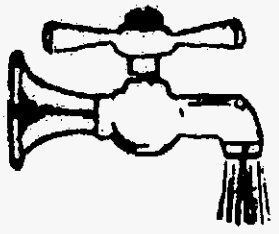
NAME (PLEASE PRINT): TRISH JACKSON, PRESIDENT

DATE: 06/19/07

Analysis Results Above MCL

Page 1

Client Number	Analysis	Sample Number	Sample ID	Analysis Date	Time	BY	Result	MCL
2286	PB/DW	345321	People's WS0607 07-166 #1	06/11/07	0800CST	KCB	0.048	0.01
2286	PB/DW	345323	People's WS0607 07-168 #3	06/11/07	0800CST	KCB	0.170	0.01
2286	PB/DW	345346	People's WS0607 07-191 #36	06/11/07	0800CST	KCB	0.020	0.01



the water spigot, inc.

NELAP 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: 061907-8 Page 1
REPORT DATE: 06/19/07
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	31 Pages
CHAIN OF CUSTODY	2 Pages
DEP FORMS	2 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.
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.

LAB FORMAT FOR REPORTING DRINKING WATER ANALYSES

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Peoples Water Service Co. Of FL I.D. #: 1170527

Address: 905 Lownde Ave. Pensacola, FL Phone #: 850-455-8552

Type(check one): (X) Community ( ) Nontransient Noncommunity ( ) Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 05/28/02 Sample Time : 0900

Sample Location (be specific): Comp.4sample station

Sampler Name and Phone: Russ Barrett 850-455-8552

Sampler's Signature: Title : Operator II

Check Type(s): (X) Distribution ( ) Recheck of MCL ( ) Resample of Lab Invalidated Sample
( ) Clearance ( ) Thm Max Res Time ( ) Plant Tap
( ) Distrib entry pt ( ) Raw ( ) Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) - ATTACH HRS ANALYTE SHEET*

Lab Name: The Water Spigot,Inc HRS #: E81105 Expiration Date: 06-30-03

Address: 5806 E. Hwy 22, Panama City, FL 32404 Phone #: 850-871-1900

Subcontracted Lab HRS #: -ATTACH HRS ANALYTE SHEET FOR SUBCONTRACTED LAB, TOO*

ANALYSIS INFORMATION (to be completed by lab) - SAMPLE NUMBER: 190042

Date Sample(s) Received: 05/29/02 Group(s) Analyzed & Results attached for compliance with 62-550,F.A.C.:

( ) Nitrate Only ( ) Nitrite Only (X) Asbestos Only ( ) Trihalomethanes ( ) EDB

Inorganics-	Volatile Organics-	Secondaries-	Pesticide/PCBs-
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial

Group I Unregulateds-	Group II Unregulateds-	Group III Unregulateds-	Radiochemicals-
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample ( ) Qtrly Composite**

**Provide radiochemical sample dates & locations for each quarter

I, Trish Jackson do HEREBY CERTIFY that all attached analytical are correct.

Signature Trish Jackson

Title President Date 07/01/02

COMPLIANCE INFORMATION (to be completed by state)

Sample Collection Satisfactory: Sample Analysis Satisfactory:

Resample Requested for: Reason:

Person notified to resample: Date Notified:

DEP/HRS Reviewing Official

LAB FORMAT FOR REPORTING DRINKING WATER ANALYSES

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: People's Water Service I.D. #: 1170527

Address: 903 Lavalle Ave. Pensacola, FL Phone #: 850-455-8552

Type (check one): (X) Community ( ) Nontransient Noncommunity ( ) Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 5 28 02 Sample Time: 0000-1000 pH 7.2 CL 0.5

Sample Location (be specific): Sample Sta. - N. Loop/Talbert/Bayshore/Alton

Sampler Name and Phone: R. Barrett / T. Delcan 850-455-8552

Sampler's Signature: _____ Title: Operator II

Check Type(s): (X) Distribution ( ) Recheck of MCL ( ) Resample of Lab Invalidated Sample
( ) Clearance ( ) Thrn Max Res Time ( ) Plant Tap
( ) Distrib entry pt ( ) Raw ( ) Composite of Multiple Sites--Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) -- ATTACH HRS ANALYTE SHEET*

Lab Name: _____ HRS #: _____ Expiration Date: _____

Address: _____ Phone #: _____

Subcontracted Lab HRS #: _____ -- ATTACH HRS ANALYTE SHEET FOR SUBCONTRACTED LAB, TOO*

ANALYSIS INFORMATION (to be completed by lab) -- SAMPLE NUMBER: _____

Date Sample(s) Received: _____ Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate Only	( ) Nitrite Only	(X) Asbestos Only	( ) Trihalomethanes
Inorganics-- ( ) All 17 ( ) Partial	Volatile Organics-- ( ) All 21 ( ) Partial	Secondaries-- ( ) All 14 ( ) Partial	Pesticide/PCBs-- ( ) All 30 ( ) Partial
Group I Unregulateds-- ( ) All 13 ( ) Partial	Group II Unregulateds-- ( ) All 23 ( ) Partial	Group III Unregulateds-- ( ) All 11 ( ) Partial	Radiochemicals-- ( ) Single Sample ( ) Qtrly Composite**

**Provide radiochemical sample dates & locations for each quarter

I, _____, do HEREBY CERTIFY that all attached analytical data are correct.

Signature _____

Title _____ Date _____

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Requested for: _____ Reason: _____

Person notified to resample: _____ Date Notified: _____

DEP/HRS Reviewing Official: _____

*All HRS lab #s and their HRS Analyte Sheet for labs performing the attached water analyses must be provided. Failure to do so will result in rejection of the analyses and possible enforcement against the public water system for failure to sample.

Effective January 1995

LAB FORMAT FOR REPORTING DRINKING WATER ANALYSES

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Keeples Water Service Co. of FL I.D. #: 1170527

Address: 905 Cayuse Ave Pcola FL 32507 Phone #: 850 455-8552

Type (check one): (X) Community ( ) Nontransient Noncommunity ( ) Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 5/29/02 Sample Time: 9:00 AM pH 7.2 CL 0.5

Sample Location (be specific): North loop Rd. Sample Station

Sampler Name and Phone: Russ Barrett T Delcan 455-8552

Sampler's Signature: [signature] Title: Operator II

Check Type(s): (X) Distribution ( ) Recheck of MCL ( ) Resample of Lab Invalidated Sample
( ) Clearance ( ) Thm Max Res Time ( ) Plant Tap
( ) Distrib entry pt ( ) Raw ( ) Composite of Multiple Sites—Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) -- ATTACH HRS ANALYTE SHEET*

Lab Name: _____ HRS #: _____ Expiration Date: _____

Address: _____ Phone #: _____

Subcontracted Lab HRS #: _____ – ATTACH HRS ANALYTE SHEET FOR SUBCONTRACTED LAB, TOO*

ANALYSIS INFORMATION (to be completed by lab) – SAMPLE NUMBER: _____

Date Sample(s) Received: _____ Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate Only	( ) Nitrite Only	(X) Asbestos Only	( ) Trihalomethanes
Inorganics– ( ) All 17 ( ) Partial	Volatile Organics– ( ) All 21 ( ) Partial	Secondaries– ( ) All 14 ( ) Partial	Pesticide/PCBs– ( ) All 30 ( ) Partial
Group I Unregulateds– ( ) All 13 ( ) Partial	Group II Unregulateds– ( ) All 23 ( ) Partial	Group III Unregulateds– ( ) All 11 ( ) Partial	Radiochemicals– ( ) Single Sample ( ) Qtrly Composite**

**Provide radiochemical sample dates & locations for each quarter

I, _____, do HEREBY CERTIFY that all attached analytical data are correct.

Signature _____

Title _____ Date _____

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Requested for: _____ Reason: _____

Person notified to resample: _____ Date Notified: _____

DEP/HRS Reviewing Official: _____

*All HRS lab #s and their HRS Analyte Sheet for labs performing the attached water analyses must be provided. Failure to do so will result in rejection of the analyses and possible enforcement against the public water system for failure to sample.

Effective January 1995

LAB FORMAT FOR REPORTING DRINKING WATER ANALYSES

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Peoples Water Service Co. of FL I.D. #: 1170527

Address: 905 Lowndes Ave Pcola FL 32507 Phone #: 850-455-8552

Type (check one): (X) Community ( ) Nontransient Noncommunity ( ) Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 512607 Sample Time: 9:15 AM pH 7.1 CL 0.5

Sample Location (be specific): Talbert & Bremen Sample Station

Sampler Name and Phone: Russell Barnett, Russell Barnett, Theo Deleon 850-455-8552

Sampler's Signature: Russell Barnett Title: Operators II

Check Type(s): (X) Distribution ( ) Recheck of MCL ( ) Resample of Lab Invalidated Sample
( ) Clearance ( ) Thm Max Res Time ( ) Plant Tap
( ) Distrib entry pt ( ) Raw ( ) Composite of Multiple Sites--Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) -- ATTACH HRS ANALYTE SHEET*

Lab Name: _____ HRS #: _____ Expiration Date: _____

Address: _____ Phone #: _____

Subcontracted Lab HRS #: _____ -- ATTACH HRS ANALYTE SHEET FOR SUBCONTRACTED LAB, TOO*

ANALYSIS INFORMATION (to be completed by lab) -- SAMPLE NUMBER: _____

Date Sample(s) Received: _____ Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate Only	( ) Nitrite Only	(X) Asbestos Only	( ) Trihalomethanes
Inorganics-- ( ) All 17 ( ) Partial	Volatile Organics-- ( ) All 21 ( ) Partial	Secondaries-- ( ) All 14 ( ) Partial	Pesticide/PCBs-- ( ) All 30 ( ) Partial
Group I Unregulateds-- ( ) All 13 ( ) Partial	Group II Unregulateds-- ( ) All 23 ( ) Partial	Group III Unregulateds-- ( ) All 11 ( ) Partial	Radiochemicals-- ( ) Single Sample ( ) Qtrly Composite**

**Provide radiochemical sample dates & locations for each quarter

I, _____, do HEREBY CERTIFY that all attached analytical data are correct.

Signature _____

Title _____ Date _____

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Requested for: _____ Reason: _____

Person notified to resample: _____ Date Notified: _____

DEP/HRS Reviewing Official: _____

*All HRS lab #s and their HRS Analyte Sheet for labs performing the attached water analyses must be provided. Failure to do so will result in rejection of the analyses and possible enforcement against the public water system for failure to sample.

Effective January 1995

LAB FORMAT FOR REPORTING DRINKING WATER ANALYSES

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Peoples Water Service Co of FL I.D. #: 1170527

Address: 905 Lgwnde Ave Pcola FL 32507 Phone #: 850-455-8552

Type (check one): (X) Community ( ) Nontransient Noncommunity ( ) Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 5/26/07 Sample Time: 9:30 AM pH 7.0 CL 0.4

Sample Location (be specific): Sample station @ 33 Bayshore

Sampler Name and Phone: Russell Barrett, JDelcast 850-455-8552

Sampler's Signature: [signature] Title: Operator II

Check Type(s): (X) Distribution ( ) Recheck of MCL ( ) Resample of Lab Invalidated Sample
( ) Clearance ( ) Thm Max Res Time ( ) Plant Tap
( ) Distrib entry pt ( ) Raw ( ) Composite of Multiple Sites--Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) -- ATTACH HRS ANALYTE SHEET*

Lab Name: _____ HRS #: _____ Expiration Date: _____

Address: _____ Phone #: _____

Subcontracted Lab HRS #: _____ -- ATTACH HRS ANALYTE SHEET FOR SUBCONTRACTED LAB, TOO*

ANALYSIS INFORMATION (to be completed by lab) -- SAMPLE NUMBER: _____

Date Sample(s) Received: _____ Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate Only ( ) Nitrite Only (X) Asbestos Only ( ) Trihalomethanes

Inorganics--	Volatile Organics--	Secondaries--	Pesticide/PCBs--
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial

Group I Unregulateds--	Group II Unregulateds--	Group III Unregulateds--	Radiochemicals--
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample ( ) Qtrly Composite**

**Provide radiochemical sample dates & locations for each quarter

I, _____, do HEREBY CERTIFY that all attached analytical data are correct.

Signature _____

Title _____ Date _____

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Requested for: _____ Reason: _____

Person notified to resample: _____ Date Notified: _____

DEP/HRS Reviewing Official: _____

*All HRS lab #s and their HRS Analyte Sheet for labs performing the attached water analyses must be provided. Failure to do so will result in rejection of the analyses and possible enforcement against the public water system for failure to sample.

Effective January 1995

LAB FORMAT FOR REPORTING DRINKING WATER ANALYSES

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Peoples Water Service Co. of FL I.D. #: 1170527

Address: 205 Lynnde Ave Pcola FL 32507 Phone #: 850-455-8552

Type (check one): (X) Community ( ) Nontransient Noncommunity ( ) Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 51496 Sample Time: 10:00AM pH 7.0 CL 0.5

Sample Location (be specific): Alton Sample Station

Sampler Name and Phone: Russ Baggett T Delcon 850-455-8552

Sampler's Signature: [signature] Title: Operator II

Check Type(s): (X) Distribution ( ) Recheck of MCL ( ) Resample of Lab Invalidated Sample
( ) Clearance ( ) Thm Max Res Time ( ) Plant Tap
( ) Distrib entry pt ( ) Raw ( ) Composite of Multiple Sites--Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) -- ATTACH HRS ANALYTE SHEET*

Lab Name: _____ HRS #: _____ Expiration Date: _____

Address: _____ Phone #: _____

Subcontracted Lab HRS #: _____ -- ATTACH HRS ANALYTE SHEET FOR SUBCONTRACTED LAB, TOO*

ANALYSIS INFORMATION (to be completed by lab) -- SAMPLE NUMBER: _____

Date Sample(s) Received: _____ Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate Only	( ) Nitrite Only	(X) Asbestos Only	( ) Trihalomethenes
Inorganics-- ( ) All 17 ( ) Partial	Volatile Organics-- ( ) All 21 ( ) Partial	Secondaries-- ( ) All 14 ( ) Partial	Pesticide/PCBs-- ( ) All 30 ( ) Partial
Group I Unregulateds-- ( ) All 13 ( ) Partial	Group II Unregulateds-- ( ) All 23 ( ) Partial	Group III Unregulateds-- ( ) All 11 ( ) Partial	Radiochemicals-- ( ) Single Sample ( ) Qtrly Composite**

**Provide radiochemical sample dates & locations for each quarter

I, _____, do HEREBY CERTIFY that all attached analytical data are correct.

Signature _____

Title _____ Date _____

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Requested for: _____ Reason: _____

Person notified to resample: _____ Date Notified: _____

DEP/HRS Reviewing Official: _____

*All HRS lab #s and their HRS Analyte Sheet for labs performing the attached water analyses must be provided. Failure to do so will result in rejection of the analyses and possible enforcement against the public water system for failure to sample.

Effective January 1995

INORGANIC ANALYSES
62-550.310(1)
(PWS030)

Parameter ID	Name	MCL (mg/l)	Sample Number	Analysis Result (mg/l)	Analysis Method	Analysis Date	MDL	Lab ID
1005	ARSENIC	0.05	190042					
1010	BARIUM	2	190042					
1015	CADMIUM	0.005	190042					
1020	CHROMIUM	0.1	190042					
1024	CYANIDE	0.2	190042					
1025	FLUORIDE	4	190042					
1030	LEAD	0.015	190042					
1035	MERCURY	0.002	190042					
1036	NICKEL	0.1	190042					
1040	NITRATE	10	190042					
1041	NITRITE	1	190042					
1045	SELENIUM	0.05	190042					
1052	SODIUM	160	190042					
1074	ANTIMONY	0.006	190042					
1075	BERYLLIUM	0.004	190042					
1085	THALLIUM	0.002	190042					
[illegible]	ASBESTOS	7 MFL	190042	1		06/07/02		E81105

SECONDARY CHEMICAL ANALYSES
62-550.320
(PWS031)

Parameter ID	Name	MCL (mg/l)	Sample Number	Analysis Result (mg/l)	Analysis Method	Analysis Date	Lab ID
1002	ALUMINUM	0.2	190042				
1017	CHLORIDE	250	190042				
1022	COPPER	1	190042				
1025	FLUORIDE	2.0	190042				
1028	IRON	0.3	190042				
1032	MANGANESE	0.05	190042				
1050	SILVER	0.1	190042				
1055	SULFATE	250	190042				
1095	ZINC	5	190042				
1905	COLOR	15 CU	190042				
1920	ODOR	3 TON	190042				
1925	pH	6.5-8.5	190042				
1930	TOTAL DISSOLVED SOLIDS	500	190042				
2905	FOAMING AGENTS	0.5	190042				