

# 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: \_\_\_\_\_ PWS I.D.#:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1817732001 Sample Date: 10/16/2018 Sample Time: 08:50  AM  PM (circle one)

Sample Location (be specific): 1 - 11619 English Elm Location Code (if known) : \_\_\_\_\_

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

### Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance \*
- Composite of Multiple Sites \*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

**\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.**

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2019

**ATTACH CURRENT DOH ANALYTE \***

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: E84589 E82001

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/16/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1817732001 Lab Assigned Report # or Job T1817732

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

### Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos Only

### Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature:  Date: 10/31/2018

\* 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.

### CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

**NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

## COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No Replacement Sample or Report Requested:  Yes  No (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1817732001

PWS ID (From Page 1 6511423)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.20	U	EPA 300.0	0.20	10/25/2018	20:54	E84589

\*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

### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1817732001

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.041	I	EPA 200.7	0.025	10/24/2018	23:00	E84589
1017	Chloride	250	mg/L	22		EPA 300.0	2.0	10/25/2018	20:54	E84589
1022	Copper	1	mg/L	0.00041	I	EPA 200.8	0.00035	10/25/2018	14:49	E82574
1025	Fluoride	2.0	mg/L	0.20	U	EPA 300.0	0.20	10/25/2018	20:54	E84589
1028	Iron	0.3	mg/L	0.055	I	EPA 200.7	0.021	10/24/2018	23:00	E84589
1032	Manganese	0.05	mg/L	0.0025	I	EPA 200.8	0.00055	10/25/2018	14:49	E82574
1050	Silver	0.1	mg/L	0.000068	U	EPA 200.8	0.000068	10/25/2018	14:49	E82574
1055	Sulfate	250	mg/L	78		EPA 300.0	2.0	10/25/2018	20:54	E84589
1095	Zinc	5	mg/L	0.0089	I	EPA 200.7	0.0074	10/24/2018	23:00	E84589
1905	Color	15	PCU	8.8		SM 2120 B	2.7	10/17/2018	07:04	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/16/2018	16:15	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	10	10/18/2018	09:26	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/17/2018	08:25	E82001

\*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: \_\_\_\_\_ PWS I.D.#:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1817732002 Sample Date: 10/16/2018 Sample Time: 09:00  AM  PM (circle one)

Sample Location (be specific): 2 - 11704 Rose Tree Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.5 mg/L Field pH: \_\_\_\_\_

### Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance \*
- Composite of Multiple Sites \*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

**\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.**

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2019

**ATTACH CURRENT DOH ANALYTE \***

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: E82574 E82001

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/16/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1817732002 Lab Assigned Report # or Job T1817732

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

### Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos Only

### Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*


### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature:  Date: 10/31/2018

\* 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.

### CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

**NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

## COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No Replacement Sample or Report Requested:  Yes  No (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1817732002

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.20	U	EPA 300.0	0.20	10/25/2018	21:10	E84589

\*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

### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1817732002

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.032	I	EPA 200.7	0.025	10/24/2018	23:05	E84589
1017	Chloride	250	mg/L	22		EPA 300.0	2.0	10/25/2018	21:10	E84589
1022	Copper	1	mg/L	0.00065	I	EPA 200.8	0.00035	10/25/2018	14:53	E82574
1025	Fluoride	2.0	mg/L	0.20	U	EPA 300.0	0.20	10/25/2018	21:10	E84589
1028	Iron	0.3	mg/L	0.094	I	EPA 200.7	0.021	10/24/2018	23:05	E84589
1032	Manganese	0.05	mg/L	0.0037	I	EPA 200.8	0.00055	10/25/2018	14:53	E82574
1050	Silver	0.1	mg/L	0.000068	U	EPA 200.8	0.000068	10/25/2018	14:53	E82574
1055	Sulfate	250	mg/L	75		EPA 300.0	2.0	10/25/2018	21:10	E84589
1095	Zinc	5	mg/L	0.0085	I	EPA 200.7	0.0074	10/24/2018	23:05	E84589
1905	Color	15	PCU	7.3		SM 2120 B	2.7	10/17/2018	07:04	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/16/2018	16:15	E84589
1930	Total Dissolved Solids	500	mg/L	430		SM 2540 C	10	10/18/2018	09:26	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/18/2018	08:18	E82001

\*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: \_\_\_\_\_ PWS I.D.#:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1817732003 Sample Date: 10/16/2018 Sample Time: 08:25  AM  PM (circle one)

Sample Location (be specific): 3 - 11436 Golf Rd Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.8 mg/L Field pH: \_\_\_\_\_

### Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance \*
- Composite of Multiple Sites \*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

**\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.**

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2019

**ATTACH CURRENT DOH ANALYTE \***

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: E84589 E82001

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/16/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1817732003 Lab Assigned Report # or Job T1817732

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

### Inorganics

- All Except Asbestos
- Partial
- Nitrate
- Nitrite
- Asbestos Only

### Synthetic Organics

- All 30
- All Except Dioxin
- Partial
- Dioxin Only

### Volatile Organics

- All 21
- Partial

### Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

### Radionuclides

- Single Sample
- Qtrly Composite\*\*


### Secondaries

- All 14
- Partial

## LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature:  Date: 10/31/2018

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\*\* Please provide radiological sample dates & locations for each quarter.

### CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

**NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

## COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No Replacement Sample or Report Requested:  Yes  No (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: T1817732003

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.20	U	EPA 300.0	0.20	10/25/2018	21:26	E84589

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1817732003

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.052	I	EPA 200.7	0.025	10/24/2018	23:32	E84589
1017	Chloride	250	mg/L	21		EPA 300.0	2.0	10/25/2018	21:26	E84589
1022	Copper	1	mg/L	0.00079	I	EPA 200.8	0.00035	10/25/2018	14:57	E82574
1025	Fluoride	2.0	mg/L	0.20	U	EPA 300.0	0.20	10/25/2018	21:26	E84589
1028	Iron	0.3	mg/L	0.10		EPA 200.7	0.021	10/24/2018	23:32	E84589
1032	Manganese	0.05	mg/L	0.0043		EPA 200.8	0.00055	10/25/2018	14:57	E82574
1050	Silver	0.1	mg/L	0.000068	U	EPA 200.8	0.000068	10/25/2018	14:57	E82574
1055	Sulfate	250	mg/L	71		EPA 300.0	2.0	10/25/2018	21:26	E84589
1095	Zinc	5	mg/L	0.0074	U	EPA 200.7	0.0074	10/24/2018	23:32	E84589
1905	Color	15	PCU	8.8		SM 2120 B	2.7	10/17/2018	07:04	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/16/2018	16:15	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C	10	10/18/2018	09:26	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/18/2018	08:18	E82001

\*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: \_\_\_\_\_ PWS I.D.#:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: T1817732004 Sample Date: 10/16/2018 Sample Time: 08:35  AM  PM (circle one)

Sample Location (be specific): 4 - 11800 Ivywood Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH: \_\_\_\_\_

**Sample Type (Check Only One)**

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

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance \*
- Composite of Multiple Sites \*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

**\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.**

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

**SAMPLER CERTIFICATION**

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2019

**ATTACH CURRENT DOH ANALYTE \***

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: E82574 E82001

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/16/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1817732004 Lab Assigned Report # or Job T1817732

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

### Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos Only

### Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature:  Date: 10/31/2018

\* 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.

### CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

**NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

## COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No Replacement Sample or Report Requested:  Yes  No (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1817732004

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.20	U	EPA 300.0	0.20	10/25/2018	21:42	E84589

\*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

### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1817732004

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.042	I	EPA 200.7	0.025	10/24/2018	23:36	E84589
1017	Chloride	250	mg/L	22		EPA 300.0	2.0	10/25/2018	21:42	E84589
1022	Copper	1	mg/L	0.00080		EPA 200.8	0.00035	10/25/2018	15:13	E82574
1025	Fluoride	2.0	mg/L	0.20	U	EPA 300.0	0.20	10/25/2018	21:42	E84589
1028	Iron	0.3	mg/L	0.18		EPA 200.7	0.021	10/24/2018	23:36	E84589
1032	Manganese	0.05	mg/L	0.0042		EPA 200.8	0.00055	10/25/2018	15:13	E82574
1050	Silver	0.1	mg/L	0.000068	U	EPA 200.8	0.000068	10/25/2018	15:13	E82574
1055	Sulfate	250	mg/L	88		EPA 300.0	2.0	10/25/2018	21:42	E84589
1095	Zinc	5	mg/L	0.0082	I	EPA 200.7	0.0074	10/24/2018	23:36	E84589
1905	Color	15	PCU	8.8		SM 2120 B	2.7	10/17/2018	07:04	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/16/2018	16:15	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	10	10/18/2018	09:26	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/18/2018	08:18	E82001

\*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: \_\_\_\_\_ PWS I.D.#:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: T1817732005 Sample Date: 10/16/2018 Sample Time: 09:25  AM  PM (circle one)

Sample Location (be specific): 5 - 11219 Merganser Location Code (if known) : \_\_\_\_\_

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

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance \*
- Composite of Multiple Sites \*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

**\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.**

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

### SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2019

**ATTACH CURRENT DOH ANALYTE \***

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: E82574 E82001

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/16/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1817732005 Lab Assigned Report # or Job T1817732

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

### Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos Only

### Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature:  Date: 10/31/2018

\* 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.

### CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

**NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

## COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No Replacement Sample or Report Requested:  Yes  No (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1817732005

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.20	U	EPA 300.0	0.20	10/25/2018	21:58	E84589

\*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

## SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1817732005

PWS ID (From Page 1): V

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.035	I	EPA 200.7	0.025	10/24/2018	23:41	E84589
1017	Chloride	250	mg/L	22		EPA 300.0	2.0	10/25/2018	21:58	E84589
1022	Copper	1	mg/L	0.0025		EPA 200.8	0.00035	10/25/2018	15:17	E82574
1025	Fluoride	2.0	mg/L	0.20	U	EPA 300.0	0.20	10/25/2018	21:58	E84589
1028	Iron	0.3	mg/L	0.35		EPA 200.7	0.021	10/24/2018	23:41	E84589
1032	Manganese	0.05	mg/L	0.0063		EPA 200.8	0.00055	10/25/2018	15:17	E82574
1050	Silver	0.1	mg/L	0.000068	U	EPA 200.8	0.000068	10/25/2018	15:17	E82574
1055	Sulfate	250	mg/L	84		EPA 300.0	2.0	10/25/2018	21:58	E84589
1095	Zinc	5	mg/L	0.0090	I	EPA 200.7	0.0074	10/24/2018	23:41	E84589
1905	Color	15	PCU	8.8		SM 2120 B	2.7	10/17/2018	07:04	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/16/2018	16:15	E84589
1930	Total Dissolved Solids	500	mg/L	400		SM 2540 C	10	10/22/2018	15:05	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/18/2018	08:18	E82001

**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: \_\_\_\_\_ PWS I.D.#:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: T1817732006 Sample Date: 10/16/2018 Sample Time: 09:10  AM  PM (circle one)

Sample Location (be specific): 6 - 11001 Kiskadee Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.2 mg/L Field pH: \_\_\_\_\_

**Sample Type (Check Only One)**

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

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance \*
- Composite of Multiple Sites \*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

**\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.**

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

**SAMPLER CERTIFICATION**

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2019

**ATTACH CURRENT DOH ANALYTE \***

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: E82574 E82001

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/16/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1817732006 Lab Assigned Report # or Job T1817732

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

### Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos Only

### Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature:  Date: 10/31/2018

\* 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.

### CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

**NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

## COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No Replacement Sample or Report Requested:  Yes  No (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

### INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1817732006

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.20	U	EPA 300.0	0.20	10/25/2018	22:13	E84589

\*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

### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1817732006

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.037	I	EPA 200.7	0.025	10/24/2018	23:46	E84589
1017	Chloride	250	mg/L	21		EPA 300.0	2.0	10/25/2018	22:13	E84589
1022	Copper	1	mg/L	0.00095		EPA 200.8	0.00035	10/25/2018	15:20	E82574
1025	Fluoride	2.0	mg/L	0.20	U	EPA 300.0	0.20	10/25/2018	22:13	E84589
1028	Iron	0.3	mg/L	0.36		EPA 200.7	0.021	10/24/2018	23:46	E84589
1032	Manganese	0.05	mg/L	0.0069		EPA 200.8	0.00055	10/25/2018	15:20	E82574
1050	Silver	0.1	mg/L	0.000068	U	EPA 200.8	0.000068	10/25/2018	15:20	E82574
1055	Sulfate	250	mg/L	73		EPA 300.0	2.0	10/25/2018	22:13	E84589
1095	Zinc	5	mg/L	0.0089	I	EPA 200.7	0.0074	10/24/2018	23:46	E84589
1905	Color	15	PCU	8.8		SM 2120 B	2.7	10/17/2018	07:04	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/16/2018	16:15	E84589
1930	Total Dissolved Solids	500	mg/L	310		SM 2540 C	10	10/18/2018	09:26	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/18/2018	08:18	E82001

\*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.



