

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

Second

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

System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 0.5 miles east of Little Road on SR 52
City: Hudson ZIP Code: 34668
Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1619924001 Sample Date: 12-13-16 Sample Time: 930 AM PM (Circle One)
Sample Location (be specific): Hydrant - 11619 english elm Location Code: _____
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 3.3 C12
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**
- Replacement (of invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Other: _____
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, Stephen Habery Operator, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: [Signature] Date: 12-13-16

Certified Operator #: 8012 Phone #: 727-934-9137

Sampler's E-mail: sjhabery@uiwater.com Sampler's Fax #: 727-934-2208

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: 06/30/2017

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: E82001, E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/13/2016

PWS ID (From Page 1): 651-1423 Sample Number (From Page 1): T1619924001 Lab Assigned Report # or Job T1619924

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

- | | | | | | |
|--|--|---|--|--|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All Except Asbestos
<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Chlorite
<input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|--|--|---|

LAB CERTIFICATION

I, Dale Uvino, PM, 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: Dale Uvino Date: 12-30-16

* 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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1619924001

PWS ID (From Page 1): 651 1423

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	0.061	U	EPA 200.7	0.061	12/19/2016	14:05	E82574
1017	Chloride	250	mg/L	31		EPA 300.0	1.0	12/15/2016	06:31	E84589
1022	Copper	1	mg/L	0.0026		EPA 200.8	0.00011	12/27/2016	15:26	E82574
1025	Fluoride	2.0	mg/L	0.10	U	EPA 300.0	0.10	12/15/2016	06:31	E84589
1028	Iron	0.3	mg/L	0.16	I	EPA 200.7	0.030	12/19/2016	14:05	E82574
1032	Manganese	0.05	mg/L	0.0046		EPA 200.8	0.000055	12/27/2016	15:26	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	12/27/2016	15:26	E82574
1055	Sulfate	250	mg/L	1.2	I	EPA 300.0	1.0	12/15/2016	06:31	E84589
1095	Zinc	5	mg/L	0.015		EPA 200.7	0.0020	12/19/2016	14:05	E82574
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/15/2016	08:07	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/14/2016	07:35	E84589
1925	pH	6.5 - 8.5	SU	7.4	Q	SM 4500H+B		12/19/2016	12:08	E84589
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	12	12/18/2016	15:03	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/15/2016	10:00	E82001

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

Second

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

System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 0.5 miles east of Little Road on SR 52
City: Hudson ZIP Code: 34668
Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1619924001 Sample Date: 12-13-16 Sample Time: 820 AM PM (Circle One)
Sample Location (be specific): Hydrant 11704 Rose tree Location Code: _____
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____ 2.0 C12
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, Stephen Habery Operator, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: [Signature]

Date: 12-13-16

Certified Operator #: 8012 Phone #: 727-934-9137

Sampler's Fax #: 727-934-2208

Sampler's E-mail: shabery@uiwater.com

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: 06/30/2017

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: F82001, F82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/13/2016

PWS ID (From Page 1): GS11423 Sample Number (From Page 1): T1619924002 Lab Assigned Report # or Job T1619924

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, Dale Uvino, _____, _____, 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: Dale Uvino Date: 12-30-16

* 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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1619924002

PWS ID (From Page 1): 651 1423

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	0.061	U	EPA 200.7	0.061	12/19/2016	14:09	E82574
1017	Chloride	250	mg/L	20		EPA 300.0	1.0	12/15/2016	05:25	E84589
1022	Copper	1	mg/L	0.0042		EPA 200.8	0.00011	12/27/2016	15:30	E82574
1025	Fluoride	2.0	mg/L	0.10	U	EPA 300.0	0.10	12/15/2016	05:25	E84589
1028	Iron	0.3	mg/L	0.18	I	EPA 200.7	0.030	12/19/2016	14:09	E82574
1032	Manganese	0.05	mg/L	0.0047		EPA 200.8	0.000055	12/27/2016	15:30	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	12/27/2016	15:30	E82574
1055	Sulfate	250	mg/L	1.0	U	EPA 300.0	1.0	12/15/2016	05:25	E84589
1095	Zinc	5	mg/L	0.012		EPA 200.7	0.0020	12/19/2016	14:09	E82574
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/15/2016	08:05	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/14/2016	07:35	E84589
1925	pH	6.5 - 8.5	SU	7.4	Q	SM 4500H+B		12/19/2016	12:09	E84589
1930	Total Dissolved Solids	500	mg/L	260		SM 2540 C	12	12/18/2016	15:03	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/15/2016	08:20	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**

Second

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

System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 0.5 miles east of Little Road on SR 52
 City: Hudson ZIP Code: 34668
 Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1619924003 Sample Date: 12-13-16 Sample Time: 7:55 AM PM (Circle One)
 Sample Location (be specific): Hydrant 11436 GOLF RD Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____ 3.8 Cl2
Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- 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

- 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, Stephen Habery Operator, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: [Signature]

Date: 12-13-16

Certified Operator #: 5012 Phone #: 727-934-9137

Sampler's Fax #: 727-934-2208

Sampler's E-mail: sjabery@uiwater.com

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: 06/30/2017

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: A82001, E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/13/2016

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1619924003 Lab Assigned Report # or Job T1619924

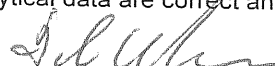
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | | | |
|--|--|---|--|--|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All Except Asbestos
<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Chlorite
<input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|--|--|---|

LAB CERTIFICATION

I, Dale Uvino, _____, _____, 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: 12-30-16

* 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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1619924003

PWS ID (From Page 1): 0511423

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	0.061	U	EPA 200.7	0.061	12/19/2016	14:30	E82574
1017	Chloride	250	mg/L	25		EPA 300.0	1.0	12/15/2016	06:47	E84589
1022	Copper	1	mg/L	0.0046		EPA 200.8	0.00011	12/27/2016	15:36	E82574
1025	Fluoride	2.0	mg/L	0.10	U	EPA 300.0	0.10	12/15/2016	06:47	E84589
1028	Iron	0.3	mg/L	0.20		EPA 200.7	0.030	12/19/2016	14:30	E82574
1032	Manganese	0.05	mg/L	0.0051		EPA 200.8	0.000055	12/27/2016	15:36	E82574
1050	Silver	0.1	mg/L	0.00017	I	EPA 200.8	0.000027	12/27/2016	15:36	E82574
1055	Sulfate	250	mg/L	1.0	U	EPA 300.0	1.0	12/15/2016	06:47	E84589
1095	Zinc	5	mg/L	0.016		EPA 200.7	0.0020	12/19/2016	14:30	E82574
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/15/2016	08:03	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/14/2016	07:35	E84589
1925	pH	6.5 - 8.5	SU	7.5	Q	SM 4500H+B		12/19/2016	12:10	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	12	12/18/2016	15:03	E84589
2905	Foaming Agents	0.5	mg/L	0.050	I	SM 5540 C	0.040	12/15/2016	08:20	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**

Second

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

System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 0.5 miles east of Little Road on SR 52
 City: Hudson ZIP Code: 34668
 Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 11619924004 Sample Date: 12-13-16 Sample Time: _____ AM PM (Circle One)
 Sample Location (be specific): Hydrant 11800 Ivy wood Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____ 3.5 C12

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, Stephen Habery Operator, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: [Signature]

Date: 12-13-16

Certified Operator #: 8012 Phone #: 727-934-9137

Sampler's Fax #: 727-934-2208

Sampler's E-mail: shabery@uiwater.com

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: 06/30/2017

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: E82001, E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/13/2016

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1619924004 Lab Assigned Report # or Job T1619924

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

- | | | | | | |
|--|--|---|--|--|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All Except Asbestos
<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Chlorite
<input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|--|--|---|

LAB CERTIFICATION

I, Dale Uvino, PM, 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: Dale Uvino Date: 12-30-16

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 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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1619924004

PWS ID (From Page 1): 651 1423

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	0.061	U	EPA 200.7	0.061	12/19/2016	14:34	E82574
1017	Chloride	250	mg/L	25		EPA 300.0	1.0	12/15/2016	09:48	E84589
1022	Copper	1	mg/L	0.0085		EPA 200.8	0.00011	12/27/2016	15:39	E82574
1025	Fluoride	2.0	mg/L	0.10	U	EPA 300.0	0.10	12/15/2016	09:48	E84589
1028	Iron	0.3	mg/L	1.1		EPA 200.7	0.030	12/19/2016	14:34	E82574
1032	Manganese	0.05	mg/L	0.028		EPA 200.8	0.000055	12/27/2016	15:39	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	12/27/2016	15:39	E82574
1055	Sulfate	250	mg/L	1.0	U	EPA 300.0	1.0	12/15/2016	09:48	E84589
1095	Zinc	5	mg/L	0.011		EPA 200.7	0.0020	12/19/2016	14:34	E82574
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/15/2016	08:08	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/14/2016	07:35	E84589
1925	pH	6.5 - 8.5	SU	7.4	Q	SM 4500H+B		12/19/2016	12:11	E84589
1930	Total Dissolved Solids	500	mg/L	260		SM 2540 C	12	12/18/2016	15:03	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/15/2016	10:00	E82001

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

Second

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

System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 0.5 miles east of Little Road on SR 52
 City: Hudson ZIP Code: 34668
 Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1619924005 Sample Date: 12-13-16 Sample Time: 835 AM PM (Circle One)
 Sample Location (be specific): H. xdrant 11219 merganser Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 2.8 C12
Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance with 62-550 | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Max Residence Time | | |
| <input type="checkbox"/> Ave Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

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, Stephen Habery, _____, _____, do HEREBY CERTIFY
 (Print Name) Operator (Print Title)

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

Signature: [Signature]

Date: 12-13-16

Certified Operator #: 8012 Phone #: 727-934-9137

Sampler's Fax #: 727-934-2208

Sampler's E-mail: sjhabery@uiwater.com

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: 06/30/2017

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: E82001, E82475

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/13/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1619924005 Lab Assigned Report # or Job T1619924


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

- | | | | | | |
|--|--|---|--|--|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All Except Asbestos
<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Chlorite
<input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|--|--|---|

LAB CERTIFICATION

I, Dale Uvino, PM, 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: 12-30-16

* 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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1619924005

PWS ID (From Page 1): 651 1403

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	0.061	U	EPA 200.7	0.061	12/19/2016	14:39	E82574
1017	Chloride	250	mg/L	21		EPA 300.0	1.0	12/15/2016	06:14	E84589
1022	Copper	1	mg/L	0.0080		EPA 200.8	0.00011	12/27/2016	15:43	E82574
1025	Fluoride	2.0	mg/L	0.10	U	EPA 300.0	0.10	12/15/2016	06:14	E84589
1028	Iron	0.3	mg/L	0.20	I	EPA 200.7	0.030	12/19/2016	14:39	E82574
1032	Manganese	0.05	mg/L	0.0049		EPA 200.8	0.000055	12/27/2016	15:43	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	12/27/2016	15:43	E82574
1055	Sulfate	250	mg/L	1.0	U	EPA 300.0	1.0	12/15/2016	06:14	E84589
1095	Zinc	5	mg/L	0.0060	I	EPA 200.7	0.0020	12/19/2016	14:39	E82574
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/15/2016	08:06	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/14/2016	07:35	E84589
1925	pH	6.5 - 8.5	SU	7.5	Q	SM 4500H+B		12/19/2016	12:12	E84589
1930	Total Dissolved Solids	500	mg/L	280		SM 2540 C	12	12/18/2016	15:03	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/15/2016	08:20	1782001

*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

SECOND

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

System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423

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

Address: 0.5 miles east of Little Road on SR 52

City: Hudson ZIP Code: 34668

Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1619924006 Sample Date: 12-13-16 Sample Time: 950 AM PM (Circle One)

Sample Location (be specific): Hydrant 11001 Kiskadee Cr Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 3.9 cl2

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, Stephen Habery, _____, do HEREBY CERTIFY
(Print Name) Operator (Print Title)

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

Signature: [Signature]

Date: 12-13-16

Certified Operator #: 8012 Phone #: 727-934-9137

Sampler's Fax #: 727-934-2208

Sampler's E-mail: shabery@uiwater.com

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: 06/30/2017

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: E82001, E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/13/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1619924006 Lab Assigned Report # or Job T1619924

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

- | | | | | | |
|--|--|---|--|--|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All Except Asbestos
<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Chlorite
<input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|--|--|---|

LAB CERTIFICATION

I, Dale Uvino, PM, 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: Dale Uvino Date: 12-30-16

* 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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1619924006

PWS ID (From Page 1): 651 1423

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	0.061	U	EPA 200.7	0.061	12/19/2016	14:42	E82574
1017	Chloride	250	mg/L	27		EPA 300.0	1.0	12/15/2016	10:21	E84589
1022	Copper	1	mg/L	0.0077		EPA 200.8	0.00011	12/27/2016	15:47	E82574
1025	Fluoride	2.0	mg/L	0.10	U	EPA 300.0	0.10	12/15/2016	10:21	E84589
1028	Iron	0.3	mg/L	0.41		EPA 200.7	0.030	12/19/2016	14:42	E82574
1032	Manganese	0.05	mg/L	0.011		EPA 200.8	0.000055	12/27/2016	15:47	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	12/27/2016	15:47	E82574
1055	Sulfate	250	mg/L	1.0	U	EPA 300.0	1.0	12/15/2016	10:21	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.7	0.0020	12/19/2016	14:42	E82574
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/15/2016	08:09	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/14/2016	07:35	E84589
1925	pH	6.5 - 8.5	SU	7.4	Q	SM 4500H+B		12/19/2016	12:13	E84589
1930	Total Dissolved Solids	500	mg/L	280		SM 2540 C	12	12/18/2016	15:03	E84589
2905	Foaming Agents	0.5	mg/L	0.046	I	SM 5540 C	0.040	12/15/2016	10:00	E82001

