

**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: Utilities, Inc. PWS I.D.#:

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

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

City: \_\_\_\_\_ ZIP Code: 3 \_\_\_\_\_

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

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

Sample Number: T1707119001 Sample Date: 04/27/2017 Sample Time: 09:45  AM  PM (circle one)

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

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

**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
- Replacement (of Invalidated Sample)
- Confirmation of MCL Exceedance \*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites \*\*
- 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, \_\_\_\_\_, \_\_\_\_\_, 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: 06/30/2027

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: F82574, F82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 04/27/2017

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): T1707119001 Lab Assigned Report # or Job T1707119

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

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

### 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: 5-11-17

\* 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: T1707119001

PWS ID (From Page 1): \_\_\_\_\_

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	0.025	U	EPA 200.7	0.025	05/02/2017	16:25	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	15:36	E84589
1022	Copper	1	mg/L	0.0012		EPA 200.8	0.00011	05/09/2017	13:40	E82574
1025	Fluoride	2.0	mg/L	0.23	I	EPA 300.0	0.20	05/02/2017	15:36	E84589
1028	Iron	0.3	mg/L	0.12		EPA 200.7	0.021	05/02/2017	16:25	E84589
1032	Manganese	0.05	mg/L	0.0030		EPA 200.8	0.000055	05/09/2017	13:40	E82574
1050	Silver	0.1	mg/L	0.00049	I	EPA 200.8	0.000027	05/09/2017	13:40	E82574
1055	Sulfate	250	mg/L	54		EPA 300.0	2.0	05/02/2017	15:36	E84589
1095	Zinc	5	mg/L	0.030		EPA 200.7	0.0074	05/02/2017	16:25	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:48	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.1	Q	SM 4500H+B		05/01/2017	13:40	E84589
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.050	I	SM 5540 C	0.040	04/28/2017	13:15	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: Utilities, Inc. 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: T1707119002 Sample Date: 04/27/2017 Sample Time: 09:55  AM  PM (circle one)

Sample Location (be specific): 11704 Rosetree Location Code (if known) : \_\_\_\_\_

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

**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
- Replacement (of Invalidated Sample)
- Confirmation of MCL Exceedance \*  Special (not for compliance with 62-550)
- Composite of Multiple Sites \*\*  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, \_\_\_\_\_, \_\_\_\_\_, 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: 06/30/2027

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: 04/27/2017

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): T1707119002 Lab Assigned Report # or Job T1707119

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<br><input checked="" type="checkbox"/> Partial<br><input type="checkbox"/> Nitrate<br><input type="checkbox"/> Nitrite<br><input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30<br><input type="checkbox"/> All Except Dioxin<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21<br><input type="checkbox"/> Partial | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes<br><input type="checkbox"/> Haloacetic Acids<br><input type="checkbox"/> Chlorite<br><input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample<br><input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input type="checkbox"/> All 14<br><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: 5-11-17

\* 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: T1707119002

PWS ID (From Page 1): \_\_\_\_\_

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	0.025	U	EPA 200.7	0.025	05/02/2017	16:49	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	15:52	E84589
1022	Copper	1	mg/L	0.0012		EPA 200.8	0.00011	05/05/2017	14:08	E82574
1025	Fluoride	2.0	mg/L	0.22	I	EPA 300.0	0.20	05/02/2017	15:52	E84589
1028	Iron	0.3	mg/L	0.14		EPA 200.7	0.021	05/02/2017	16:49	E84589
1032	Manganese	0.05	mg/L	0.0035		EPA 200.8	0.000055	05/05/2017	14:08	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	05/05/2017	14:08	E82574
1055	Sulfate	250	mg/L	49		EPA 300.0	2.0	05/02/2017	15:52	E84589
1095	Zinc	5	mg/L	0.029		EPA 200.7	0.0074	05/02/2017	16:49	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:50	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.3	Q	SM 4500H+B		05/01/2017	13:41	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	13:15	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: Utilities, Inc. 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: T1707119003 Sample Date: 04/27/2017 Sample Time: 09:25  AM  PM (circle one)

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

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

**Sample Type (Check Only One)**

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

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

- Routine Compliance with 62-550
- Replacement (of Invalidated Sample)
- Confirmation of MCL Exceedance \*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites \*\*
- 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, \_\_\_\_\_, \_\_\_\_\_, 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: 06/30/2027

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: E84574, E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 04/27/2017

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): T1707119003 Lab Assigned Report # or Job T1707119

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

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

### 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: 5-11-17

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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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: T1707119003

PWS ID (From Page 1): \_\_\_\_\_

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	0.029	I	EPA 200.7	0.025	05/02/2017	16:53	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	16:08	E84589
1022	Copper	1	mg/L	0.0037		EPA 200.8	0.00011	05/09/2017	13:44	E82574
1025	Fluoride	2.0	mg/L	0.23	I	EPA 300.0	0.20	05/02/2017	16:08	E84589
1028	Iron	0.3	mg/L	0.11		EPA 200.7	0.021	05/02/2017	16:53	E84589
1032	Manganese	0.05	mg/L	0.0031		EPA 200.8	0.000055	05/09/2017	13:44	E82574
1050	Silver	0.1	mg/L	0.00028	I	EPA 200.8	0.000027	05/09/2017	13:44	E82574
1055	Sulfate	250	mg/L	50		EPA 300.0	2.0	05/02/2017	16:08	E84589
1095	Zinc	5	mg/L	0.025		EPA 200.7	0.0074	05/02/2017	16:53	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:52	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.3	Q	SM 4500H+B		05/01/2017	13:42	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	13:15	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: Utilities, Inc. 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: T1707119004 Sample Date: 04/27/2017 Sample Time: 09:35  AM  PM (circle one)

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

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

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- Replacement (of Invalidated Sample)
- Confirmation of MCL Exceedance \*  Special (not for compliance with 62-550)
- Composite of Multiple Sites \*\*  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, \_\_\_\_\_, \_\_\_\_\_, 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: 06/30/2027  
 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: 04/27/2017

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): T1707119004 Lab Assigned Report # or Job T1707119

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

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

### 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: 5-11-17

\* 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: T1707119004

PWS ID (From Page 1): \_\_\_\_\_

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	I	EPA 200.7	0.025	05/02/2017	16:56	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	16:25	E84589
1022	Copper	1	mg/L	0.0035		EPA 200.8	0.00011	05/05/2017	14:11	E82574
1025	Fluoride	2.0	mg/L	0.22	I	EPA 300.0	0.20	05/02/2017	16:25	E84589
1028	Iron	0.3	mg/L	1.0		EPA 200.7	0.021	05/02/2017	16:56	E84589
1032	Manganese	0.05	mg/L	0.012		EPA 200.8	0.000055	05/05/2017	14:11	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	05/05/2017	14:11	E82574
1055	Sulfate	250	mg/L	50		EPA 300.0	2.0	05/02/2017	16:25	E84589
1095	Zinc	5	mg/L	0.034		EPA 200.7	0.0074	05/02/2017	16:56	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:53	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.4	Q	SM 4500H+B		05/01/2017	13:43	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.042	I	SM 5540 C	0.040	04/28/2017	13:15	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: Utilities, Inc. 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: T1707119005 Sample Date: 04/27/2017 Sample Time: 10:10  AM  PM (circle one)

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

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: 7.5

**Sample Type (Check Only One)**

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

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

- Routine Compliance with 62-550
- Replacement (of Invalidated Sample)
- Confirmation of MCL Exceedance \*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites \*\*
- 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, \_\_\_\_\_, \_\_\_\_\_, 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: 06/30/2027

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: 04/27/2017

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): T1707119005 Lab Assigned Report # or Job T1707119

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

- |  |  |   |  |  |   |
|--|--|---|--|--|---|
| <u>Inorganics</u><br><input type="checkbox"/> All Except Asbestos<br><input checked="" type="checkbox"/> Partial<br><input type="checkbox"/> Nitrate<br><input type="checkbox"/> Nitrite<br><input type="checkbox"/> Asbestos Only | <u>Synthetic Organics</u><br><input type="checkbox"/> All 30<br><input type="checkbox"/> All Except Dioxin<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Dioxin Only | <u>Volatile Organics</u><br><input type="checkbox"/> All 21<br><input type="checkbox"/> Partial | <u>Disinfection Byproducts</u><br><input type="checkbox"/> Trihalomethanes<br><input type="checkbox"/> Haloacetic Acids<br><input type="checkbox"/> Chlorite<br><input type="checkbox"/> Bromate | <u>Radionuclides</u><br><input type="checkbox"/> Single Sample<br><input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u><br><input type="checkbox"/> All 14<br><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: 5-11-17

\* 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: T1707119005

PWS ID (From Page 1): \_\_\_\_\_

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	0.039	I	EPA 200.7	0.025	05/02/2017	17:00	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/02/2017	17:31	E84589
1022	Copper	1	mg/L	0.0043		EPA 200.8	0.00011	05/09/2017	13:55	E82574
1025	Fluoride	2.0	mg/L	0.27	I	EPA 300.0	0.20	05/02/2017	17:31	E84589
1028	Iron	0.3	mg/L	0.55		EPA 200.7	0.021	05/02/2017	17:00	E84589
1032	Manganese	0.05	mg/L	0.0073		EPA 200.8	0.000055	05/09/2017	13:55	E82574
1050	Silver	0.1	mg/L	0.00044	I	EPA 200.8	0.000027	05/09/2017	13:55	E82574
1055	Sulfate	250	mg/L	52		EPA 300.0	2.0	05/02/2017	17:31	E84589
1095	Zinc	5	mg/L	0.031		EPA 200.7	0.0074	05/02/2017	17:00	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:54	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.5	Q	SM 4500H+B		05/01/2017	13:44	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	15:15	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: Utilities, Inc. 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: T1707119006 Sample Date: 04/27/2017 Sample Time: 10:05  AM  PM (circle one)

Sample Location (be specific): 11001 Kisskadee Location Code (if known) : \_\_\_\_\_

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

**Sample Type (Check Only One)**

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

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

- Routine Compliance with 62-550
- Replacement (of Invalidated Sample)
- Confirmation of MCL Exceedance \*  Special (not for compliance with 62-550)
- Composite of Multiple Sites \*\*  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, \_\_\_\_\_, \_\_\_\_\_, 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: 06/30/2027

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: E84574, E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 04/27/2017

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): T1707119006 Lab Assigned Report # or Job T1707119

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

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

### 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: 5-11-17

\* 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: T1707119006

PWS ID (From Page 1): \_\_\_\_\_

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	0.025	U	EPA 200.7	0.025	05/02/2017	17:04	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/02/2017	17:47	E84589
1022	Copper	1	mg/L	0.0030		EPA 200.8	0.00011	05/09/2017	13:58	E82574
1025	Fluoride	2.0	mg/L	0.27	I	EPA 300.0	0.20	05/02/2017	17:47	E84589
1028	Iron	0.3	mg/L	0.34		EPA 200.7	0.021	05/02/2017	17:04	E84589
1032	Manganese	0.05	mg/L	0.0060		EPA 200.8	0.000055	05/09/2017	13:58	E82574
1050	Silver	0.1	mg/L	0.00034	I	EPA 200.8	0.000027	05/09/2017	13:58	E82574
1055	Sulfate	250	mg/L	52		EPA 300.0	2.0	05/02/2017	17:47	E84589
1095	Zinc	5	mg/L	0.025		EPA 200.7	0.0074	05/02/2017	17:04	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:55	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.4	Q	SM 4500H+B		05/01/2017	13:45	E84589
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	15:15	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: Utilities, Inc. 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: T1707119007 Sample Date: 04/27/2017 Sample Time: 09:15  AM  PM (circle one)  
Sample Location (be specific): Master Meter Assem Up Stream Location Code (if known) : \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: 7.6

**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)**

- Routine Compliance with 62-550
- Replacement (of Invalidated Sample)
- Confirmation of MCL Exceedance \*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites \*\*
- 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, \_\_\_\_\_, \_\_\_\_\_, 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: 06/30/2027

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, E81001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 04/27/2017

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): T1707119007 Lab Assigned Report # or Job T1707119

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

- |  |  |   |  |  |   |
|--|--|---|--|--|---|
| <u>Inorganics</u><br><input type="checkbox"/> All Except Asbestos<br><input checked="" type="checkbox"/> Partial<br><input type="checkbox"/> Nitrate<br><input type="checkbox"/> Nitrite<br><input type="checkbox"/> Asbestos Only | <u>Synthetic Organics</u><br><input type="checkbox"/> All 30<br><input type="checkbox"/> All Except Dioxin<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Dioxin Only | <u>Volatile Organics</u><br><input type="checkbox"/> All 21<br><input type="checkbox"/> Partial | <u>Disinfection Byproducts</u><br><input type="checkbox"/> Trihalomethanes<br><input type="checkbox"/> Haloacetic Acids<br><input type="checkbox"/> Chlorite<br><input type="checkbox"/> Bromate | <u>Radionuclides</u><br><input type="checkbox"/> Single Sample<br><input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u><br><input type="checkbox"/> All 14<br><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: 5-11-17

\* 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: T1707119007

PWS ID (From Page 1): \_\_\_\_\_

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	0.025	U	EPA 200.7	0.025	05/02/2017	17:08	E84589
1017	Chloride	250	mg/L	24	J4	EPA 300.0	2.0	05/02/2017	18:04	E84589
1022	Copper	1	mg/L	0.0029		EPA 200.8	0.00011	05/09/2017	14:02	E82574
1025	Fluoride	2.0	mg/L	0.27	I,J4	EPA 300.0	0.20	05/02/2017	18:04	E84589
1028	Iron	0.3	mg/L	0.085	I	EPA 200.7	0.021	05/02/2017	17:08	E84589
1032	Manganese	0.05	mg/L	0.0026		EPA 200.8	0.000055	05/09/2017	14:02	E82574
1050	Silver	0.1	mg/L	0.00033	I	EPA 200.8	0.000027	05/09/2017	14:02	E82574
1055	Sulfate	250	mg/L	52	J4	EPA 300.0	2.0	05/02/2017	18:04	E84589
1095	Zinc	5	mg/L	0.039		EPA 200.7	0.0074	05/02/2017	17:08	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:56	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.6	Q	SM 4500H+B		05/01/2017	13:46	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	13:15	E82001



**Project No.:**

**Client Name:**

**ProjectID:**

**I. Receipt**

No Exceptions were encountered.

**II. Holding Times**

Preparation: All holding times were met.

Analysis: All holding times were met.

**III. Method**

Analysis: EPA 300.0

Preparation: None

**IV. Preparation**

Sample preparation proceeded normally.

**V. Analysis**

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Duplicates: All acceptance criteria were met.

D. Spikes: All acceptance criteria were met.

E. Serial Dilution: All acceptance criteria were met.

F. Samples: The matrix spike (MS) recoveries of Fluoride (MS 85% & MSD 86%), Chloride (MS 82% & MSD 83%), and Sulfate (MS 75% & MSD 75%) for T1707119007 were outside control criteria. Recovery in the Laboratory Control Sample (LCS) and %RPD was acceptable, which indicates the analytical batch was in control. The matrix spike outliers suggest a potential low bias in this matrix for these analytes. The affected sample is qualified to indicate matrix interference. Acceptable criteria is 90-110%.

The matrix spike (MS) recoveries of Chloride (MS 85% & MSD 86%) and Sulfate (MS 87% & MSD 87%) for T1707114004 were outside control criteria. Recovery in the Laboratory Control Sample (LCS) and %RPD was acceptable, which indicates the analytical batch was in control. The matrix spike outliers suggest a potential low bias in this matrix for these analytes. The affected sample is qualified to indicate matrix interference. Acceptable criteria is 90-110%.

G. Other:

certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental Laboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. The Quality Assurance Officer, or designee, as verified by the following signature, has authorized release of the data contained in this data package:

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