

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

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

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/27/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1620737001 Lab Assigned Report # or Job T1620737

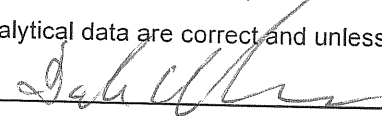
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | | | |
|--|--|---|--|--|--|
| <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 checked="" type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|--|--|--|

LAB CERTIFICATION

I, Dale Uvino (Print Name), PM (Print Title), do HEREBY CERTIFY

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

Signature:  Date: 1-6-17

* 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: T1620737001

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	0.12	U	EPA 200.7	0.12	01/03/2017	17:04	E84589
1017	Chloride	250	mg/L	35	J4	EPA 300.0	2.0	01/04/2017	21:11	E84589
1022	Copper	1	mg/L	0.0018		EPA 200.8	0.00011	01/05/2017	17:46	E82574
1025	Fluoride	2.0	mg/L	0.30	I	EPA 300.0	0.20	01/04/2017	21:11	E84589
1028	Iron	0.3	mg/L	0.029	I	EPA 200.7	0.021	01/03/2017	17:04	E84589
1032	Manganese	0.05	mg/L	0.0024		EPA 200.8	0.000055	01/05/2017	17:46	E82574
1050	Silver	0.1	mg/L	0.0014		EPA 200.8	0.000027	01/05/2017	17:46	E82574
1055	Sulfate	250	mg/L	96	J4	EPA 300.0	2.0	01/04/2017	21:11	E84589
1095	Zinc	5	mg/L	0.011		EPA 200.7	0.0020	01/03/2017	17:04	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:03	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:51	E84589
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	11:00	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: T1620737002 Sample Date: 12-27-16 Sample Time: 1038AM AM PM (Circle One)
Sample Location (be specific): Hydrant 11704 Rose Ave Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 7.9

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- 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 A. 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: 12-27-16

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: F82574, F82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/27/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1620737002 Lab Assigned Report # or Job T1620737

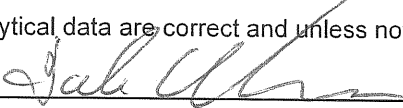
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | | | |
|--|--|---|--|--|--|
| <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 checked="" 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: 1-6-17

* 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: T1620737002

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	0.12	U	EPA 200.7	0.12	01/03/2017	17:15	E84589
1017	Chloride	250	mg/L	32		EPA 300.0	2.0	01/04/2017	20:21	E84589
1022	Copper	1	mg/L	0.0025		EPA 200.8	0.00011	01/05/2017	17:50	E82574
1025	Fluoride	2.0	mg/L	0.28	I	EPA 300.0	0.20	01/04/2017	20:21	E84589
1028	Iron	0.3	mg/L	0.027	I	EPA 200.7	0.021	01/03/2017	17:15	E84589
1032	Manganese	0.05	mg/L	0.0025		EPA 200.8	0.000055	01/05/2017	17:50	E82574
1050	Silver	0.1	mg/L	0.00059		EPA 200.8	0.000027	01/05/2017	17:50	E82574
1055	Sulfate	250	mg/L	88		EPA 300.0	2.0	01/04/2017	20:21	E84589
1095	Zinc	5	mg/L	0.0087	I	EPA 200.7	0.0020	01/03/2017	17:15	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:05	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:52	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	11:00	E81001

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: T1620737003 Sample Date: 12-27-16 Sample Time: 1026 AM PM (Circle One)

Sample Location (be specific): Hydrant 11438 SOK R RD Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____ ch 2-3

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
- 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

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

Signature: [Signature]

Date: 12-27-16

Certified Operator #: 5012 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

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Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: E82574, E80001

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ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/27/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1620737003 Lab Assigned Report # or Job T1620737

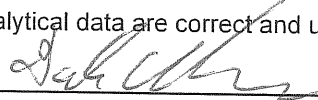
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | | | |
|--|--|---|--|--|--|
| <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 checked="" type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|--|--|--|

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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: T1620737003

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	0.12	U	EPA 200.7	0.12	01/03/2017	17:18	E84589
1017	Chloride	250	mg/L	33		EPA 300.0	2.0	01/04/2017	22:00	E84589
1022	Copper	1	mg/L	0.0041		EPA 200.8	0.00011	01/05/2017	17:54	E82574
1025	Fluoride	2.0	mg/L	0.29	I	EPA 300.0	0.20	01/04/2017	22:00	E84589
1028	Iron	0.3	mg/L	0.024	I	EPA 200.7	0.021	01/03/2017	17:18	E84589
1032	Manganese	0.05	mg/L	0.0025		EPA 200.8	0.000055	01/05/2017	17:54	E82574
1050	Silver	0.1	mg/L	0.00032	I	EPA 200.8	0.000027	01/05/2017	17:54	E82574
1055	Sulfate	250	mg/L	89		EPA 300.0	2.0	01/04/2017	22:00	E84589
1095	Zinc	5	mg/L	0.012		EPA 200.7	0.0020	01/03/2017	17:18	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:06	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:53	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	11:00	E82601

*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: T16207387004 Sample Date: 12-27-16 Sample Time: 1045 AM PM (Circle One)
Sample Location (be specific): Hudson 11800 Ivywood Location Code: _____
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 0.9 ch

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, Stephan Hobery 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: 12-27-16

Certified Operator #: 502 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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1620737004

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	0.12	U	EPA 200.7	0.12	01/03/2017	17:22	E84589
1017	Chloride	250	mg/L	36		EPA 300.0	2.0	01/04/2017	22:17	E84589
1022	Copper	1	mg/L	0.0051		EPA 200.8	0.00011	01/05/2017	17:58	E82574
1025	Fluoride	2.0	mg/L	0.28	I	EPA 300.0	0.20	01/04/2017	22:17	E84589
1028	Iron	0.3	mg/L	0.033	I	EPA 200.7	0.021	01/03/2017	17:22	E84589
1032	Manganese	0.05	mg/L	0.0028		EPA 200.8	0.000055	01/05/2017	17:58	E82574
1050	Silver	0.1	mg/L	0.00018	I	EPA 200.8	0.000027	01/05/2017	17:58	E82574
1055	Sulfate	250	mg/L	98		EPA 300.0	2.0	01/04/2017	22:17	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.7	0.0020	01/03/2017	17:22	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:07	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.8	Q	SM 4500H+B		12/30/2016	08:54	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.042	I	SM 5540 C	0.040	12/28/2016	13:40	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: T162077005 Sample Date: 12-27-16 Sample Time: 11 AM PM (Circle One)

Sample Location (be specific): Hydrant 11219 merganser Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 2.7 cl2

Sample Type (Check Only One)

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

Distribution

Routine Compliance with 62-550

Replacement (of Invalidated Sample)

Entry Point (to Distribution)

Confirmation of MCL Exceedance*

Special (not for compliance with 62-550)

Plant Tap (not for compliance with 62-550)

Composite of Multiple Sites**

Clearance (permitting)

Raw (at well or intake)

Other: _____

Max Residence Time

Sampling Procedure Used or Other Comments: _____

Ave Residence Time

Near First Customer

*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 Heber,
(Print Name)

Operator

(Print Title)

do HEREBY CERTIFY

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

Signature X

Date: 12-27-16

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

Sampler's Fax #: 727-934-2208

Sampler's E-mail: sihabery@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: E82574, E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/27/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1620737005 Lab Assigned Report # or Job T1620737

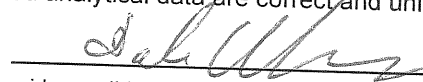
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | | | |
|--|--|---|--|--|--|
| <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 checked="" 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: 1-6-17

* 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: T1620737005

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	0.12	U	EPA 200.7	0.12	01/03/2017	17:25	E84589
1017	Chloride	250	mg/L	34		EPA 300.0	2.0	01/04/2017	22:33	E84589
1022	Copper	1	mg/L	0.0046		EPA 200.8	0.00011	01/05/2017	18:09	E82574
1025	Fluoride	2.0	mg/L	0.29	I	EPA 300.0	0.20	01/04/2017	22:33	E84589
1028	Iron	0.3	mg/L	0.025	I	EPA 200.7	0.021	01/03/2017	17:25	E84589
1032	Manganese	0.05	mg/L	0.0023		EPA 200.8	0.000055	01/05/2017	18:09	E82574
1050	Silver	0.1	mg/L	0.000074	I	EPA 200.8	0.000027	01/05/2017	18:09	E82574
1055	Sulfate	250	mg/L	94		EPA 300.0	2.0	01/04/2017	22:33	E84589
1095	Zinc	5	mg/L	0.0098	I	EPA 200.7	0.0020	01/03/2017	17:25	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:08	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:55	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	13:40	

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: T1610737006 Sample Date: 12-27-16 Sample Time: 1055 AM PM (Circle One)
Sample Location (be specific): Hydramt 11001 Kiskadee Location Code: _____
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 0.6 c12
Sample Type (Check Only One)

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

- Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample)
 Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
 Plant Tap (not for compliance with 62-550) Composite of Multiple Sites** Clearance (permitting)
 Raw (at well or intake) Other: _____
 Max Residence Time
 Ave Residence Time
 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 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: 12-27-16

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: E82574, E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/27/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1620737006 Lab Assigned Report # or Job: T1620737

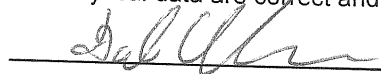
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | | | |
|--|--|---|--|--|--|
| <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 checked="" 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: 1-6-17

* 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: T1620737006

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	0.12	U	EPA 200.7	0.12	01/03/2017	17:29	E84589
1017	Chloride	250	mg/L	34		EPA 300.0	2.0	01/04/2017	22:50	E84589
1022	Copper	1	mg/L	0.0078		EPA 200.8	0.00011	01/05/2017	18:13	E82574
1025	Fluoride	2.0	mg/L	0.29	I	EPA 300.0	0.20	01/04/2017	22:50	E84589
1028	Iron	0.3	mg/L	0.023	I	EPA 200.7	0.021	01/03/2017	17:29	E84589
1032	Manganese	0.05	mg/L	0.0021		EPA 200.8	0.000055	01/05/2017	18:13	E82574
1050	Silver	0.1	mg/L	0.000050	I	EPA 200.8	0.000027	01/05/2017	18:13	E82574
1055	Sulfate	250	mg/L	93		EPA 300.0	2.0	01/04/2017	22:50	E84589
1095	Zinc	5	mg/L	0.011		EPA 200.7	0.0020	01/03/2017	17:29	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:09	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:56	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	13:40	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: T1620131007 Sample Date: 12-27-16 Sample Time: 1015 AM PM (Circle One)
 Sample Location (be specific): master meter ASSM upstream RPZ I/C Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____ ch 2.4

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- 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: 12-27-16

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: E82574, E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/27/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1620737007 Lab Assigned Report # or Job T1620737

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: 1-6-17

* 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

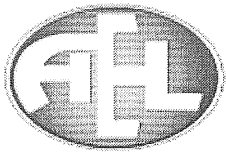
62-550.320

Report Number / Job ID: T1620737007

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	0.12	U	EPA 200.7	0.12	01/03/2017	17:47	E84589
1017	Chloride	250	mg/L	31		EPA 300.0	2.0	01/04/2017	23:06	E84589
1022	Copper	1	mg/L	0.0031		EPA 200.8	0.00011	01/05/2017	18:17	E82574
1025	Fluoride	2.0	mg/L	0.26	I	EPA 300.0	0.20	01/04/2017	23:06	E84589
1028	Iron	0.3	mg/L	0.025	I	EPA 200.7	0.021	01/03/2017	17:47	E84589
1032	Manganese	0.05	mg/L	0.0024		EPA 200.8	0.000055	01/05/2017	18:17	E82574
1050	Silver	0.1	mg/L	0.000036	I	EPA 200.8	0.000027	01/05/2017	18:17	E82574
1055	Sulfate	250	mg/L	84		EPA 300.0	2.0	01/04/2017	23:06	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.7	0.0020	01/03/2017	17:47	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:10	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.9	Q	SM 4500H+B		12/30/2016	08:57	E84589
1930	Total Dissolved Solids	500	mg/L	310		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	13:40	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.



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: The matrix spike (MS) recoveries of Chloride for T1620737001 (MS 119% & MSD 118%) 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 high bias in this matrix. The affected sample is qualified to indicate matrix interference. Acceptable criteria is 90-110%.

The matrix spike (MS) recoveries of Sulfate for T1620737001 (MS 81% & MSD 77%) 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. The affected sample is qualified to indicate matrix interference. Acceptable criteria is 90-110%.

The control criteria for matrix spike recoveries of Chloride and Sulfate for T1620619001 are not applicable. The analyte concentration in the sample was greater than 4 times the added spike concentrations, preventing accurate evaluation of the spike recovery. No further corrective action was required.

E. Serial Diluion: All acceptance criteria were met.

F. Samples: Sample analyses proceeded normally.

I 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:
