PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – Please type or print legibly)
System Name:	PWS I.D.#: 6 5 1 1 4 2 3
System Type (check one): Community	Nontransient Noncommunity Transient Noncommunity
Address:	
City:	ZIP Code:
Phone #: Fax #	
SAMPLE INFORMATION (to be completed by same	
`	Sample Date: 05/01/2018 Sample Time: 07:45 AM PM (circle one)
Sample Location (be specific): 11619 English Elm	Location Code (if known):
Disinfectant Residual (Required when reporting results for	or trihalomethanes and haloacetic acids): mg/L Field pH: <u>7.8</u>
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)	
Max Residence Time	Other: Sampling Procedure Used or Other Comments:
Ave Residence Time	Sampling Procedure Osed of Other Comments.
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.	, do HEREBY CERTIFY
(Print Name)	(Print Title)
· · ·	ample collection information is complete and correct.
Signature:	
Certified Operator #:	Phone #: Sampler's Fax #:
Sampler's E-Mail:	
Penorting Format 62-550 730	

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type of	or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #:	E84589 Certification Expiration Date: 06/30/2018
	ATTACH CURRENT DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box	Phone #: <u>(813)630-9616</u>
Were any analyses subcontracted? X Yes No If yes, please provide DOH certifications are subcontracted?	fication numbers: E82574 E82001
A	TTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received	d: <u>05/01/2018</u>
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): 118	07449001 Lab Assigned Report # or Job <u>T1807449</u>
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (CR	neck all that apply):
All Except Asbestos All 30 All 21 Trihalom	Byproducts Pethanes  In Single Sample Stic Acids  Radionuclides Secondaries  X All 14 Partial  Partial
LAB CERTIFIC	ATION
I, Joseph J. Vondrick , Project Mana	_
(Print Name)	(Print Title)
that all attached analytical data are correct and unless noted meet all requirements of the	ne National Environmental Laboratory Accreditation Conference
Signature: Date:	05/22/2018
* Failure to provide a valid and current Florida DOH lab certification number and a current Analy report, possible enforcement against the public water system for failure to sample, and may re ** Please provide radiological sample dates & locations for each quarter.	
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HE NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (No	S FOR NITRATE OR NITRITE MCL EXCEEDANCES n-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 R	eport Requested: Yes No (circle or highlight group(s) above)
Person Notified: Date Notified:	DEP/DOH Reviewing Official:

#### **INORGANIC CONTAMINANTS**

62-550.310(1)

Report Number / Job ID: T1807449001

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.30	1	EPA 300.0	0.20	05/07/2018	20:54	E84589

#### **SECONDARY CONTAMINANTS**

62-550.320

Report Number / Job ID: <u>T1807449001</u>

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	05/11/2018	16:24	E84589
1017	Chloride	250	mg/L	26		EPA 300.0	2.0	05/07/2018	20:54	E84589
1022	Copper	1	mg/L	0.00062	I	EPA 200.8	0.00035	05/16/2018	15:01	E82574
1025	Fluoride	2.0	mg/L	0.30	I	EPA 300.0	0.20	05/07/2018	20:54	E84589
1028	Iron	0.3	mg/L	0.11		EPA 200.7	0.021	05/11/2018	16:24	E84589
1032	Manganese	0.05	mg/L	0.0054		EPA 200.8	0.00055	05/16/2018	15:01	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	05/16/2018	15:01	E82574
1055	Sulfate	250	mg/L	62		EPA 300.0	2.0	05/07/2018	20:54	E84589
1095	Zinc	5	mg/L	0.011		EPA 200.7	0.0074	05/11/2018	16:24	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	05/01/2018	14:50	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	05/01/2018	14:33	E84589
1925	pH	6.5 - 8.5	SU	7.8	Q	SM 4500H+B		05/04/2018	09:35	E84589
1930	Total Dissolved Solids	500	mg/L	310		SM 2540 C	10	05/04/2018	07:36	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	05/02/2018	17:00	E82001

PUBLIC WATER SYSTEM INFORMATION (to be	completed by sampler – Please type or print legibly)
System Name:	PWS I.D.#: 6 5 1 1 4 2 3
System Type (check one): Community	Nontransient Noncommunity
Address:	
City:	ZIP Code:
Phone #: Fax #	E-Mail Address:
SAMPLE INFORMATION (to be completed by samp	oler)
Sample Number: <u>T1807449002</u>	Sample Date: <u>05/01/2018</u> Sample Time: <u>07:55</u> AM PM (circle one)
Sample Location (be specific): 11704 Rose Tree	Location Code (if known):
Disinfectant Residual (Required when reporting results for	or trihalomethanes and haloacetic acids): mg/L Field pH: 8.0
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	Campany Procedure Cood of Carlot Comments.
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.	, do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system and sa	ample collection information is complete and correct.
Signature:	Date:
Certified Operator #:	Phone #: Sampler's Fax #:
Sampler's E-Mail:	
Reporting Format 62-550 730	

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please	type or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification	n #: E84589 Certification Expiration Date: 06/30/2018
	ATTACH CURRENT DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. E	Phone #: <u>(813)630-9616</u>
Were any analyses subcontracted? X Yes No If yes, please provide DO	certification numbers: <u>E82574 E82001</u>
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Re	eived: <u>05/01/2018</u>
PWS ID (From Page 1): 6511423 Sample Number (From Page 1)	<u>T1807449002</u> Lab Assigned Report # or Job <u>T1807449</u>
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>Disini</u>	ection Byproducts Radionuclides Secondaries
All Except Asbestos All 30 All 21	nalomethanes Single Sample X All 14
	oacetic Acids
	orite
	omate
Asbestos Only	
LAB CERT	FICATION
I, Joseph J. Vondrick , Projec	Manager, do HEREBY CERTIFY
(Print Name)	(Print Title)
that all attached analytical data are correct and unless noted meet all requirement	s of the National Environmental Laboratory Accreditation Conference
Signature:	ate:05/22/2018
<ul> <li>* Failure to provide a valid and current Florida DOH lab certification number and a current report, possible enforcement against the public water system for failure to sample, and</li> <li>** Please provide radiological sample dates &amp; locations for each quarter.</li> </ul>	Analyte Sheet for the attached analysis results will result in rejection of the lay result in notification of the DOH Bureau of Laboratory Services.
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 near	ssary)
Sample Collection & Analysis Satisfactory: Yes No Replacement Samp	
Person Notified: Date Notified:	DEP/DOH Reviewing Official:

Report Number / Job ID: T1807449002

#### **INORGANIC CONTAMINANTS**

62-550.310(1) PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.28	I	EPA 300.0	0.20	05/07/2018	21:10	E84589

#### **SECONDARY CONTAMINANTS**

62-550.320

Report Number / Job ID: <u>T1807449002</u>

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	05/11/2018	16:35	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/07/2018	21:10	E84589
1022	Copper	1	mg/L	0.0013		EPA 200.8	0.00035	05/16/2018	15:19	E82574
1025	Fluoride	2.0	mg/L	0.28	I	EPA 300.0	0.20	05/07/2018	21:10	E84589
1028	Iron	0.3	mg/L	0.073	I	EPA 200.7	0.021	05/11/2018	16:35	E84589
1032	Manganese	0.05	mg/L	0.0036	I	EPA 200.8	0.00055	05/16/2018	15:19	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	05/16/2018	15:19	E82574
1055	Sulfate	250	mg/L	60		EPA 300.0	2.0	05/07/2018	21:10	E84589
1095	Zinc	5	mg/L	0.010		EPA 200.7	0.0074	05/11/2018	16:35	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	05/01/2018	14:50	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	05/01/2018	14:33	E84589
1925	рН	6.5 - 8.5	SU	8.0	Q	SM 4500H+B		05/04/2018	09:36	E84589
1930	Total Dissolved Solids	500	mg/L	390		SM 2540 C	10	05/04/2018	07:36	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	05/02/2018	17:00	E82001

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler – Please type or print legibly)
System Name:	PWS I.D.#: 6 5 1 1 4 2 3
System Type (check one): Community	☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address:	
City:	ZIP Code:
Phone #:	Fax #: E-Mail Address:
SAMPLE INFORMATION (to be completed by	
Sample Number: <u>T1807449003</u>	Sample Date: 05/01/2018 Sample Time: 06:50 AM PM (circle one)
Sample Location (be specific): 11436 Golf Ro	Location Code (if known):
Disinfectant Residual (Required when reporting re	sults for trihalomethanes and haloacetic acids): mg/L Field pH: 8.1
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.	, do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system a	nd sample collection information is complete and correct.
Signature:	Date:
Certified Operator #:	Phone #: Sampler's Fax #:
Sampler's E-Mail:	
Penarting Format 62-550 730	

Reporting Format 62-550.730 Effective January 1995, Revised February 2010

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type of	r print legibly)
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #:	E84589 Certification Expiration Date: 06/30/2018
	ATTACH CURRENT DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box	Phone #: _(813)630-9616
Were any analyses subcontracted? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ication numbers: E84589 E82001
AT AT	TACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received	: <u>05/01/2018</u>
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T186	<u>D7449003</u> Lab Assigned Report # or Job <u>T1807449</u>
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Ch	eck all that apply):
Inorganics       Synthetic Organics       Volatile Organics       Disinfection         All Except Asbestos       All 30       All 21       Trihalom         X Partial       All Except Dioxin       Partial       Haloacet         Nitrate       Partial       Chlorite         Nitrite       Dioxin Only       Bromate	ethanes Single Sample X All 14
LAB CERTIFICA	ATION
I, Joseph J. Vondrick , Project Man	ager , do HEREBY CERTIFY
(Print Name)	(Print Title)
that all attached analytical data are correct and unless noted meet all requirements of the	e National Environmental Laboratory Accreditation Conference
Signature: Date:	05/22/2015
* Failure to provide a valid and current Florida DOH lab certification number and a current Analyt report, possible enforcement against the public water system for failure to sample, and may res ** Please provide radiological sample dates & locations for each quarter.	
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HR NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Nor	S FOR NITRATE OR NITRITE MCL EXCEEDANCES -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 Re	eport Requested: Yes No (circle or highlight group(s) above)
Person Notified: Date Notified:	DEP/DOH Reviewing Official:

Report Number / Job ID: T1807449003

#### **INORGANIC CONTAMINANTS**

62-550.310(1) PWS ID (From Page 1): \_\_\_6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.26	ı	EPA 300.0	0.20	05/07/2018	21:26	E84589

#### **SECONDARY CONTAMINANTS**

62-550.320

Report Number / Job ID: T1807449003

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	05/11/2018	16:39	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/07/2018	21:26	E84589
1022	Copper	1	mg/L	0.0021		EPA 200.8	0.00035	05/16/2018	15:25	E82574
1025	Fluoride	2.0	mg/L	0.26	I	EPA 300.0	0.20	05/07/2018	21:26	E84589
1028	Iron	0.3	mg/L	0.064	I	EPA 200.7	0.021	05/11/2018	16:39	E84589
1032	Manganese	0.05	mg/L	0.0037	I	EPA 200.8	0.00055	05/16/2018	15:25	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	05/16/2018	15:25	E82574
1055	Sulfate	250	mg/L	59		EPA 300.0	2.0	05/07/2018	21:26	E84589
1095	Zinc	5	mg/L	0.0097	I	EPA 200.7	0.0074	05/11/2018	16:39	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	05/01/2018	14:50	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	05/01/2018	14:33	E84589
1925	pH	6.5 - 8.5	SU	8.1	Q	SM 4500H+B		05/04/2018	09:37	E84589
1930	Total Dissolved Solids	500	mg/L	430		SM 2540 C	10	05/04/2018	07:36	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U,J4	SM 5540 C	0.040	05/02/2018	17:00	E82001

PUBLIC WATER SYSTEM INFO	RMATION (to be compl	leted by sampler	– Please type or pr	rint legibly)							
System Name:					- PWS I.D.#	#: 6	5	1 1	<b>∐</b> [4]	2	3
System Type (check one):	ommunity Nontr	ansient Noncor	mmunity 🔲 🗆	Γransient N	oncommunity	/					
Address:											
City:					ZIP Cod	de:					
Phone #:	Fax #:			E-Mail Ad	ddress:						
SAMPLE INFORMATION (to be d	completed by sampler)										
Sample Number: <u>T1807449004</u>		Sample Date:	05/01/2018	;	Sample Time	: 07:05		AN	<b>И</b> РМ	(circle	one)
Sample Number: T1807449004 Sample Date: 05/01/2018 Sample Time: 07:05 AM PM (circle Sample Location (be specific): 11800 lvywood Location Code (if known):											
Disinfectant Residual (Required whe							·	· -			
Sample Type (Check Only One)  Distribution Entry Point (to Distribution) Plant Tap (not for compliance with Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer	n 62-550) *See 6	Routine Co Confirmatio Composite Other: Sampling Proc S2-550.500(6) for	Reason(s) mpliance with 62-5 on of MCL Exceed of Multiple Sites cedure Used or O	for Sample 550   dance *   dance *	Replacemer Special (not in Clearance (in the control of the contro	apply)  It (of Invalidation compliant permitting)	60.550(4	) for req			ı
1		SAMI	PLER CERTIF	ICATION			do	UEDEI		DTIE	·V
I,(Pr	rint Name)	,		(Print Title			_, ao i	HEKEI	DI CE	KIIF	Ĭ
that the above public water	,	e collection ir	nformation is c	`	,	t.					
Signature:				•							
					Sampler's Fa	ax #:					
Sampler's E-Mail:											
D E											

Reporting Format 62-550.730 Effective January 1995, Revised February 2010

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type of	or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #:	E84589 Certification Expiration Date: 06/30/2018
	ATTACH CURRENT DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box	Phone #: <u>(813)630-9616</u>
Were any analyses subcontracted? X Yes No If yes, please provide DOH certifications are subcontracted?	fication numbers: <u>E84589_E82001</u>
A	TTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received	d: <u>05/01/2018</u>
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T18	07449004 Lab Assigned Report # or Job <u>T1807449</u>
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (CI	neck all that apply):
All Except Asbestos All 30 All 21 Trihalom	Byproducts Pethanes  In All 14  In Composite**  Radionuclides  Secondaries  X All 14  In Partial
LAB CERTIFIC	ATION
I, Joseph J. Vondrick , Project Mar	_
(Print Name)	(Print Title)
that all attached analytical data are correct and unless noted meet all requirements of the	ne National Environmental Laboratory Accreditation Conference
Signature: Date:	05/22/2018
* Failure to provide a valid and current Florida DOH lab certification number and a current Analy report, possible enforcement against the public water system for failure to sample, and may re ** Please provide radiological sample dates & locations for each quarter.	
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HF NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (No	S FOR NITRATE OR NITRITE MCL EXCEEDANCES n-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 R	eport Requested: Yes No (circle or highlight group(s) above)
Person Notified: Date Notified:	DEP/DOH Reviewing Official:

Report Number / Job ID: T1807449004

#### **INORGANIC CONTAMINANTS**

62-550.310(1) PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.28	I	EPA 300.0	0.20	05/07/2018	21:42	E84589

#### **SECONDARY CONTAMINANTS**

62-550.320

Report Number / Job ID: T1807449004

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	05/11/2018	16:43	E84589
1017	Chloride	250	mg/L	26		EPA 300.0	2.0	05/07/2018	21:42	E84589
1022	Copper	1	mg/L	0.0057		EPA 200.8	0.00035	05/16/2018	15:29	E82574
1025	Fluoride	2.0	mg/L	0.28	I	EPA 300.0	0.20	05/07/2018	21:42	E84589
1028	Iron	0.3	mg/L	0.28		EPA 200.7	0.021	05/11/2018	16:43	E84589
1032	Manganese	0.05	mg/L	0.0078		EPA 200.8	0.00055	05/16/2018	15:29	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	05/16/2018	15:29	E82574
1055	Sulfate	250	mg/L	60		EPA 300.0	2.0	05/07/2018	21:42	E84589
1095	Zinc	5	mg/L	0.010		EPA 200.7	0.0074	05/11/2018	16:43	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	05/01/2018	14:50	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	05/01/2018	14:33	E84589
1925	рН	6.5 - 8.5	SU	7.9	Q	SM 4500H+B		05/04/2018	09:38	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C	10	05/04/2018	07:36	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	05/02/2018	17:00	E82001

PUBLIC WATER SYSTEM INFORMATION (	to be completed by sampler – Please type or print legibly)
System Name:	PWS I.D.#: 6 5 1 1 4 2 3
System Type (check one): Community	☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address:	
City:	ZIP Code: <u>33619</u>
Phone #: F	ax #: E-Mail Address: DUvino@AELLab.com
SAMPLE INFORMATION (to be completed by	
Sample Number: <u>T1807449005</u>	Sample Date: 05/01/2018 Sample Time: 08:15 AM PM (circle one)
Sample Location (be specific): 11219 Mergans	Location Code (if known):
Disinfectant Residual (Required when reporting res	ults for trihalomethanes and haloacetic acids): mg/L Field pH: 8.0
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.	, do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system an	nd sample collection information is complete and correct.
	Date:
Certified Operator #:	Phone #: Sampler's Fax #:
Sampler's E-Mail:	
Penarting Format 62-550 730	

Reporting Format 62-550.730 Effective January 1995, Revised February 2010

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type of	or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #:	E84589 Certification Expiration Date: 06/30/2018
	ATTACH CURRENT DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box	Phone #: <u>(813)630-9616</u>
Were any analyses subcontracted? $\overline{\mathbf{X}}$ Yes $\overline{}$ No $\overline{}$ If yes, please provide DOH certification $\overline{}$	fication numbers: E82574 E82001
A <sup>*</sup>	TTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received	l: <u>05/01/2018</u>
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T18	07449005 Lab Assigned Report # or Job <u>T1807449</u>
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Ch	neck all that apply):
Inorganics       Synthetic Organics       Volatile Organics       Disinfection         All Except Asbestos       All 30       All 21       Trihalom         X Partial       All Except Dioxin       Partial       Haloace         Nitrate       Partial       Chlorite         Nitrite       Dioxin Only       Bromate	ethanes Single Sample X All 14 tic Acids Qtrly Composite** Partial
LAB CERTIFICA	ATION
I, Joseph J. Vondrick , Project Mar	nager, do HEREBY CERTIFY
(Print Name)	(Print Title)
that all attached analytical data are correct and unless noted meet all requirements of the	ne National Environmental Laboratory Accreditation Conference
Signature: Date:	05/22/2018
* Failure to provide a valid and current Florida DOH lab certification number and a current Analy report, possible enforcement against the public water system for failure to sample, and may restant Please provide radiological sample dates & locations for each quarter.	
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HR NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (No	S FOR NITRATE OR NITRITE MCL EXCEEDANCES n-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 R	eport Requested: Yes No (circle or highlight group(s) above)
Person Notified: Date Notified:	DEP/DOH Reviewing Official:

#### **INORGANIC CONTAMINANTS**

62-550.310(1)

Report Number / Job ID: T1807449005

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	ma/l	0.28	ı	EPA 300.0	0.20	05/07/2018	21:58	F84589

#### **SECONDARY CONTAMINANTS**

62-550.320

Report Number / Job ID: T1807449005

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	05/11/2018	16:46	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/07/2018	21:58	E84589
1022	Copper	1	mg/L	0.0018		EPA 200.8	0.00035	05/16/2018	15:33	E82574
1025	Fluoride	2.0	mg/L	0.28	I	EPA 300.0	0.20	05/07/2018	21:58	E84589
1028	Iron	0.3	mg/L	0.21		EPA 200.7	0.021	05/11/2018	16:46	E84589
1032	Manganese	0.05	mg/L	0.0088		EPA 200.8	0.00055	05/16/2018	15:33	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	05/16/2018	15:33	E82574
1055	Sulfate	250	mg/L	60		EPA 300.0	2.0	05/07/2018	21:58	E84589
1095	Zinc	5	mg/L	0.010		EPA 200.7	0.0074	05/11/2018	16:46	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	05/01/2018	14:50	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	05/01/2018	14:33	E84589
1925	рН	6.5 - 8.5	SU	8.0	Q	SM 4500H+B		05/04/2018	09:39	E84589
1930	Total Dissolved Solids	500	mg/L	370		SM 2540 C	10	05/04/2018	07:36	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	05/02/2018	17:00	E82001

PUBLIC WATER SYSTEM INFORMATION (t	o be completed by sampler – Please type or print legibly)
System Name:	PWS I.D.#: 6 5 1 1 4 2 3
System Type (check one): Community	☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address:	
City:	ZIP Code: <u>33619</u>
Phone #: Fa	ax #: E-Mail Address: DUvino@AELLab.com
SAMPLE INFORMATION (to be completed by s	
Sample Number: <u>T1807449006</u>	Sample Date: <u>05/01/2018</u> Sample Time: <u>08:05</u> AM PM (circle one)
Sample Location (be specific): 11001 Kiskadee	Location Code (if known):
Disinfectant Residual (Required when reporting resu	ults for trihalomethanes and haloacetic acids): mg/L Field pH: 8.1
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	camping recodule cood or care. Commente.
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
1,	, do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system an	d sample collection information is complete and correct.
Signature:	Date:
Certified Operator #:	Phone #: Sampler's Fax #:
Sampler's E-Mail:	
Reporting Format 62-550 730	

Reporting Format 62-550.730 Effective January 1995, Revised February 2010

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type of	or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #:	E84589 Certification Expiration Date: 06/30/2018
	ATTACH CURRENT DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box	Phone #: <u>(813)630-9616</u>
Were any analyses subcontracted? X Yes No If yes, please provide DOH certi	fication numbers: E82574 E82001
A	TTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received	d: <u>05/01/2018</u>
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T18	07449006 Lab Assigned Report # or Job <u>T1807449</u>
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Ch	neck all that apply):
Inorganics     Synthetic Organics     Volatile Organics     Disinfection       All Except Asbestos     All 30     All 21     Trihalom       X Partial     All Except Dioxin     Partial     Haloace       Nitrate     Partial     Chlorite       Nitrite     Dioxin Only     Bromate	tic Acids
LAB CERTIFICA	ATION
I, Joseph J. Vondrick , Project Man	ager, do HEREBY CERTIFY
(Print Name)	(Print Title)
that all attached analytical data are correct and unless noted meet all requirements of the	ne National Environmental Laboratory Accreditation Conference
Signature:Date:	05/22/2018
* Failure to provide a valid and current Florida DOH lab certification number and a current Analy report, possible enforcement against the public water system for failure to sample, and may re ** Please provide radiological sample dates & locations for each quarter.	
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HR NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (No	S FOR NITRATE OR NITRITE MCL EXCEEDANCES n-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 R	eport Requested: Yes No (circle or highlight group(s) above)
Person Notified: Date Notified:	DEP/DOH Reviewing Official:

#### **INORGANIC CONTAMINANTS**

62-550.310(1)

Report Number / Job ID: T1807449006

							(	, <del></del>		
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.28	I	EPA 300.0	0.20	05/08/2018	00:38	E84589

#### **SECONDARY CONTAMINANTS**

62-550.320

Report Number / Job ID: T1807449006

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	05/11/2018	17:09	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/08/2018	00:38	E84589
1022	Copper	1	mg/L	0.0020		EPA 200.8	0.00035	05/16/2018	15:37	E82574
1025	Fluoride	2.0	mg/L	0.28	I	EPA 300.0	0.20	05/08/2018	00:38	E84589
1028	Iron	0.3	mg/L	0.086	I	EPA 200.7	0.021	05/11/2018	17:09	E84589
1032	Manganese	0.05	mg/L	0.0044		EPA 200.8	0.00055	05/16/2018	15:37	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	05/16/2018	15:37	E82574
1055	Sulfate	250	mg/L	61		EPA 300.0	2.0	05/08/2018	00:38	E84589
1095	Zinc	5	mg/L	0.0074	I	EPA 200.7	0.0074	05/11/2018	17:09	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	05/01/2018	14:50	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	05/01/2018	14:33	E84589
1925	pH	6.5 - 8.5	SU	8.1	Q	SM 4500H+B		05/04/2018	09:40	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C	10	05/04/2018	07:36	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	05/02/2018	17:00	E82001

	Advanced Environmental Laboratories, Inc Provida's Largest Laboratory Necessis		6681 Southpoint F	Pkwy. • Jackson	ville, FL 32216 •	904.363.9350	Fax 904.363.	9354	07.937 1597		Gaines'v Miramar	<u>ille:</u> 4965 s <u>:</u> 10200 US/	A Today Way	• Gainesville, F Miramar, FL 33	<b>3025 • 954.88</b> 9.22	OfOf	.2281
Client Name:  Ohlit Address:	Project Name:  Summer Tree  Project Number:					BOTTLE											
Phone: 724 ~  FAX.  Contact: 4 = 1/8	PO Number: 252125  FDEP Facility No: 6511423  FDEP Facility Address:					ANALYSIS REQUIRED S	3000 F/cc/5-	TDS -	mBA5	200,7 Metals -	200.8 metals =	Odor/Color-				). NUMBER	
Sampled By: September 1997  Furn Around Time: AEL Profile #:	Special instructions: All samples taken at FH's  DADaPT DEQUIS DOTHER															LABORATORY I.D. NUMBER	
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	DATE	TIME	MATRIX	NO. COUNT	Preservation Field- Filtered?										LABO
12	11704 Rose Tree CLZ	310000	5/1/18	7:45	DW 1												<i>&gt;</i> -i
	11436 Golf Rd. CLZ.	17.07	111	6:50													202
4	11800 Ivywood CLZ-			7.05													علان
50,000	11219 Merganser CLZ-	3.6 ×		8:15		2.00											25
_ <i>(</i> 0	11001 Kiskadee CLZ-	3.9 X	4	8,05	<b>V</b>			<b>V</b>	V	<b>*</b>	V	¥	<b>→</b>				226
	= wastewater SW = surface water GW = grou	und water <b>DW</b> = d			The second second											= (Sodium Th	
CN: AD-051 Form Relin		Device used for measuring Tem  d by:  Date  T  SING SING SING SING SING SING SING SING			For Smith WATER USE.												
4									tier of W	ater:		¥ <u></u>			<del></del>		