

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

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

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

6	5	1	1	4	2	3
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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: T2018297001    Sample Date: 10/01/2020    Sample Time: 08:40

AM
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 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: \_\_\_\_\_

### Sample Type (Check Only One)

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

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

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

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

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

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

## SAMPLER CERTIFICATION

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

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

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

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

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

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

## LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021

**ATTACH CURRENT DOH ANALYTE \***

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

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

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

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/01/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2018297001 Lab Assigned Report # or Job T2018297

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

### Inorganics

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

### Synthetic Organics

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

### Volatile Organics

- All 21
- Partial

### Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

### Radionuclides

- Single Sample
- Qtrly Composite\*\*

### Secondaries

- All 14
- Partial

## LAB CERTIFICATION

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

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

Signature:  Date: 10/22/2020

\* 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: T2018297001

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	0.020	U	EPA 200.7	0.020	10/13/2020	19:13	E82574
1017	Chloride	250	mg/L	30		EPA 300.0	2.0	10/08/2020	13:51	E84589
1022	Copper	1	mg/L	0.0017	I	EPA 200.8	0.0010	10/14/2020	16:39	E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	10/08/2020	13:51	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	10/13/2020	19:13	E82574
1032	Manganese	0.05	mg/L	0.0017	I	EPA 200.8	0.0010	10/14/2020	16:39	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	10/14/2020	16:39	E82574
1055	Sulfate	250	mg/L	63		EPA 300.0	2.0	10/08/2020	13:51	E84589
1095	Zinc	5	mg/L	0.012	I	EPA 200.8	0.0060	10/14/2020	16:39	E82574
1905	Color	15	PCU	5.1		SM 2120 B	4.3	10/01/2020	17:45	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/01/2020	16:08	E84589
1930	Total Dissolved Solids	500	mg/L	310		SM 2540 C	10	10/02/2020	10:20	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/02/2020	09:20	E82001

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

## 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 sampler)

Sample Number: T2018297002    Sample Date: 10/01/2020    Sample Time: 08:30

AM
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 PM (circle one)

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

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

### Sample Type (Check Only One)

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

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

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

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

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

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

## SAMPLER CERTIFICATION

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

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

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

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

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

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

## LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021

**ATTACH CURRENT DOH ANALYTE \***

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

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

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

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/01/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2018297002 Lab Assigned Report # or Job T2018297

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

### Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos Only

### Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

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

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

Signature:  Date: 10/22/2020

\* 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: T2018297002

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	0.020	U	EPA 200.7	0.020	10/13/2020	19:33	E82574
1017	Chloride	250	mg/L	31		EPA 300.0	2.0	10/08/2020	14:07	E84589
1022	Copper	1	mg/L	0.0037	I	EPA 200.8	0.0010	10/14/2020	16:44	E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	10/08/2020	14:07	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	10/13/2020	19:33	E82574
1032	Manganese	0.05	mg/L	0.0027	I	EPA 200.8	0.0010	10/14/2020	16:44	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	10/14/2020	16:44	E82574
1055	Sulfate	250	mg/L	65		EPA 300.0	2.0	10/08/2020	14:07	E84589
1095	Zinc	5	mg/L	0.011	I	EPA 200.8	0.0060	10/14/2020	16:44	E82574
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	10/01/2020	17:45	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/01/2020	16:08	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	10	10/02/2020	10:20	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/02/2020	09:20	E82001

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

## 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 sampler)

Sample Number: T2018297003 Sample Date: 10/01/2020 Sample Time: 08:10

AM
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 PM (circle one)

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

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

### Sample Type (Check Only One)

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

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

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

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

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

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

## SAMPLER CERTIFICATION

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

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

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

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

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

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

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021

**ATTACH CURRENT DOH ANALYTE \***

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

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

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

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received: 10/01/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2018297003 Lab Assigned Report # or Job T2018297

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite\*\*

Secondaries

- All 14
- Partial

### LAB CERTIFICATION

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

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

Signature:  Date: 10/22/2020

\* 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: T2018297003

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	0.020	U	EPA 200.7	0.020	10/13/2020	19:37	E82574
1017	Chloride	250	mg/L	31		EPA 300.0	2.0	10/08/2020	14:23	E84589
1022	Copper	1	mg/L	0.0027	I	EPA 200.8	0.0010	10/14/2020	16:49	E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	10/08/2020	14:23	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	10/13/2020	19:37	E82574
1032	Manganese	0.05	mg/L	0.0046		EPA 200.8	0.0010	10/14/2020	16:49	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	10/14/2020	16:49	E82574
1055	Sulfate	250	mg/L	67		EPA 300.0	2.0	10/08/2020	14:23	E84589
1095	Zinc	5	mg/L	0.012	I	EPA 200.8	0.0060	10/14/2020	16:49	E82574
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	10/01/2020	17:45	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/01/2020	16:08	E84589
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	10	10/02/2020	10:20	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/02/2020	09:20	E82001

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

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

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

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 sampler)

Sample Number: T2018297004    Sample Date: 10/01/2020    Sample Time: 08:50

AM
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 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: \_\_\_\_\_

### Sample Type (Check Only One)

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

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

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

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

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

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

## SAMPLER CERTIFICATION

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

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

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

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

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

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

## LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021

**ATTACH CURRENT DOH ANALYTE \***

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

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

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

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/01/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2018297004 Lab Assigned Report # or Job T2018297

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

### Inorganics

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

### Synthetic Organics

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

### Volatile Organics

- All 21
- Partial

### Disinfection Byproducts

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- Haloacetic Acids
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- Bromate

### Radionuclides

- Single Sample
- Qtrly Composite\*\*

### Secondaries

- All 14
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## LAB CERTIFICATION

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(Print Name) (Print Title)

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Signature:  Date: 10/22/2020

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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: T2018297004

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	0.020	U	EPA 200.7	0.020	10/13/2020	19:42	E82574
1017	Chloride	250	mg/L	31		EPA 300.0	2.0	10/09/2020	08:17	E84589
1022	Copper	1	mg/L	0.0051		EPA 200.8	0.0010	10/14/2020	16:54	E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	10/09/2020	08:17	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	10/13/2020	19:42	E82574
1032	Manganese	0.05	mg/L	0.0048		EPA 200.8	0.0010	10/14/2020	16:54	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	10/14/2020	16:54	E82574
1055	Sulfate	250	mg/L	64		EPA 300.0	2.0	10/09/2020	08:17	E84589
1095	Zinc	5	mg/L	0.012	I	EPA 200.8	0.0060	10/14/2020	16:54	E82574
1905	Color	15	PCU	5.1		SM 2120 B	4.3	10/01/2020	17:45	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/01/2020	16:08	E84589
1930	Total Dissolved Solids	500	mg/L	350		SM 2540 C	10	10/02/2020	10:20	E84589
2905	Foaming Agents	0.5	mg/L	0.043	I	SM 5540 C	0.040	10/02/2020	09:20	E82001

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

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

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

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 sampler)

Sample Number: T2018297005    Sample Date: 10/01/2020    Sample Time: 09:10

AM
----

 PM (circle one)

Sample Location (be specific): 11218 Merganser    Location Code (if known) : \_\_\_\_\_

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

### Sample Type (Check Only One)

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

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

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

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

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

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

## SAMPLER CERTIFICATION

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

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

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

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

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

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

## LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021

**ATTACH CURRENT DOH ANALYTE \***

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

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

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

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/01/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2018297005 Lab Assigned Report # or Job T2018297

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

### Inorganics

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

### Synthetic Organics

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

### Volatile Organics

- All 21
- Partial

### Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

### Radionuclides

- Single Sample
- Qtrly Composite\*\*

### Secondaries

- All 14
- Partial

## LAB CERTIFICATION

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

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

Signature:  Date: 10/22/2020

\* 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: T2018297005

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	0.020	U	EPA 200.7	0.020	10/13/2020	19:46	E82574
1017	Chloride	250	mg/L	31		EPA 300.0	2.0	10/09/2020	08:33	E84589
1022	Copper	1	mg/L	0.0032	I	EPA 200.8	0.0010	10/14/2020	16:59	E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	10/09/2020	08:33	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	10/13/2020	19:46	E82574
1032	Manganese	0.05	mg/L	0.0037	I	EPA 200.8	0.0010	10/14/2020	16:59	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	10/14/2020	16:59	E82574
1055	Sulfate	250	mg/L	67		EPA 300.0	2.0	10/09/2020	08:33	E84589
1095	Zinc	5	mg/L	0.011	I	EPA 200.8	0.0060	10/14/2020	16:59	E82574
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	10/01/2020	17:45	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/01/2020	16:08	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C	10	10/02/2020	10:20	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/02/2020	09:20	E82001

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

## 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 sampler)

Sample Number: T2018297006    Sample Date: 10/01/2020    Sample Time: 09:00

AM
----

 PM (circle one)

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

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

### Sample Type (Check Only One)

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

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

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

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

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

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

## SAMPLER CERTIFICATION

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

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

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

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

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



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

## LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021

**ATTACH CURRENT DOH ANALYTE \***

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

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

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

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/01/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2018297006 Lab Assigned Report # or Job T2018297

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

### Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos Only

### Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

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

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

Signature:  Date: 10/22/2020

\* 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: T2018297006

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	0.020	U	EPA 200.7	0.020	10/13/2020	19:50	E82574
1017	Chloride	250	mg/L	29		EPA 300.0	2.0	10/09/2020	08:49	E84589
1022	Copper	1	mg/L	0.0027	I	EPA 200.8	0.0010	10/14/2020	05:05	E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	10/09/2020	08:49	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	10/13/2020	19:50	E82574
1032	Manganese	0.05	mg/L	0.0047		EPA 200.8	0.0010	10/14/2020	05:05	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	10/19/2020	12:38	E82574
1055	Sulfate	250	mg/L	64		EPA 300.0	2.0	10/09/2020	08:49	E84589
1095	Zinc	5	mg/L	0.014	I	EPA 200.8	0.0060	10/14/2020	05:05	E82574
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	10/01/2020	17:45	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/01/2020	16:08	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C	10	10/02/2020	10:20	E84589
2905	Foaming Agents	0.5	mg/L	0.043	I	SM 5540 C	0.040	10/02/2020	09:20	E82001

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.



**Advanced Environmental Laboratories, Inc.**  
Florida's Largest Laboratory Network

- Altamonte Spring
- Jacksonville: 668
- Tallahassee: 263



\* T 2 0 1 8 2 9 7 \*

x 407.937.1597

- Gainesville: 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
- Miramar: 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
- Tampa: 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

Client Name: **UIF** Project Name: **Summer tree**

Address: \_\_\_\_\_ Project Number: \_\_\_\_\_

Phone: **727-934-9137** PO Number: **252124**

FAX: \_\_\_\_\_ FDEP Facility No: **6511423**

Contact: **Jeff Becker** FDEP Facility Address: \_\_\_\_\_

Sampled By: **Jeff Becker** Special Instructions: **All sample taken at FH**

Turn Around Time:  STANDARD  RUSH

AEL Profile #: \_\_\_\_\_  ADaPT  EQUiS  Other

BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	LABORATORY I.D. NUMBER
	300.0 F/Cl/S	001
	TDS-	002
	MBAS-	003
	200.7 metals-	004
	200.8 metals-	005
	odor/color	006

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT
			DATE	TIME		
1	11619 English Elm CL2-1.2	X	10/1/20	840	DW	
2	11704 Rose Tree CL2-3.0	X	↓	830	↓	
3	11436 Golf Rd CL2-2.9	X	↓	810	↓	
4	11800 Ivywood CL2-2.0	X	↓	850	↓	
5	11219 Merganser CL2-1.8	X	↓	910	↓	
6	11001 Kiskadee CL2-1.9	X	↓	900	↓	

Preservation	Field-Filtered?	LABORATORY I.D. NUMBER
		001
		002
		003
		004
		005
		006

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = ice H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) 6 °C Temp. when received (corrected) 6 °C

DCN: AD-051 Form last revised 11/17/16

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V

	Relinquished by:	Date	Time	Received by:	Date	Time
1	<i>[Signature]</i>	10/1/20	930	<i>[Signature]</i>	10/1/20	1105
2	<i>[Signature]</i>	10/1/20		<i>[Signature]</i>	10/1/20	1105
3						
4						

**FOR DRINKING WATER USE:**  
(When PWS Information not otherwise supplied) PWS ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Supplier of Water: \_\_\_\_\_

Site-Address: \_\_\_\_\_