PUBLIC WATER SYSTEM INFORMATION (to be	completed by sampler – Please type or print legibly)
System Name:	PWS I.D.#:
System Type (check one): Community	Nontransient Noncommunity
Address:	
City:	ZIP Code:
Phone #: Fax #:	E-Mail Address:
SAMPLE INFORMATION (to be completed by samp	
· · · · ·	Sample Date: 04/08/2020 Sample Time: 07:30 AM PM (circle one)
Sample Location (be specific): <u>11619 English Elm</u>	Location Code (if known) :
Disinfectant Residual (Required when reporting results fo	r trihalomethanes and haloacetic acids): 2.5 mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
	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)	$\square \text{ Other:}$
Max Residence Time	Sampling Procedure Used or Other Comments:
 Ave Residence Time	
 Near First Customer	*See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION
l.	, 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 IN	FORMATION (to be complete	d by lab – Please type or	print legibly)		
Lab Name: Advanced Environmental	Laboratories, Inc Florida	DOH Certification #:	E84589	Certification Expiration Dat	e: <u>06/30/2020</u>
			ATTACH CURRENT	DOH ANALYTE *	
Address: <u>9610 Princess Palm Ave</u>	Tampa, FL 33619 Pay	ments: P.O. Box	Phone #: (813)63	30-9616	
Were any analyses subcontracted?	X Yes No If yes, plea	ase provide DOH certifi	cation numbers: <u>E</u>	E84589 E53076 E82001	
		AT	TACH DOH ANALYTI	E SHEET FOR EACH SUBCO	NTRACTED *
ANALYSIS INFORMATION (to be	completed by lab) Date	e Sample(s) Received:	04/08/2020		
PWS ID (From Page 1):6511423	Sample Num	ber (From Page 1): <u>T200</u>	<u>6852001</u> L	ab Assigned Report # or Jo	b <u>T2006852</u>
Group(s) Analyzed & Results attache	ed for compliance with Chapte	er 62-550, F.A.C. (Che	ck all that apply):		
All Except Asbestos All 3 Partial All E Nitrate Partial	xcept Dioxin	<u>ganics</u> <u>Disinfection E</u> Trihalome Haloacetic Chlorite Bromate	thanes	Radionuclides	Secondaries All 14 X Partial
		LAB CERTIFICA	TION		
I, Joseph J. Vondrick		, Project Mana	iger	, do HEREB	CERTIFY
(Print I	Name)		(Print Title)		
that all attached analytical data are o	correct and unless noted meet	all requirements of the	National Environm	ental Laboratory Accreditat	ion Conference
Signature:	drik	Date:	04/22/2020		
 * Failure to provide a valid and current report, possible enforcement against t ** Please provide radiological sample data 	the public water system for failure	ber and a current Analyte to sample, and may resu	Sheet for the attache	ed analysis results will result in e DOH Bureau of Laboratory S	rejection of the ervices.
CONFIRM NON-DETECTS ARE TO BE REPO	IATION & NOTIFICATION IS REP ORTED AS THE MDL WITH A "U			NITRITE MCL EXCEEDANCES "BDL" or with a "<" are not	-
COMPLIANCE DETERMINATION	(to be completed by DEP or DOH a	attach notes as necessary)			
Sample Collection & Analysis Satisfa	actory: Yes No Repla	acement Sample or Re	port Requested:	Yes No (circle or highlight	ght group(s) above)
Person Notified:	Date No	otified:	DEP/DOH	Reviewing Official:	

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2006852001 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	0.20	U	EPA 200.7	0.20	04/22/2020	16:43	E84589
1017	Chloride	250	mg/L	25		EPA 300.0	2.0	04/09/2020	21:13	E84589
1022	Copper	1	mg/L	0.0018		EPA 200.8	0.00035	04/20/2020	12:33	E82574
1025	Fluoride	2.0	mg/L	0.23	I	EPA 300.0	0.20	04/09/2020	21:13	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	04/22/2020	16:43	E84589
1032	Manganese	0.05	mg/L	0.0030	I	EPA 200.8	0.00055	04/20/2020	12:33	E82574
1050	Silver	0.1	mg/L	0.000068	U	EPA 200.8	0.000068	04/20/2020	12:33	E82574
1055	Sulfate	250	mg/L	42		EPA 300.0	2.0	04/09/2020	21:13	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/22/2020	16:43	E84589
1905	Color	15	PCU	10		SM 2120 B	5.0	04/10/2020	07:10	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/08/2020	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	340		SM 2540 C	10	04/09/2020	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/09/2020	16:59	E82001

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*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.

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – Please type or print legibly)
System Name:	PWS I.D.#:
System Type (check one): Community	Nontransient Noncommunity
Address:	
City:	ZIP Code:
Phone #: Fax #:	E-Mail Address:
SAMPLE INFORMATION (to be completed by samp	
Sample Number: <u>T2006852002</u>	Sample Date: 04/08/2020 Sample Time: 07:20 AM PM (circle one)
Sample Location (be specific): <u>11704 Rose Tree</u>	Location Code (if known) :
Disinfectant Residual (Required when reporting results for	pr trihalomethanes and haloacetic acids):4.1 mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
	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	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 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	e or print legibly)	
Lab Name: Advanced Environmental Laboratories,	Inc Florida DOH Certification #	E84589	_Certification Expiration Date: 06/30/2020
		ATTACH CURREN	IT DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33	619 Payments: P.O. Box	Phone #: <u>(813)</u>	630-9616
Were any analyses subcontracted? X Yes \square N	lo If yes, please provide DOH ce	rtification numbers:	E84589 E53076 E82001
		ATTACH DOH ANALY	TE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by la	b) Date Sample(s) Receiv	ed: <u>04/08/2020</u>	
PWS ID (From Page 1):6511423	Sample Number (From Page 1): Ta	2006852002	Lab Assigned Report # or Job T2006852
Group(s) Analyzed & Results attached for complian	nce with Chapter 62-550, F.A.C. (Check all that apply):	
InorganicsSynthetic OrganicsAll Except AsbestosAll 30PartialAll Except DioxinNitratePartialNitriteDioxin OnlyAsbestos OnlyAll Except Dioxin	All 21		RadionuclidesSecondariesSingle SampleAll 14Qtrly Composite**X Partial
		CATION	
I, Joseph J. Vondrick	, Project Ma	nager	, do HEREBY CERTIFY
(Print Name)		(Print Title)	
that all attached analytical data are correct and unl	ess noted meet all requirements of	the National Environ	mental Laboratory Accreditation Conference
Signature:	Date	: 04/22/2020	
 * Failure to provide a valid and current Florida DOH lab report, possible enforcement against the public water ** Please provide radiological sample dates & locations 	system for failure to sample, and may		
CONFIRMATION & NOTII NON-DETECTS ARE TO BE REPORTED AS THE	FICATION IS REQUIRED WITHIN 24 H MDL WITH A "U" QUALIFIER. (N		R NITRITE MCL EXCEEDANCES Is "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed	by DEP or DOH attach notes as necessa	у)	
Sample Collection & Analysis Satisfactory: $\hfill \Box$ Yes	No Replacement Sample or	Report Requested:	Yes No (circle or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DO	H Reviewing Official:

SECONDARY CONTAMINANTS

Report Number / Job ID: T2006852002

62-550.320

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	0.20	U	EPA 200.7	0.20	04/22/2020	16:47	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	04/09/2020	21:29	E84589
1022	Copper	1	mg/L	0.0024		EPA 200.8	0.00035	04/20/2020	12:36	E82574
1025	Fluoride	2.0	mg/L	0.21	I	EPA 300.0	0.20	04/09/2020	21:29	E84589
1028	Iron	0.3	mg/L	0.31	I	EPA 200.7	0.20	04/22/2020	16:47	E84589
1032	Manganese	0.05	mg/L	0.0092		EPA 200.8	0.00055	04/20/2020	12:36	E82574
1050	Silver	0.1	mg/L	0.000068	U	EPA 200.8	0.000068	04/20/2020	12:36	E82574
1055	Sulfate	250	mg/L	45		EPA 300.0	2.0	04/09/2020	21:29	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/22/2020	16:47	E84589
1905	Color	15	PCU	7.1	I	SM 2120 B	5.0	04/10/2020	07:10	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/08/2020	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	10	04/09/2020	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/09/2020	16:59	E82001

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

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*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.

PUBLIC WATER SYSTEM INFORMATION (to be	completed by sampler – Please type or print legibly)
System Name: <u>Summertree</u>	PWS I.D.#:
System Type (check one): Community	Nontransient Noncommunity
Address:	
City:	ZIP Code:
Phone #: Fax #:	E-Mail Address:
SAMPLE INFORMATION (to be completed by same	
Sample Number: T2006852003	Sample Date: 04/08/2020 Sample Time: 07:10 AM PM (circle one)
Sample Location (be specific): <u>11436 Golf Rd</u>	Location Code (if known) :
Disinfectant Residual (Required when reporting results for	or trihalomethanes and haloacetic acids): 3.8 mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
	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	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
Ι.	, 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 p	print legibly)		
Lab Name: Advanced Environmer	ntal Laboratories, Inc	Florida DOH Ce	rtification #:	E84589	_Certification Expiration Da	te: 06/30/2020
				ATTACH CURREN	IT DOH ANALYTE *	
Address: 9610 Princess Palm Av	ve Tampa, FL 33619	Payments:	P.O. Box	Phone #: <u>(813)</u> 6	630-9616	
Were any analyses subcontracted	d? X Yes No If	yes, please provid	de DOH certific	ation numbers:	E84589 E53076 E82001	
			ATT	ACH DOH ANALY	TE SHEET FOR EACH SUBCO	NTRACTED *
ANALYSIS INFORMATION (to	be completed by lab)	Date Sample	e(s) Received:	04/08/2020		
PWS ID (From Page 1):651142	<u>23</u> Sam	ple Number (From	n Page 1): T2006	852003	Lab Assigned Report # or Jo	bb <u>T2006852</u>
Group(s) Analyzed & Results atta	ached for compliance wit	h Chapter 62-550	, F.A.C. (Chec	k all that apply):		
All Except Asbestos A X Partial A Nitrate P	JII 30	latile Organics All 21 Partial	Disinfection B Trihalomet Haloacetic Chlorite Bromate	hanes	Radionuclides Single Sample	Secondaries All 14
		LAB	CERTIFICAT	ION		
I, Joseph J. Vondrick		, <u>P</u> ı	roject Manag	er	, do HEREB`	Y CERTIFY
(Pr	int Name)			(Print Title)		
that all attached analytical data an	re correct and unless no	ted meet all requi	rements of the	National Environ	mental Laboratory Accreditat	tion Conference
Signature:	Vondrick		Date:	04/22/2020		
 * Failure to provide a valid and curre report, possible enforcement again ** Please provide radiological sample 	nst the public water system	for failure to sampl	e, and may resul	Sheet for the attach t in notification of th	ned analysis results will result in ne DOH Bureau of Laboratory S	rejection of the services.
CONFI NON-DETECTS ARE TO BE RE			_		NITRITE MCL EXCEEDANCE s "BDL" or with a "<" are not	-
COMPLIANCE DETERMINATION	N (to be completed by DEP	or DOH attach note	s as necessary)			
Sample Collection & Analysis Sat	tisfactory: 🗌 Yes 🗌 No	Replacement	Sample or Rep	oort Requested:	Yes No (circle or highl	ight group(s) above)
Person Notified:		Date Notified:		DEP/DO	H Reviewing Official:	

SECONDARY CONTAMINANTS

Report Number / Job ID: T2006852003

62-550.320

PWS ID (From Page 1): _____6511423

Contam ID	Contam Name	MCL	Units	Analysis	Qualifier*	Analytical Mathed	Lab	Analysis	Analysis	DOH Lab
טו				Result		Method	MDL	Date	Time	Certification #
1002	Aluminum	0.2	mg/L	0.20	U	EPA 200.7	0.20	04/22/2020	16:51	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	04/09/2020	21:44	E84589
1022	Copper	1	mg/L	0.0025		EPA 200.8	0.00035	04/21/2020	10:42	E82574
1025	Fluoride	2.0	mg/L	0.22	I	EPA 300.0	0.20	04/09/2020	21:44	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	04/22/2020	16:51	E84589
1032	Manganese	0.05	mg/L	0.0039	I	EPA 200.8	0.00055	04/21/2020	10:42	E82574
1050	Silver	0.1	mg/L	0.00024	I	EPA 200.8	0.000068	04/21/2020	10:42	E82574
1055	Sulfate	250	mg/L	43		EPA 300.0	2.0	04/09/2020	21:44	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/22/2020	16:51	E84589
1905	Color	15	PCU	7.1	I	SM 2120 B	5.0	04/10/2020	07:10	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/08/2020	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	10	04/09/2020	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/09/2020	16:59	E82001

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*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.

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – Please type or print legibly)
System Name: <u>Summertree</u>	PWS I.D.#:
System Type (check one):	Nontransient Noncommunity
Address:	
City:	ZIP Code:
Phone #: Fax #:	E-Mail Address:
SAMPLE INFORMATION (to be completed by same	
Sample Number: <u>T2006852004</u>	Sample Date: 04/08/2020 Sample Time: 07:45 AM PM (circle one)
Sample Location (be specific): <u>11800 lvywood</u>	Location Code (if known) :
Disinfectant Residual (Required when reporting results for	or trihalomethanes and haloacetic acids): mg/L Field pH:
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
l.	, do HEREBY CERTIFY
(Print Name)	,, _,, _
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 INF	ORMATION (to be completed by lab	 Please type or print legibly) 	
Lab Name: Advanced Environmental L	_aboratories, Inc Florida DOH Ce	ertification #: <u>E84589</u>	Certification Expiration Date: 06/30/2020
		ATTACH CURRE	NT DOH ANALYTE *
Address: 9610 Princess Palm Ave T	ampa, FL 33619 Payments:	P.O. Box Phone #: (813	9)630-9616
Were any analyses subcontracted?	X Yes No If yes, please prov	ide DOH certification numbers:	
		ATTACH DOH ANAL	YTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be co	ompleted by lab) Date Sampl	e(s) Received: <u>04/08/2020</u>	
PWS ID (From Page 1):6511423	Sample Number (From	m Page 1): <u>T2006852004</u>	_ Lab Assigned Report # or Job
Group(s) Analyzed & Results attached	for compliance with Chapter 62-55	0, F.A.C. (Check all that apply):	
All Except Asbestos	cept Dioxin 🗌 Partial I	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	RadionuclidesSecondariesSingle SampleAll 14Qtrly Composite**X Partial
	LAB	CERTIFICATION	
I, Joseph J. Vondrick	, <u>P</u>	Project Manager	, do HEREBY CERTIFY
(Print Na	ame)	(Print Title)	
that all attached analytical data are co	prrect and unless noted meet all requ	irements of the National Enviro	nmental Laboratory Accreditation Conference
Signature:	ndrik	Date: 04/22/2020	
* Failure to provide a valid and current Fl	orida DOH lab certification number and a public water system for failure to same		ched analysis results will result in rejection of the the DOH Bureau of Laboratory Services.
	TION & NOTIFICATION IS REQUIRED RTED AS THE MDL WITH A "U" QUALI		R NITRITE MCL EXCEEDANCES as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (t	o be completed by DEP or DOH attach not	es as necessary)	
Sample Collection & Analysis Satisfac	tory: Yes No Replacemen	t Sample or Report Requested:	Yes No (circle or highlight group(s) above)
Person Notified:	Date Notified:	DEP/D	OH Reviewing Official:

SECONDARY CONTAMINANTS

Report Number / Job ID: T2006852004

62-550.320

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	0.20	U	EPA 200.7	0.20	04/22/2020	16:56	E84589
1017	Chloride	250	mg/L	25		EPA 300.0	2.0	04/09/2020	22:00	E84589
1022	Copper	1	mg/L	0.0040		EPA 200.8	0.00035	04/21/2020	10:47	E82574
1025	Fluoride	2.0	mg/L	0.22	I	EPA 300.0	0.20	04/09/2020	22:00	E84589
1028	Iron	0.3	mg/L	0.50	I	EPA 200.7	0.20	04/22/2020	16:56	E84589
1032	Manganese	0.05	mg/L	0.015		EPA 200.8	0.00055	04/21/2020	10:47	E82574
1050	Silver	0.1	mg/L	0.000081	I	EPA 200.8	0.000068	04/21/2020	10:47	E82574
1055	Sulfate	250	mg/L	45		EPA 300.0	2.0	04/09/2020	22:00	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/22/2020	16:56	E84589
1905	Color	15	PCU	5.0	U	SM 2120 B	5.0	04/10/2020	07:10	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/08/2020	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	10	04/09/2020	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/09/2020	16:59	E82001

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*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.

PUBLIC WATER SYSTEM INFORMATION (to be	completed by sampler – Please type or print legibly)
System Name: Summertree	PWS I.D.#:
System Type (check one): Community	Nontransient Noncommunity
Address:	
City:	ZIP Code:
Phone #: Fax #:	E-Mail Address:
SAMPLE INFORMATION (to be completed by samp	
Sample Number: <u>T2006852005</u>	Sample Date: 04/08/2020 Sample Time: 08:05 AM PM (circle one)
Sample Location (be specific): <u>11219 Merganser</u>	Location Code (if known) :
Disinfectant Residual (Required when reporting results fo	or trihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
	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 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 Enviro	nmental Laboratories, Inc	E Florida DOH Ce	ertification #:	E84589	Certification Expiration Da	te: 06/30/2020			
				ATTACH CURRE	NT DOH ANALYTE *				
Address: <u>9610 Princess Pa</u>	Im Ave Tampa, FL 33619	Payments:	P.O. Box	Phone #: <u>(813</u>))630-9616				
Were any analyses subcontr	acted? X Yes No	lf yes, please provi	de DOH certifi	cation numbers:	E84589 E53076 E82001				
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *									
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/08/2020									
PWS ID (From Page 1):65	<u>11423</u>	Sample Number (Fror	m Page 1): <u>T200</u>	6852005	_Lab Assigned Report # or Jo	b <u>T2006852</u>			
Group(s) Analyzed & Results	s attached for compliance	with Chapter 62-550), F.A.C. (Che	ck all that apply):					
Inorganics All Except Asbestos Partial Nitrate Nitrite Asbestos Only	Volatile Organics	Disinfection E Trihalome Haloacetie Chlorite Bromate	ethanes	RadionuclidesSecondariesSingle SampleAll 14Qtrly Composite**X Partial					
		LAB	CERTIFICA	TION					
I, Joseph J. Vondrick		, _F	Project Mana	ager	, do HEREB`	Y CERTIFY			
	(Print Name)		(Print Title)						
that all attached analytical da	ata are correct and unless	s noted meet all requ	irements of the	e National Enviror	nmental Laboratory Accreditat	tion Conference			
Signature:	July Vondrick		Date:	04/22/2020					
 * Failure to provide a valid and cyrrent 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 DETERMINA	ATION (to be completed by D	DEP or DOH attach note	es as necessary)						
Sample Collection & Analysi	s Satisfactory: Yes	No Replacement	Sample or Re	port Requested:	Yes No (circle or highl	ight group(s) above)			
Person Notified:		Date Notified:		DEP/DC	OH Reviewing Official:				

SECONDARY CONTAMINANTS

Report Number / Job ID: T2006852005

62-550.320

PWS ID (From Page 1)	6511423

					E V	VVS ID (From P	age 1): <u>C</u>	011423		
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	0.20	U	EPA 200.7	0.20	04/22/2020	16:59	E84589
1017	Chloride	250	mg/L	25		EPA 300.0	2.0	04/09/2020	22:16	E84589
1022	Copper	1	mg/L	0.0029		EPA 200.8	0.00035	04/21/2020	10:51	E82574
1025	Fluoride	2.0	mg/L	0.22	I	EPA 300.0	0.20	04/09/2020	22:16	E84589
1028	Iron	0.3	mg/L	0.58	I	EPA 200.7	0.20	04/22/2020	16:59	E84589
1032	Manganese	0.05	mg/L	0.021		EPA 200.8	0.00055	04/21/2020	10:51	E82574
1050	Silver	0.1	mg/L	0.000082	I	EPA 200.8	0.000068	04/21/2020	10:51	E82574
1055	Sulfate	250	mg/L	46		EPA 300.0	2.0	04/09/2020	22:16	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/22/2020	16:59	E84589
1905	Color	15	PCU	5.0	U	SM 2120 B	5.0	04/10/2020	07:10	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/08/2020	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	10	04/09/2020	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/09/2020	16:59	E82001

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

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*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.

PUBLIC WATER SYSTEM INFORMATION (to be	completed by sampler – Please type or print legibly)
System Name: <u>Summertree</u>	PWS I.D.#:
System Type (check one): Community	Nontransient Noncommunity
Address:	
City:	ZIP Code:
Phone #: Fax #:	E-Mail Address:
SAMPLE INFORMATION (to be completed by samp	
Sample Number: T2006852006	Sample Date: 04/08/2020 Sample Time: 07:55 AM PM (circle one)
Sample Location (be specific): <u>11001 Kiskadee</u>	Location Code (if known) :
Disinfectant Residual (Required when reporting results fo	or trihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	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	Sampling Procedure Used or Other Comments:
 Ave Residence Time	
	*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 Environr	mental Laboratories, Inc	Florida DOH Ce	ertification #:	E84589	Certification Expiration Dat	te: 06/30/2020					
	ATTACH CURRENT DOH ANALYTE *										
Address: 9610 Princess Palm	Address: <u>9610 Princess Palm Ave Tampa, FL 33619</u> Payments: P.O. Box Phone #: <u>(813)630-9616</u>										
Were any analyses subcontracted? X Yes No If yes, please provide DOH certification numbers: E84589 E53076 E82001											
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *											
ANALYSIS INFORMATION	(to be completed by lab)	Date Sample	e(s) Received:	04/08/2020							
PWS ID (From Page 1):651	<u>1423</u> S	ample Number (Fror	n Page 1): <u>T200</u>	6852006	_Lab Assigned Report # or Jo	bb <u>T2006852</u>					
Group(s) Analyzed & Results a	attached for compliance	with Chapter 62-550), F.A.C. (Che	ck all that apply):							
Inorganics State All Except Asbestos	ynthetic Organics] All 30] All Except Dioxin] Partial] Dioxin Only	Volatile Organics	Disinfection E Trihalome Haloacetie Chlorite Bromate	ethanes	Radionuclides Single Sample	Secondaries All 14					
		LAB	CERTIFICA	TION							
I, Joseph J. Vondrick		, <u> </u>	Project Mana	ager	, do HEREB`	Y CERTIFY					
	(Print Name)		(Print Title)								
that all attached analytical data	a are correct and unless	noted meet all requ	irements of the	e National Enviror	nmental Laboratory Accreditat	tion Conference					
Signature:	John Vondnik		Date:	04/22/2020							
 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 DETERMINAT	TION (to be completed by DI	EP or DOH attach note	es as necessary)								
Sample Collection & Analysis	Satisfactory: Yes	No Replacement	Sample or Re	port Requested:	Yes No (circle or highli	ight group(s) above)					
Person Notified:		Date Notified:		DEP/DC	OH Reviewing Official:						

SECONDARY CONTAMINANTS

Report Number / Job ID: T2006852006

62-550.320

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	0.20	U	EPA 200.7	0.20	04/22/2020	17:10	E84589
1017	Chloride	250	mg/L	27		EPA 300.0	2.0	04/13/2020	11:06	E84589
1022	Copper	1	mg/L	0.0023		EPA 200.8	0.00035	04/21/2020	10:54	E82574
1025	Fluoride	2.0	mg/L	0.26	I	EPA 300.0	0.20	04/13/2020	11:06	E84589
1028	Iron	0.3	mg/L	0.53	I	EPA 200.7	0.20	04/22/2020	17:10	E84589
1032	Manganese	0.05	mg/L	0.017		EPA 200.8	0.00055	04/21/2020	10:54	E82574
1050	Silver	0.1	mg/L	0.000078	I	EPA 200.8	0.000068	04/21/2020	10:54	E82574
1055	Sulfate	250	mg/L	56		EPA 300.0	2.0	04/13/2020	11:06	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/22/2020	17:10	E84589
1905	Color	15	PCU	5.0	U	SM 2120 B	5.0	04/10/2020	07:10	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/08/2020	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	370		SM 2540 C	10	04/09/2020	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/09/2020	16:59	E82001

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

Page 3 of 3

*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 Tallahassee: 2639 North Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275

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: UHIH Address:	ties Inc Project Name: Project Number: Project Number: Project Number:							BOTTLE SIZE & TYPE						*	T 2 0	0.6	8 5	2 *	
Phone: 727-9 FAX: Contact: Jeff Sampled By: Je	PO Number: Z5Z125 FDEP Facility No: 6511423 FDEP Facility Address: Special Instructions: HII Samp. taken at FH					ANALYSIS REQUIRED	- ci s	N	MBAS	200.7 Metals	200. B Metal						LABORATORY I.D. NUME		
Turn Around Time: 🛣 AEL Profile #:			DaPT	EQuIS				ANA	300.0	TDS	MB	200.	200.	opo					RATC
SAMPLE ID	SAMPLE DESCRIPTION	1	Grab Comp	1	PLING	MATRIX	NO. COUNT	Preservation Field- Filtered?											LABC
1	11619 English Elm cit	1-2.5	A	4/8/20	730	DW				1	1							C	X
2	11704 Rose Tree C12				720	1												Ċ	XR
3	11436 Golf Rd. C12	-3.8			710														R3
4	11800 Irywood ciz	.3.0			745														ing
5	11219 Merganser CIZ	. 3.9			305														NS
6	11001 Kiskadee CI2	-3.9	V	\vee	755	1			V	V	V	V	V	V					2le
Matrix Code: WW	V = wastewater SW = syrface water GW = g	round wate	er DW = o	drinking wate	er O = oil	A = air S	io = soil	SL = slud	ge	 Preserva	tion Cod	le: I=ic	e H=(HC	i) S = (H:	2SO4) N =	= (HNO3) T = (So	dium Thios	ulfate)
other designed and the second s	Yes No Temp taken from same	and the second se		om blank	Where r	equired, pH	checked		Temp. wh										°C
DCN: AD-051 Forr	m last revised 11/17/16			(D	evice used	for measuri	tant to a line the	and the second se	-						-2 (T: 10,	A A: 3/	а M: ЗА	S: 1V	
Rel	linquished by: Date Time		Rec	ceived by:	1	Date	Time						Se supplied	SE: d) pws	6 ID:				
1 4/7 2	7. Chit 4/8/20 930		A	()	Ĺ	4/8/2020		<u>`</u>	11							ne :			_
3	X-1261 1161000			<u> </u>		10,000			Su	pplier of V	Vater:								_
4						Si	te-Addres	ss:		_						-			

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