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ORIGINAL



Southwest District
 13051 N Telecom Parkway
 Tampa, FL 33637

State Of Florida
 Reduced Monitoring Application Questionnaire
 For
 Synthetic Organic Contaminants

Date: 3-31-06

PWS Name: Colonial Manor

PWS ID Number: 651-0355

Florida Unique Well ID Number (FLUWID): _____

1) Has the public water system completed and complied with the provisions of a current, state sanctioned sanitary survey? Yes [] No []

Date of last sanitary survey: OCT 2005

2) Have any previous monitoring results been above detection limits for any regulated Synthetic Organic Contaminant? Yes [] No []
 (Attach copy of recent Synthetic Organic Contaminant results)

3) Do recent nitrate results exceed 5 milligrams per liter? Yes [] No []
 (Attach copy of most recent nitrate results)

4) Have any regulated Synthetic Organic Contaminants been used, manufactured, stored, or spilled within 500 meters (~1640 ft.) of your well head? Yes [] No []

If yes, attach an explanation of event and/or situation. Include a list of regulated Synthetic Organic Contaminants associated with each event or situation.

DOCUMENT NUMBER - DATE

11708 DEC 22 08

FPSC-COMMISSION CI FRK

PWS_NUMBER	NAME	SYSTEM_TYPE	SAMPLE_TYPE	SAMPLE_DATE	CONTAM_GRI	CODE_DESC	CONTAM_RESULTS	UNIT_C	STATUS
6510355	COLONIAL MANOR	C	D	9/18/2003	SOC	HEPTACHLOR	2065	0 UG/L	A
6510355	COLONIAL MANOR	C	D	9/18/2003	SOC	HEPTACHLOR EPOXIDE	2067	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	ENDRIN	2005	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	GLYPHOSATE	2034	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	ATRAZINE	2050	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	CARBOFURAN	2046	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	HEXACHLOROCYCLOPENTADIENE	2042	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	DINOSEB	2041	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	PICLORAM	2040	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	DI(2-ETHYLHEXYL)PHTHALATE	2039	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	SIMAZINE	2037	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	OXAMYL (VYDATE)	2036	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	DI(2-ETHYLHEXYL)ADIPATE	2035	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	CHLORDANE	2959	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	ETHYLENE DIBROMIDE	2946	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	DIBROMOCHLOROPROPANE	2931	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	POLYCHLORINATED BIPHENYL (PCB)	2383	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	PENTACHLOROPHENOL	2326	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	BENZO(A)PYRENE	2306	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	HEXACHLORO BENZENE	2274	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	2 4 5-TP (Silvex)	2110	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	2 4-D	2105	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	HEPTACHLOR EPOXIDE	2067	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	HEPTACHLOR	2065	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	ALACHLOR (LASSO)	2051	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	ENDOTHALL	2033	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	LINDANE	2010	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	TOXAPHENE	2020	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	DALAPON	2031	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	DIQUAT	2032	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	METHOXYCLOR	2015	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	ENDRIN	2005	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	METHOXYCLOR	2015	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	DALAPON	2031	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	ENDOTHALL	2033	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	DI(2-ETHYLHEXYL)ADIPATE	2035	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	SIMAZINE	2037	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	PICLORAM	2040	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	CHLORDANE	2959	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	ETHYLENE DIBROMIDE	2946	0 UG/L	A
6510355	COLONIAL MANOR	C	D	8/4/2003	SOC	DIBROMOCHLOROPROPANE	2931	0 UG/L	A

6510355	COLONIAL MANOR C	D	8/4/2003	SOC	POLYCHLORINATED BIPHENYL (PCB)	2383	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	PENTACHLOROPHENOL	2326	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	BENZO(A)PYRENE	2306	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	HEXACHLOROBENZENE	2274	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	2 4 5-TP (Silvex)	2110	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	2 4-D	2105	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	HEPTACHLOR EPOXIDE	2067	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	HEPTACHLOR	2065	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	ALACHLOR (LASSO)	2051	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	ATRAZINE	2050	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	CARBOFURAN	2046	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	HEXACHLOROCYCLOPENTADIENE	2042	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	DINOSEB	2041	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	DI(2-ETHYLHEXYL)PHTHALATE	2039	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	OXAMYL (VYDATE)	2036	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	GLYPHOSATE	2034	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	DIQUAT	2032	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	TOXAPHENE	2020	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	LINDANE	2010	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	ENDRIN	2005	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	LINDANE	2010	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	TOXAPHENE	2020	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	DIQUAT	2032	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	GLYPHOSATE	2034	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	ATRAZINE	2050	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	CARBOFURAN	2046	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	HEXACHLOROCYCLOPENTADIENE	2042	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	DINOSEB	2041	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	PICLORAM	2040	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	DI(2-ETHYLHEXYL)PHTHALATE	2039	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	SIMAZINE	2037	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	OXAMYL (VYDATE)	2036	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	DI(2-ETHYLHEXYL)ADIPATE	2035	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	CHLORDANE	2959	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	ETHYLENE DIBROMIDE	2946	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	DIBROMOCHLOROPROPANE	2931	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	POLYCHLORINATED BIPHENYL (PCB)	2383	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	PENTACHLOROPHENOL	2326	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	BENZO(A)PYRENE	2306	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	HEXACHLOROBENZENE	2274	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	2 4 5-TP (Silvex)	2110	0	UG/L	A
6510355	COLONIAL MANOR C	D	8/4/2003	SOC	2 4-D	2105	0	UG/L	A

6510355 COLONIAL MANOR C	D	8/4/2003 SOC	HEPTACHLOR EPOXIDE	2067	0 UG/L	A
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	HEPTACHLOR	2065	0 UG/L	A
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	ALACHLOR (LASSO)	2051	0 UG/L	A
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	ENDOTHALL	2033	0 UG/L	A
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	DALAPON	2031	0 UG/L	A
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	METHOXYCLOR	2015	0 UG/L	A

PWS_NUMBER	NAME	SYSTEM_	SAMPLE_	SAMPLE_DATE	CODE_DE	RESULTS	UNIT_OF_	STATUS
6510355	COLONIAL C	D		12/21/2005	NITRATE	6.7	MG/L	ACTIVE
6510355	COLONIAL C	D		12/21/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		11/22/2005	NITRATE	10	MG/L	ACTIVE
6510355	COLONIAL C	D		11/22/2005	NITRATE	7.1	MG/L	ACTIVE
6510355	COLONIAL C	D		11/22/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		11/22/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		10/31/2005	NITRATE	7.6	MG/L	ACTIVE
6510355	COLONIAL C	D		10/31/2005	NITRATE	7.6	MG/L	ACTIVE
6510355	COLONIAL C	D		10/31/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		10/31/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		9/12/2005	NITRATE	9.29	MG/L	ACTIVE
6510355	COLONIAL C	D		9/12/2005	NITRATE	8.96	MG/L	ACTIVE
6510355	COLONIAL C	D		9/1/2005	NITRATE	10.6	MG/L	ACTIVE
6510355	COLONIAL C	D		9/1/2005	NITRATE	10.3	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRATE	11	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRATE	11	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRATE	10	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRATE	10	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRATE	9.4	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRATE	9.4	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRATE	7.9	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRATE	7.9	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		8/29/2005	NITRITE	0	MG/L	ACTIVE
6510355	COLONIAL C	D		6/9/2005	NITRATE	8.95	MG/L	ACTIVE
6510355	COLONIAL C	D		6/9/2005	NITRATE	8.84	MG/L	ACTIVE
6510355	COLONIAL C	D		6/9/2005	NITRATE	6.98	MG/L	ACTIVE
6510355	COLONIAL C	D		6/9/2005	NITRATE	6.71	MG/L	ACTIVE
6510355	COLONIAL C	D		3/3/2005	NITRATE	9.35	MG/L	ACTIVE
6510355	COLONIAL C	D		3/3/2005	NITRATE	8.55	MG/L	ACTIVE

6510355	COLONIAL C	D	3/3/2005	NITRATE	8.24 MG/L	ACTIVE
6510355	COLONIAL C	D	3/3/2005	NITRATE	5.84 MG/L	ACTIVE
6510355	COLONIAL C	D	1/4/2005	NITRATE	11 MG/L	ACTIVE
6510355	COLONIAL C	D	1/4/2005	NITRATE	8.7 MG/L	ACTIVE
6510355	COLONIAL C	D	1/4/2005	NITRATE	8.2 MG/L	ACTIVE
6510355	COLONIAL C	D	1/4/2005	NITRATE	8.2 MG/L	ACTIVE
6510355	COLONIAL C	D	1/4/2005	NITRITE	0.041 MG/L	ACTIVE
6510355	COLONIAL C	D	1/4/2005	NITRITE	0 MG/L	ACTIVE
6510355	COLONIAL C	D	1/4/2005	NITRITE	0 MG/L	ACTIVE
6510355	COLONIAL C	D	1/4/2005	NITRITE	0 MG/L	ACTIVE

(5)

Reduced Monitoring Review Area Sketch

PWS ID:

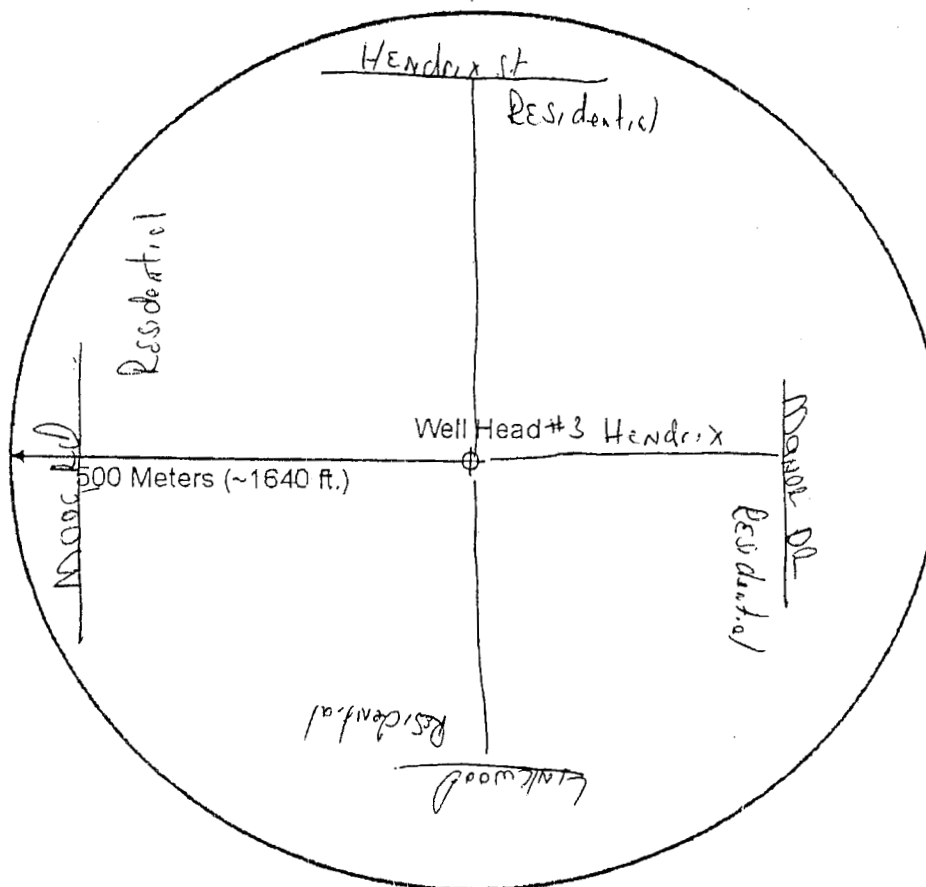
PWS Name:

Florida Unique Well ID (FLUWID):

Instructions: Identify, Sketch & Number Each Contaminant Source Then Complete The "Contaminant Use Inventory" Form (Section 6, Page 3)

Review Area Radius 500 Meters (~1640 ft.)

No Scale Required



Include all pertinent local, county, state and federal highways, roads or rail lines.

(5)

Reduced Monitoring Review Area Sketch

PWS ID:

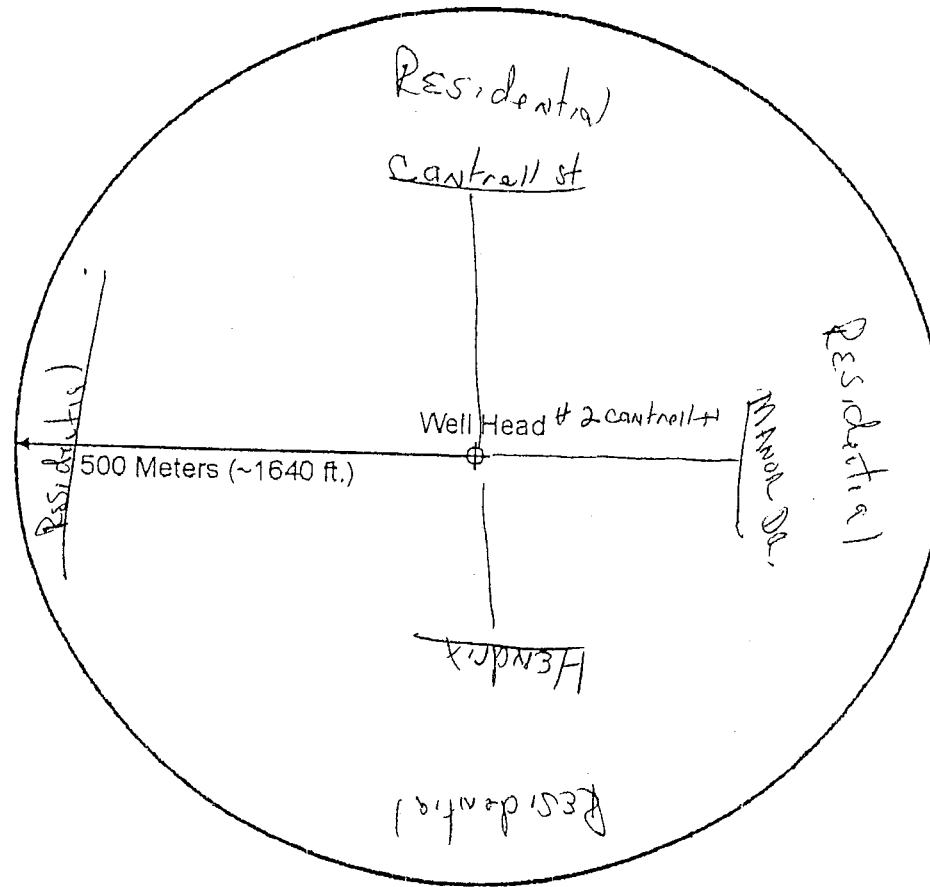
PWS Name:

Florida Unique Well ID (FLUWID):

Instructions: Identify, Sketch & Number Each Contaminant Source Then Complete The "Contaminant Use Inventory" Form (Section 6, Page 3)

Review Area Radius 500 Meters (~1640 ft.)

No Scale Required



Include all pertinent local, county, state and federal highways, roads or rail lines.

(5)

Reduced Monitoring Review Area Sketch

PWS ID: _____

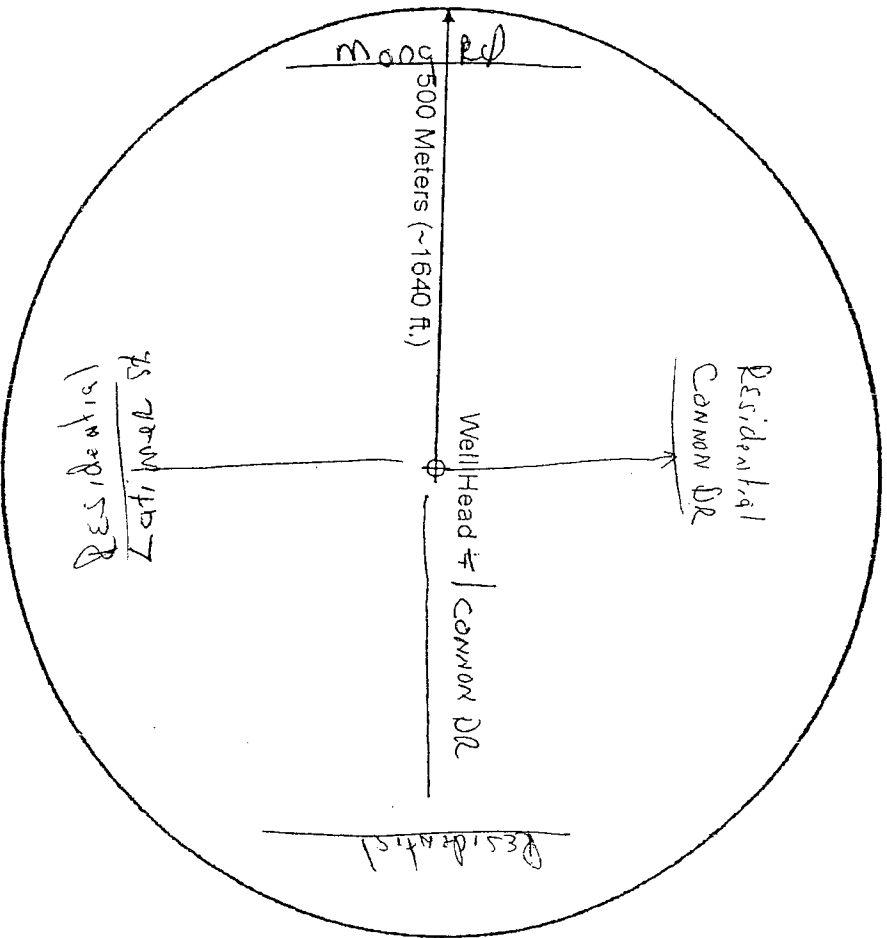
PWS Name: _____

Florida Unique Well ID (FLUWID): _____

Instructions: Identify, Sketch & Number Each Contaminant Source Then Complete The "Contaminant Use Inventory" Form (Section 6, Page 3)

Review Area Radius 500 Meters (~1640 ft.)

No Scale Required



Include all pertinent local, county, state and federal highways, roads or rail lines.

(5)

Reduced Monitoring Review Area Sketch

PWS ID:

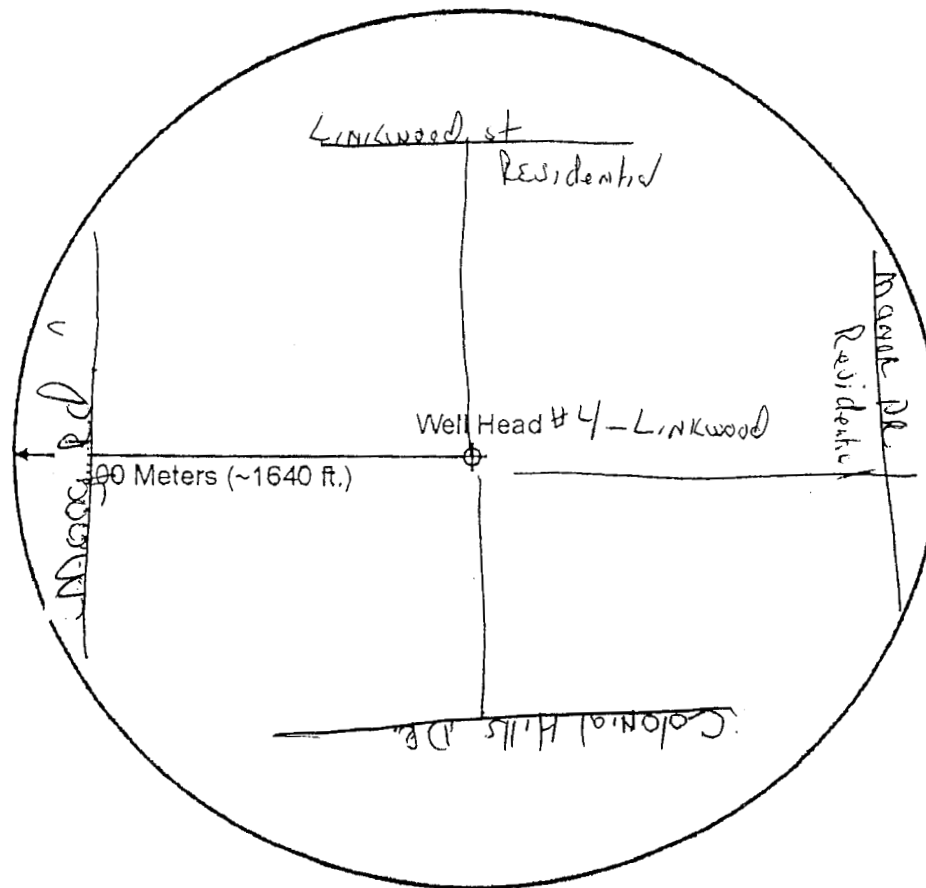
PWS Name:

Florida Unique Well ID (FLUWID):

Instructions: Identify, Sketch & Number Each Contaminant Source Then Complete The "Contaminant Use Inventory" Form (Section 6, Page 3)

Review Area Radius 500 Meters (~1640 ft.)

No Scale Required



Include all pertinent local, county, state and federal highways, roads or rail lines.

(6) CONTAMINANT USE INVENTORY

For each source identified (sketched) in Section (5) of this questionnaire, indicate contaminant use, manufacture, storage or spillage by recording the *source number(s)* from Section (5) in the column titled "SOURCE" adjacent to the contaminant of concern. Separate multiple sources with commas.

REGULATED SYNTHETIC ORGANIC CONTAMINANTS

CONTAMINANT	ID #	CAS #	SOURCE
-------------	------	-------	--------

2,3,7,8-TCDD (Dioxin)	2063	1746-01-6	
2,4_D	2105	94-75-7	
2,4,5-TP (Silvex)	2110	93-72-1	
Alachlor	2051	15972-60-8	
Atrazine	2050	1912-24-9	
Benzo(a)pyrene	2306	50-32-8	
Carbofuran	2046	1563-66-2	
Chlordane	2959	57-74-9	
Dalapon	2031	75-99-0	
Di(2-ethylhexyl)adipate	2035	103-23-1	
Di(2-ethylhexyl)phthalate	2039	117-81-7	
Dibromochloropropane (DBCP)	2931	96-12-8	
Dinoseb	2041	88-85-7	
Diquat	2032	85-00-7	
Endothall	2033	145-73-3	
Endrin	2005	72-20-8	
Ethylene dibromide (EDB)	2946	106-93-4	
Glyphosate	2034	1071-83-6	
Heptachlor	2065	76-44-8	
Heptachlor epoxide	2067	1024-57-3	
Hexachlorobenzene	2274	118-74-1	
Hexachlorocyclopentadiene	2042	77-47-4	
Lindane	2010	58-89-9	
Methoxychlor	2015	72-43-5	
Oxamyl (vydate)	2036	23135-22-0	
Pentachlorophenol	2326	87-95-5	
Picloram	2040	1918-02-1	
Polychlorinated biphenyl (PCB)	2383	1336-36-3	
Simazine	2037	122-34-9	
Toxaphene	2020	8001-35-2	

TYPICAL SOURCES of SYNTHETIC ORGANIC CONTAMINANTS (Not a comprehensive list)

Commercial, agricultural or horticultural areas
 Seed & feed sales and storage areas
 Recreational areas (Golf courses, campgrounds, parks...)
 Communication or Railroad storage and maintenance yards
 Pesticide manufacturer, storage, spill or transport site
 Super Fund site
 Landfill or dump
 Drainage wells
 Wood preserving facility
 Military base (Industrial area)
 Chemical manufacturer, storage, spill or transport site
 Petroleum distribution or bulk storage facilities.
 Any industry using or generating PCBs
 Gas Stations
 Dry Cleaners

I certify that the information provided is true and accurate to the best of my knowledge.

Owners Signature: _____

Print Name: Cecil Delcher

Date: 3-31-06



Advanced
Environmental Laboratories, Inc.

FILE COPY

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: US Water Services

Project Name: Colonial Manor

Project Number:

PWS ID#: 6510355

Attention: Melisa Rotteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

New Port Richey, Fl 34652

Report No.: T066523

Date Sampled: 06/14/2006

Date Received: 6/14/06 13:45

Date Reported: 07/26/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

**THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT
THE WRITTEN APPROVAL OF THE LABORATORY.**

*Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of
the NELAC standards, unless notated otherwise in the body of the report.*

Total Number of Pages =

P.1

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #2

Site: WTP

Sample Number: T066523-01

Report No.: T066523

Date/Time Sampled: 06/14/06 10:45

Date/Time Received: 6/14/06 13:45

Sampled By: Terry Henry

Shipping Method: Client drop off

Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2005	Endrin	2.0	ug/L	0.0016	U	E508	0.0016	0.010	06/29/2006	13:18	E82574
2010	Lindane	0.20	ug/L	0.0033	U	E508	0.0033	0.020	06/29/2006	13:18	E82574
2015	Methoxychlor	40	ug/L	0.011	U	E508	0.011	0.10	06/29/2006	13:18	E82574
2020	Toxaphene	3.0	ug/L	0.091	U	E508	0.091	1.0	06/29/2006	13:18	E82574
2031	Dalapon	200	ug/L	0.86	U, Q	E515.3	0.86	1.0	07/07/2006	14:56	E82574
2032	Diquat	20	ug/L	2.5	U	E549.2	2.5	0	06/28/2006	08:00	E82574
2033	Endothall	100	ug/L	4.8	U	E548.1	4.8	9.0	06/22/2006	17:16	E82574
2035	Bis(2-ethylhexyl) Adipate	400	ug/L	0.27	U	E525.2	0.27	0.60	07/10/2006	20:31	E82574
2036	Oxamyl (Vydate)	200	ug/L	0.61	U	E531.1	0.61	0	07/08/2006	08:00	E82574
2037	Simazine	4.0	ug/L	0.19	U	E525.2	0.19	0.070	07/10/2006	20:31	E82574
2039	Bis(2-ethylhexyl)phthalate	6.0	ug/L	0.77	U	E525.2	0.77	0.60	07/10/2006	20:31	E82574
2040	Picloram	500	ug/L	0.47	U, Q	E515.3	0.47	0.10	07/07/2006	14:56	E82574
2041	Dinoseb	7.0	ug/L	0.64	U, Q	E515.3	0.64	0.20	07/07/2006	14:56	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.015	U	E508	0.015	0.10	06/29/2006	13:18	E82574
2046	Carbofuran	40	ug/L	1.1	U	E531.1	1.1	0	07/08/2006	08:00	E82574
2050	Atrazine	3.0	ug/L	0.16	U	E525.2	0.16	0.10	07/10/2006	20:31	E82574
2051	Alachlor	2.0	ug/L	0.26	U	E525.2	0.26	0.20	07/10/2006	20:31	E82574
2065	Heptachlor	0.40	ug/L	0.0063	U	E508	0.0063	0.040	06/29/2006	13:18	E82574
2067	Heptachlor Epoxide	0.20	ug/L	0.0028	U	E508	0.0028	0.020	06/29/2006	13:18	E82574
2105	2,4-D	70	ug/L	1.7	U, Q	E515.3	1.7	0.10	07/07/2006	14:56	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.080	U, Q	E515.3	0.080	0.20	07/07/2006	14:56	E82574
2274	Hexachlorobenzene	1.0	ug/L	0.0027	U	E508	0.0027	0.10	06/29/2006	13:18	E82574
2306	Benzo(a)pyrene	0.20	ug/L	0.096	U	E525.2	0.096	0.020	07/10/2006	20:31	E82574
2326	Pentachlorophenol	1.0	ug/L	0.24	U, Q	E515.3	0.24	0.040	07/07/2006	14:56	E82574
2383	PCB screen as Arochlors	0.50	ug/L	0.11	U	E508	0.11	0.10	06/29/2006	13:18	E82574
2931	1,2-Dibromo-3-chloropropan	0.20	ug/L	0.0034	U	E504.1	0.0034	0	06/27/2006	14:53	E82574
2946	Ethylene Dibromide	0.020	ug/L	0.0069	U	E504.1	0.0069	0	06/27/2006	14:53	E82574
2959	Chlordane	2.0	ug/L	0.048	U	E508	0.048	0.20	06/29/2006	13:18	E82574

Q Sample held beyond the acceptable hold time.

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P. J.

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

LAB ASSIGNED SAMPLE NUMBER: 263026/060623-009

LAB ASSIGNED JOB ID: ADV_ENVLAB-060623-002

PWS ID (From Page 1): 6510355

SYNTHETIC ORGANICS

62.550.310(4)(b)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification
2005	Endrin	2	µg/L			EPA 505	0.0017	0.01				E12700
2010	Lindane	0.2	µg/L			EPA 505	0.0011	0.02				E12700
2015	Methoxychlor	40	µg/L			EPA 505	0.015	0.1				E12700
2020	Toxaphene	3	µg/L			EPA 505	0.27	1				E12700
2031	Dalapon	200	µg/L			EPA 515.3	0.40	1				E12700
2032	Diquat	20	µg/L			EPA 549.2	1.7	0.4				E12700
2033	Endothall	100	µg/L			EPA 548.1	1.5	9				E12700
2034	Glyphosate	700	µg/L	12	U	EPA 547	12	6	N/A	7-JUL-2006	12:32	E12700
2035	Di(2-ethylhexyl)adipate	400	µg/L			EPA 525.2	2.0	0.6				E12700
2036	Oxamyl (Vydate)	200	µg/L			EPA 531.1	0.18	2				E12700
2037	Simazine	4	µg/L			EPA 505	0.22	0.07				E12700
2039	Di(2-ethylhexyl)phthalate	6	µg/L			EPA 525.2	2.0	0.6				E12700
2040	Picloram	500	µg/L			EPA 515.3	0.18	0.1				E12700
2041	Dinoseb	7	µg/L			EPA 515.3	0.18	0.2				E12700
2042	Hexachlorocyclopentadiene	50	µg/L			EPA 505	0.012	0.1				E12700
2046	Carbofuran	40	µg/L			EPA 531.1	0.23	0.9				E12700
2050	Atrazine	3	µg/L			EPA 505	0.30	0.1				E12700
2051	Alachlor	2	µg/L			EPA 505	0.012	0.2				E12700
2063	2,3,7,8-TCDD (Dioxin)	0.03	ng/L									E12700
2065	Heptachlor	0.4	µg/L			EPA 505	0.012	0.04				E12700
2067	Heptachlor Epoxide	0.2	µg/L			EPA 505	0.0021	0.02				E12700
2105	2,4-D	70	µg/L			EPA 515.3	0.083	0.1				E12700
2110	2,4,5-TP (Silvex)	50	µg/L			EPA 515.3	0.020	0.2				E12700
2274	Hexachlorobenzene	1	µg/L			EPA 505	0.0059	0.1				E12700
2306	Benzo(a)pyrene	0.2	µg/L			EPA 525.2	0.095	0.02				E12700
2326	Pentachlorophenol	1	µg/L			EPA 515.3	0.030	0.04				E12700
2383	Polychlorinated Biphenyls	0.5	µg/L			EPA 505	0.13	0.1				E12700
2931	Dibromochloropropane	0.2	µg/L			EPA 504.1	0.0029	0.02				E12700
2946	Ethylene Dibromide (EDB)	0.02	µg/L			EPA 504.1	0.0030	0.01				E12700
2959	Chlordane	2	µg/L			EPA 505	0.28	0.2				E12700

NOTE: Effective January 1, 2004, results indicating non-detection with a reported lab MDL > 50% of the MCL will not be accepted for compliance with 62-550.310(4)(b)

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: COLONIAL MANOR PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: WELL #2 Location Code (if known): T060323-01

Sample Date: 6-14-06 Sample Time: 10:02 AM PM (Circle One)

Sample Location (be specific): _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.28 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) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERRY HENLY

Sampler's Phone #: 727 2434570 Sampler's Fax #: 727 898-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, _____
(Print Name) (Print Title)

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

Signature: Terence Henry Date: 6-14-06

P. 4

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

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

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: FL DOH – Bureau of Laboratories – Jacksonville Florida Certification #: E12700
 Address: 1217 North Pearl Street Certification Expiration Date: 06/30/06
Jacksonville, Florida 32202 Phone #: (904) 791-1525

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (From Page 1): 6510355 Date Sample(s) Received: 21-JUN-2006
 Lab Assigned Job ID: ADV_ENVLAB-060623-002 Sample Number (From Page 1): WELL #2
 Lab Assigned Sample Number: 263026/060623-009

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification Numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Dorcas Harper, Quality Assurance Officer,
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Dorcas Harper Date: July 21, 2006

* Failure to Provide a valid and current Florida DOH lab certification number and 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.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

P.S

**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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2007
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): 6510355

Date Sample(s) Received: 06/14/2006 13:45:0

Lab Assigned Report Number or Job ID T066523

Sample Number (From page 1) T066523-01

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Triha
<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloaceti
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial	<input type="checkbox"/> Radionuclides	<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<input type="checkbox"/> Single Samp	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> Secondaries
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574 E12700

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 4/26/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
 Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
 Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other:

Person Notified:

Date Notified:

Comments

Date Reviewed:

DEP/DOH Reviewing Official:

P. Co

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

DATA QUALIFIER CODES (From 62-160, Table 1)

These codes shall be used by laboratories when reporting data values that either meet the specified description outlined below or do not meet the quality control criteria of the laboratory:

The following codes are acceptable for use with results submitted for compliance with 62-550 and 62-555

SYMBOL	MEANING
B	Results based upon colony counts outside the acceptable range. This code applies to microbiological tests and specifically to membrane filter counts. This code is to be used if the colony count is generated from a plate in which the total number of coliform colonies is outside the method indicated ideal range. This code is not to be used if a 100 mL sample has been filtered and the colony count is less than the lower value of the ideal range.
I	The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
K	Off-scale low. Actual value is known to be less than the value given. This code shall be used if: <ol style="list-style-type: none"> 1. The value is less than the lowest calibration standard and the calibration curve is known to be non-linear; or 2. The value is known to be less than the reported value based on sample size, dilution or some other variable. <p>This code shall not be used to report values that are less than the laboratory practical quantitation limit or laboratory method detection limit.</p>
L	Off-scale high. Actual value is known to be greater than value given. To be used when the concentration of the analyte is above the acceptable level for quantitation (exceeds the linear range or highest calibration standard) and the calibration curve is known to exhibit negative deflection.
M	When reporting chemical analyses: presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. This code shall be used if the level is too low to permit accurate quantification, but the estimated concentration is greater than the method detection limit. If the value is less than the method detection limit use "I" below.
!	Data deviate from historically established concentration ranges. This code shall be used only if the laboratory has knowledge of the specific sampling event. The code shall be added by the organization collecting samples if it applies.
U	Indicates that the compound was analyzed for but not detected. This symbol shall be used to indicate that the specified component was not detected. The value associated with the qualifier shall be the laboratory method detection limit.
V	Indicates that the analyte was detected in both the sample and the associated method blank. Note: the value in the blank shall not be subtracted from the associated samples.
D	Measurement was made in the field (i.e., in situ). This applies to any value (except pH, specific conductance, dissolved oxygen, temperature, total residual chlorine, transparency, or salinity) that was obtained under field conditions using approved analytical methods. If the parameter code specifies a field measurement (e.g., "Field pH"), this code is not required. This code shall be used only if the laboratory has knowledge of the specific sampling event. The code shall be added by the organization collecting samples if it applies. The code shall be added by the organization collecting samples if it applies.
E	Indicates that extra samples were taken at composite stations. This code shall be used only if the laboratory has knowledge of the specific sampling event. The code shall be added by the organization collecting samples if it applies.

27

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

The following codes may or may not be acceptable for use with results submitted for compliance with 62-550 and 62-555, depending on the parameter(s) and/or the circumstances. Results with these codes will be evaluated on a case by case basis.

SYMBOL	MEANING
J	<p>Estimated value; value may not be accurate. This code shall be used in the following instances:</p> <ol style="list-style-type: none"> 1. Surrogate-recovery limits have been exceeded; 2. No known quality control criteria exist for the component; 3. The reported value failed to meet the established quality control criteria for either precision or accuracy; 4. The sample matrix interfered with the ability to make any accurate determination; or 5. The data are questionable because of improper laboratory or field protocols (e.g., composite sample was collected instead of grab sample). <p>Note: a "J" value shall be accompanied by written justification for its use. A "J" value shall not be used if another code applies (e.g., K, L, M, T, V, Y, I).</p>
Q	Sample held beyond the accepted holding time. This code shall be used if the value derived from a sample that was prepared or analyzed after the approved holding time restrictions for sample preparation or analysis.
R	Significant rain in the past 48 hours. (Significant rain typically involves rain in excess of ½ inch within the past 48 hours.) This code shall be used when the rainfall might contribute to a lower than normal value.
Y	The laboratory analysis was from an improperly preserved sample. The data may not be accurate.

The following codes are not acceptable for use with results submitted for compliance with 62-550 and 62-555.

SYMBOL	MEANING
A	Value reported is the arithmetic mean (average) of two or more determinations. This code shall be used if the results of two or more discrete and separate samples are averaged. These samples shall have been processed and analyzed (e.g., laboratory replicate samples, field duplicates, etc.) independently. Do not use this code if the data are the result of replicate analysis on the same sample aliquot, extract or digestate. Do not use this code if the data replicate values shall be reported as individual analyses.
F	When reporting species: F indicates female sex.
H	Value based on field kit determination; results may not be accurate. This code shall be used if a field screening test (i.e., field gas chromatographic data, immunoassay, vendor-supplied field kit, etc.) was used to generate the value and the field kit or method has not been recognized by the Department as equivalent to laboratory methods.
N	<p>Presumptive evidence of material. This qualifier shall be used if:</p> <ol style="list-style-type: none"> 1. The component has been tentatively identified based on mass spectral library search; or 2. There is an indication that the analyte is present, but quality control requirements for confirmation were not met (i.e., presence of analyte was not confirmed by alternative procedures).
O	Sampled, but analysis lost or not performed.
T	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes only and shall not be used in statistical analysis.
Z	Too many colonies were present (TNTC); the numeric value represents the filtration value.
?	Data are rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
*	Not reported due to interference.

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

DATA QUALIFIER JUSTIFICATION

Glyphosate, which is analyzed by EPA Method 547 uses a longer holding time of 30 days because the laboratory is choosing to freeze the sample as indicated in the method to allow for a holding time of up to 18 months. This is found in Section 8 of EPA Method 547, item number 3.

pg 1

Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa
 9610 Princess Palm Avenue
 Tampa, FL 33619
 813-630-9616 Fax 813-630-4327
 Contact Person: Michael Cammarata

AEL Jax
 6601 Southpoint Parkway
 Jacksonville, FL 32216
 904-363-9350 Fax 904-363-9354
 Contact Person: Sean Hyde

Project #: T066523
CustomerName: US Water Services
Collector: Terry Henry

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T066523-01	Well #2	62-550 508 Pests (J)	Drinking Water	6/14/2006 10:45	6/14/06 13:45	6/21/2006	_____	1L Amber glass
T066523-01	Well #2	62-550 531.1 SOCs (J)	Drinking Water	6/14/2006 10:45	6/14/06 13:45	6/28/2006	_____	
T066523-01	Well #2	62-550 Herbicides (J)-515.3	Drinking Water	6/14/2006 10:45	6/14/06 13:45	6/28/2006	_____	40mL Vial
T066523-01	Well #2	62-550 SVOCs (J)-525.2	Drinking Water	6/14/2006 10:45	6/14/06 13:45	6/28/2006	_____	1L Amber glass
T066523-01	Well #2	62-550 SVOCs (J)-548.1	Drinking Water	6/14/2006 10:45	6/14/06 13:45	6/21/2006	_____	1L Amber glass
T066523-01	Well #2	Diquat	Drinking Water	6/14/2006 10:45	6/14/06 13:45	6/21/2006	_____	1L Amber glass
T066523-01	Well #2	Ethylene Dibromide (EDB)	Drinking Water	6/14/2006 10:45	6/14/06 13:45	6/28/2006	_____	40mL VOC vial

2.11

Tampa Relinquisher: 

Shipping Receiver: AEL Courier

Date/Time: 6/14/06 17:40

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: JS

Date/Time: 6/15/06 8:45



Advanced
Environmental Laboratories, Inc.

FILE COPY

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: US Water Services

Project Name: Colonial Manor

Project Number:

PWS ID#: 6510355

Attention: Melisa Rotteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

New Port Richey, Fl 34652

Report No.: T066524

Date Sampled: 06/14/2006

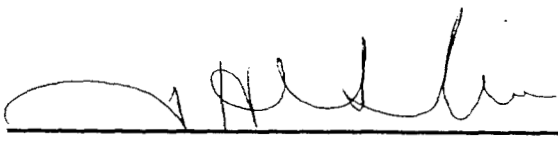
Date Received: 6/14/06 13:45

Date Reported: 07/26/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By: 

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 12

P.1

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #3
Site: WTP
Sample Number: T066524-01

Report No.: T066524
Date/Time Sampled: 06/14/06 11:35
Date/Time Received: 6/14/06 13:45

Sampled By: Terry Henry
Shipping Method: Client drop off

Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2005	Endrin	2.0	ug/L	0.0016	U	E508	0.0016	0.010	06/29/2006	13:18	E82574
2010	Lindane	0.20	ug/L	0.0033	U	E508	0.0033	0.020	06/29/2006	13:18	E82574
2015	Methoxychlor	40	ug/L	0.011	U	E508	0.011	0.10	06/29/2006	13:18	E82574
2020	Toxaphene	3.0	ug/L	0.091	U	E508	0.091	1.0	06/29/2006	13:18	E82574
2031	Dalapon	200	ug/L	0.86	U, Q	E515.3	0.86	1.0	07/07/2006	14:56	E82574
2032	Diquat	20	ug/L	2.5	U	E549.2	2.5	0	06/28/2006	08:00	E82574
2033	Endothal	100	ug/L	4.8	U	E548.1	4.8	9.0	06/22/2006	17:16	E82574
2035	Bis(2-ethylhexyl) Adipate	400	ug/L	0.27	U	E525.2	0.27	0.60	07/10/2006	20:31	E82574
2036	Oxamyl (Vydate)	200	ug/L	0.61	U	E531.1	0.61	0	07/08/2006	08:00	E82574
2037	Simazine	4.0	ug/L	0.19	U	E525.2	0.19	0.070	07/10/2006	20:31	E82574
2039	Bis(2-ethylhexyl)phthalate	6.0	ug/L	0.77	U	E525.2	0.77	0.60	07/10/2006	20:31	E82574
2040	Picloram	500	ug/L	0.47	U, Q	E515.3	0.47	0.10	07/07/2006	14:56	E82574
2041	Dinoseb	7.0	ug/L	0.64	U, Q	E515.3	0.64	0.20	07/07/2006	14:56	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.015	U	E508	0.015	0.10	06/29/2006	13:18	E82574
2046	Carbofuran	40	ug/L	1.1	U	E531.1	1.1	0	07/08/2006	08:00	E82574
2050	Atrazine	3.0	ug/L	0.16	U	E525.2	0.16	0.10	07/10/2006	20:31	E82574
2051	Alachlor	2.0	ug/L	0.26	U	E525.2	0.26	0.20	07/10/2006	20:31	E82574
2065	Heptachlor	0.40	ug/L	0.0063	U	E508	0.0063	0.040	06/29/2006	13:18	E82574
2067	Heptachlor Epoxide	0.20	ug/L	0.0028	U	E508	0.0028	0.020	06/29/2006	13:18	E82574
2105	2,4-D	70	ug/L	1.7	U, Q	E515.3	1.7	0.10	07/07/2006	14:56	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.080	U, Q	E515.3	0.080	0.20	07/07/2006	14:56	E82574
2274	Hexachlorobenzene	1.0	ug/L	0.0027	U	E508	0.0027	0.10	06/29/2006	13:18	E82574
2306	Benzo(a)pyrene	0.20	ug/L	0.096	U	E525.2	0.096	0.020	07/10/2006	20:31	E82574
2326	Pentachlorophenol	1.0	ug/L	0.24	U, Q	E515.3	0.24	0.040	07/07/2006	14:56	E82574
2383	PCB screen as Arochlors	0.50	ug/L	0.11	U	E508	0.11	0.10	06/29/2006	13:18	E82574
2931	1,2-Dibromo-3-chloropropan	0.20	ug/L	0.0034	U	E504.1	0.0034	0	06/27/2006	07:07	E82574
2946	Ethylene Dibromide	0.020	ug/L	0.0069	U	E504.1	0.0069	0	06/27/2006	07:07	E82574
2959	Chlordane	2.0	ug/L	0.048	U	E508	0.048	0.20	06/29/2006	13:18	E82574

Q Sample held beyond the acceptable hold time.

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQI is defined to be 4 times the MDL

P. 2

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

LAB ASSIGNED SAMPLE NUMBER: 263027/060623-010

LAB ASSIGNED JOB ID: ADV_ENVLAB-060623-002

PWS ID (From Page 1): 6510355

SYNTHETIC ORGANICS

62.550.310(4)(b)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification
2005	Endrin	2	µg/L			EPA 505	0.0017	0.01				E12700
2010	Lindane	0.2	µg/L			EPA 505	0.0011	0.02				E12700
2015	Methoxychlor	40	µg/L			EPA 505	0.015	0.1				E12700
2020	Toxaphene	3	µg/L			EPA 505	0.27	1				E12700
2031	Dalapon	200	µg/L			EPA 515.3	0.40	1				E12700
2032	Diquat	20	µg/L			EPA 549.2	1.7	0.4				E12700
2033	Endothall	100	µg/L			EPA 548.1	1.5	9				E12700
2034	Glyphosate	700	µg/L	12	U	EPA 547	12	6	N/A	7-JUL-2006	12:41	E12700
2035	Di(2-ethylhexyl)adipate	400	µg/L			EPA 525.2	2.0	0.6				E12700
2036	Oxamyl (Vydate)	200	µg/L			EPA 531.1	0.18	2				E12700
2037	Simazine	4	µg/L			EPA 505	0.22	0.07				E12700
2039	Di(2-ethylhexyl)phthalate	6	µg/L			EPA 525.2	2.0	0.6				E12700
2040	Picloram	500	µg/L			EPA 515.3	0.18	0.1				E12700
2041	Dinoseb	7	µg/L			EPA 515.3	0.18	0.2				E12700
2042	Hexachlorocyclopentadiene	50	µg/L			EPA 505	0.012	0.1				E12700
2046	Carbofuran	40	µg/L			EPA 531.1	0.23	0.9				E12700
2050	Atrazine	3	µg/L			EPA 505	0.30	0.1				E12700
2051	Alachlor	2	µg/L			EPA 505	0.012	0.2				E12700
2063	2,3,7,8-TCDD (Dioxin)	0.03	ng/L									E12700
2065	Heptachlor	0.4	µg/L			EPA 505	0.012	0.04				E12700
2067	Heptachlor Epoxide	0.2	µg/L			EPA 505	0.0021	0.02				E12700
2105	2,4-D	70	µg/L			EPA 515.3	0.083	0.1				E12700
2110	2,4,5-TP (Silvex)	50	µg/L			EPA 515.3	0.020	0.2				E12700
2274	Hexachlorobenzene	1	µg/L			EPA 505	0.0059	0.1				E12700
2306	Benzo(a)pyrene	0.2	µg/L			EPA 525.2	0.095	0.02				E12700
2326	Pentachlorophenol	1	µg/L			EPA 515.3	0.030	0.04				E12700
2383	Polychlorinated Biphenyls	0.5	µg/L			EPA 505	0.13	0.1				E12700
2931	Dibromochloropropane	0.2	µg/L			EPA 504.1	0.0029	0.02				E12700
2946	Ethylene Dibromide (EDB)	0.02	µg/L			EPA 504.1	0.0030	0.01				E12700
2959	Chlordane	2	µg/L			EPA 505	0.28	0.2				E12700

NOTE: Effective January 1, 2004, results indicating non-detection with a reported lab MDL > 50% of the MCL will not be accepted for compliance with 62-550.310(4)(b)

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: COLONIAL MANOR PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: WZLH3 Location Code (if known): TOL0524-04

Sample Date: 6-14-06 Sample Time: 11:00 AM PM (Circle One)

Sample Location (be specific): _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.89 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) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERRY HENRY

Sampler's Phone #: 727 243-4570 Sampler's Fax #: 727-848-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, _____
(Print Name) (Print Title)

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

Signature: Terence Henry Date: 6-14-06

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

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

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: FL DOH – Bureau of Laboratories – Jacksonville Florida Certification #: E12700
 Address: 1217 North Pearl Street Certification Expiration Date: 06/30/06
Jacksonville, Florida 32202 Phone #: (904) 791-1525

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (From Page 1): 6510355
 Lab Assigned Job ID: ADV_ENVLAB-060623-002

Date Sample(s) Received: 21-JUN-2006
 Sample Number (From Page 1): WELL #3/T066524-04
 Lab Assigned Sample Number: 263027/060623-010

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification Numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Dorcas Harper,
(Print Name)

Quality Assurance Officer ,
(Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Dorcas Harper Date: July 21, 2006

* Failure to Provide a valid and current Florida DOH lab certification number and 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.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

P. S.

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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2007
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355

Date Sample(s) Received: 06/14/2006 13:45:0

Lab Assigned Report Number or Job ID T066524

Sample Number (From page 1) T066524-01

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|---|--|--|---|
| <p>Inorganics</p> <p><input type="checkbox"/> All 17</p> <p><input type="checkbox"/> Partial</p> <p><input type="checkbox"/> Nitrate</p> <p><input type="checkbox"/> Nitrite</p> <p><input type="checkbox"/> Asbestos Only</p> | <p>Synthetic Organics</p> <p><input type="checkbox"/> All 30</p> <p><input checked="" type="checkbox"/> All Except Dioxin</p> <p><input type="checkbox"/> Partial</p> <p><input type="checkbox"/> Dioxin Only</p> | <p>Volatile Organics</p> <p><input type="checkbox"/> All 21</p> <p><input type="checkbox"/> Partial</p> <p>Radionuclides</p> <p><input type="checkbox"/> Single Samp</p> <p><input type="checkbox"/> Qtrly Composite**</p> | <p>Disinfection Byproducts</p> <p><input type="checkbox"/> Triha</p> <p><input type="checkbox"/> Haloaceti</p> <p><input type="checkbox"/> Bromate</p> <p><input type="checkbox"/> Chlorite</p> <p>Secondaries</p> <p><input type="checkbox"/> All 14</p> <p><input type="checkbox"/> Partial</p> |
|---|--|--|---|

Were any analyses subcontracted? Yes No

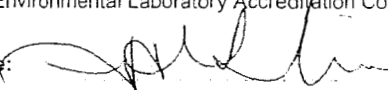
If yes, please provide DOH certification number E82574 E12700

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 7/26/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
 Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

P. U.

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

DATA QUALIFIER CODES (From 62-160, Table 1)

These codes shall be used by laboratories when reporting data values that either meet the specified description outlined below or do not meet the quality control criteria of the laboratory:

The following codes are acceptable for use with results submitted for compliance with 62-550 and 62-555

SYMBOL	MEANING
B	Results based upon colony counts outside the acceptable range. This code applies to microbiological tests and specifically to membrane filter counts. This code is to be used if the colony count is generated from a plate in which the total number of coliform colonies is outside the method indicated ideal range. This code is not to be used if a 100 mL sample has been filtered and the colony count is less than the lower value of the ideal range.
I	The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
K	Off-scale low. Actual value is known to be less than the value given. This code shall be used if: <ol style="list-style-type: none"> 1. The value is less than the lowest calibration standard and the calibration curve is known to be non-linear; <li style="text-align: center;">or 2. The value is known to be less than the reported value based on sample size, dilution or some other variable. <p>This code shall not be used to report values that are less than the laboratory practical quantitation limit or laboratory method detection limit.</p>
L	Off-scale high. Actual value is known to be greater than value given. To be used when the concentration of the analyte is above the acceptable level for quantitation (exceeds the linear range or highest calibration standard) and the calibration curve is known to exhibit negative deflection.
M	When reporting chemical analyses: presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. This code shall be used if the level is too low to permit accurate quantification, but the estimated concentration is greater than the method detection limit. If the value is less than the method detection limit use "T" below.
!	Data deviate from historically established concentration ranges. This code shall be used only if the laboratory has knowledge of the specific sampling event. The code shall be added by the organization collecting samples if it applies.
U	Indicates that the compound was analyzed for but not detected. This symbol shall be used to indicate that the specified component was not detected. The value associated with the qualifier shall be the laboratory method detection limit.
V	Indicates that the analyte was detected in both the sample and the associated method blank. Note: the value in the blank shall not be subtracted from the associated samples.
D	Measurement was made in the field (i.e., in situ). This applies to any value (except pH, specific conductance, dissolved oxygen, temperature, total residual chlorine, transparency, or salinity) that was obtained under field conditions using approved analytical methods. If the parameter code specifies a field measurement (e.g., "Field pH"), this code is not required. This code shall be used only if the laboratory has knowledge of the specific sampling event. The code shall be added by the organization collecting samples if it applies. The code shall be added by the organization collecting samples if it applies.
E	Indicates that extra samples were taken at composite stations. This code shall be used only if the laboratory has knowledge of the specific sampling event. The code shall be added by the organization collecting samples if it applies.

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

The following codes may or may not be acceptable for use with results submitted for compliance with 62-550 and 62-555, depending on the parameter(s) and/or the circumstances. Results with these codes will be evaluated on a case by case basis.

SYMBOL	MEANING
J	<p>Estimated value; value may not be accurate. This code shall be used in the following instances:</p> <ol style="list-style-type: none"> 1. Surrogate recovery limits have been exceeded; 2. No known quality control criteria exist for the component; 3. The reported value failed to meet the established quality control criteria for either precision or accuracy; 4. The sample matrix interfered with the ability to make any accurate determination; or 5. The data are questionable because of improper laboratory or field protocols (e.g., composite sample was collected instead of grab sample). <p>Note: a "J" value shall be accompanied by written justification for its use. A "J" value shall not be used if another code applies (e.g., K, L, M, T, V, Y, I).</p>
Q	Sample held beyond the accepted holding time. This code shall be used if the value derived from a sample that was prepared or analyzed after the approved holding time restrictions for sample preparation or analysis.
R	Significant rain in the past 48 hours. (Significant rain typically involves rain in excess of ½ inch within the past 48 hours.) This code shall be used when the rainfall might contribute to a lower than normal value.
Y	The laboratory analysis was from an improperly preserved sample. The data may not be accurate.

The following codes are not acceptable for use with results submitted for compliance with 62-550 and 62-555.

SYMBOL	MEANING
A	Value reported is the arithmetic mean (average) of two or more determinations. This code shall be used if the results of two or more discrete and separate samples are averaged. These samples shall have been processed and analyzed (e.g., laboratory replicate samples, field duplicates, etc.) independently. Do not use this code if the data are the result of replicate analysis on the same sample aliquot, extract or digestate. Do not use this code if the data replicate values shall be reported as individual analyses.
F	When reporting species: F indicates female sex.
H	Value based on field kit determination; results may not be accurate. This code shall be used if a field screening test (i.e., field gas chromatographic data, immunoassay, vendor-supplied field kit, etc.) was used to generate the value and the field kit or method has not been recognized by the Department as equivalent to laboratory methods.
N	<p>Presumptive evidence of material. This qualifier shall be used if:</p> <ol style="list-style-type: none"> 1. The component has been tentatively identified based on mass spectral library search; or 2. There is an indication that the analyte is present, but quality control requirements for confirmation were not met (i.e., presence of analyte was not confirmed by alternative procedures).
O	Sampled, but analysis lost or not performed.
T	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes only and shall not be used in statistical analysis.
Z	Too many colonies were present (TNTC); the numeric value represents the filtration value.
?	Data are rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
*	Not reported due to interference.

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

DATA QUALIFIER JUSTIFICATION

Glyphosate, which is analyzed by EPA Method 547 uses a longer holding time of 30 days because the laboratory is choosing to freeze the sample as indicated in the method to allow for a holding time of up to 18 months. This is found in Section 8 of EPA Method 547, item number 3.

09

Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa
 9610 Princess Palm Avenue
 Tampa, FL 33619
 813-630-9616 Fax 813-630-4327
 Contact Person: Michael Cammarata

AEL Jax
 6601 Southpoint Parkway
 Jacksonville, FL 32216
 904-363-9350 Fax 904-363-9354
 Contact Person: Sean Hyde

Project #: T066524
CustomerName: US Water Services
Collector: Terry Henry

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T066524-01	Well #3	62-550 508 Pests (J)	Drinking Water	6/14/2006 11:35	6/14/06 13:45	6/21/2006	_____	1L Amber glass
T066524-01	Well #3	62-550 531.1 SOCs (J)	Drinking Water	6/14/2006 11:35	6/14/06 13:45	6/28/2006	_____	
T066524-01	Well #3	62-550 Herbicides (J)-515.3	Drinking Water	6/14/2006 11:35	6/14/06 13:45	6/28/2006	_____	40mL Vial
T066524-01	Well #3	62-550 SVOCs (J)-525.2	Drinking Water	6/14/2006 11:35	6/14/06 13:45	6/28/2006	_____	1L Amber glass
T066524-01	Well #3	62-550 SVOCs (J)-548.1	Drinking Water	6/14/2006 11:35	6/14/06 13:45	6/21/2006	_____	1L Amber glass
T066524-01	Well #3	Diquat	Drinking Water	6/14/2006 11:35	6/14/06 13:45	6/21/2006	_____	1L Amber glass
T066524-01	Well #3	Ethylene Dibromide (EDB)	Drinking Water	6/14/2006 11:35	6/14/06 13:45	6/28/2006	_____	40mL VOC vial

P.10

Tampa Relinquisher: 

Shipping Receiver: AEL Courier

Date/Time: 6/14/06 1740

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: JS

Date/Time: 6/15/06 8:45



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 01/10/00 1345 Log-in request number: 7066524
Received by: km Completed by: AK

Cooler/Shipping Information:

Carrier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____

Package: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	0°C				
Temp taken from	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			
2. Were custody papers properly included with samples?	/		
3. Were custody papers properly filled out (ink, signed, match labels)?	/		
4. Did all bottles arrive in good condition (unbroken)?	/		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	/		
6. Did the sample labels agree with the chain of custody?	/		
7. Were correct bottles used for the tests indicated?	/		
8. Were proper sample preservation techniques indicated on the label?	/		
9. Were samples received within holding times?	/		
10. Were all VOA vials checked for the presence of air bubbles?			/
1. Were there air bubbles present in the VOA vials?			/
2. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	/		
3. Was the cooler temperature less than 6°C?	/		
4. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)			/
5. Were the sample containers provided by AEL?	/		
6. Were samples accepted into the laboratory?	/		
7. Was it necessary to split samples into other bottles?		/	

Comments:

D.11



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: 7066524

Page _____ of _____

CLIENT NAME: <i>LIS WATER CORP.</i>		PROJECT NAME: <i>COLONIAL MANOR</i>				BOTTLE SIZE & TYPE	A R N E A Q U I L Y I S R I E S D	LAB NUMBER
ADDRESS: <i>4739 CROSS BAYOU BLVD</i>		P.O. NUMBER / PROJECT NUMBER:						
PHONE: <i>NEW PORT RICHEY, FL. 36452</i>		PROJECT LOCATION:						
FAX: <i>727-848-7701</i>		CONTACT: <i>MELISA</i>						
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS:				SOE'S		
WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge		Preserv						
SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv	LAB NUMBER
			DATE	TIME				
	<i>WELL #3</i>	<i>G</i>	<i>6-14-06</i>	<i>11:35⁰⁰</i>	<i>DW</i>	<i>14</i>		

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate) Relinquished by: _____ Date _____ Time _____ Received by: _____ Date _____ Time _____

Shipment Out: / /	Method Via:	Sample Kit: RB	Cooler #:	1	<i>Jung Hwang</i>	<i>6-14-06</i>	<i>13:45</i>	<i>K. Mead</i>	<i>6/14/06</i>	<i>13:45</i>
Ret: / /	Method Via:	Sample Kit: RB	Cooler #:	2						
				3						
				4						



Advanced
Environmental Laboratories, Inc.

FILE COPY

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: US Water Services

Project Name: Colonial Manor

Project Number:

PWS ID#: 6510355

Attention: Melisa Rotteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

New Port Richey, Fl 34652

Report No.: T065238

Date Sampled: 05/10/2006

Date Received: 5/10/06 15:40

Date Reported: 06/08/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

Melissa LaVigne, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT
THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 9

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services

Report No.: T065238

Project Name: Colonial Manor

Date/Time Sampled: 05/10/06 11:30

Matrix: Drinking Water

Date/Time Received: 5/10/06 15:40

PWS ID#: 6510355

Client Sample ID:

Site: Well #3

Sampled By: Terry Henry

Sample Number: T065238-01

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1005	Arsenic	0.010	mg/L	0.0038		E200.7	0.0038	05/16/2006	10:11	E82574
1010	Barium	2.0	mg/L	0.033		E200.7	0.00067	05/16/2006	10:11	E82574
1015	Cadmium	0.0050	mg/L	0.00020	i	E200.7	0.000051	05/16/2006	10:11	E82574
1020	Chromium	0.10	mg/L	0.00030	U	E200.7	0.00030	05/16/2006	10:11	E82574
1024	Cyanide	0.20	mg/L	0.0049	U	SM4500CN-E	0.0049	05/13/2006	16:00	E84589
1025	Fluoride	4.0	mg/L	0.36		E300.0	0.061	05/11/2006	09:13	E84589
1030	Lead	0.015	mg/L	0.0012	U	SM3113B	0.0012	05/16/2006	11:21	E82574
1035	Mercury	0.0020	mg/L	0.000071	i	E245.1	0.000020	05/14/2006	15:31	E82574
1036	Nickel	0.10	mg/L	0.0016	U	E200.7	0.0016	05/16/2006	10:11	E82574
1040	Nitrate (as N)	10	mg/L	5.1		E300.0	0.027	05/11/2006	09:13	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	E300.0	0.034	05/11/2006	09:13	E84589
1045	Selenium	0.050	mg/L	0.0040		SM3113B	0.00074	05/24/2006	10:54	E82574
1052	Sodium	160	mg/L	140		E200.7	0.019	05/16/2006	10:11	E82574
1074	Antimony	0.0060	mg/L	0.0026	U	SM3113B	0.0026	06/01/2006	09:45	E82574
1075	Beryllium	0.0040	mg/L	0.000019	i, V	E200.7	0.000017	05/16/2006	10:11	E82574
1085	Thallium	0.0020	mg/L	0.0012	U	E200.9	0.0012	06/02/2006	10:05	E82574

i The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

U The compound was analyzed for but not detected.

V Indicates that the analyte was detected in both the sample and the associated method blank.

MDL Method Reporting Limit

For all Results qualified with an i, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services

Report No.: T065238

Project Name: Colonial Manor

Date/Time Sampled: 05/10/06 11:30

Matrix: Drinking Water

Date/Time Received: 5/10/06 15:40

PWS ID#: 6510355

Client Sample ID:

Sampled By: Terry Henry

Site: Well #3

Shipping Method: Client drop off

Sample Number: T065238-01

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1002	Aluminum	0.20	mg/L	0.021	U	E200.7	0.021	05/16/2006	10:11	E82574
1017	Total Chlorides	250	mg/L	300		E300.0	6.5	05/23/2006	09:43	E84589
1022	Copper	1.0	mg/L	0.0028	i	E200.7	0.00096	05/16/2006	10:11	E82574
1025	Fluoride	2.0	mg/L	0.36		E300.0	0.061	05/11/2006	09:13	E84589
1028	Iron	0.30	mg/L	0.011	U	E200.7	0.011	05/16/2006	10:11	E82574
1032	Manganese	0.050	mg/L	0.00097	i, V	E200.7	0.00025	05/16/2006	10:11	E82574
1050	Silver	0.10	mg/L	0.00060	U	E200.7	0.00060	05/16/2006	10:11	E82574
1055	Sulfate (as SO4)	250	mg/L	65		E300.0	1.4	05/11/2006	09:13	E84589
1095	Zinc	5.0	mg/L	0.040		E200.7	0.0016	05/16/2006	10:11	E82574
1905	Color	15	Color Uni	5.0	U	SM2120B	5.0	05/11/2006	14:00	E84589
1920	Odor	3.0	TON	1.0	U	SM2150B	1.0	05/11/2006	10:00	E84589
1925	pH	6.5-8.5	pH Units	7.30	Q	E150.1	1.0	05/11/2006	09:10	E84589
1930	Total Dissolved Solids	500	mg/L	1100		E160.1	10	05/16/2006	12:00	E84589
2905	MBAS, as LAS, mol. wt. 340	0.50	mg/L	0.035	U	E425.1	0.035	05/11/2006	08:20	E84589

i The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

Q Sample held beyond the acceptable hold time.

U The compound was analyzed for but not detected.

V Indicates that the analyte was detected in both the sample and the associated method blank.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services

Report No.: T065238

Project Name: Colonial Manor

Date/Time Sampled: 05/10/06 11:30

Matrix: Drinking Water

Date/Time Received: 5/10/06 15:40

PWS ID#: 6510355

Client Sample ID:

Site: Well #3

Sampled By: Terry Henry

Sample Number: T065238-01

Shipping Method: Client drop off

Volatile Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.20	U	E502.2	0.20	1.0	05/12/2006	14:53	E82574
2380	Cis-1,2-dichloroethene	70	ug/L	0.20	U	E502.2	0.20	1.0	05/12/2006	14:53	E82574
2955	Xylenes (Total)	10000	ug/L	0.50	U	E502.2	0.50	1.0	05/12/2006	14:53	E82574
2964	Methylene Chloride	5.0	ug/L	0.44	U	E502.2	0.44	1.0	05/12/2006	14:53	E82574
2968	1,2-Dichlorobenzene	600	ug/L	0.26	U	E502.2	0.26	1.0	05/12/2006	14:53	E82574
2969	1,4-Dichlorobenzene	75	ug/L	0.11	U	E502.2	0.11	1.0	05/12/2006	14:53	E82574
2976	Vinyl Chloride	1.0	ug/L	0.29	U	E502.2	0.29	1.0	05/12/2006	14:53	E82574
2977	1,1-Dichloroethene	7.0	ug/L	0.21	U	E502.2	0.21	1.0	05/12/2006	14:53	E82574
2979	Trans-1,2-dichloroethene	100	ug/L	0.27	U	E502.2	0.27	1.0	05/12/2006	14:53	E82574
2980	1,2-Dichloroethane	3.0	ug/L	0.22	U	E502.2	0.22	1.0	05/12/2006	14:53	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.33	U	E502.2	0.33	1.0	05/12/2006	14:53	E82574
2982	Carbon Tetrachloride	3.0	ug/L	0.31	U	E502.2	0.31	1.0	05/12/2006	14:53	E82574
2983	1,2-Dichloropropane	5.0	ug/L	0.22	U	E502.2	0.22	1.0	05/12/2006	14:53	E82574
2984	Trichloroethene	3.0	ug/L	0.28	U	E502.2	0.28	1.0	05/12/2006	14:53	E82574
2985	1,1,2-Trichloroethane	5.0	ug/L	0.32	U	E502.2	0.32	1.0	05/12/2006	14:53	E82574
2987	Tetrachloroethene	3.0	ug/L	0.31	U	E502.2	0.31	1.0	05/12/2006	14:53	E82574
2989	Chlorobenzene	100	ug/L	0.18	U	E502.2	0.18	1.0	05/12/2006	14:53	E82574
2990	Benzene	1.0	ug/L	0.21	U	E502.2	0.21	1.0	05/12/2006	14:53	E82574
2991	Toluene	1000	ug/L	0.10	U	E502.2	0.10	1.0	05/12/2006	14:53	E82574
2992	Ethylbenzene	700	ug/L	0.15	U	E502.2	0.15	1.0	05/12/2006	14:53	E82574
2996	Styrene	100	ug/L	0.14	U	E502.2	0.14	1.0	05/12/2006	14:53	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

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: COLONIAL MANOR PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: HENRIX STREET

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: WELL # 3 TOGS 238-01 Location Code (if known): _____

Sample Date: 5-10-06 Sample Time: 11:30 AM PM (Circle One)

Sample Location (be specific): _____

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

Sample Type (Check Only One)

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

- | | |
|---|---|
| <input type="checkbox"/> Distribution
<input checked="" type="checkbox"/> Entry Point (to Distribution)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)
<input type="checkbox"/> Raw (at well or intake)
<input type="checkbox"/> Max Residence Time
<input type="checkbox"/> Ave Residence Time
<input type="checkbox"/> Near First Customer | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Other: _____
Sampling Procedure Used or Other Comments: _____ |
|---|---|

*See 62-550.500(6) for requirements and restrictions.
 NOTE: See 62-550.512(3) for additional requirements
 for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERRY HENRY

Sampler's Phone #: 727 243-4578 Sampler's Fax #: 727 248-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, _____
 (Print Name) (Print Title)

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

Signature: Terence Henry Date: 5-10-06

**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)

ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa

Florida Certification #: E84589

Address: 9610 Princess Palm Avenue

Certification Expiration Date: 06/30/2006

Tampa, Florida 33619

phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355

Date Sample(s) Received 05/10/2006 15:40:0

Lab Assigned Report Number or Job ID T065238

Sample Number (From page 1) T065238-01

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 1	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 2	<input type="checkbox"/> Trih
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxi	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloaceti
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial	<u>Radionuclides</u>	<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Onl	<input type="checkbox"/> Single Sam	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Onl		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input checked="" type="checkbox"/> All 1
			<input type="checkbox"/> Partial

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Melissa LaVigne, Project Manager

(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 6/8/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report

Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory

Other

Person Notified: _____

Date Notified _____

Comments _____

Date Reviewed: _____

DEP/DOH Reviewing Official _____



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 5/10/06 1540 Log-In request number: 706 5238
Received by: AM Completed by: AM

Cooler/Shipping Information:

Courier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____

Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	<u>0.2</u>				
Temp taken from	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST		YES	NO	NA
1.	Were custody seals on shipping container(s) intact?			<input checked="" type="checkbox"/>
2.	Were custody papers properly included with samples?	<input checked="" type="checkbox"/>		
3.	Were custody papers properly filled out (ink, signed, match labels)?	<input checked="" type="checkbox"/>		
4.	Did all bottles arrive in good condition (unbroken)?	<input checked="" type="checkbox"/>		
5.	Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	<input checked="" type="checkbox"/>		
6.	Did the sample labels agree with the chain of custody?	<input checked="" type="checkbox"/>		
7.	Were correct bottles used for the tests indicated?	<input checked="" type="checkbox"/>		
8.	Were proper sample preservation techniques indicated on the label?	<input checked="" type="checkbox"/>		
9.	Were samples received within holding times?	<input checked="" type="checkbox"/>		
10.	Were all VOA vials checked for the presence of air bubbles?			<input checked="" type="checkbox"/>
11.	Were there air bubbles present in the VOA vials?			<input checked="" type="checkbox"/>
12.	Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	<input checked="" type="checkbox"/>		
13.	Was the cooler temperature less than 6°C?	<input checked="" type="checkbox"/>		
14.	Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)			<input checked="" type="checkbox"/>
15.	Were the sample containers provided by AEL?	<input checked="" type="checkbox"/>		
16.	Were samples accepted into the laboratory?	<input checked="" type="checkbox"/>		
17.	Was it necessary to split samples into other bottles?		<input checked="" type="checkbox"/>	

Comments:

Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa
 9610 Princess Palm Avenue
 Tampa, FL 33619
 813-630-9616 Fax 813-630-4327
 Contact Person: Michael Cammarata

AEL Jax
 6601 Southpoint Parkway
 Jacksonville, FL 32216
 904-363-9350 Fax 904-363-9354
 Contact Person: Sean Hyde

Project #: T065238
CustomerName: US Water Services
Collector: Terry Henry

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T065238-01		62-550 Metals ICP (Primary) DW	Drinking Water	5/10/2006 11:30	5/10/06 15:40	5/24/2006		1L Poly
T065238-01		62-550 Metals ICP (Secondary) DW	Drinking Water	5/10/2006 11:30	5/10/06 15:40	5/24/2006		1L Poly
T065238-01		62-550 VOCs DW	Drinking Water	5/10/2006 11:30	5/10/06 15:40	5/24/2006		40mL VOC Vial
T065238-01		Hg (DW)	Drinking Water	5/10/2006 11:30	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065238-01		Pb (DW)	Drinking Water	5/10/2006 11:30	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065238-01		Sb (DW)	Drinking Water	5/10/2006 11:30	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065238-01		Se (DW)	Drinking Water	5/10/2006 11:30	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065238-01		Tl (DW)	Drinking Water	5/10/2006 11:30	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)

Tampa Relinquisher: 

Shipping Receiver: AEL Courier

Date/Time: 5/11/06 1900

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: Casey Young

Date/Time: 5-12-06 8:25



ENVIRONMENTAL

Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: 1865238

Page 1 of 1

CLIENT NAME: <u>US WATER</u>		PROJECT NAME:		BOTTLE SIZE & TYPE	A R E A L O U Y I S R E D	L A B N U M B E R
ADDRESS: <u>4939 CROSS BAYOU BLVD</u>		P.O. NUMBER / PROJECT NUMBER:				
PHONE: _____ FAX: <u>707-848-7701</u>		PROJECT LOCATION:				
CONTACT:		SAMPLED BY:				
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: <u>VOC'S</u> <u>PRIMARY</u> <u>SECONDARIES</u>				

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Preserv

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv
			DATE	TIME			
	<u>COLONIAL MANOR WELL # 3</u>	<u>G</u>	<u>5-10-06</u>	<u>11:30</u>	<u>DW</u>	<u>7</u>	

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #	Relinquished by:	Date	Time	Received by:	Date	Time
<u>Out</u>	<u> </u>	<u> </u>	<u> </u>	<u>anytany</u>	<u>5/10/06</u>	<u>15:40</u>	<u>K.M.</u>	<u>5/10/06</u>	<u>15:40</u>
Ret.									

Received on ice: yes no OC sent received

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: COLONIAL MANOR PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: HENRICH STREET

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: WELL # 3 Location Code (if known): _____

Sample Date: 5-10-06 Sample Time: 11:30 AM PM (Circle One)

Sample Location (be specific): _____

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

Sample Type (Check Only One)

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Quarter? _____) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | _____ | |

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERRY HENRY

Sampler's Phone #: 727 243-4578 Sampler's Fax #: 727 848-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERRANCE HENRY, _____
(Print Name) (Print Title)

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

Signature: Terrance Henry Date: 5-10-06



Advanced
Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Allamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: 1065238

Page _____ of _____

CLIENT NAME: <u>US WATER</u>		PROJECT NAME:		BOTTLE SIZE & TYPE	A R N E A Q U I S R E S D	L A B N U M B E R
ADDRESS: <u>4939 CROSS BAYOU BLVD</u>		P.O. NUMBER / PROJECT NUMBER:				
PHONE: _____ FAX: <u>207-848-7721</u>		PROJECT LOCATION: <u>NEW PORT RICHEY FL 34652</u>				
CONTACT:		SAMPLED BY:				
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: <u>VOC'S</u> <u>PRIMARY & SECONDARIES</u>				

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Preserv

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv
			DATE	TIME			
	<u>COLONIAL MANOR WELL # 3</u>	<u>G</u>	<u>5-10-06</u>	<u>11:30</u>	<u>DW</u>	<u>7</u>	

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment: _____	Method: _____	Sample Kit: _____	Cooler #: _____	Relinquished by: _____	Date: _____	Time: _____	Received by: _____	Date: _____	Time: _____
Out: _____	Ma: _____	RR: _____	D/T: _____	<u>Augustine</u>	<u>5/10/06</u>	<u>15:40</u>	<u>K.M.</u>	<u>5/10/06</u>	<u>15:40</u>
Ret: _____	Ma: _____	Tip Bl: _____							

Received on ice: Yes No Cool Seal Received



Advanced
Environmental Laboratories, Inc.

FILE COPY

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: US Water Services

Project Name: Colonial Manor

Project Number:

PWS ID#: 6510355

Attention: Melisa Rotteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

New Port Richey, Fl 34652

Report No.: T065239

Date Sampled: 05/10/2006

Date Received: 5/10/06 15:40

Date Reported: 06/08/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By: *Melissa LaVigne*

Melissa LaVigne, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 9

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services

Report No.: T065239

Project Name: Colonial Manor

Date/Time Sampled: 05/10/06 11:00

Matrix: Drinking Water

Date/Time Received: 5/10/06 15:40

PWS ID#: 6510355

Client Sample ID:

Site: Well #2

Sampled By: Terry Henry

Sample Number: T065239-01

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1005	Arsenic	0.010	mg/L	0.0038		E200.7	0.0038	05/16/2006	10:11	E82574
1010	Barium	2.0	mg/L	0.027		E200.7	0.00067	05/16/2006	10:11	E82574
1015	Cadmium	0.0050	mg/L	0.00016	I	E200.7	0.000051	05/16/2006	10:11	E82574
1020	Chromium	0.10	mg/L	0.00030	U	E200.7	0.00030	05/16/2006	10:11	E82574
1024	Cyanide	0.20	mg/L	0.0049	U	SM4500CN-E	0.0049	05/13/2006	16:00	E84589
1025	Fluoride	4.0	mg/L	0.38		E300.0	0.061	05/11/2006	09:13	E84589
1030	Lead	0.015	mg/L	0.0012	U	SM3113B	0.0012	05/16/2006	11:21	E82574
1035	Mercury	0.0020	mg/L	0.000040	I	E245.1	0.000020	05/14/2006	15:31	E82574
1036	Nickel	0.10	mg/L	0.0016	U	E200.7	0.0016	05/16/2006	10:11	E82574
1040	Nitrate (as N)	10	mg/L	7.0		E300.0	0.027	05/11/2006	09:13	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	E300.0	0.034	05/11/2006	09:13	E84589
1045	Selenium	0.050	mg/L	0.0026	I	SM3113B	0.00074	05/24/2006	10:54	E82574
1052	Sodium	160	mg/L	63		E200.7	0.019	05/16/2006	10:11	E82574
1074	Antimony	0.0060	mg/L	0.0026	U	SM3113B	0.0026	06/01/2006	09:45	E82574
1075	Beryllium	0.0040	mg/L	0.000017	U	E200.7	0.000017	05/16/2006	10:11	E82574
1085	Thallium	0.0020	mg/L	0.0012	U	E200.9	0.0012	06/02/2006	10:05	E82574

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services

Report No.: T065239

Project Name: Colonial Manor

Date/Time Sampled: 05/10/06 11:00

Matrix: Drinking Water

Date/Time Received: 5/10/06 15.40

PWS ID#: 6510355

Client Sample ID:

Site: Well #2

Sampled By: Terry Henry

Sample Number: T065239-01

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1002	Aluminum	0.20	mg/L	0.027	I	E200.7	0.021	05/16/2006	10:11	E82574
1017	Total Chlorides	250	mg/L	130		E300.0	1.3	05/11/2006	09:13	E84589
1022	Copper	1.0	mg/L	0.00096	U	E200.7	0.00096	05/16/2006	10:11	E82574
1025	Fluoride	2.0	mg/L	0.38		E300.0	0.061	05/11/2006	09:13	E84589
1028	Iron	0.30	mg/L	0.0088		E200.7	0.011	05/16/2006	10:11	E82574
1032	Manganese	0.050	mg/L	0.00034	I, V	E200.7	0.00025	05/16/2006	10:11	E82574
1050	Silver	0.10	mg/L	0.00060	U	E200.7	0.00060	05/16/2006	10:11	E82574
1055	Sulfate (as SO4)	250	mg/L	33		E300.0	1.4	05/11/2006	09:13	E84589
1095	Zinc	5.0	mg/L	0.028		E200.7	0.0016	05/16/2006	10:11	E82574
1905	Color	15	Color Uni	5.0	U	SM2120B	5.0	05/11/2006	14:00	E84589
1920	Odor	3.0	TQN	1.0	U	SM2150B	1.0	05/11/2006	10:00	E84589
1925	pH	6.5-8.5	pH Units	7.43	Q	E150.1	1.0	05/11/2006	09:10	E84589
1930	Total Dissolved Solids	500	mg/L	620		E160.1	10	05/16/2006	12:00	E84589
2905	MBAS, as LAS, mol. wt. 340	0.50	mg/L	0.035	U	E425.1	0.035	05/11/2006	08:20	E84589

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

Q Sample held beyond the acceptable hold time.

U The compound was analyzed for but not detected.

V Indicates that the analyte was detected in both the sample and the associated method blank.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services

Report No.: T065239

Project Name: Colonial Manor

Date/Time Sampled: 05/10/06 11:00

Matrix: Drinking Water

Date/Time Received: 5/10/06 15:40

PWS ID#: 6510355

Client Sample ID:

Site: Well #2

Sampled By: Terry Henry

Sample Number: T065239-01

Shipping Method: Client drop off

Volatile Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.20	U	E502.2	0.20	1.0	05/12/2006	14:53	E82574
2380	Cis-1,2-dichloroethene	70	ug/L	0.20	U	E502.2	0.20	1.0	05/12/2006	14:53	E82574
2955	Xylenes (Total)	10000	ug/L	0.50	U	E502.2	0.50	1.0	05/12/2006	14:53	E82574
2964	Methylene Chloride	5.0	ug/L	0.44	U	E502.2	0.44	1.0	05/12/2006	14:53	E82574
2968	1,2-Dichlorobenzene	600	ug/L	0.26	U	E502.2	0.26	1.0	05/12/2006	14:53	E82574
2969	1,4-Dichlorobenzene	75	ug/L	0.11	U	E502.2	0.11	1.0	05/12/2006	14:53	E82574
2976	Vinyl Chloride	1.0	ug/L	0.29	U	E502.2	0.29	1.0	05/12/2006	14:53	E82574
2977	1,1-Dichloroethene	7.0	ug/L	0.21	U	E502.2	0.21	1.0	05/12/2006	14:53	E82574
2979	Trans-1,2-dichloroethene	100	ug/L	0.27	U	E502.2	0.27	1.0	05/12/2006	14:53	E82574
2980	1,2-Dichloroethane	3.0	ug/L	0.22	U	E502.2	0.22	1.0	05/12/2006	14:53	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.33	U	E502.2	0.33	1.0	05/12/2006	14:53	E82574
2982	Carbon Tetrachloride	3.0	ug/L	0.31	U	E502.2	0.31	1.0	05/12/2006	14:53	E82574
2983	1,2-Dichloropropane	5.0	ug/L	0.22	U	E502.2	0.22	1.0	05/12/2006	14:53	E82574
2984	Trichloroethene	3.0	ug/L	0.28	U	E502.2	0.28	1.0	05/12/2006	14:53	E82574
2985	1,1,2-Trichloroethane	5.0	ug/L	0.32	U	E502.2	0.32	1.0	05/12/2006	14:53	E82574
2987	Tetrachloroethene	3.0	ug/L	0.31	U	E502.2	0.31	1.0	05/12/2006	14:53	E82574
2989	Chlorobenzene	100	ug/L	0.18	U	E502.2	0.18	1.0	05/12/2006	14:53	E82574
2990	Benzene	1.0	ug/L	0.21	U	E502.2	0.21	1.0	05/12/2006	14:53	E82574
2991	Toluene	1000	ug/L	0.10	U	E502.2	0.10	1.0	05/12/2006	14:53	E82574
2992	Ethylbenzene	700	ug/L	0.15	U	E502.2	0.15	1.0	05/12/2006	14:53	E82574
2996	Styrene	100	ug/L	0.14	U	E502.2	0.14	1.0	05/12/2006	14:53	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

**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: COLONIAL MANOR WELL #2 PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: CANTREL STREET

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: WELL #2 1065239-01 Location Code (if known): _____

Sample Date: 5-10-06 Sample Time: 11-00 AM PM (Circle One)

Sample Location (be specific): _____

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

Sample Type (Check Only One)

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Quarter? _____) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements
for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERRY HENRY

Sampler's Phone #: 727-243-4570 Sampler's Fax #: 727-848-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, _____

(Print Name) (Print Title)

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

Signature: Terence Henry Date: 5-10-06

**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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2006
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received 05/10/2006 15:40:0
Lab Assigned Report Number or Job ID T065239 Sample Number (From page 1) T065239-01
Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl)

- | | | | |
|---|---|--|---|
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts |
| <input checked="" type="checkbox"/> All 1 | <input type="checkbox"/> All 30 | <input checked="" type="checkbox"/> All 2 | <input type="checkbox"/> Trih |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxi | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloaceti |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | Radionuclides | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Onl | <input checked="" type="checkbox"/> Single Sam | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Onl | | <input type="checkbox"/> Qtrly Composite** | Secondaries |
| | | | <input checked="" type="checkbox"/> All 1 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Melissa LaVigne, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 6/8/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Repor
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other

Person Notified: _____ Date Notified _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official _____



Advanced Environmental Labs Inc

Advanced Environmental Labs
9810 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 5/10/06 1540 Log-In request number: TD65239
Received by: AM Completed by: AL

Cooler/Shipping Information:

Courier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____

Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	<u>0</u>				
Temp taken from	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			—
2. Were custody papers properly included with samples?	—		
3. Were custody papers properly filled out (ink, signed, match labels)?	—		
4. Did all bottles arrive in good condition (unbroken)?	—		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	—		
6. Did the sample labels agree with the chain of custody?	—		
7. Were correct bottles used for the tests indicated?	—		
8. Were proper sample preservation techniques indicated on the label?	—		
9. Were samples received within holding times?	—		
10. Were all VOA vials checked for the presence of air bubbles?			—
11. Were there air bubbles present in the VOA vials?			—
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	—		
13. Was the cooler temperature less than 6°C?	—		
14. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)			—
15. Were the sample containers provided by AEL?	—		
16. Were samples accepted into the laboratory?	—		
17. Was it necessary to split samples into other bottles?		—	

Comments:

IR: ID:

Chain-of-Custody for AEL Tampa to AEL Jax

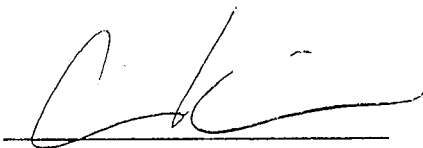
AEL Tampa
 9610 Princess Palm Avenue
 Tampa, FL 33619
 813-630-9616 Fax 813-630-4327
 Contact Person: Michael Cammarata

AEL Jax
 6601 Southpoint Parkway
 Jacksonville, FL 32216
 904-363-9350 Fax 904-363-9354
 Contact Person: Sean Hyde

Project #: T065239
 CustomerName: US Water Services
 Collector: Terry Henry

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T065239-01		62-550 Metals ICP (Primary) DW	Drinking Water	5/10/2006 11:00	5/10/06 15:40	5/24/2006		1L Poly
T065239-01		62-550 Metals ICP (Secondary) DW	Drinking Water	5/10/2006 11:00	5/10/06 15:40	5/24/2006		1L Poly
T065239-01		62-550 VOCs DW	Drinking Water	5/10/2006 11:00	5/10/06 15:40	5/24/2006		40mL VOC Vial
T065239-01		Hg (DW)	Drinking Water	5/10/2006 11:00	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065239-01		Pb (DW)	Drinking Water	5/10/2006 11:00	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065239-01		Sb (DW)	Drinking Water	5/10/2006 11:00	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065239-01		Se (DW)	Drinking Water	5/10/2006 11:00	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065239-01		Tl (DW)	Drinking Water	5/10/2006 11:00	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)

Tampa Relinquisher: 

Shipping Receiver: AEL Courier

Date/Time: 5/11/06 19:00

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: Casey Young

Date/Time: 5-12-06 8:25



HYDROCCO

Environmental Laboratories, Inc.

- Jacksonville: 6801 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER: TD65239

Page 1 of 1

CLIENT NAME: <u>IS WATER</u>		PROJECT NAME:		BOTTLE SIZE & TYPE	A R N E Q L U Y I S R E S D	LAB NUMBER
ADDRESS: <u>4934 CROSS BAYOU</u>		P.O. NUMBER / PROJECT NUMBER:				
PROJECT LOCATION: <u>NEWPORT RICHEY FL 34652</u>						
PHONE:	FAX:	SAMPLED BY:				
<u>727 848 7701</u>						
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: <u>VOC'S</u> <u>PRIMARY'S</u> <u>SECONDARY'S</u>				
WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Preserv						
SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.
			DATE	TIME		
	<u>WELL # 12 COLONIAL MANOR</u>	<u>G</u>	<u>5-10-06</u>	<u>11:00</u>	<u>DW</u>	<u>7</u>

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Relinquished by: Aug Henry Date: 5/10/06 Time: 15:40 Received by: K. M. Date: 5/10/06 Time: 15:40

Shipment Out: <u>1/1</u> Method: <u>Via</u> Sample Kit: <u>ARB</u> Cooler #: <u> </u>	1	<u>Aug Henry</u>	<u>5/10/06</u>	<u>15:40</u>	<u>K. M.</u>	<u>5/10/06</u>	<u>15:40</u>
Ret: <u>1/1</u> Method: <u>Via</u> Sample Kit: <u>ARB</u> Cooler #: <u> </u>	2						
	3						
	4						

**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: COLONIAL MANOR WELL #2 PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: CANTREL STREET

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: WELL #2 Location Code (if known): _____

Sample Date: 5-10-06 Sample Time: 11:00 AM PM (Circle One)

Sample Location (be specific): _____

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

<u>Sample Type (Check Only One)</u>	<u>Reason(s) for Sample (Check all that apply)</u>
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input checked="" type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	_____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERRY HENRY

Sampler's Phone #: 727-242-4570 Sampler's Fax #: 727-848-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERRANCE HENRY, _____
(Print Name) (Print Title)

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

Signature: Terrance Henry Date: 5-10-06

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: COLONIAL MANOR PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: WELL #2 Location Code (if known): _____

Sample Date: 6-14-06 Sample Time: 10:02 AM PM (Circle One)

Sample Location (be specific): _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.28 mg/L Field pH: _____

- | | |
|---|--|
| <u>Sample Type (Check Only One)</u> | <u>Reason(s) for Sample (Check all that apply)</u> |
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ |
| <input type="checkbox"/> 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.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

Sampler's Name: TERRY HENRY

Sampler's Phone #: 727 2434570 Sampler's Fax #: 727 898-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, _____
(Print Name) (Print Title)

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

Signature: Terence Henry Date: 6-14-06

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: BONNIE MANOR PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: WZCH3 Location Code (if known): _____

Sample Date: 6-14-06 Sample Time: 11:00 AM PM (Circle One)

Sample Location (be specific): _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.89 mg/L Field pH: _____

Sample Type (Check Only One)

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Distribution
<input checked="" type="checkbox"/> Entry Point (to Distribution)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)
<input type="checkbox"/> Raw (at well or intake)
<input type="checkbox"/> Max Residence Time
<input type="checkbox"/> Ave Residence Time
<input type="checkbox"/> Near First Customer | <input checked="" type="checkbox"/> Routine Compliance (with 62-550)
<input type="checkbox"/> Confirmation of MCL Exceedance*
<input type="checkbox"/> Composite of Multiple Sites**
<input type="checkbox"/> Clearance (permitting)
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Replacement (of Invalidated Sample) |
|---|--|---|
- Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERRY HENRY

Sampler's Phone #: 727 243-4570 Sampler's Fax #: 727-848-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, _____
(Print Name) (Print Title)

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

Signature: Terence Henry Date: 6-14-06



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: 7066524

Page _____ of _____

CLIENT NAME: <u>LIS WATER CORP.</u>		PROJECT NAME: <u>COLONIAL MANOR</u>		BOTTLE SIZE & TYPE	AREA ANALYZED	LAB NUMBER
ADDRESS: <u>4739 CROSS BAYOU BLVD</u>		P.O. NUMBER / PROJECT NUMBER:				
<u>NEW PORT RICHEY, FL. 36452</u>		PROJECT LOCATION:				
PHONE: _____	FAX: <u>727-848-7701</u>	SAMPLED BY:				
CONTACT: <u>MELISA</u>		REMARKS / SPECIAL INSTRUCTIONS:		<u>SOE'S</u>		
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____						

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Preserv

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv
			DATE	TIME			
	<u>WELL #3</u>	<u>G</u>	<u>6/14/06</u>	<u>11:30-35</u>	<u>DW</u>	<u>14</u>	

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate) Relinquished by: _____ Date _____ Time _____ Received by: _____ Date _____ Time _____

Shipment Out: _____	Method: _____	Sample Kit: _____	Cooler # _____	1	<u>June Honey</u>	<u>6/14/06</u>	<u>13:45</u>	<u>K. Madala</u>	<u>6/14/06</u>	<u>13:45</u>
Ret: _____	Via: _____	Tip: _____	_____	2						
				3						
				4						



Advanced
Environmental Laboratories, Inc.

FILE COPY

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: US Water Services

Project Name: Colonial Manor

Project Number:

PWS ID#: 6510355

Attention: Melisa Rotteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

New Port Richey, FL 34652

Report No.: T068243

Date Sampled: 07/26/2006

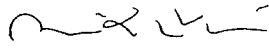
Date Received: 7/26/06 14:15

Date Reported: 08/10/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By: 

Melissa LaVigne, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAP standard, unless notated otherwise in the body of the report.

Total Number of Pages = 7

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Report No.: T068243

Project Name: Colonial Manor

Date/Time Sampled: 07/26/06 10:00

Matrix: Drinking Water

Date/Time Received: 7/26/06 14:15

PWS ID#: 6510355

Client Sample ID: Well #2

Site: WTP

Sampled By: Terry Henry

Sample Number: T068243-01

Shipping Method: Client drop off

Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2031	Dalapon	200	ug/L	0.86	U	E515.3	0.86	1.0	08/06/2006	10:31	E82574
2040	Picloram	500	ug/L	0.47	U	E515.3	0.47	0.10	08/06/2006	10:31	E82574
2041	Dinoseb	7.0	ug/L	0.64	U	E515.3	0.64	0.20	08/06/2006	10:31	E82574
2105	2,4-D	70	ug/L	1.7	U	E515.3	1.7	0.10	08/06/2006	10:31	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.080	U	E515.3	0.080	0.20	08/06/2006	10:31	E82574
2326	Pentachlorophenol	1.0	ug/L	0.24	U	E515.3	0.24	0.040	08/06/2006	10:31	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

PR

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: COLONIAL MANOR WELL #2 PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: CANNON DRIVE

City: NEW PORT RICHEY State: FL ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: COLONIAL MANOR WELL #2 Location Code (if known): T068243-01

Sample Date: 7-27-07 Sample Time: 10:00 AM PM (Circle One)

Sample Location (be specific): _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 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) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERENCE HENRY

Sampler's Phone #: 727-243-4570 Sampler's Fax #: 727-848-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, _____
(Print Name) (Print Title)

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

Signature: Terence Henry Date: 7-27-07

P.4

**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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2007
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received 07/26/2006 14:15:0
Lab Assigned Report Number or Job ID T068243 Sample Number (From page 1) T068243-01
Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|---|---|--|------------------------------------|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 1 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 2 | <input type="checkbox"/> Trih |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxi | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Onl | <input type="checkbox"/> Single Sam | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Onl | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 1 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No
If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Melissa LaVigne, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 7/10/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
 Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
 Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): MCL(s) Exceeded Detection(s) Incomplete Repor
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other

Person Notified: _____ Date Notified _____
Comments _____
Date Reviewed: _____ DEP/DOH Reviewing Official _____

Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa
9610 Princess Palm Avenue
Tampa, FL 33619
813-630-9616 Fax 813-630-4327
Contact Person: Michael Cammarata

AEL Jax
6601 Southpoint Parkway
Jacksonville, F. 32216
904-363-9350 Fax 904-363-9354
Contact Person: Sean Hyde

Project #: T068243
CustomerName: US Water Services
Collector: Terry Henry

Click if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T068243-01	Well #2	62-550 Herbicides (J)-515.3	Drinking Water	7/26/2006 10:00	7/26/06 14:15	8/9/2006		40mL Val

05

Tampa Relinquisher: K. Mad

Shipping Receiver: AEL Courier

Date/Time: 7/26/06 17:00

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: [Signature]

Date/Time: 7/27/06 9:15



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 7/26/06 1415 Log-In request number: 7068243

Received by: KRL Completed by: AKK

Cooler/Shipping Information:

Carrier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____

Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	0 °C				
Temp taken from	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			<input checked="" type="checkbox"/>
2. Were custody papers properly included with samples?	<input checked="" type="checkbox"/>		
3. Were custody papers properly filled out (ink, signed, match labels)?	<input checked="" type="checkbox"/>		
4. Did all bottles arrive in good condition (unbroken)?	<input checked="" type="checkbox"/>		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	<input checked="" type="checkbox"/>		
5. Did the sample labels agree with the chain of custody?	<input checked="" type="checkbox"/>		
7. Were correct bottles used for the tests indicated?	<input checked="" type="checkbox"/>		
3. Were proper sample preservation techniques indicated on the label?	<input checked="" type="checkbox"/>		
7. Were samples received within holding times?	<input checked="" type="checkbox"/>		
10. Were all VOA vials checked for the presence of air bubbles?	<input checked="" type="checkbox"/>		
1. Were there air bubbles present in the VOA vials?		<input checked="" type="checkbox"/>	
2. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	<input checked="" type="checkbox"/>		
3. Was the cooler temperature less than 6°C?	<input checked="" type="checkbox"/>		
4. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)			<input checked="" type="checkbox"/>
5. Were the sample containers provided by AEL?	<input checked="" type="checkbox"/>		
5. Were samples accepted into the laboratory?	<input checked="" type="checkbox"/>		
7. Was it necessary to split samples into other bottles?		<input checked="" type="checkbox"/>	

Comments:

0/0



Advanced
Environmental Laboratories, Inc.

FILE COPY

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: US Water Services

Project Name: Colonial Manor

Project Number:

PWS ID#: 6510355

Attention: Melisa Rotteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

New Port Richey, FL 34652

Report No.: T068244

Date Sampled: 07/26/2006

Date Received: 7/26/06 14:15

Date Reported: 08/10/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

Melissa LaVigne, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 7

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #3
Site: WTP
Sample Number: T068244-01

Report No.: T068244
Date/Time Sampled: 07/26/06 10:10
Date/Time Received: 7/26/06 14:15
Sampled By: Terry Henry
Shipping Method: Client drop off

Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2031	Dalapon	200	ug/L	0.86	U	E515.3	0.86	1.0	08/06/2006	10:31	E82574
2040	Picloram	500	ug/L	0.47	U	E515.3	0.47	0.10	08/06/2006	10:31	E82574
2041	Dinoseb	7.0	ug/L	0.64	U	E515.3	0.64	0.20	08/06/2006	10:31	E82574
2105	2,4-D	70	ug/L	1.7	U	E515.3	1.7	0.10	08/06/2006	10:31	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.080	U	E515.3	0.080	0.20	08/06/2006	10:31	E82574
2326	Pentachlorophenol	1.0	ug/L	0.24	U	E515.3	0.24	0.040	08/06/2006	10:31	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

22

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: COLONIAL MANOR WELL #3 PWS I.D. #:

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

Address: HENDLIV ST.

City: NEW PORT RICHEY State: FL ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: WELL #3 T08214-01 Location Code (if known): _____

Sample Date: _____ Sample Time: 10:15 AM PM (Circle One)

Sample Location (be specific): POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.15 mg/L Field pH: _____

- | Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) | |
|---|---|---|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Quarter? _____) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input checked="" type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERENCE HENRY

Sampler's Phone #: 727 243-4570 Sampler's Fax #: 727-848-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY _____
(Print Name) (Print Title)

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

Signature: Terence Henry Date: 7-27-06

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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2007
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355

Date Sample(s) Received 07/26/2006 14:15:0

Lab Assigned Report Number or Job ID T068244

Sample Number (From page 1) T068244-01

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|---------------------------------------|---|--|------------------------------------|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 1 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 2 | <input type="checkbox"/> Trih |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxi | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input type="checkbox"/> Nitrate | <input checked="" type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Onl | <input type="checkbox"/> Single Sam | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Onl | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 1 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Melissa LaVigne, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 8/11/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Repor
- Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other

Person Notified: _____ Date Notified _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official _____



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 7/26/06 1415 Log-in request number: 7068244
Received by: KAN Completed by: AK

Cooler/Shipping Information:

Carrier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____
Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	0°C				
Temp taken from	<input checked="" type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			-
2. Were custody papers properly included with samples?	-		
3. Were custody papers properly filled out (ink, signed, match labels)?	-		
4. Did all bottles arrive in good condition (unbroken)?	-		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	-		
6. Did the sample labels agree with the chain of custody?	-		
7. Were correct bottles used for the tests indicated?	-		
8. Were proper sample preservation techniques indicated on the label?	-		
9. Were samples received within holding times?	-		
10. Were all VOA vials checked for the presence of air bubbles?	-		
11. Were there air bubbles present in the VOA vials?		-	
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	-		
13. Was the cooler temperature less than 6°C?	-		
14. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)			-
15. Were the sample containers provided by AEL?	-		
16. Were samples accepted into the laboratory?			
17. Was it necessary to split samples into other bottles?		-	

Comments:

Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa
9610 Princess Palm Avenue
Tampa, FL 33619
813-630-9616 Fax 813-630-4327
Contact Person: Michael Cammarata

AEL Jax
6601 Southpoint Parkway
Jacksonville FL 32216
904-363-9350 Fax 904-363-9354
Contact Person: Sean Hyde

Project #: T068244
CustomerName: US Water Services
Collector: Terry Henry

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T068244-01	Well #3	62-550 Herbicides (J)-515.3	Drinking Water	7/26/2006 10:10	7/26/06 14:15	8/9/2006		40m Vial

Tampa Relinquisher: _____
Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier
Jacksonville Receiver: _____

Date/Time: _____
Date/Time: 8:15 7/29/06



Advanced Environmental Laboratories, Inc.

Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
 Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
 Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
 Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: 70-8244

Page 1 of 1

CLIENT NAME: <u>US WATER CORP.</u>		PROJECT NAME: <u>COLONIAL MARINA Well #3</u>		BOTTLE SIZE & TYPE	A R E Q U I R E D	LAB N U M B E R
ADDRESS: <u>4939 CROSS BAYOU BLVD</u>		P.O. NUMBER / PROJECT NUMBER:				
PHONE: <u>727 848-7701</u> FAX: <u>727 848-7701</u>		PROJECT LOCATION:		PRESERV	S I S 3	
CONTACT: <u>ROBIN</u>		SAMPLED BY: <u>JERRY HENRY</u>				
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS:				

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv	LAB NUMBER
			DATE	TIME				
<u>WGLL #3</u>	<u>COLONIAL MARINA</u>	<u>C</u>	<u>7/20/06</u>	<u>1010</u>	<u>DW</u>	<u>3</u>	<input checked="" type="checkbox"/>	<u>701</u>

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment Out: / /	Method Via: <u>7/20/06</u>	Sample Kit <u>AB</u>	Cooler # <u> </u>	Relinquished by: <u>[Signature]</u>	Date <u>7/20/06</u>	Time <u>14:15</u>	Received by: <u>[Signature]</u>	Date <u>7/20/06</u>	Time <u>14:15</u>
Ret: / /	Method Via: <u>7/20/06</u>	Sample Kit <u>AB</u>	Cooler # <u> </u>	Relinquished by: <u>[Signature]</u>	Date <u>7/20/06</u>	Time <u>14:15</u>	Received by: <u>[Signature]</u>	Date <u>7/20/06</u>	Time <u>14:15</u>

Received on ice: yes no OC sent received



**Advanced
Environmental Laboratories, Inc.**

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: US Water Services

Project Name: Colonial Manor

Project Number:

PWS ID#: 6510355

Attention: Melisa Rotteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

New Port Richey, FL 34652

Report No.: T064702

Date Sampled: 04/27/2006

Date Received: 4/27/06 15:00

Date Reported: 04/30/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

Michael Cammarata, Laboratory Manager

If there are any questions involving this report, the above named should be contacted.

**THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT
THE WRITTEN APPROVAL OF THE LABORATORY.**

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 9

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services

Report No.: T064702

Project Name: Colonial Manor

Date/Time Sampled: 04/27/06 10:00

Matrix: Drinking Water

Date/Time Received: 4/27/06 15:00

PWS ID#: 6510355

Client Sample ID: Well #1

Site: Connon Dr

Sampled By: Terry Henry

Sample Number: T064702-01

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	5.8		SM4500NO3-F	0.14	04/28/2006	14:58	E84589
1041	Nitrite (as N)	1.0	mg/L	0.26	i	SM4500NO3-F	0.17	04/28/2006	14:58	E84589

i The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #2
Site: Cantrell St
Sample Number: T064702-02

Report No.: T064702
Date/Time Sampled: 04/27/06 10:15
Date/Time Received: 4/27/06 15:00

Sampled By: Terry Henry
Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	7.6		SM4500NO3-F	0.14	04/28/2006	14:58	E84589
1041	Nitrite (as N)	1.0	mg/L	0.25	i	SM4500NO3-F	0.17	04/28/2006	14:58	E84589

i The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

MDL Method Reporting Limit

For all Results qualified with an i, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #3
Site: Hendrix St
Sample Number: T064702-03

Report No.: T064702
Date/Time Sampled: 04/27/06 10:30
Date/Time Received: 4/27/06 15:00

Sampled By: Terry Henry
Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	4.6		SM4500NO3-F	0.14	04/28/2006	14:58	E84589
1041	Nitrite (as N)	1.0	mg/L	0.14		SM4500NO3-F	0.17	04/28/2006	14:58	E84589

† The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Report No.: T064702

Project Name: Colonial Manor

Date/Time Sampled: 04/27/06 11:00

Matrix: Drinking Water

Date/Time Received: 4/27/06 15:00

PWS ID#: 6510355

Client Sample ID: Well #4

Site: Linkwood Ln

Sampled By: Terry Henry

Sample Number: T064702-04

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	13		SM4500NO3-F	0.68	04/28/2006	14:58	E84589
1041	Nitrite (as N)	1.0	mg/L	1.1	i	SM4500NO3-F	0.85	04/28/2006	14:58	E84589

i The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

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: Colonial Manor Utility PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: Moog RD

City: Holiday State: FL ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 4/27/06 Sample Time: 10:00 - 11:00 AM PM (Circle One)

Sample Location (be specific): well #1, 2, 3, 4

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) Quarterly (Which Quarter? 2nd)
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- Special (not for compliance with 62-550)
- Clearance (permitting)
- Violation Resolution
- Replacement (of invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: Grab - Nitrate/Nitrite

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERRY HENRY

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERRY HENRY (Print Name) Operator (Print Title)

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

Signature: Terry Henry Date: 4-27-06

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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2006
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355
Lab Assigned Report Number or Job ID T064702

Date Sample(s) Received 04/27/2006 15:00:0
Sample Number (From page 1) T064702-01 - 59

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|--|--|---|--|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 1
<input type="checkbox"/> Partial
<input checked="" type="checkbox"/> Nitrate
<input checked="" type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Ont | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxi
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Ont | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 2
<input type="checkbox"/> Partial
<p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sam
<input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trih
<input type="checkbox"/> Haloaceti
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorite
<p><u>Secondaries</u></p> <input type="checkbox"/> All 1
<input type="checkbox"/> Partial |
|--|--|---|--|

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Michael Cammarata, Laboratory Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____

Date: 4/30/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Repor
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other _____

Person Notified: _____ Date Notified _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official _____



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 4/27/06 1500 Log-In request number: T064702
Received by: KM Completed by: AK

Cooler/Shipping Information:

Courier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____

Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	0.5				
Temp taken from	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			/
2. Were custody papers properly included with samples?	/		
3. Were custody papers properly filled out (ink, signed, match labels)?	/		
4. Did all bottles arrive in good condition (unbroken)?	/		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	/		
6. Did the sample labels agree with the chain of custody?	/		
7. Were correct bottles used for the tests indicated?	/		
8. Were proper sample preservation techniques indicated on the label?	/		
9. Were samples received within holding times?	/		
10. Were all VOA vials checked for the presence of air bubbles?			/
11. Were there air bubbles present in the VOA vials?			/
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input checked="" type="checkbox"/> BLUE ICE	/		
13. Was the cooler temperature less than 6°C?	/		
14. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)			/
15. Were the sample containers provided by AEL?	/		
16. Were samples accepted into the laboratory?	/		
17. Was it necessary to split samples into other bottles?		/	

Comments: _____

Kit ID: _____



Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
 Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
 Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
 Orlando: 528 S. North Lake Blvd., Suite 1016, Allamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER: 7064702

Page 1 of 1

CLIENT NAME: **U.S. Water Services Corporation**
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
 Phone (727) 848-8292

PROJECT NAME: Colonial Manor Utility
 P.O. NUMBER / PROJECT NUMBER:

PHONE:
 CONTACT:

PROJECT LOCATION: Hol. Day
 SAMPLED BY: KEVIN HENRY

TURN AROUND TIME:
 STANDARD
 RUSH

REMARKS / SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE	AREA ANALYZED	DATE	TIME	MATRIX	NO. CONT.	Preserv
<u>250 ml</u>	<u>Waste</u>					
<u>250 ml</u>	<u>Waste</u>					

WW=waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soll SL=sludge Preserv

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv	X	X	
			DATE	TIME						
<u>WELL #1</u>	<u>CONCORD</u>	<u>G</u>	<u>4-27-06</u>	<u>10:00</u>	<u>DW</u>	<u>1</u>				
<u>WELL #2</u>	<u>Central St</u>	<u> </u>	<u>4-27-06</u>	<u>10:15</u>	<u> </u>	<u>1</u>		X	X	<u>-01</u>
<u>WELL #3</u>	<u>HenDrix</u>	<u> </u>	<u>4-27-06</u>	<u>10:30</u>	<u> </u>	<u>1</u>		X	X	<u>-02</u>
<u>WELL #4</u>	<u>LINDWOOD</u>	<u> </u>	<u>4-27-06</u>	<u>11:00</u>	<u> </u>	<u>1</u>		X	X	<u>-03</u>
										<u>-04</u>

4/27/06 @

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment	Method	Sampler	Cooler
<u>Out</u>	<u>Via</u>	<u>AB</u>	<u>D/T</u>
<u>Re</u>	<u>Via</u>	<u>AB</u>	<u>D/T</u>

Relinquished by:	Date	Time	Received by:	Date	Time
<u>Kevin Henry</u>	<u>4-27-06</u>	<u>15:15</u>	<u>K. Mahler</u>	<u>4/27/06</u>	<u>15:00</u>

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: Colonial Manor Utility PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T062000-01 Location Code (if known): _____

Sample Date: 2/22/06 Sample Time: 1350 AM PM (Circle One)

Sample Location (be specific): Raw Well #3

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) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.560(4) for requirements and attach a results page for each site.

Sampler's Name: Ken Martin

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Ken Martin _____
(Print Name) (Print Title)

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

Signature: _____ Date: _____

P.3

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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2005
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received 02/22/2006 14:30:0
Lab Assigned Report Number or Job ID T062000 Sample Number (From page 1) T062000-01
Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|---|---|---|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input checked="" type="checkbox"/> All 1 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 2 | <input type="checkbox"/> Trih |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxi | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Onl | <input type="checkbox"/> Single Sam | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Onl | | <input checked="" type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 1 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

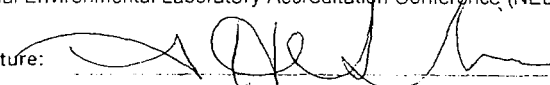
If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 2/28/06

* 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

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Repor
- Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other

Person Notified: _____ Date Notified _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official _____

0.4

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Raw Well #3 Hendrix St.
Site: Holiday
Sample Number: T062000-01

Report No.: T062000
Date/Time Sampled: 02/22/06 13:50
Date/Time Received: 2/22/06 14:30
Sampled By: Ken Martin
Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1930	Total Dissolved Solids	500	mg/L	670		E160.1	10	02/26/2006	10:00	E84589

MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P. Q



**Advanced
Environmental Laboratories, Inc.**

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: US Water Services

Report No.: T062000

Project Name: Colonial Manor

Date Sampled: 02/22/2006

Project Number:

Date Received: 2/22/06 14:30

PWS ID#: 6510355

Date Reported: 02/28/2006

Attention: Melisa Rotteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

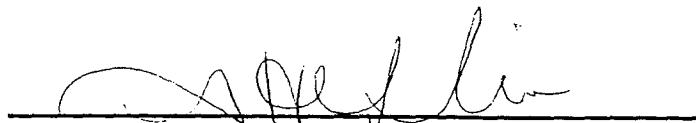
New Port Richey, Fl 34652

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:



Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

**THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT
THE WRITTEN APPROVAL OF THE LABORATORY.**

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 60



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 2/23/06 1430 Log-In request number: T002000
Received by: AK Completed by: AK

Cooler/Shipping Information:

Courier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____
Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	02				
Temp taken from	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			/
2. Were custody papers properly included with samples?	/		
3. Were custody papers properly filled out (ink, signed, match labels)?	/		
4. Did all bottles arrive in good condition (unbroken)?	/		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	/		
6. Did the sample labels agree with the chain of custody?	/		
7. Were correct bottles used for the tests indicated?	/		
8. Were proper sample preservation techniques indicated on the label?	/		
9. Were samples received within holding times?	/		
10. Were all VOA vials checked for the presence of air bubbles?			/
11. Were there air bubbles present in the VOA vials?			/
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	/		
13. Was the cooler temperature less than 6°C?	/		
14. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)			/
15. Were the sample containers provided by AEL?	/		
16. Were samples accepted into the laboratory?	/		
17. Was it necessary to split samples into other bottles?		/	

Comments:

Kit ID:

AK



- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER: TOL-2000
TOL-2000 Page of

CLIENT NAME:
U.S. Water Services Corporation
 ADDRESS: **4939 Cross Bayou Boulevard**
New Port Richey, Florida 34652
 PHONE: **Phone (727) 848-8292**

PROJECT NAME:
Colonial Manor Utility
 R.O. NUMBER / PROJECT NUMBER:
 PROJECT LOCATION:
Hol. Day
 SAMPLED BY:
1672

BOTTLE SIZE & TYPE	PRES	A	R	N	E	A	Q	U	L	Y	R	I	S	I	E	S	D	L	A	B	N	U	M	B	E	R

CONTACT:
 TURN AROUND TIME:
 STANDARD
 RUSH

REMARKS / SPECIAL INSTRUCTIONS:

WW = waste water SW = surface water GW = ground water DW = drinking water OIL A = air SO = soil SL = sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv	I	X	-	0
			DATE	TIME							
<i>1</i>	<i>Raw water #1 Hardness</i>	<i>G</i>	<i>2/2/06</i>	<i>1350</i>	<i>DW</i>	<i>1</i>					

= Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #
<i>Oil</i>	<i>Via</i>	<i>RB</i>	<i>D/T</i>
<i>Jet</i>	<i>Via</i>	<i>AB</i>	<i>D/T</i>
		<i>Tab. B.</i>	

Relinquished by:	Date	Time	Received by:	Date	Time
<i>[Signature]</i>	<i>2/2/06</i>	<i>1430</i>	<i>[Signature]</i>	<i>2/2/06</i>	<i>1430</i>



Advanced
Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: US Water Services

Project Name: Colonial Manor

Project Number:

PWS ID#: 6510355

Attention: Melisa Rotteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

New Port Richey, FL 34652

Report No.: T067398

Date Sampled: 07/06/2006

Date Received: 7/6/06 13:10

Date Reported: 07/17/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

**THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT
THE WRITTEN APPROVAL OF THE LABORATORY.**

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 13

P.1

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Raw Well #1
Site: Cannon Dr
Sample Number: T067398-01

Report No.: T067398
Date/Time Sampled: 07/06/06 10:45
Date/Time Received: 7/6/06 13:10

Sampled By: Ken Martin
Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	220		SM4500CL-E	6.5	07/19/2006	11:33	E84589
1055	Sulfate (as SO4)	250	mg/L	60		E375.4	1.4	07/14/2006	13:05	E84589
1930	Total Dissolved Solids	500	mg/L	770		E160.1	10	07/13/2006	08:30	E84589

MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P. 2

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Raw Well #2

Site: Cantrell St

Sample Number: T067398-02

Report No.: T067398

Date/Time Sampled: 07/06/06 10:55

Date/Time Received: 7/6/06 13:10

Sampled By: Ken Martin

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	47		SM4500CL-E	1.3	07/10/2006	10:17	E84589
1055	Sulfate (as SO4)	250	mg/L	23		E375.4	1.4	07/14/2006	13:05	E84589
1930	Total Dissolved Solids	500	mg/L	350		E160.1	10	07/13/2006	08:30	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.3

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Raw Well #3

Site: Hendrix St

Sample Number: T067398-03

Report No.: T067398

Date/Time Sampled: 07/06/06 11:00

Date/Time Received: 7/6/06 13:10

Sampled By: Ken Martin

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	210		SM4500CL-E	6.5	07/19/2006	11:33	E84589
1055	Sulfate (as SO4)	250	mg/L	60		E375.4	1.4	07/14/2006	13:05	E84589
1930	Total Dissolved Solids	500	mg/L	750		E160.1	10	07/13/2006	08:30	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.4

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Report No.: T067398

Project Name: Colonial Manor

Date/Time Sampled: 07/06/06 11:15

Matrix: Drinking Water

Date/Time Received: 7/6/06 13:10

PWS ID#: 6510355

Client Sample ID: Raw Well #4

Site: Linkwood Ln

Sampled By: Ken Martin

Sample Number: T067398-04

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	83		SM4500CL-E	1.3	07/10/2006	10:17	E84589
1055	Sulfate (as SO4)	250	mg/L	53		E375.4	1.4	07/14/2006	13:05	E84589
1930	Total Dissolved Solids	500	mg/L	530		E160.1	10	07/13/2006	08:30	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

2.5

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: Colonial Manor PWS I.D. #: 6510358

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1067398-01 Location Code (if known): _____

Sample Date: 7/6/06 Sample Time: 1045 AM PM (Circle One)

Sample Location (be specific): Raw well #1 Cannon

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) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements
for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Ben Martin

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Ben Martin _____
(Print Name) (Print Title)

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

Signature: _____ Date: _____

P.4

**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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2007
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355

Date Sample(s) Received: 07/06/2006 13:10:0

Lab Assigned Report Number or Job ID T067398

Sample Number (From page 1) T067398-01

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl)

- | | | | |
|--|--|--|---|
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | Radionuclides | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | Secondaries |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 7/13/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other:

Person Notified:

Date Notified:

Comments

Date Reviewed:

DEP/DOH Reviewing Official:

P.M.

**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: Colonial Manor PWS I.D. #: 6510355

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1067348-02 Location Code (if known): _____

Sample Date: 7/6/06 Sample Time: 1055 AM PM (Circle One)

Sample Location (be specific): Raw well #2 Cantrell St

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

- | Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) |
|---|--|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ |
| <input type="checkbox"/> Near First Customer | |

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Ben Martin

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Ben Martin _____
(Print Name) (Print Title)

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

Signature: _____ Date: _____

PM

**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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa Florida Certification #: E84589
 Address: 9610 Princess Palm Avenue Certification Expiration Date: 06/30/2007
 Tampa, Florida 33619 phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 07/06/2006 13:10:0
 Lab Assigned Report Number or Job ID T067398 Sample Number (From page 1) T067398-02
 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Inorganics | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <input type="checkbox"/> Radionuclides | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Secondaries |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 7/3/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
 Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
 Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other:

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

pg

**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: Colonial Manor PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

City: _____ State: _____ ZIP Code: _____
Phone #: _____ Fax #: _____
E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1067348-03 Location Code (if known): _____
Sample Date: 7/6/06 Sample Time: 1100 AM PM (Circle One)
Sample Location (be specific): Raw well # 3 Hendrix
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) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Ben Martin
Sampler's Phone #: _____ Sampler's Fax #: _____
Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Ben Martin _____
(Print Name) (Print Title)

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

Signature: _____ Date: _____

P.10

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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2007
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 07/06/2006 13:10:0
Lab Assigned Report Number or Job ID T067398 Sample Number (From page 1) T067398-03
Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl)

<input type="checkbox"/> Inorganics	<input type="checkbox"/> Synthetic Organics	<input type="checkbox"/> Volatile Organics	<input type="checkbox"/> Disinfection Byproducts
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Triha
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloaceti
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial	<input type="checkbox"/> Radionuclides	<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<input type="checkbox"/> Single Samp	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> Secondaries
			<input type="checkbox"/> All 14
			<input checked="" type="checkbox"/> Partial

Were any analyses subcontracted? Yes No

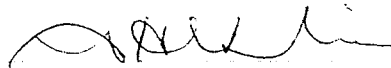
If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 7/31/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
Other:

Person Notified:

Date Notified:

Comments

Date Reviewed:

DEP/DOH Reviewing Official:

P. 11

**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: Colonial Manor PWS I.D. #: 6510358

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1067398-04 Location Code (if known): _____

Sample Date: 7/6/06 Sample Time: 1:15 AM PM (Circle One)

Sample Location (be specific): Raw well #4 Linkwood

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

- | Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) |
|---|--|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ |
| <input type="checkbox"/> Near First Customer | _____ |

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Ben Martin
 Sampler's Phone #: _____ Sampler's Fax #: _____
 Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Ben Martin _____
 (Print Name) (Print Title)

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

Signature: _____ Date: _____

P.12

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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa Florida Certification #: E84589
 Address: 9610 Princess Palm Avenue Certification Expiration Date: 06/30/2007
Tampa, Florida 33619 phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 07/06/2006 13:10:0
 Lab Assigned Report Number or Job ID T067398 Sample Number (From page 1) T067398-04
 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Inorganics | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <input type="checkbox"/> Radionuclides | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Secondaries |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No


If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
 (Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 7/3/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
 Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
 Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

P. B.



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 7/6/04 1310 Log-in request number: T067398

Received by: TH Completed by: CG

Cooler/Shipping Information:

Courier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____

Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	0				
Temp taken from	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST		YES	NO	NA
1. Were custody seals on shipping container(s) intact?				<input checked="" type="checkbox"/>
2. Were custody papers properly included with samples?		<input checked="" type="checkbox"/>		
3. Were custody papers properly filled out (ink, signed, match labels)?		<input checked="" type="checkbox"/>		
4. Did all bottles arrive in good condition (unbroken)?		<input checked="" type="checkbox"/>		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?		<input checked="" type="checkbox"/>		
6. Did the sample labels agree with the chain of custody?		<input checked="" type="checkbox"/>		
7. Were correct bottles used for the tests indicated?		<input checked="" type="checkbox"/>		
8. Were proper sample preservation techniques indicated on the label?		<input checked="" type="checkbox"/>		
9. Were samples received within holding times?		<input checked="" type="checkbox"/>		
10. Were all VOA vials checked for the presence of air bubbles?				<input checked="" type="checkbox"/>
11. Were there air bubbles present in the VOA vials?				<input checked="" type="checkbox"/>
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE		<input checked="" type="checkbox"/>		
13. Was the cooler temperature less than 6°C?		<input checked="" type="checkbox"/>		
14. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)				<input checked="" type="checkbox"/>
15. Were the sample containers provided by AEL?		<input checked="" type="checkbox"/>		
16. Were samples accepted into the laboratory?		<input checked="" type="checkbox"/>		
17. Was it necessary to split samples into other bottles?			<input checked="" type="checkbox"/>	

Comments: _____

Kit ID: 0.14



PASCO COUNTY, FLORIDA

ENVIRONMENTAL LABORATORY
8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
PHONE 727-847-8902

DHRS E44123
CONTACTS:
GLORIA KRUEGER
BILL WARGO

REPORT OF ANALYSES

U.S. Water Services Corp.
P.O. Box 398
New Port Richey, Fl 34652
Melisa Rotteveel

Date: 7/19/2006

SAMPLE NUMBER	AA70984	SAMPLE ID	COLONIAL MANOR WELL #2	SAMPLE MATRIX	DW
DATE SAMPLED	7/11/2006			TIME SAMPLED	10:30
DATE RECEIVED	7/11/2006	SAMPLER	KEN MARTIN	RECEIVED BY	TR
TIME RECEIVED	11:55	DELIVERED BY	KM	SAMPLE TYPE	Grab

ANALYSIS	ANALYSIS						DET. LIMIT
	METHOD	DATE	TIME	BY	RESULT	QUAL. UNIT	
Total Dissolved Solids	SM2540C	7/13/2006	16:00	AS	564	mg/L	26.3
Chloride	SM4500CLE	7/11/2006	16:02	CEM	44	mg/L	0.45

ANALYSIS COMMENTS:

All calculations are on wet weight basis

LABORATORY DIRECTOR

THIS DOCUMENT MEETS NELAC STANDARDS

NELAC Certification # E44123



Client: US Water Services

Project Name: Colonial Manor

Project Number:

PWS ID#: 6510355

Attention: Melisa Rotteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Report No.: T066324

Date Sampled: 06/08/2006

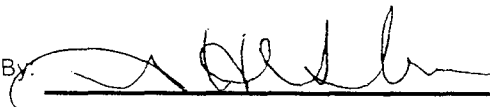
Date Received: 6/8/06 12:15

Date Reported: 06/29/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By: 
Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 9

P.1

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Raw Well #1

Site: Cannon Dr

Sample Number: T066324-01

Report No.: T066324

Date/Time Sampled: 06/08/06 10:30

Date/Time Received: 6/8/06 12:15

Sampled By: Ken Martin

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	68		SM4500CL-E	1.3	06/14/2006	14:42	E84589
1055	Sulfate (as SO4)	250	mg/L	31		E375.4	1.4	06/16/2006	15:40	E84589
1930	Total Dissolved Solids	500	mg/L	340		E160.1	10	06/10/2006	16:00	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P. D.

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Report No.: T066324

Project Name: Colonial Manor

Date/Time Sampled: 06/08/06 10:35

Matrix: Drinking Water

Date/Time Received: 6/8/06 12:15

PWS ID#: 6510355

Client Sample ID: Raw Well #2

Site: Cantrell St

Sampled By: Ken Martin

Sample Number: T066324-02

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	42		SM4500CL-E	1.3	06/14/2006	14:42	E84589
1055	Sulfate (as SO4)	250	mg/L	18		E375.4	1.4	06/16/2006	15:40	E84589
1930	Total Dissolved Solids	500	mg/L	340		E160.1	10	06/10/2006	16:00	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P. B

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Raw Well #3

Site: Hendrix St

Sample Number: T066324-03

Report No.: T066324

Date/Time Sampled: 06/08/06 10:40

Date/Time Received: 6/8/06 12:15

Sampled By: Ken Martin

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	410		SM4500CL-E	6.5	06/14/2006	14:42	E84589
1055	Sulfate (as SO ₄)	250	mg/L	67		E375.4	1.4	06/16/2006	15:40	E84589
1930	Total Dissolved Solids	500	mg/L	1200		E160.1	10	06/10/2006	16:00	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.4

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Raw Well #4
Site: Linkwood Ln
Sample Number: T066324-04

Report No.: T066324
Date/Time Sampled: 06/08/06 10:55
Date/Time Received: 6/8/06 12:15

Sampled By: Ken Martin
Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	99		SM4500CL-E	1.3	06/14/2006	14:42	E84589
1055	Sulfate (as SO4)	250	mg/L	45		E375.4	1.4	06/16/2006	15:40	E84589
1930	Total Dissolved Solids	500	mg/L	370		E160.1	10	06/10/2006	16:00	E84589

MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P. 5

**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: Colonial Manor PWS I.D. #: 6510355

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 7060324-01-04 Location Code (if known): _____

Sample Date: 6/8/00 Sample Time: 1030/1035/1100 AM PM (Circle One)

Sample Location (be specific): _____

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

<u>Sample Type (Check Only One)</u>	<u>Reason(s) for Sample (Check all that apply)</u>
<input type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of invalidated Sample)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	_____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Ken Martin

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Ken Martin, _____
(Print Name) (Print Title)

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

Signature: _____ Date: _____

P.6

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)
 ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa Florida Certification #: E84589
 Address: 9610 Princess Palm Avenue Certification Expiration Date: 06/30/2006
Tampa, Florida 33619 phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 06/08/2006 12:15:0
 Lab Assigned Report Number or Job ID T066324 Sample Number (From page 1) T066324-01-04
 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|--|--|--|---|
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | Radionuclides | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | Secondaries |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

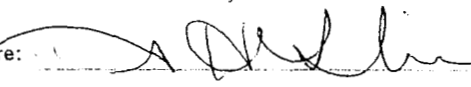
If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
 (Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 6/29/06

* 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.

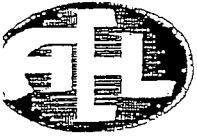
COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
 Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
 Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____
 Comments _____
 Date Reviewed: _____ DEP/DOH Reviewing Official: _____





Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 6/8/06 12:15 Log-In request number: 7066324
Received by: km Completed by: du

Cooler/Shipping Information:

Carrier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____
Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	<u>0</u>				
Temp taken from:	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with:	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			<input checked="" type="checkbox"/>
2. Were custody papers properly included with samples?	<input checked="" type="checkbox"/>		
3. Were custody papers properly filled out (ink, signed, match labels)?	<input checked="" type="checkbox"/>		
4. Did all bottles arrive in good condition (unbroken)?	<input checked="" type="checkbox"/>		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	<input checked="" type="checkbox"/>		
6. Did the sample labels agree with the chain of custody?	<input checked="" type="checkbox"/>		
7. Were correct bottles used for the tests indicated?	<input checked="" type="checkbox"/>		
8. Were proper sample preservation techniques indicated on the label?	<input checked="" type="checkbox"/>		
9. Were samples received within holding times?	<input checked="" type="checkbox"/>		
10. Were all VOA vials checked for the presence of air bubbles?			<input checked="" type="checkbox"/>
11. Were there air bubbles present in the VOA vials?			<input checked="" type="checkbox"/>
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	<input checked="" type="checkbox"/>		
13. Was the cooler temperature less than 6°C?	<input checked="" type="checkbox"/>		
14. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)			<input checked="" type="checkbox"/>
15. Were the sample containers provided by AEL?	<input checked="" type="checkbox"/>		
16. Were samples accepted into the laboratory?	<input checked="" type="checkbox"/>		
17. Was it necessary to split samples into other bottles?		<input checked="" type="checkbox"/>	

Comments:

ID: 1-8



Advanced Environmental Laboratories, Inc.

Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
 Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
 Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
 Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: TUG 6324

Page _____ of _____

CLIENT NAME: <u>US Water Services</u>		PROJECT NAME: <u>Colonial Manor Utility</u>		BOTTLE SIZE & TYPE <u>500ml</u>	AR NE AQ LU YI SR IES SD	LAB NUM BER
ADDRESS: <u>4939 Cross Bayou</u>		P.O. NUMBER / PROJECT NUMBER:				
PHONE: <u>Newport Riches FL 34052</u>		PROJECT LOCATION:				
CONTACT:		SAMPLED BY:				
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: <u>TUG J 105</u>				

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv			LAB NUMBER
			DATE	TIME						
<u>1</u>	<u>Raw well #1 CONROW DR</u>	<u>G</u>	<u>6/8/06</u>	<u>1030</u>	<u>DW</u>	<u>1</u>	<u>X</u>	<u>^</u>	<u>X</u>	<u>01</u>
	<u>Raw well #2 Control</u>	<u> </u>		<u>1035</u>	<u> </u>	<u>1</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>02</u>
	<u>Raw well #3 Hendrix</u>	<u> </u>		<u>1040</u>	<u> </u>	<u>1</u>	<u>X</u>	<u>^</u>	<u>X</u>	<u>03</u>
	<u>Raw well #4 Linkwood</u>	<u> </u>		<u>1055</u>	<u> </u>	<u>1</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>04</u>

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Relinquished by: _____ Date _____ Time _____ Received by: _____ Date _____ Time _____

Shipment	Method	Sample Kit	Cooler #	1	←	6/8/06	12:15	K. Mable	6/8/06	12:15
Out: / /	Via:	FB	D/T	2						
Ret: / /	Via: <u>6/8/06</u>	FB	D/T	3						
	Trip Bl.	<u>⊠</u>	<u>⊠</u>	4						



Advanced
Environmental Laboratories, Inc.

FILE COPY

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: US Water Services

Project Name: Colonial Manor

Project Number:

PWS ID#: 6510355

Attention: Melisa Rotteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

New Port Richey, FL 34652

Report No.: T068404

Date Sampled: 07/31/2006

Date Received: 7/31/06 15:15

Date Reported: 08/24/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT
THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 8

P.1

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #1 Connon Dr.
Site: Holiday
Sample Number: T068404-01

Report No.: T068404
Date/Time Sampled: 07/31/06 11:45
Date/Time Received: 7/31/06 15:15

Sampled By: Ken Martin
Shipping Method: Client drop off

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Total Organic Carbon		mg/L	2.3		SM5310B	0.47	08/01/2006	09:15	E84589
	Total Hardness (as CaCO3)		mg/L	240		SM2340C	5.0	08/09/2006	11:00	E84589
	Total Alkalinity (as CaCO3)		mg/L	26		SM2320B	5.0	08/09/2006	10:00	E84589

MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P. D

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #1 Connon Dr.
Site: Holiday
Sample Number: T068404-01

Report No.: T068404
Date/Time Sampled: 07/31/06 11:45
Date/Time Received: 7/31/06 15:15

Sampled By: Ken Martin
Shipping Method: Client drop off

Total Metals

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Magnesium		mg/L	9.7		E200.7	0.012	08/17/2006	10:01	E82574
	Potassium	1.0	mg/L	3.3		E200.7	0.029	08/17/2006	10:01	E82574
	Calcium		mg/L	82		E200.7	0.019	08/17/2006	10:01	E82574

MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P. 3

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #4 Linkwood Dr.
Site: Holiday
Sample Number: T068404-02

Report No.: T068404
Date/Time Sampled: 07/31/06 12:45
Date/Time Received: 7/31/06 15:15

Sampled By: Ken Martin
Shipping Method: Client drop off

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
	Total Organic Carbon		mg/L	0.63		SM5310B	0.47	08/01/2006	09:15	E84589
	Total Hardness (as CaCO3)		mg/L	310		SM2340C	5.0	08/09/2006	11:00	E84589
	Total Alkalinity (as CaCO3)		mg/L	170		SM2320B	5.0	08/09/2006	10:00	E84589

MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.H

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #4 Linkwood Dr.
Site: Holiday
Sample Number: T068404-02

Report No.: T068404
Date/Time Sampled: 07/31/06 12:45
Date/Time Received: 7/31/06 15:15

Sampled By: Ken Martin
Shipping Method: Client drop off

Total Metals

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Magnesium		mg/L	15		E200.7	0.012	08/17/2006	10:01	E82574
	Potassium	1.0	mg/L	3.3		E200.7	0.029	08/17/2006	10:01	E82574
	Calcium		mg/L	100		E200.7	0.019	08/17/2006	10:01	E82574

MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.S



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 7/31/06 1515 Log-in request number: 7068404

Received by: Km Completed by: ALL

Cooler/Shipping Information:

Carrier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____

Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	02				
Temp taken from	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			<input checked="" type="checkbox"/>
2. Were custody papers properly included with samples?	<input checked="" type="checkbox"/>		
3. Were custody papers properly filled out (ink, signed, match labels)?	<input checked="" type="checkbox"/>		
4. Did all bottles arrive in good condition (unbroken)?	<input checked="" type="checkbox"/>		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	<input checked="" type="checkbox"/>		
6. Did the sample labels agree with the chain of custody?	<input checked="" type="checkbox"/>		
7. Were correct bottles used for the tests indicated?	<input checked="" type="checkbox"/>		
8. Were proper sample preservation techniques indicated on the label?	<input checked="" type="checkbox"/>		
9. Were samples received within holding times?	<input checked="" type="checkbox"/>		
10. Were all VOA vials checked for the presence of air bubbles?			<input checked="" type="checkbox"/>
11. Were there air bubbles present in the VOA vials?			<input checked="" type="checkbox"/>
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	<input checked="" type="checkbox"/>		
13. Was the cooler temperature less than 6°C?	<input checked="" type="checkbox"/>		
14. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)			<input checked="" type="checkbox"/>
15. Were the sample containers provided by AEL?	<input checked="" type="checkbox"/>		
16. Were samples accepted into the laboratory?	<input checked="" type="checkbox"/>		
17. Was it necessary to split samples into other bottles?		<input checked="" type="checkbox"/>	

Comments:

Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa
 9610 Princess Palm Avenue
 Tampa, FL 33619
 813-630-9616 Fax 813-630-4327
 Contact Person: Michael Cammarata

AEL Jax
 6601 Southpoint Parkway
 Jacksonville, FL 32216
 904-363-9350 Fax 904-363-9354
 Contact Person: Sean Hyde

Project #: T068404
CustomerName: US Water Services
Collector: Ken Martin

Check if Rush

P. 7

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T068404-01	Well #1 Connon Dr.	Ca	Drinking Water	7/31/2006 11:45	7/31/06 15:15	8/14/2006	_____	500mL Poly (HNO3)
T068404-01	Well #1 Connon Dr.	K (DW)	Drinking Water	7/31/2006 11:45	7/31/06 15:15	8/14/2006	_____	500mL Poly (HNO3)
T068404-01	Well #1 Connon Dr.	Mg	Drinking Water	7/31/2006 11:45	7/31/06 15:15	8/14/2006	_____	500mL Poly (HNO3)
T068404-02	Well #4 Linkwood Dr.	Ca	Drinking Water	7/31/2006 12:45	7/31/06 15:15	8/14/2006	_____	500mL Poly (HNO3)
T068404-02	Well #4 Linkwood Dr.	K (DW)	Drinking Water	7/31/2006 12:45	7/31/06 15:15	8/14/2006	_____	500mL Poly (HNO3)
T068404-02	Well #4 Linkwood Dr.	Mg	Drinking Water	7/31/2006 12:45	7/31/06 15:15	8/14/2006	_____	500mL Poly (HNO3)

Tampa Relinquisher: K. Mandell

Shipping Receiver: AEL Courier

Date/Time: 8/2/06 10:00

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: [Signature]

Date/Time: 8/3/06 8:00



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: 1048904

Page _____ of _____

CLIENT NAME: <u>US Water Service</u>		PROJECT NAME: <u>Colonial Manor</u>		BOTTLE SIZE & TYPE	1000ml	250ml	250ml	1000ml	LAB NUMBER
ADDRESS: <u>5939 Cross Bayou</u>		P.O. NUMBER / PROJECT NUMBER:							
PHONE: _____ FAX: _____		PROJECT LOCATION: <u>Hot. Day</u>							
CONTACT:		SAMPLED BY: <u>KE NM</u>							
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS:							

WW=waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Preserv

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	PRESERV	POTASSIUM	CALCIUM	MAGNESIUM	TOC	ALK.	TOTAL HARDNESS	
			DATE	TIME										
<u>20</u>	<u>WELL #1 CONNOR DR</u>	<u>G</u>	<u>7/31/06</u>	<u>1:45</u>	<u>DW</u>	<u>3</u>		X	X	X	X	X	X	<u>-01</u>
<u>20</u>	<u>WELL #4 LINKWOOD DR.</u>	<u>G</u>	<u>7/31/06</u>	<u>12:45</u>	<u>DW</u>	<u>3</u>		X	X	X	X	X	X	<u>-02</u>

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate) Relinquished by: _____ Date _____ Time _____ Received by: _____ Date _____ Time _____

Shipment Out: / /	Method Via:	Sample Kit RB	Cooler # DT	1	<u>7/31/06</u>	<u>15:15</u>	<u>K. Moore</u>	<u>7/31/06</u>	<u>15:15</u>
Ret: / /	Method Via: <u>31</u>	Sample Kit AB	Cooler # DT	2					
		Sample Kit BL	Cooler # DT	3					
				4					



Advanced
Environmental Laboratories, Inc.

FILE COPY

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: US Water Services

Project Name: Colonial Manor

Project Number:

PWS ID#: 6510355

Attention: Melisa Rotteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

New Port Richey, Fl 34652

Report No.: T068404

Date Sampled: 07/31/2006

Date Received: 7/31/06 15:15

Date Reported: 08/24/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

**THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT
THE WRITTEN APPROVAL OF THE LABORATORY.**

*Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of
the NELAC standards, unless notated otherwise in the body of the report.*

Total Number of Pages = 8

P.1

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #1 Connon Dr.

Site: Holiday

Sample Number: T068404-01

Report No.: T068404

Date/Time Sampled: 07/31/06 11:45

Date/Time Received: 7/31/06 15:15

Sampled By: Ken Martin

Shipping Method: Client drop off

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Total Organic Carbon		mg/L	2.3		SM5310B	0.47	08/01/2006	09:15	E84589
	Total Hardness (as CaCO3)		mg/L	240		SM2340C	5.0	08/09/2006	11:00	E84589
	Total Alkalinity (as CaCO3)		mg/L	26		SM2320B	5.0	08/09/2006	10:00	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.2

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #1 Connon Dr.

Site: Holiday

Sample Number: T068404-01

Report No.: T068404

Date/Time Sampled: 07/31/06 11:45

Date/Time Received: 7/31/06 15:15

Sampled By: Ken Martin

Shipping Method: Client drop off

Total Metals

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Magnesium		mg/L	9.7		E200.7	0.012	08/17/2006	10:01	E82574
	Potassium	1.0	mg/L	3.3		E200.7	0.029	08/17/2006	10:01	E82574
	Calcium		mg/L	82		E200.7	0.019	08/17/2006	10:01	E82574

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.3

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Report No.: T068404

Project Name: Colonial Manor

Date/Time Sampled: 07/31/06 12:45

Matrix: Drinking Water

Date/Time Received: 7/31/06 15:15

PWS ID#: 6510355

Client Sample ID: Well #4 Linkwood Dr.

Site: Holiday

Sampled By: Ken Martin

Sample Number: T068404-02

Shipping Method: Client drop off

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Total Organic Carbon		mg/L	0.63		SM5310B	0.47	08/01/2006	09:15	E84589
	Total Hardness (as CaCO3)		mg/L	310		SM2340C	5.0	08/09/2006	11:00	E84589
	Total Alkalinity (as CaCO3)		mg/L	170		SM2320B	5.0	08/09/2006	10:00	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.H

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #4 Linkwood Dr.
Site: Holiday
Sample Number: T068404-02

Report No.: T068404
Date/Time Sampled: 07/31/06 12:45
Date/Time Received: 7/31/06 15:15

Sampled By: Ken Martin
Shipping Method: Client drop off

Total Metals

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Magnesium		mg/L	15		E200.7	0.012	08/17/2006	10:01	E82574
	Potassium	1.0	mg/L	3.3		E200.7	0.029	08/17/2006	10:01	E82574
	Calcium		mg/L	100		E200.7	0.019	08/17/2006	10:01	E82574

MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.S



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 7/31/06 1515 Log-In request number: TOL 8404
Received by: KM Completed by: AL

Cooler/Shipping Information:

Carrier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____

Package: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	0°C				
Temp taken from	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST		YES	NO	NA
1.	Were custody seals on shipping container(s) intact?			/
2.	Were custody papers properly included with samples?	/		
3.	Were custody papers properly filled out (ink, signed, match labels)?	/		
4.	Did all bottles arrive in good condition (unbroken)?	/		
5.	Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	/		
6.	Did the sample labels agree with the chain of custody?	/		
7.	Were correct bottles used for the tests indicated?	/		
8.	Were proper sample preservation techniques indicated on the label?	/		
9.	Were samples received within holding times?	/		
10.	Were all VOA vials checked for the presence of air bubbles?			/
11.	Were there air bubbles present in the VOA vials?			/
12.	Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	/		
13.	Was the cooler temperature less than 6°C?	/		
14.	Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)			/
15.	Were the sample containers provided by AEL?	/		
16.	Were samples accepted into the laboratory?	/		
17.	Was it necessary to split samples into other bottles?		/	

Comments:

D: P. G.

Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa
 9610 Princess Palm Avenue
 Tampa, FL 33619
 813-630-9616 Fax 813-630-4327
 Contact Person: Michael Cammarata

AEL Jax
 6601 Southpoint Parkway
 Jacksonville, FL 32216
 904-363-9350 Fax 904-363-9354
 Contact Person: Sean Hyde

Project #: T068404
CustomerName: US Water Services
Collector: Ken Martin

Check if Rush

PIT

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T068404-01	Well #1 Connon Dr.	Ca	Drinking Water	7/31/2006 11:45	7/31/06 15:15	8/14/2006	_____	500mL Poly (HNO3)
T068404-01	Well #1 Connon Dr.	K (DW)	Drinking Water	7/31/2006 11:45	7/31/06 15:15	8/14/2006	_____	500mL Poly (HNO3)
T068404-01	Well #1 Connon Dr.	Mg	Drinking Water	7/31/2006 11:45	7/31/06 15:15	8/14/2006	_____	500mL Poly (HNO3)
T068404-02	Well #4 Linkwood Dr.	Ca	Drinking Water	7/31/2006 12:45	7/31/06 15:15	8/14/2006	_____	500mL Poly (HNO3)
T068404-02	Well #4 Linkwood Dr.	K (DW)	Drinking Water	7/31/2006 12:45	7/31/06 15:15	8/14/2006	_____	500mL Poly (HNO3)
T068404-02	Well #4 Linkwood Dr.	Mg	Drinking Water	7/31/2006 12:45	7/31/06 15:15	8/14/2006	_____	500mL Poly (HNO3)

Tampa Relinquisher: K. Mandell

Shipping Receiver: AEL Courier

Date/Time: 8/2/06 10:00

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: [Signature]

Date/Time: 8/3/06 8:00



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: 1048907

Page _____ of _____

CLIENT NAME: <u>City Water Service</u>		PROJECT NAME: <u>Colonial Manor</u>		BOTTLE SIZE & TYPE <u>100ml</u>	A N E A L U Y S R I E S D	LAB NUMBER
ADDRESS: <u>4939 Cross Bayou</u>		P.O. NUMBER / PROJECT NUMBER:				
PHONE: <u>Newport Rickey</u>		PROJECT LOCATION: <u>Hol. Day</u>		Potassium	Calcium	Magnesium
FAX:		SAMPLED BY: <u>KEN M</u>				
CONTACT:				100ml	250ml	1000ml
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____	REMARKS / SPECIAL INSTRUCTIONS:					

WW = waste water SW = surface water GW = ground water DW = drinking water OIL A = air SO = soil SL = sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv							
			DATE	TIME										
<u>21</u>	<u>Well (H) CONNOR DR</u>	<u>G</u>	<u>7/31/06</u>	<u>1145</u>	<u>DW</u>	<u>3</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>-01</u>
<u>22</u>	<u>Well (H) LIAKWOOD DR.</u>	<u>G</u>	<u>7/31/06</u>	<u>1245</u>	<u>DW</u>	<u>3</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>-02</u>

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate) Relinquished by: _____ Date _____ Time _____ Received by: _____ Date _____ Time _____

Shipment Out: / /	Method Via:	Sample Kit RB	Cooler #	1	<u>[Signature]</u>	<u>7/31/06</u>	<u>1515</u>	<u>K. Mader</u>	<u>7/31/06</u>	<u>1515</u>
Ret: / /	Method Via: <u>31</u>	Sample Kit AB	Cooler # <u>16</u>	2						
		Sample Kit	Cooler #	3						
		Sample Kit	Cooler #	4						

Received on ice: yes no sent received

TRANSMISSION VERIFICATION REPORT

TIME : 09/14/2006 01:40
NAME : US WATER SERVICES
FAX : 7278487701
TEL : 7278488292
SER.# : 000A6J690504

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

09/14 01:38
18136327671
00:02:05
09
OK
STANDARD
ECM



U.S. Water
Services Corporation

DATE: September 14, 2006 PAGES: 9

CO: FDEP - Tampa

TO: Gerald Foster - Drinking Water Section

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Colonial Manor - High Potassium

U.S. Water
Services Corporation

DATE: September 14, 2006 PAGES: 9

CO: FDEP – Tampa

TO: Gerald Foster - Drinking Water Section

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

**** PLEASE DELIVER IMMEDIATELY – THANK YOU! ****

RE: Colonial Manor - High Potassium

Mr. Foster,

I have some results for high potassium for Colonial, just wanted to check and make sure if I needed to do anything with this, a notice etc. Please if you wouldn't mind taking a moment to let me know, I just don't want to be in any sort of violation.

Thank you,

Robin Higgins

4939 CROSS BAYOU BOULEVARD * NEW PORT RICHEY, FL * 34652
TEL: (727) 848-8292 * FAX (727) 848-7701 * TOLL FREE (866) 753-8292



Advanced
Environmental Laboratories, Inc.

FILE COPY

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

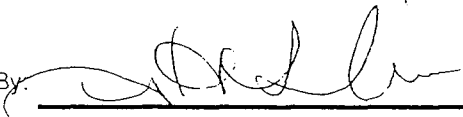
Client: US Water Services
Project Name: Colonial Manor
Project Number:
PWS ID#: 6510355
Attention: Melisa Rotteveel
Phone Number: 7278488292
Address: 4939 Cross Bayou Blvd.
New Port Richey, Fl 34652

Report No.: T068864
Date Sampled: 08/09/2006
Date Received: 8/9/06 14:35
Date Reported: 08/18/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By: 

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 15

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #1

Site: Cannon Dr

Sample Number: T068864-01

Report No.: T068864

Date/Time Sampled: 08/09/06 11:45

Date/Time Received: 8/9/06 14:35

Sampled By:

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	10		SM4500NO3-F	0.27	08/10/2006	11:52	E84589
1041	Nitrite (as N)	1.0	mg/L	0.34		SM4500NO3-F	0.034	08/10/2006	11:52	E84589

U The compound was analyzed for but not detected

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Report No.: T068864

Project Name: Colonial Manor

Date/Time Sampled: 08/09/06 11:55

Matrix: Drinking Water

Date/Time Received: 8/9/06 14:35

PWS ID#: 6510355

Client Sample ID: Well #2

Site: Cantrell St

Sampled By:

Sample Number: T068864-02

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	5.0		SM4500NO3-F	0.14	08/10/2006	11:52	E84589
1041	Nitrite (as N)	1.0	mg/L	0.17		SM4500NO3-F	0.34	08/10/2006	11:52	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

0.2

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #3

Site: Hendrix St

Sample Number: T068864-03

Report No.: T068864

Date/Time Sampled: 08/09/06 12:10

Date/Time Received: 8/9/06 14:35

Sampled By:

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	6.2		SM4500NO3-F	0.14	08/10/2006	11:52	E84589
1041	Nitrite (as N)	1.0	mg/L	0.17	U	SM4500NO3-F	0.17	08/10/2006	11:52	E84589

U The compound was analyzed for but not detected

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

0.4

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #4

Site: Linkwood Ln

Sample Number: T068864-04

Report No.: T068864

Date/Time Sampled: 08/09/06 12:30

Date/Time Received: 8/9/06 14:35

Sampled By:

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	17		SM4500NO3-F	0.27	08/10/2006	11:52	E84589
1041	Nitrite (as N)	1.0	mg/L	0.34	U	SM4500NO3-F	0.34	08/10/2006	11:52	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

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: Colonial Manor Utility PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: Manor Rd

City: Hol. Day State: FL ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T068864-01 Location Code (if known): _____

Sample Date: 8/9/06 Sample Time: 1145 AM PM (Circle One)

Sample Location (be specific): Well #1 Common Dr POE

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

Sample Type (Check Only One)

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input checked="" type="checkbox"/> Quarterly (Which Quarter? <u>2nd</u>) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | <u>Grab</u> | |

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Ken Martin

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, KENNETH T. Martin, operator
(Print Name) (Print Title)

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

Signature: [Signature] Date: 8/9/06

**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)

ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
 Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
 Certification Expiration Date: 06/30/2007
 phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355

Date Sample(s) Received: 08/09/2006 14:35:0

Lab Assigned Report Number or Job ID T068864

Sample Number (From page 1) T068864-01

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|---|--|--|------------------------------------|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

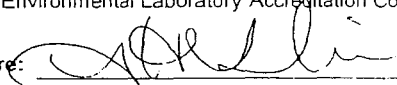
If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
 (Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 8/18/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

P. 7

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: Colonial Manor Utility PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: May Rd

City: Hol. Day State: FL ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Totals 4-03 Location Code (if known): _____

Sample Date: 8/9/06 Sample Time: 1155 AM PM (Circle One)

Sample Location (be specific): well # 2 central POE

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)
- Quarterly (Which Quarter? 2nd)
- Confirmation of MCL Exceedance*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites**
- Violation Resolution
- Clearance (permitting)
- Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: Grab

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Ken Martin

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, KENNETH MARTIN, operator
(Print Name) (Print Title)

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

Signature: [Signature] Date: 8/9/06

02

**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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2007
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355

Date Sample(s) Received: 08/09/2006 14:35:0

Lab Assigned Report Number or Job ID T068864

Sample Number (From page 1) T068864-02

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|---|--|--|------------------------------------|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

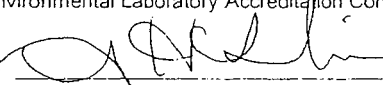
If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 8/18/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
- Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

19

**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)

ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa Florida Certification #: E84589
 Address: 9610 Princess Palm Avenue Certification Expiration Date: 06/30/2007
Tampa, Florida 33619 phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 08/09/2006 14:35:0
 Lab Assigned Report Number or Job ID T068864 Sample Number (From page 1) T068864-03

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|---|--|--|------------------------------------|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

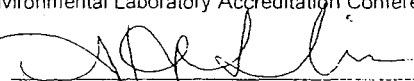
If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
 (Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 8/18/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

P. 11

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: Colonial Manor Utility PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: Manor Rd

City: Hol. Day State: FL ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1008804-04 Location Code (if known): _____

Sample Date: 8/9/06 Sample Time: 1230 AM PM (Circle One)

Sample Location (be specific): Well #1 Linkwood

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) Quarterly (Which Quarter? 2nd)
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- Violation Resolution
- Clearance (permitting)
- Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: Grab

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Ken Martin

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, KENNETH MARTIN, operator
(Print Name) (Print Title)

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

Signature: [Signature] Date: 8/9/06

**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)

ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
 Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
 Certification Expiration Date: 06/30/2007
 phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 08/09/2006 14:35:0
 Lab Assigned Report Number or Job ID T068864 Sample Number (From page 1) T068864-04

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl)

- | | | | |
|---|--|--|------------------------------------|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

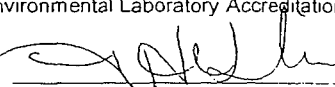
If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
 (Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the NATIONAL ENVIRONMENTAL LABORATORY ACCREDITATION CONFERENCE (NELAC).

Signature:  Date: 8/18/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Handwritten initials



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Time Rcvd: 8/9/06 1435 Log-In request number: T068864
Received by: km Completed by: AM

cooler/Shipping Information:

Carrier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____

Package: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID:					
Temp (°C)	0°C				
Temp taken from	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			
2. Were custody papers properly included with samples?			
3. Were custody papers properly filled out (ink, signed, match labels)?			
4. Did all bottles arrive in good condition (unbroken)?			
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?			
6. Did the sample labels agree with the chain of custody?			
7. Were correct bottles used for the tests indicated?			
8. Were proper sample preservation techniques indicated on the label?			
9. Were samples received within holding times?			
10. Were all VOA vials checked for the presence of air bubbles?			
11. Were there air bubbles present in the VOA vials?			
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE			
13. Was the cooler temperature less than 6°C?			
14. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)			
15. Were the sample containers provided by AEL?			
16. Were samples accepted into the laboratory?			
17. Was it necessary to split samples into other bottles?			

Comments:

AM



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: T068864

Page _____ of _____

CLIENT NAME: <u>C.S. Water Services</u>		PROJECT NAME: <u>Colonial Manor utility</u>		BOTTLE SIZE & TYPE	A R N E O L U Y I S R I E S D	LAB N U M B E R								
ADDRESS: <u>New Port Rchy</u>		P.O. NUMBER / PROJECT NUMBER:												
PHONE: _____ FAX: _____		PROJECT LOCATION:												
CONTACT:		SAMPLED BY:												
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS:												
<p>WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Preserv</p>														
SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv							
			DATE	TIME										
<u>1</u>	<u>Well #1 CONNOR DR</u>	<u>G</u>	<u>8/9/06</u>	<u>1145</u>	<u>DW</u>	<u>1</u>		<u>X</u>	<u>X</u>					<u>01</u>
	<u>Well #2 control</u>			<u>1155</u>		<u>1</u>		<u>X</u>	<u>X</u>					<u>02</u>
	<u>Well #3 Hendrix</u>			<u>1200</u>		<u>1</u>		<u>X</u>	<u>X</u>					<u>03</u>
	<u>Well #4 Linkwood</u>			<u>1230</u>		<u>1</u>		<u>X</u>	<u>X</u>					<u>04</u>

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate) Relinquished by: _____ Date _____ Time _____ Received by: _____ Date _____ Time _____

Shipment	Method	Sample Kit	Cooler #	1	<u>2</u>	Date	Time	Received by:	Date	Time
Out: / /	Via:	RB	D/T	2		<u>8/6/06</u>	<u>15:35</u>	<u>K. Maeder</u>	<u>8/9/06</u>	<u>15:35</u>
Ret: / /	la:	AB	D/T	3						
		Tip		4						



Advanced Environmental Laboratories, Inc.

FILE COPY

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: US Water Services

Report No.: T0611604

Project Name: Colonial Manor

Date Sampled: 10/11/2006

Project Number:

Date Received: 10/11/06 15:00

PWS ID#: 6510355

Date Reported: 10/27/2006

Attention: Malissa Roteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

New Port Richey, Fl 34652

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

Malissa Roteveel, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 15

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
 Project Name: Colonial Manor
 Matrix: Drinking Water
 PWS ID#: 6510355
 Client Sample ID: Well #1 Raw
 Site: Colonial Manor
 Sample Number: T0611604-01

Report No.: T0611604
 Date/Time Sampled: 10/11/06 11:05
 Date/Time Received: 10/11/06 15:00

Sampled By:
 Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	6.4		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.
 MDL Method Reporting Limit
 For all Results qualified with an I, the PQL is defined to be 4 times the MDL

2.2

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #2 POE
Site: Colonial Manor
Sample Number: T0611604-02

Report No.: T0611604
Date/Time Sampled: 10/11/06 10:30
Date/Time Received: 10/11/06 15:00
Sampled By:
Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	12		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

0.3

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
 Project Name: Colonial Manor
 Matrix: Drinking Water
 PWS ID#: 6510355
 Client Sample ID: Well #3 POE
 Site: Colonial Manor
 Sample Number: T0611604-03

Report No.: T0611604
 Date/Time Sampled: 10/11/06 10:40
 Date/Time Received: 10/11/06 15:00

Sampled By:
 Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	9.4		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.
 MDL Method Reporting Limit
 For all Results qualified with an I, the PQL is defined to be 4 times the MDL

2.4

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #4 Raw
Site: Colonial Manor
Sample Number: T0611604-04

Report No.: T0611604
Date/Time Sampled: 10/11/06 11:00
Date/Time Received: 10/11/06 15:00

Sampled By:
Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	12		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

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: COLONIAL MANOR PWS I.D. #: 6510355
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 1906 RD
 City: HOLIDAY State: FL ZIP Code: _____
 Phone #: _____ Fax #: 727-848-7701
 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T0611004-01 Location Code (if known): _____
 Sample Date: 10/11/06 Sample Time: 10:05 AM PM (Circle One)
 Sample Location (be specific): WELL #1 RAW
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): - mg/L Field pH: 7.3

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550)
- Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites**
- Violation Resolution
- Clearance (permitting)
- Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: WELL NOT ACTIVE

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERENCE AGENCY
 Sampler's Phone #: 727-243-4570 Sampler's Fax #: 727-848-7701
 Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE AGENCY, OPERATOR
 (Print Name) (Print Title)

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

Signature: *Terence Agency* Date: 10/11/06

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) ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa Address: 9610 Princess Palm Avenue Tampa, Florida 33619

Florida Certification #: E84589 Certification Expiration Date: 06/30/2007 phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 10/11/2006 15:00:0 Lab Assigned Report Number or Job ID T0611604 Sample Number (From page 1) T0611604-01 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl)

- Inorganics: All 17, Partial, Nitrate, Nitrite, Asbestos Only
Synthetic Organics: All 30, All Except Dioxin, Partial, Dioxin Only
Volatile Organics: All 21, Partial, Radionuclides: Single Samp, Qtrly Composite**
Disinfection Byproducts: Triha, Haloaceti, Bromate, Chlorite
Secondaries: All 14, Partial

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager (Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: [Handwritten Signature] Date: 10/27/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded, Detection(s), Incomplete Report, Missing Analyte Sheet(s), Location Unsatisfactory, Analysis Unsatisfactory, Other:

Person Notified: Date Notified:

Comments

Date Reviewed: DEP/DOH Reviewing Official:

P.Y

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: COLONIAL MANOR PWS I.D. #: 6510355
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: MOOG RD
 City: HOLIDAY State: FL ZIP Code: _____
 Phone #: _____ Fax #: _____
 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T0611004-02 Location Code (if known): _____
 Sample Date: 10/11/06 Sample Time: 10:30 AM PM (Circle One)
 Sample Location (be specific): Well # 2 PCE
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.25 mg/L Field pH: 7.4

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements
for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERENCE HENRY
 Sampler's Phone #: 727-243-4570 Sampler's Fax #: 727-848-7701
 Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, OPERATOR
 (Print Name) (Print Title)

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

Signature: Terence Henry Date: 10/11/06

DC

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) ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa Address: 9610 Princess Palm Avenue Tampa, Florida 33619

Florida Certification #: E84589 Certification Expiration Date: 06/30/2007 phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 10/11/2006 15:00:0 Lab Assigned Report Number or Job ID T0611604 Sample Number (From page 1) T0611604-02 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- Inorganics: All 17, Partial, Nitrate, Nitrite, Asbestos Only
Synthetic Organics: All 30, All Except Dioxin, Partial, Dioxin Only
Volatile Organics: All 21, Partial, Radionuclides, Single Samp, Qtrly Composite**
Disinfection Byproducts: Triha, Haloaceti, Bromate, Chlorite
Secondaries: All 14, Partial

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager (Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: [Handwritten Signature] Date: 10/27/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
Replacement Sample(s) Requested Revised Report Requested
Additional Monitoring Required
Reason(s): MCL(s) Exceeded, Detection(s), Incomplete Report, Missing Analyte Sheet(s), Location Unsatisfactory, Analysis Unsatisfactory, Other.

Person Notified: Date Notified: Comments: Date Reviewed: DEP/DOH Reviewing Official:

29

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: COLONIAL MANOR PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: MOOG RD.

City: HOLLOAY State: FL ZIP Code: _____

Phone #: _____ Fax #: 727 848-7701

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T0611604-03 Location Code (if known): _____

Sample Date: 10/11/06 Sample Time: 10:40 AM PM (Circle One)

Sample Location (be specific): Well #3 POC

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.85 mg/L Field pH: 7.4

- | | |
|---|--|
| <u>Sample Type (Check Only One)</u> | <u>Reason(s) for Sample (Check all that apply)</u> |
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ |
| <input type="checkbox"/> Near First Customer | |

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERENCE HENRY

Sampler's Phone #: 727-243-4670 Sampler's Fax #: 727-848-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, OPERATOR
(Print Name) (Print Title)

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

Signature: Terence Henry Date: 10/11/06

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) ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa Address: 9610 Princess Palm Avenue Tampa, Florida 33619

Florida Certification #: E84589 Certification Expiration Date: 06/30/2007 phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 10/11/2006 15:00:0 Lab Assigned Report Number or Job ID T0611604 Sample Number (From page 1) T0611604-03 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply)

- Inorganics: All 17, Partial, Nitrate, Nitrite, Asbestos Only
Synthetic Organics: All 30, All Except Dioxin, Partial, Dioxin Only
Volatile Organics: All 21, Partial
Radionuclides: Single Samp, Qtrly Composite**
Disinfection Byproducts: Triha, Haloaceti, Bromate, Chlorite
Secondaries: All 14, Partial

Were any analyses subcontracted? Yes No (checked) If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager (Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: [Handwritten Signature] Date: 10/27/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): MCL(s) Exceeded, Missing Analyte Sheet(s), Other, Detection(s), Location Unsatisfactory, Incomplete Report, Analysis Unsatisfactory

Person Notified: Date Notified:

Comments

Date Reviewed: DEP/DOH Reviewing Official:

P.11

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: COLONIAL MANOR PWS I.D. #: 6510355

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

Address: 17006 RD

City: HOLIDAY State: FL ZIP Code: _____

Phone #: _____ Fax #: 727-848-7701

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T0611604-04 Location Code (if known): _____

Sample Date: 10/11/06 Sample Time: 11 AM PM (Circle One)

Sample Location (be specific): WELL #4 RAW

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: 7.8

<u>Sample Type (Check Only One)</u>	<u>Reason(s) for Sample (Check all that apply)</u>
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution
<input checked="" type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: <u>WELL NOT ACTIVE</u>
<input type="checkbox"/> Near First Customer	

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERENCE HENRY

Sampler's Phone #: 727-243-4570 Sampler's Fax #: 727-843-4570

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY (Print Name), OPERATOR (Print Title)

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

Signature: Terence Henry Date: 10/11/06

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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2007
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355

Date Sample(s) Received: 10/11/2006 15:00:0

Lab Assigned Report Number or Job ID T0611604

Sample Number (From page 1) T0611604-04

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|---|--|--|------------------------------------|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/27/06

* 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 Jocations for each quarter.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection info Satisfactory Yes No Sample Analysis info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

P.13



Advanced Environmental Labs Inc

Advanced Environmental Labs
6601 Southpoint Parkway
Jacksonville, FL 32216

Client: US Water Corp

Project name: Colonial Manor

Date/Time Rcvd: 10/11/06 15:00

Log-In request number: TD011004

Received by: HR

Completed by: HR

Cooler/Shipping Information:

Courier: AEL Client UPS Blue Streak FedEx Other (describe): _____

Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	0				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any "NO" responses or discrepancies should be explained in the "Comments" section below.

CHECKLIST

	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
2. Were custody papers properly included with samples?	✓		
3. Were custody papers properly filled out (ink, signed, match labels)?	✓		
4. Did all bottles arrive in good condition (unbroken)?	✓		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	✓		
6. Did the sample labels agree with the chain of custody?	✓		
7. Were correct bottles used for the tests indicated?	✓		
8. Were proper sample preservation techniques indicated on the label?	✓		
9. Were samples received within holding times?	✓		
10. Were all VOA vials checked for the presence of air bubbles?			✓
11. Were there air bubbles present in the VOA vials?			✓
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	✓		
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? <i>NOTE: VOA samples are checked by laboratory analysts.</i>			✓
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		

Comments:

P.14



Advanced Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

LAB NUMBER: 10611004

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

Page _____ of _____

CLIENT NAME: <u>US WATER CORP-</u>		PROJECT NAME: <u>COLONIAL MANOR</u>		BOTTLE SIZE & TYPE	A R E A Q U I S R E S D	NITRATE	NITRITE	L A B N U M B E R
ADDRESS: <u>4939 CROSS BAYOU BLVD</u>		P.O. NUMBER / PROJECT NUMBER:						
PHONE: <u>NEWPORT RICHMOND, FL 34652</u>		PROJECT LOCATION:						
FAX: <u>727 848-7201</u>		CONTACT: <u>MELISA</u>						
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS:						

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Preserv

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv							
			DATE	TIME										
WELL #1 POE RAW		G	10/11/06	10:05	DW	1		✓	✓					-01
WELL #2 POE		G	10/11/06	10:30	DW	1		✓	✓					-02
WELL #3 POE		G	10/11/06	10:40	DW	1		✓	✓					-03
WELL #4 POE RAW ^{TDH}		G	10/11/06	11:01	DW	1		✓	✓					-04
		B												

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Relinquished by: _____ Date _____ Time _____ Received by: _____ Date _____ Time _____

1	2	3	4	5	6	7	8	9	10

From: ADVANCED ENVIRONMENTAL LABS 813 630 4327 11/06/2006 16:37 #077 P.016/016



Advanced
Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Fax

To: Melisa From: Tammie
Fax: _____ Pages: 16
Phone: _____ Date: 11/6/06
Re: 10611604 CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

If you do not receive this transmission in full or if you have any questions regarding this fax, please contact us at (813) 630-9616.

All attached sheets are preserved by the client's rights of confidentiality and are to be directed to the addressee only.

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WATER USE
GENERAL
PERMIT NO. 203677.04**

EXPIRATION DATE: January 7, 2009

PERMIT ISSUE DATE: January 7, 1999

THE PERMITTEE IS RESPONSIBLE FOR APPLYING FOR A RENEWAL OF THIS PERMIT PRIOR TO THE EXPIRATION DATE WHETHER OR NOT THE PERMITTEE RECEIVES PRIOR NOTIFICATION BY MAIL. FAILURE TO DO SO AND CONTINUED USE OF WATER AFTER EXPIRATION DATE IS A VIOLATION OF DISTRICT RULES AND MAY RESULT IN A MONETARY PENALTY AND/OR LOSS OF WATER. APPLICATION FOR RENEWAL PRIOR TO THE EXPIRATION DATE IS SUBJECT TO DISTRICT EVALUATION AND APPROVAL.

This permit, issued under the provision of Chapter 373, Florida Statutes and Florida Administrative Code 40D-2, authorizes the Permittee to withdraw the quantities outlined herein, and may require various activities to be performed by the Permittee as outlined by the Special Conditions. This permit, subject to all terms and conditions, meets all District permitting criteria.

PROJECT NAME: Colonial Manor Subdivision ✓

GRANTED TO: Floraline Properties, Inc.
Post Office Box 5017
Largo, FL 34649

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)			
AVERAGE:	195,000	PEAK MONTHLY:	293,000

<u>Use</u>	<u>Average</u>	<u>Peak Monthly</u>
Public Supply:	195,000 gpd	293,000 gpd

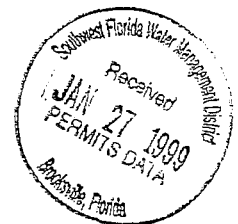
See Withdrawal Table for quantities permitted for each withdrawal point.

PROPERTY LOCATION: Pasco County, approximately 1 mile southwest of the City of Elfers, 1/2 mile east of US Highway 19.

TYPE OF APPLICATION: New (Expired) **WATER USE CAUTION AREA:** Northern Tampa Bay

APPLICATION FILED: November 10, 1998 **ACRES:** 1.2 Owned
161.2 Serviced

APPLICATION AMENDED: N/A



JAN 27 1999
28

Permit No.: 203677.04
 Permittee: Floraline Properties, Inc.
 Page 2

WATER USE: PUBLIC SUPPLY

SERVICE AREA NAME

Colonial Manor

<u>USE TYPE</u>	<u>POPULATION SERVED</u>	<u>PER CAPITA RATE</u>
Residential Single Family		
Fire Fighting/Testing		
Total Public Supply	2,097	Gross = 93 gpd/person

<u>I.D. NO.</u> <u>PERMITTEE/</u> <u>DISTRICT</u>	<u>DIAM.</u> <u>(IN.)</u>	<u>DEPTH</u> <u>TTL./CSD.</u>	<u>USE</u>	<u>GALLONS PER DAY</u>	
				<u>AVERAGE</u>	<u>PEAK</u> <u>MONTHLY</u>
1 / 1	8	125 / UNK	PS	62,000 ⁷⁹	93,000
2 / 2	8	140 / UNK	PS	35,500 ⁷⁹	53,500
3 / 3	8	145 / UNK	PS	62,000 ⁰⁸	93,000
4 / 4	8	130 / UNK	PS	35,500 ⁰⁸	53,500
5 / 5	12	180 / UNK	PS	62,000	93,000

*Have Quantities
 - Mike
 DeSmith*

Standby

PS=Public Supply

195,000 → had 354,000

<u>DISTRICT</u> <u>I.D. NO.</u>	<u>SECTION/TOWNSHIP/RANGE</u>	<u>LOCATION</u> <u>LAT./LONG.</u>
1	19/26/16	281242.00/824416.00
2	19/26/16	281237.00/824414.00
3	19/26/16	281235.94/824400.03
4	19/26/16	281240.90/824354.99
5	20/26/16	281229.00/824350.00

SPECIAL CONDITIONS:

All conditions referring to approval by the Regulation Department Director, Resource Regulation, shall refer to the Director, Brooksville Regulation Department, Resource Regulation.

- All reports required by the permit shall be submitted to the District on or before the tenth day of the month following data collection and shall be addressed to:

Permit Data Section, Records and Data Department
 Southwest Florida Water Management District
 2379 Broad Street
 Brooksville, Florida 34609-6899

40D-2
Exhibit "A"
WATER USE PERMIT CONDITIONS

STANDARD CONDITIONS

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.
4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the Permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.
9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.

11. The District may establish special regulations for Water Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.
12. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
 - a. A reduction in water levels which impairs the ability of a well to produce water;
 - b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
 - c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer or water body.
13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
 - a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;
 - b. Sinkholes or subsidence caused by reduction in water levels;
 - c. Damage to crops and other vegetation causing financial harm to the owner; and
 - d. Damage to the habitat of endangered or threatened species.
14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
16. The Permittee shall notify the District within 30 days of the sale or conveyance of permitted water withdrawal facilities or the land on which the facilities are located.
17. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.

Permit No.: 203677.04
Permittee: Floraline Properties, Inc.
Page 5

By April 1 of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:

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- a. The population served;
 - b. Significant deducted uses, the associated quantity, and conservation measures applied to these uses;
 - c. Total withdrawals;
 - d. Treatment losses.
 - e. Environmental mitigation quantities.
 - f. Sources and quantities of incoming and outgoing transfers of water and wholesale purchases and sales of water, with quantities determined at the supplier's departure point.
 - g. Documentation of reuse and desalination credits, if taken.

If for some reason, the Permittee does not achieve the specified per capita rate, the report shall document why the rate and requirements were not achievable, measures taken to attempt meeting them, and a plan to bring the permit into compliance. This report is subject to District approval. If the report is not approved, the Permittee is in violation of the Water Use Permit.

The District will evaluate information submitted by Permittees who do not achieve these requirements to determine whether the lack of achievement is justifiable and a variance is warranted. Permittees may justify lack of achievement by documenting unusual water needs, such as larger-than-average lot sizes with greater water irrigation needs than normal-sized lots. However, even with such documented justification, phased reductions in water use shall be required unless the District determines that water usage was reasonable under the circumstances reported and that further reductions are not feasible. For such Permittees, on a case-by-case basis, individual water conservation requirements may be developed for each management period. Per capita rate requirements may be adjusted upward or downward through rulemaking and will become requirements.

- 554
6. The Permittee shall conduct water audits of the water distribution system during each management period. A water audit may include the following activities: detection of unauthorized uses and authorized unmetered uses, correction of under-registration of meters, determination of fire flow use, and leak detection/repair. Water audits which identify a greater than 12 percent unaccounted for water shall include a schedule for remedial action, followed by appropriate actions. Audits shall be completed and reports documenting the results of the audit shall be submitted as an element of the report required in the per capita condition to the Permit Data Section, Records and Data Department, by April 1, 2004. Water audit reports shall include a schedule for remedial action if needed.
 7. By April 1 of each year, the Permittee shall submit a residential water use report for the preceding period of October 1, through September 30, detailing:

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 - a. The number of single family dwelling units served and their total water use,
 - b. The number of multi-family dwelling units served and their total water use,
 - c. The number of mobile homes served and their total water use.

Where separate indoor and outdoor meters exist, residential water use quantities shall include both the

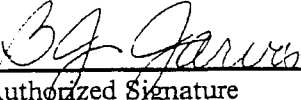
Permit No.: 203677.04
Permittee: Floraline Properties, Inc.
Page 6

Where separate indoor and outdoor meters exist, residential water use quantities shall include both the indoor and outdoor water uses associated with the dwelling units, including irrigation water.

8. By January 1 of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:
- a. Quantity of total reclaimed water provided by the Permittee for reuse on both a total annual average daily and monthly basis;
 - b. For all individual customer reuse connections with line sizes of 4 inches or greater, list:
 - 1. account name and address;
 - 2. location of connection(s) by latitude - longitude;
 - 3. line size;
 - 4. meter (yes or no); and
 - 5. metered quantities, if metered.

STANDARD CONDITIONS:

1. The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit "A" and made a part hereof.



Authorized Signature
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

Mels34

XC: JG
MK
DS
GD
MK
CO (10)

BEFORE THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

IN THE OFFICE OF THE
SOUTHWEST DISTRICT

Complainant,

vs.

OGC FILE No. 05-2698

COLONIAL MANOR UTILITY CO.,

Respondent,

_____ /

FIRST AMENDED NOTICE OF VIOLATION
ORDERS FOR CORRECTIVE ACTION AND ADMINISTRATIVE PENALTY
ASSESSMENT

TO: Colonial Manor Utility Co.
c/o Victoria Penick, Registered Agent
5525 Berkley Rd.
New Port Richey, FL 34652

Certified Mail Number 7006 0810 0005 2598 2722

Pursuant to the authority of Section 403.121(2), Florida Statutes ("Fla. Stat.") the State of Florida Department of Environmental Protection ("Department") gives notice to Colonial Manor Utility Co. ("Respondent") of the following findings of fact and conclusions of law with respect to violations of Chapter 403, Fla. Stat.

FINDINGS OF FACTS
PARAGRAPHS APPLICABLE TO ALL COUNTS

1. The Department is the administrative agency of the State of Florida having the power and duty to protect Florida's air and water resources and to administer and enforce the provisions of Chapter 403, Fla. Stat., and the rules promulgated thereunder in Florida Administrative Code ("Fla. Admin. Code") Title 62.

2. Respondent is the owner of a community water system serving approximately 2,500 persons, PWS No. 651-0355, located at Colonial Manor Subdivision, Mog Road, Pasco County, Florida, Latitude 28 degrees 12 minutes 22 inches North, Longitude 82 degrees 43 minutes 56 inches West ("System").

3. The System consists of four approved drinking water wells ("Wells No. 1, 2, 3, and 4"), each equipped with dedicated chlorinator and hydropneumatic storage tank, and with an approximate combined capacity of 1.2 million gallons per day.

4. The System serves at least 15 service connections used by year-round residents or regularly serves at least 25 year-round residents.

5. Rule 62-550.310, Fla. Admin. Code, provides that all public water systems shall not exceed the primary inorganic nitrate maximum contaminant level of 10 milligrams per liter ("mg/l").

6. Wells No. 1 and 4 exceeded the maximum contaminant level for nitrate. Respondent issued public notification to its customers that the System exceeded the maximum contaminant level for nitrate and took Wells No. 1 and 4 out of service.

7. Well No. 2 exceeded the maximum contaminant level for nitrate. Respondent issued public notification to its customers that the System exceeded the maximum contaminant level for nitrate, but did not take Well No. 2 out of service.

8. The System is currently supplying drinking water using Wells No. 2 and 3 only. A review of historic monitoring results of Well No. 3 indicates that, since August 2003, nitrate concentrations exceeding 9 mg/l, but less than 10mg/l, have been reported five times for Well No. 2 and five times for Well No. 3.

9. During a Department inspection of the System on October 12, 2005, the

Department observed that a fifth well ("Well No. 5") was not physically connected to the System's water distribution network.

10. A Department inspection on December 15, 2005 showed that Well No. 5 had been physically connected to the System's water distribution network.

11. The Department has not issued a permit authorizing construction to Well No. 5 and has not authorized the use of Well No. 5.

12. The Department has not received monthly, annual, or triennial sampling results from Well No. 5 since 1992.

COUNT I - WELL NO. 2 EXCEEDANCE OF NITRATE MAXIMUM
CONTAMINANT LEVEL

13. Respondent sampled Well No. 2 on October 11, 2006 for nitrate. The analysis result was 12.0 mg/l.

14. Respondent took a nitrate confirmation sample on October 30, 2006. The analysis result was 9.94 mg/l.

COUNT II - WELL NO. 1 EXCEEDANCE OF NITRATE MAXIMUM
CONTAMINANT LEVEL

15. Respondent sampled Well No. 1 on August 29, 2005 for nitrate. The analysis result was 10.8 mg/l.

16. Respondent took a nitrate confirmation sample on September 1, 2005. The analysis result was 10.3 mg/l.

COUNT III - WELL NO. 4 EXCEEDANCE OF NITRATE MAXIMUM
CONTAMINANT LEVEL

17. Respondent sampled Well No. 4 on August 29, 2005 for nitrate. The analysis result was 10.4 mg/l.

18. Respondent took a nitrate confirmation sample on September 1, 2005. The

analysis result was 10.6 mg/l.

COUNT IV - WELL NO. 1 EXCEEDANCE OF NITRATE MAXIMUM
CONTAMINANT LEVEL

19. Respondent sampled Well No. 1 on November 8, 2004 for nitrate. The analysis result was 10.6 mg/l.

COUNT V - ALTERATION OR CONSTRUCTION TO WELL NO. 5
WITHOUT A PERMIT

20. Alteration or construction on connecting piping from unapproved Well No. 5 to the System's distribution system occurred on or before December 12, 2005 without a Department permit or clearance letter.

COUNT VI - COSTS AND EXPENSES

21. The Department has incurred expenses to date while investigating this matter in the amount of not less than \$2,000.00.

CONCLUSIONS OF LAW

The Department has evaluated the Findings of Fact with regard to the requirements of Chapter 403, Fla. Stat. and Fla. Admin. Code Title 62. Based on the foregoing facts the Department has made the following conclusions of law:

22. Respondent is a "person" as defined in Section 403.852(5), Fla. Stat.

23. Respondent is the owner of the water system and is a "supplier of water" as defined in Section 403.852(8), Fla. Stat.

24. Respondent's water system is a "public water system" and is a "community water system" as defined in Sections 403.852(2) and (3), Fla. Stat., respectively. The water system draws water from the Floridan Aquifer and thus is also a "ground water system," as that term is used in Fla. Admin. Code Chapters 62-550 and 62-555.

25. The Department is imposing an administrative penalty of less than or equal to \$10,000.00 in this Notice of Violation as calculated in accordance with Section 403.121, Fla. Stat.

26. The facts in Count I constitute a violation of Rule 62-550.310, Fla. Admin. Code, which requires that all public water systems not exceed the primary inorganic nitrate maximum contaminant level of 10 mg/l. Rule 62-550.512(3)(a), Fla. Admin. Code, provides that compliance shall be determined based on the average of the initial and confirmation samples. The facts also constitute a violation of Section 403.161, Fla. Stat., which makes it a violation to fail to comply with Department rules.

27. The violation in Count I requires an assessment of an administrative penalty of \$4,000.00 under Section 403.121(3)(a), Fla. Stat., calculated as follows: \$2,000.00 for exceeding a maximum contaminant level, plus \$1,000.00 because the maximum contaminant level that was exceeded is a primary inorganic, plus \$1,000.00 because the maximum contaminant level violation occurred at a community water system.

28. The facts in Count II constitute a violation of Rule 62-550.310, Fla. Admin. Code, which requires that all public water systems not exceed the primary inorganic nitrate maximum contaminant level of 10 mg/l. Rule 62-550.512(3)(a), Fla. Admin. Code, provides that compliance shall be determined based on the average of the initial and confirmation samples. The facts also constitute a violation of Section 403.161, Fla. Stat., which makes it a violation to fail to comply with Department rules.

29. The violation in Count II requires an assessment of an administrative penalty of \$4,000.00 under Section 403.121(3)(a), Fla. Stat., calculated as follows: \$2,000.00 for exceeding the maximum contaminant level, plus \$1,000.00 because the maximum contaminant level that

was exceeded is a primary inorganic, plus \$1,000.00 because the maximum contaminant level violation occurred at a community water system.

30. The facts in Count III constitute a violation of Rule 62-550.310, Fla. Admin. Code, which requires that all public water systems not exceed the primary inorganic nitrate maximum contaminant level of 10 mg/l. Rule 62-550.512(3)(a), Fla. Admin. Code, provides that compliance shall be determined based on the average of the initial and confirmation samples. The facts also constitute a violation of Section 403.161, Fla. Stat., which makes it a violation to fail to comply with Department rules.

31. The violation in Count III requires an assessment of an administrative penalty of \$4,000.00 under Section 403.121(3)(a), Fla. Stat., calculated as follows: \$2,000.00 for exceeding the maximum contaminant level, plus \$1,000.00 because the maximum contaminant level that was exceeded is a primary inorganic, plus \$1,000.00 because the maximum contaminant level violation occurred at a community water system.

32. The facts in Count IV constitute a violation of Rule 62-550.310, Fla. Admin. Code, which requires that all public water systems not exceed the primary inorganic nitrate maximum contaminant level of 10 mg/l. The facts also constitute a violation of Section 403.161, Fla. Stat., which makes it a violation to fail to comply with Department rules.

33. The violation in Count IV requires an assessment of an administrative penalty of \$4,000.00 under Section 403.121(3)(a), Fla. Stat., calculated as follows: \$2,000.00 for exceeding the maximum contaminant level, plus \$1,000.00 because the maximum contaminant level that was exceeded is a primary inorganic, plus \$1,000.00 because the maximum contaminant level violation occurred at a community water system.

34. The facts in Count V constitute a violation of Rule 62-555.520, Fla. Admin. Code,

which requires a construction permit from the Department prior to construction or alteration of any public water system component. The facts also constitute a violation of Section 403.161, Fla. Stat., which makes it a violation to fail to comply with Department rules.

35. The violation in Count V requires an assessment of an administrative penalty of \$3,000.00 under Section 403.121(4)(c), Fla. Stat.

36. The Department cannot impose penalties in excess of \$10,000.00 in a Notice of Violation. The total administrative penalty is therefore capped at \$10,000.00.

37. The costs and expenses related in Count VI are reasonable costs and expenses incurred by the State while investigating this matter, which are recoverable pursuant to Section 403.141(1) Fla. Stat.

ORDERS FOR CORRECTIVE ACTION

The Department has alleged that the activities related in the Findings of Fact constitute violations of Florida law. The Orders for Corrective Action state what you, Respondent, must do in order to correct and redress the violations alleged in this Notice.

The Department will adopt the Orders for Corrective Action as part of its Final Order in this case unless Respondent either files a timely petition for a formal hearing or informal proceeding, pursuant to Section 403.121(2)(c), Fla. Stat., or files written notice with the Department opting out of this administrative process, pursuant to 403.121(2)(c), Fla. Stat. (See Notice of Rights). If Respondent fails to comply with the corrective actions ordered by the Final Order, the Department is authorized to file suit seeking judicial enforcement of the Department's Order pursuant to Sections 120.69, 403.121 and 403.131, Fla. Stat.

Pursuant to the authority of Sections 403.061(8) and 403.121, Fla. Stat., the Department proposes to adopt in its Final Order in this case the following specific corrective actions that will

redress the alleged violations:

38. Respondent shall forthwith comply with all Department rules related to community water systems. Respondent shall correct and redress all violations in the time periods required below and shall comply with all applicable rules in Fla. Admin. Code Chapters 62- 550 and 62-555. All documents, reports, and test results that are required to be submitted to the Department shall be submitted to: Gwen Shofner, P.E., Department of Environmental Protection, Southwest District, 13051 N. Telecom Parkway, Temple Terrace, FL 33637-0926.

39. Within 60 days of the effective date of this Order, Respondent shall submit a permit application and plans signed and sealed by a professional engineer to reduce the levels of nitrate in Wells No. 1, 2, and 4 to below the maximum contaminant level.

40. Within 90 days from issuance of a Department Construction permit, Respondent shall have completed the permitted work authorized in the Department permit to reduce the level of nitrate in the System to below the maximum contaminant level.

41. Respondent shall not distribute any water from Wells No. 1 and 4 to the water distribution network of the System until it receives the following:

- (a) a construction permit pursuant to Rule 62-555.520, Fla. Admin. Code, and
- (b) a clearance letter pursuant to Rule 62-555.345, Fla. Admin. Code, to place Wells No. 1, and 4 into service.

42. In the event nitrate maximum contaminant levels exceed 10 mg/l in Well No. 3, Well No. 3 shall be removed from service and the existing interconnect to Pasco County Utilities shall be activated to supply water to the System until the requirements in paragraphs 39 and 40 above are completed to reduce the levels of nitrate to below the maximum contaminant level.

43. Within 180 days of the effective date of this Order, Respondent's System shall be

in compliance with all Department nitrate standards and the requirements of this Order or the System shall be connected to Pasco County's Public Water System, with all the System's wells physically disconnected and removed from service.

44. Respondent shall not distribute any water from Well No. 5 to the System until it receives the following:

- (a) a construction permit pursuant to Rule 62-555.520, Fla. Admin. Code, and
- (b) a clearance letter, pursuant to Rule 62-555.345, Fla. Admin. Code, to place Well No. 5 into service.

45. Within 30 days of the effective date of this Order, Respondent shall pay \$10,000.00 to the Department for the administrative penalties imposed above. Payment shall be made by cashier's check or money order payable to the "State of Florida Department of Environmental Protection" and shall include thereon the notations "OGC Case No. 05-2698" and "Ecosystem Management and Restoration Trust Fund." The payment shall be sent to Florida Department of Environmental Protection, Southwest District, 13051 N. Telecom Parkway, Temple Terrace, FL 33637-0926.

46. In addition to the administrative penalties, within 30 days of the effective date of this Order, Respondent shall pay \$2,000.00 to the Department for costs and expenses. Payment shall be made by cashier's check or money order payable to the "State of Florida Department of Environmental Protection" and shall include thereon the notations "OGC Case No. 05-2698" and "Ecosystem Management and Restoration Trust Fund." The payment shall be sent to Florida Department of Environmental Protection, Southwest District, 13051 N. Telecom Parkway, Temple Terrace, FL 33637-0926.

NOTICE OF RIGHTS

Respondent's rights to negotiate, litigate or transfer this action are set forth below.

Right to Negotiate

47. This matter may be resolved if the Department and Respondent enter into a Consent Order, in accordance with Section 120.57(4), Fla. Stat., upon such terms and conditions as may be mutually agreeable.

Right to Request a Hearing

48. Respondent has the right to a formal administrative hearing pursuant to Sections 120.569, 120.57(1) and 403.121(2), Fla. Stat., if Respondent disputes issues of material fact raised by this First Amended Notice of Violation and Orders for Corrective Action ("Notice"). At a formal hearing, Respondent will have the opportunity to be represented by counsel, to present evidence and argument on all issues involved, and to conduct cross-examination and submit rebuttal evidence.

49. Respondent has the right to an informal administrative proceeding pursuant to Sections 120.569 and 120.57(2), Fla. Stat., if Respondent does not dispute issues of material fact raised by this Notice. If an informal proceeding is held, Respondent will have the opportunity to be represented by counsel, to present to the agency written or oral evidence in opposition to the Department's proposed action, or to present a written statement challenging the grounds upon which the Department is justifying its proposed action.

50. If Respondent desires a formal hearing or an informal proceeding, Respondent must file a written responsive pleading entitled "Petition for Administrative Proceeding" within 20 days of receipt of this Notice. The petition must be in the form required by Fla. Admin. Code Rule 62-110.106 and by Fla. Admin. Code Rules 28-106.201 or 28-106.301. A petition is filed

when it is received by the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000.

Right to Mediation

51. If Respondent timely files a petition challenging the Notice, the Respondent has the right to mediate the issues raised in the Notice. If requested, a mediator will be appointed to assist the Department and Respondent to reach a resolution of some or all of the issues. The mediator is chosen from a list of mediators provided by the Florida Conflict Resolution Consortium ("FCRC"). The FCRC will provide up to 8 hours of free mediation services to the Respondent. A mediator cannot require the parties to settle the case. If mediation is unsuccessful, both parties retain their full rights to litigate the issues before an administrative law judge. The Respondent must select the mediator and notify the FCRC within 15 days of receipt of the list of mediators. The mediation process does not interrupt the time frames of the administrative proceedings and the mediation must be completed at least 15 days before the date of the final hearing.

52. The written request to appoint a mediator must be made within 10 days after receipt of the Initial Order from the administrative law judge appointed to hear the case. The request must be received by the Florida Conflict Resolution Consortium, Shaw Building, Suite 132, 2031 E. Paul Dirac Drive, Tallahassee, FL 32310, 850-644-6320, flacrc@fsu.edu. Once the request is timely received, the FCRC will provide the parties with a list of mediators and the necessary information.

Right to Opt Out of the Administrative Proceeding

53. If Respondent does not wish to contest the issues before an administrative law judge, Respondent may file a notice with the Department opting out of the administrative

process. Respondent must file its written opt out notice within 20 days after service of the Notice. The written notice to opt out is filed when it is received by the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS 35, Tallahassee, Florida 32399-3000.

54. Once the Respondent opts out of the administrative process, the Department may sue the Respondent for injunctive relief, damages, costs and expenses and civil penalties. If the Respondent opts out of the administrative process, the Department may ask the judge to assess civil penalties in excess of the amounts in this Notice up to \$5,000.00 per day per violation. The election to opt out of the administrative process is permanent and once the election is made the administrative process cannot be restarted.

Waivers

55. Respondent will waive the right to a formal hearing or an informal proceeding if either:

- a. a petition for a formal hearing or informal proceeding is not filed with the Department within 20 days of receipt of this Notice, or
- b. a notice opting out of the administrative proceeding is not filed with the Department within 20 days of receipt of this Notice.

These time limits may be varied only by written consent of the Department.

General Provisions

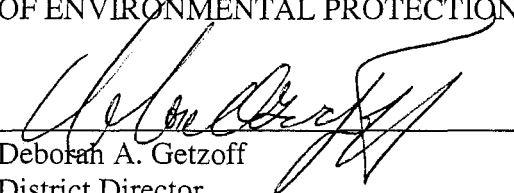
56. The findings of fact and conclusions of law of this Notice together with the Orders for Corrective Action will be adopted by the Department in a Final Order if Respondent fails to timely file a petition for a formal hearing or informal proceeding, pursuant to Section 403.121, Fla. Stat. A Final Order will constitute a full and final adjudication of the matters alleged in this Notice.

57. If Respondent fails to comply with the Final Order, the Department is authorized to file suit in circuit court seeking a mandatory injunction to compel compliance with the Order, pursuant to Sections 120.69, 403.121 and 403.131, 403.860, Fla. Stat. The Department may also seek to recover damages, all costs of litigation including reasonable attorney's fees and expert witness fees, and civil penalties of not more than \$5,000.00 per day for each day that Respondent has failed to comply with the Final Order.

58. Copies of Department rules referenced in this Notice may be examined at any Department Office or may be obtained by written request to the District Office.

DATED this 26th day of November, 2006

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


Deborah A. Getzoff
District Director
Southwest District

Copies furnished to:
Lea Crandall, Agency Clerk, Mail Station 35

US WATER SERVICES, CORPORATION

FACSIMILE TRANSMITTAL SHEET

TO:	Davis Supply	FROM:	Melisa Rotteveel
COMPANY:		DATE:	12/18/2006
FAX NUMBER:	727-849-3660	TOTAL NO. OF PAGES INCLUDING COVER:	1
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	
RE:	Colonial Manor	YOUR REFERENCE NUMBER:	

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Could you please generate a report stating the amount of chlorine supplied to Colonial Manor Utilities for 2005 & 2006. The more information this report reflects the better – such as, date delivered, quantity delivered, amount per gallon.

Any assistance which you could provide with the above is greatly appreciated.

4939 Cross Bayou Blvd., New Port Richey, FL 34652
Phone: 727-848-8292 ext. 209 Fax: 727-848-7701
Toll free: 866-753-8292

TRANSMISSION VERIFICATION REPORT

TIME : 12/18/2006 02:24
NAME : US WATER SERVICES
FAX : 7278487701
TEL : 7278488292
SER.# : 000A6J690504

DATE, TIME	12/18 02:24
FAX NO./NAME	8493660
DURATION	00:00:20
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

US WATER SERVICES,
CORPORATION

FACSIMILE TRANSMITTAL SHEET

TO: Davis Supply	FROM: Melisa Rotteveel
COMPANY:	DATE: 12/18/2006
FAX NUMBER: 727-849-3660	TOTAL NO. OF PAGES INCLUDING COVER: 1
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: Colonial Manor	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Could you please generate a report stating the amount of chlorine supplied to Colonial Manor Utilities for 2005 & 2006. The more information this report reflects the better -- such as, date delivered, quantity delivered, amount per gallon.

Any assistance which you could provide with the above is greatly appreciated.

Davis Supply, Inc.

6012 Pine Hill Road
Port Richey, Florida 34668
727-849-5947
727-849-3660
Dsiflapr@aol.com

Send to: US Water	From: David
Attention: Melisa Rotteveel	Date: December 19, 2006
Office Location:	Office Location: Port Richey, Florida
Fax Number: 727-848-7701	Phone Number: 727-849-5947

Total pages, including cover: 01

Comments:

Melisa,

Here is the information you requested about Colonial Manor.

COLONIAL MANOR REPORT**Colonial Hills #1**

07/15/05	77
Subtotal	77

Colonial Hills #2

01/06/05	0
02/03/05	0
03/03/05	19
04/28/05	34
06/17/05	47
08/13/05	40
10/04/05	30
11/18/05	51
12/02/05	0
01/27/06	38
03/21/06	58
05/05/06	69
06/13/06	38
07/14/06	25
08/15/06	44
09/15/06	50
10/13/06	46
11/10/06	53
Subtotal	642

Colonial Hills #3

01/06/05	114
02/03/05	59
03/03/05	0
05/20/05	137
09/13/05	107
12/27/05	151
04/21/06	128
07/14/06	141
09/15/06	54
10/13/06	49
11/14/06	25
Subtotal	965

Colonial Hills #4

01/06/05	27
02/03/05	25
03/03/05	22
03/31/05	0
04/28/05	30
05/26/05	10
06/17/05	67
08/13/05	12
09/13/05	8
10/04/05	0
Subtotal	201
TOTAL	1895

\$1.30 per gallon

TRANSMISSION VERIFICATION REPORT

TIME : 12/07/2006 23:31
NAME : US WATER SERVICES
FAX : 7278487701
TEL : 7278488292
SER.# : 000A6J690504

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

12/07 23:24
18136327671
00:07:06
18
OK
STANDARD
ECM



U.S. Water
Services Corporation

DATE: December 8, 2006 PAGES: 18

CO: FDEP - Tampa

TO: Drinking Water Section

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

Colonial Manor Mor for the month of November 2006.
Originals are in the mail.

U.S. Water
Services Corporation

DATE: December 8, 2006 PAGES: 18

CO: FDEP – Tampa

TO: Drinking Water Section

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

**** PLEASE DELIVER IMMEDIATELY – THANK YOU! ****

Colonial Manor Mor for the month of November 2006.
Originals are in the mail.

Thank you,
Robin Higgins

4939 CROSS BAYOU BOULEVARD * NEW PORT RICHEY, FL * 34652
TEL: (727) 848-8292 * FAX (727) 848-7701 * TOLL FREE (866) 753-8292

Robin Higgins

From: Tammie Heslin [theslin@aellab.com]
Sent: Friday, October 27, 2006 12:12 PM
To: Robin Higgins
Cc: Melisa Rotteveel
Subject: Colonial Manor Sampled 10/11/06 (T0611604)

Robin,

I just wanted to let you know that there were a couple of Drinking Water Nitrate failures. I have listed the failures below:

Project #	Plant Name	Sample Location	Sample result	Date Sampled
T0611604-02	Colonial Manor	Well # 2 POE	12	10/11/06
T0611604-04	Colonial Manor	Well # 4 POE	12	10/11/06

If you have any questions please feel free to give me a call.

Thank you

Tammie Heslin
Project Manager
Advanced Environmental Laboratories, Inc.
theslin@aellab.com
(813) 630-9616 Ext. 103
(813) 630-4327 Fax

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All Mail Folders

- Mailbox - Robin
- CCR's
- Deleted It
- DEP
- DHL
- Drafts [7]
- ENSO Submi
- FEDEX
- FORMS
- HEALTH DE
- Inbox (3)

Mail

Calendar

Contacts

Tasks

Inbox

Arranged By: Date Newest on top

- Tammie Heslin 10:42 AM
- Holly Johnson 9:22 AM
- Myrna Santiago Mon 12:20 PM
- Tammie Heslin Mon 12:12 PM**
Colonial Manor Sampled 10/11/06 (T0611604)
- Melisa Rotteveel Mon 9:57 AM
- Dorothy_Stevens@doh.state.fl.us Mon 8:18 AM
- Melisa Rotteveel Mon 8:03 AM
- Melisa Rotteveel Mon 8:01 AM
- Fylana, Bit Mon 7:58 AM
- Melisa Rotteveel Sun 7:23 PM
- noleman49@bunicest.net Fri 10/27
- Dorothy_Stevens@doh.state.fl.us Fri 10/27
- Tammie Heslin Fri 10/27
- Melisa Rotteveel Fri 10/27
- Tammie Heslin Fri 10/27

Colonial Manor Sampled 10/11/06 (T0611604)

Tammie Heslin [thesln@aellab.com]

From: Robin Higgins
To: Melisa Rotteveel

Robin,

I just wanted to let you know that there were a couple of Drinking Water Nitrate failures. I have listed the failures below.

Project #	Plant Name	Sample Location	Sample result	Date Sampled	Sample
T0611604-02	Colonial Manor	POE	12	10/11/06	Well # 2
T0611604-04	Colonial Manor	POE	12	10/11/06	Well # 4

If you have any questions please feel free to give me a call.

Thank you

Tammie Heslin
Project Manager
Advanced Environmental Laboratories, Inc.
thesln@aellab.com
(813) 630-9616 Ext. 103
(813) 630-4327 Fax

This email and all attachments are for the specific purposes of the

413 Items

All folders are up to date. Connected

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- Inbox (3)
- Unread Mail (3)
- For Follow Up
- Sent Items
- All Mail Folders
- Mailbox - Robin
- Deleted It
- CCRE
- DEP
- DHL
- Drafts (7)
- EN50 Submi
- FEDEX
- FORMS
- HEALTH DE
- Inbox (3)
- Tasks
- Calendar
- Contacts
- Tasks

Inbox

Arranged by: Date

15 Tammie Heslin 10:42 AM

14 Holly Johnson 9:22 AM

13 Myra Santiago Mon 12:20 PM

12 Tammie Heslin Mon 12:12 PM

11 Colonial Manor Sampled 10/11/06 (T0611604)

10 Melissa Rotveel Mon 8:57 AM

9 Dorothy, Stevens@doh.state.il.us Mon 8:18 AM

8 Melissa Rotveel Mon 8:03 AM

7 Melissa Rotveel Mon 8:01 AM

6 Ryan, ml Mon 7:58 AM

5 Melissa Rotveel Sun 7:23 PM

4 Tammie Heslin Fri 10:27

3 Dorothy, Stevens@doh.state.il.us Fri 10:27

2 Tammie Heslin Fri 10:27

1 Melissa Rotveel Fri 10:27

Tammie Heslin Fri 10:27

All folders are up to date. Connected

11:03 AM

Colonial Manor Sampled 10/11/06 (T0611604)

To: Tammie Heslin [heslin@aelab.com]

From: Robin Higgins

Re: Melissa Rotveel

Robin,

Just wanted to let you know that there were a couple of Drinking Water Nitrate failures. I have listed the failures below

Project #	Plant Name	Sample Location	Sample result	Date Sampled
	Well # 2	Colonial Manor	POE	10/11/06
	Well # 4	Colonial Manor	POE	10/11/06
		Colonial Manor	POE	10/11/06

If you have any questions please feel free to give me a call

Thank you

Tammie Heslin
Project Manager
Advanced Environmental Laboratories, Inc
heslin@aelab.com
(813) 630-9616 Ext. 103
(813) 630-4327 Fax

This email and all attachments are for the specific purposes of the



PWS CERTIFICATION OF DELIVERY OF PUBLIC NOTICE

INSTRUCTIONS: The supplier of water, within ten days of completion of each public notification requirement pursuant to Part IV of Chapter 62-560, Florida Administrative Code, shall submit to the appropriate Department of Environmental Protection District Office or Approved County Health Department a completed DEP Form 62-555.900(22), Certification of Delivery of Public Notice, and include with the form a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system, and the media. All information provided on this form shall be typed or printed in ink.

I. General Information		
Public Water System (PWS) Name: Colonial Manor		
PWS ID: 6510355		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
PWS Owner: Colonial Manor Utilities Inc.		
Contact Person: Melisa Rotteveel	Contact Person's Title: Fl. Operations Service Manager	
Contact Person's Mailing Address: P. O. Box 398		
City: New Port Richey	State: Fl	Zip Code: 34652
Contact Person's Telephone Number: 727-848-8292	Contact Person's Fax Number:	
Contact Person's E-Mail Address:		

II. Certification						
For Violation/Situation: Nitrate						
Date of Occurrence: September 2005						
Consultation Date:						
Delivery Methods:	<input type="checkbox"/> Radio/TV	<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Posting	<input type="checkbox"/> Other(describe)
Delivery Date/s:	10/10/2006					

I am duly authorized to sign this form on behalf of the public water system identified in Part I of this form. I certify that the information provided on this form is correct to the best of my knowledge and that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in Chapter 62-560, Florida Administrative Code.

<i>Robin Higgins</i> 10-27-06 Signature and Date	Robin Higgins Printed or Typed Name	Compliance Coordin. Title
---	--	------------------------------

Melisa Rotteveel

From: Watson, Edward [Edward.Watson@dep.state.fl.us]
Sent: Friday, October 06, 2006 1:40 PM
To: Melisa Rotteveel
Cc: Screnock, Peter
Subject: RE: Colonial Manor Nitrate

Melisa,

The submitted notice is acceptable to the Department for distribution.

Sincerely,

Edward Watson
Drinking Water Section
Department of Environmental Protection
(813) 632-7600 Ext. 319

-----Original Message-----

From: Melisa Rotteveel [mailto:MRotteveel@uswatercorp.com]
Sent: Friday, October 06, 2006 12:55 PM
To: Screnock, Peter
Cc: Mo Kader; Watson, Edward; Gary Deremer
Subject: Colonial Manor Nitrate

Please see the attached public notice prepared for Colonial Manor Utilities. Upon your review, please let me know if the attached is acceptable to the Department, and can be mailed.

Respectfully,

Melisa Rotteveel
Project Manager
US Water Services
866-753-8292 ext. 207
mrotteveel@uswatercorp.com

COLONIAL MANOR UTILITIES

PWS ID # 651-0355

EFFECTIVE IMMEDIATELY

DO NOT GIVE THE WATER TO INFANTS UNDER 6 MONTHS OLD OR USE IT TO MAKE INFANT FORMULA

This notice comes as a follow-up to a notice given in September 2005, to inform consumers that Well #1 & 4 at Colonial Manor continue to show elevated results for Nitrate levels when tested in August 2006.

However, **Wells #1 & Well #4 remain off, and have not been in service since September 2005.** The Utility is currently working with the Department of Environmental Protection Compliance & Permitting to implement treatment options to remove Nitrate in the drinking water wells. These wells will NOT be placed into service until the nitrate problem is corrected and only after authorization by the Florida Department of Environmental Protection.

What does this mean?

The United States Environmental Protection Agency (EPA) sets drinking water standards and has determined that nitrate poses an acute health concern at certain levels of exposure. Nitrate is used in fertilizer and is found in sewage and wastes from human and/or farm animals and generally gets into drinking water from those activities. Excessive levels of nitrate in drinking water have caused serious illness and sometimes death in infants under six months of age. The serious illness in infants is caused because nitrate is converted to nitrite in the body. Nitrite interferes with the oxygen carrying capacity of the child's blood. This is an acute disease in that symptoms can develop rapidly in infants. In most cases, health deteriorates over a period of days. Symptoms include shortness of breath and blueness of the skin. Clearly, expert medical advice should be sought immediately if these symptoms occur. The purpose of this notice is to encourage parents and other responsible parties to provide infants with an alternate source of drinking water. Local and state health authorities are the best source for information concerning alternate sources of drinking water for infants. EPA has set the drinking water standard at 10 parts per million (ppm) for nitrate to protect against the risk of these adverse effects. EPA has also set a drinking water standard for nitrite at 1 ppm. To allow for the fact that the toxicity of nitrate and nitrite are additive, EPA has also established a standard for the sum of nitrate and nitrite at 10 ppm. Drinking water that meets the EPA standard is associated with little to none of this risk and is considered safe with respect to nitrate.

Do not boil the water. Boiling, freezing, filtering, or letting water stand does not reduce the nitrate level. In fact, boiling water can make the nitrates more concentrated. Water, juice, and formula for children under six months of age should not be prepared with tap water. Bottled water or some other water low in nitrates should be used.

Continue to use bottled water for infants until further notice. Adults and children older than six months can drink tap water. However, if you are pregnant or have specific health concerns, you may wish to consult a doctor.

What is the water system doing?

The **two wells which yielded the elevated Nitrate results remain off.**

Currently the utility monitors for Nitrate in your drinking water on a quarterly basis.

We will inform you when the nitrate problem has been corrected. For more information, please contact Melisa Rotteveel of US Water Services Corporation at 727-848-8292 ext. 207.

Please share this information with all other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this notice in a public place or distributing copies by hand or mail.

TRANSMISSION VERIFICATION REPORT

TIME : 10/26/2006 21:26
NAME : US WATER SERVICES
FAX : 7278487701
TEL : 7278488292
SER.# : 000A6J690504

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

10/26 21:25
18136327671
00:00:38
02
OK
STANDARD
ECM



U.S. Water
SERVICES CORPORATION

DATE: October 27, 2006

PAGES: 2

CO: FDEP - Tampa

TO: Drinking Water Section - Ed Watson

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

Colonial Manor Certification of Delivery for Nitrates.

U.S. Water
Services Corporation

DATE: October 27, 2006 PAGES: 2

CO: FDEP – Tampa

TO: Drinking Water Section – Ed Watson

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

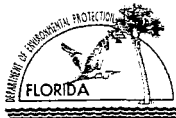
**** PLEASE DELIVER IMMEDIATELY – THANK YOU! ****

Colonial Manor Certification of Delivery for Nitrates.

Thank you,
Robin Higgins

4939 CROSS BAYOU BOULEVARD * NEW PORT RICHEY, FL * 34652
TEL: (727) 848-8292 * FAX (727) 848-7701 * TOLL FREE (866) 753-8292

FILE COPY



PWS CERTIFICATION OF DELIVERY OF PUBLIC NOTICE

INSTRUCTIONS: The supplier of water, within ten days of completion of each public notification requirement pursuant to Part IV of Chapter 62-560, Florida Administrative Code, shall submit to the appropriate Department of Environmental Protection District Office or Approved County Health Department a completed DEP Form 62-555.900(22), Certification of Delivery of Public Notice, and include with the form a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system, and the media. All information provided on this form shall be typed or printed in ink.

I. General Information		
Public Water System (PWS) Name: Colonial Manor		
PWS ID: 6510355		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
PWS Owner: Colonial Manor Utilities Inc.		
Contact Person: Melisa Rotteveel	Contact Person's Title: Fl. Operations Service Manager	
Contact Person's Mailing Address: P. O. Box 398		
City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 727-848-8292	Contact Person's Fax Number:	
Contact Person's E-Mail Address:		

II. Certification						
For Violation/Situation: Nitrate						
Date of Occurrence: September 2005						
Consultation Date:						
Delivery Methods:	<input type="checkbox"/> Radio/TV	<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Posting	<input type="checkbox"/> Other(describe)
Delivery Date/s:		7/20/06				

I am duly authorized to sign this form on behalf of the public water system identified in Part I of this form. I certify that the information provided on this form is correct to the best of my knowledge and that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in Chapter 62-560, Florida Administrative Code.

<u>Robin Higgins</u> Signature and Date	<u>7-20-06</u>	<u>Robin Higgins</u> Printed or Typed Name	<u>Compliance Coord.</u> Title
--	----------------	---	-----------------------------------

COLONIAL MANOR UTILITIES

PWS ID # 651-0355

EFFECTIVE IMMEDIATELY

This notice comes as a follow-up to a notice given in September 2005, to inform consumers that Well #4 at Colonial Manor continues to show elevated results for Nitrate levels when tested in April 2006.

However, **Wells #1 & Well #4 remain off, and have not been in service since September 2005.** The Utility is currently working with the Department of Environmental Protection Compliance & Permitting to implement treatment options to remove Nitrate in the drinking water wells. These wells will NOT be placed into service until the nitrate problem is corrected and only after authorization by the Florida Department of Environmental Protection. Therefore, the following health advisory is not applicable at this time and is provided for information purposes only.

The United States Environmental Protection Agency (EPA) sets drinking water standards and has determined that nitrate poses an acute health concern at certain levels of exposure. Nitrate is used in fertilizer and is found in sewage and wastes from human and/or farm animals and generally gets into drinking water from those activities. Excessive levels of nitrate in drinking water have caused serious illness and sometimes death in infants under six months of age. The serious illness in infants is caused because nitrate is converted to nitrite in the body. Nitrite interferes with the oxygen carrying capacity of the child's blood. This is an acute disease in that symptoms can develop rapidly in infants. In most cases, health deteriorates over a period of days. Symptoms include shortness of breath and blueness of the skin. Clearly, expert medical advice should be sought immediately if these symptoms occur. Local and state health authorities are the best source for information concerning alternate sources of drinking water for infants. EPA has set the drinking water standard at 10 parts per million (ppm) for nitrate to protect against the risk of these adverse effects. EPA has also set a drinking water standard for nitrite at 1 ppm. To allow for the fact that the toxicity of nitrate and nitrite are additive, EPA has also established a standard for the sum of nitrate and nitrite at 10 ppm. Drinking water that meets the EPA standard is associated with little to none of this risk and is considered safe with respect to nitrate.

What is your water system doing?

The two wells (# 1 & # 4) which yielded the elevated Nitrate results remain off. The two wells (# 2 & # 3) that supply the water to your system comply with the Nitrate standard and therefore, there is no cause for alarm.

Currently the utility monitors for Nitrate in your drinking water on a quarterly basis.

We will inform you when the nitrate problem in wells # 1 and # 4 has been corrected. For more information, please contact Melisa Rotteveel of US Water Services Corporation at 727-848-8292 ext. 207.

Please share this information with all other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this notice in a public place or distributing copies by hand or mail.

TRANSMISSION VERIFICATION REPORT

TIME : 07/20/2006 15:52
NAME : US WATER SERVICES
FAX : 7278487701
TEL : 7278488292
SER.# : 000A6J690504

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

07/20 15:51
18136327671
00:01:00
03
OK
STANDARD
ECM

FAXED

U.S. Water
Services Corporation

DATE: July 20, 2006

PAGES: 3

CO: FDEP - Tampa

TO: Drinking Water Section - Ed Watson

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

Re: Colonial Manor Nitrate
Certification of Delivery and Notice.

U.S. Water
Services Corporation

DATE: July 20, 2006

PAGES: 3

CO: FDEP – Tampa

TO: Drinking Water Section – Ed Watson

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

**** PLEASE DELIVER IMMEDIATELY – THANK YOU! ****

Re: Colonial Manor Nitrate
Certification of Delivery and Notice.

I Email the Cert to you also.

Thank you,
Robin Higgins

Robin Higgins

From: Watson, Edward [Edward.Watson@dep.state.fl.us]
Sent: Wednesday, July 19, 2006 10:13 AM
To: Robin Higgins
Subject: RE: Colonial Manor Notice for Nitrate

Ms. Robin Higgins
Operations Compliance Coordinator
US Water Services

Ms. Higgins,

The Department has reviewed the Public Notice submitted for the Colonial Manor Nitrate situation and has no concerns at this time with the format or language of the notice.

Please call or e-mail with any questions.

Sincerely,

Edward Watson
Drinking Water Section
Department of Environmental Protection
(813) 632-7600 Ext. 319

-----Original Message-----

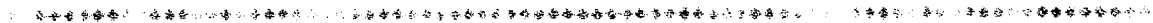
From: Robin Higgins [mailto:RHiggins@uswatercorp.com]
Sent: Friday, July 07, 2006 4:58 PM
To: Watson, Edward
Subject: Colonial Manor Notice for Nitrate

Sorry Ed here is the attachment

Thank You,

Robin Higgins

U.S. Water Services
Operations Compliance Coordinator
Ph: 866-753-8292 Ext 203
Fax: 727-848-7701
rhiggins@uswatercorp.com



COLONIAL MANOR UTILITIES

PWS ID # 651-0355

EFFECTIVE IMMEDIATELY

This notice comes as a follow-up to a notice given in September 2005, to inform consumers that Well #4 at Colonial Manor continues to show elevated results for Nitrate levels when tested in April 2006.

However, **Wells #1 & Well #4 remain off, and have not been in service since September 2005.** The Utility is currently working with the Department of Environmental Protection Compliance & Permitting to implement treatment options to remove Nitrate in the drinking water wells. These wells will NOT be placed into service until the nitrate problem is corrected and only after authorization by the Florida Department of Environmental Protection. Therefore, the following health advisory is not applicable at this time and is provided for information purposes only.

The United States Environmental Protection Agency (EPA) sets drinking water standards and has determined that nitrate poses an acute health concern at certain levels of exposure. Nitrate is used in fertilizer and is found in sewage and wastes from human and/or farm animals and generally gets into drinking water from those activities. Excessive levels of nitrate in drinking water have caused serious illness and sometimes death in infants under six months of age. The serious illness in infants is caused because nitrate is converted to nitrite in the body. Nitrite interferes with the oxygen carrying capacity of the child's blood. This is an acute disease in that symptoms can develop rapidly in infants. In most cases, health deteriorates over a period of days. Symptoms include shortness of breath and blueness of the skin. Clearly, expert medical advice should be sought immediately if these symptoms occur. ~~The purpose of this notice is to encourage parents and other responsible parties to provide infants with an alternate source of drinking water.~~ Local and state health authorities are the best source for information concerning alternate sources of drinking water for infants. EPA has set the drinking water standard at 10 parts per million (ppm) for nitrate to protect against the risk of these adverse effects. EPA has also set a drinking water standard for nitrite at 1 ppm. To allow for the fact that the toxicity of nitrate and nitrite are additive, EPA has also established a standard for the sum of nitrate and nitrite at 10 ppm. Drinking water that meets the EPA standard is associated with little to none of this risk and is considered safe with respect to nitrate.

What is ~~the~~ ^{your} water system doing?

The ~~two wells~~ ^(#1 & #4) which yielded the elevated Nitrate results remain off.

The two wells (# 2 & # 3) that supply the water to your system comply with the Nitrate standard and therefore, there is no cause for alarm.

Currently the utility monitors for Nitrate in your drinking water on a quarterly basis.

We will inform you when the nitrate problem in wells # 1 and # 4 has been corrected. For more information, please contact Melisa Rotteveel of US Water Services Corporation at 727-848-8292 ext. 207.

Please share this information with all other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this notice in a public place or distributing copies by hand or mail.

COLONIAL MANOR UTILITIES

PWS ID # 651-0355

EFFECTIVE IMMEDIATELY

This notice comes as a follow-up to a notice given in September 2005, to inform consumers that Well #4 at Colonial Manor continues to show elevated results for Nitrate levels when tested in April 2006.

However, **Wells #1 & Well #4 remain off, and have not been in service since September 2005.** The Utility is currently working with the Department of Environmental Protection Compliance & Permitting to implement treatment options to remove Nitrate in the drinking water wells. These wells will NOT be placed into service until the nitrate problem is corrected and only after authorization by the Florida Department of Environmental Protection. Therefore, the ~~following~~ ^{Following} health advisory is not applicable at this time and is provided for information purposes only.

The United States Environmental Protection Agency (EPA) sets drinking water standards and has determined that nitrate poses an acute health concern at certain levels of exposure. Nitrate is used in fertilizer and is found in sewage and wastes from human and/or farm animals and generally gets into drinking water from those activities. Excessive levels of nitrate in drinking water have caused serious illness and sometimes death in infants under six months of age. The serious illness in infants is caused because nitrate is converted to nitrite in the body. Nitrite interferes with the oxygen carrying capacity of the child's blood. This is an acute disease in that symptoms can develop rapidly in infants. In most cases, health deteriorates over a period of days. Symptoms include shortness of breath and blueness of the skin. Clearly, expert medical advice should be sought immediately if these symptoms occur. The purpose of this notice is to encourage parents and other responsible parties to provide infants with an alternate source of drinking water. Local and state health authorities are the best source for information concerning alternate sources of drinking water for infants. EPA has set the drinking water standard at 10 parts per million (ppm) for nitrate to protect against the risk of these adverse effects. EPA has also set a drinking water standard for nitrite at 1 ppm. To allow for the fact that the toxicity of nitrate and nitrite are additive, EPA has also established a standard for the sum of nitrate and nitrite at 10 ppm. Drinking water that meets the EPA standard is associated with little to none of this risk and is considered safe with respect to nitrate.

What is the water system doing?

The **two wells which yielded the elevated Nitrate results remain off.**

The two wells (# 2 & # 3) that supply the water to your system comply with the Nitrate standard and therefore, there is no cause for alarm.

Currently the utility monitors for Nitrate in your drinking water on a quarterly basis.

We will inform you when the nitrate problem in wells # 1 and # 4 has been corrected. For more information, please contact Melisa Rotteveel of US Water Services Corporation at 727-848-8292 ext. 207.

Please share this information with all other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this notice in a public place or distributing copies by hand or mail.

Melissa :

PL. Call and

let us discuss

Jay

COLONIAL MANOR UTILITIES

PWS ID # 651-0355

EFFECTIVE IMMEDIATELY

~~NOT GIVE THE WATER TO INFANTS UNDER 6 MONTHS OLD OR USE IT TO MAKE INFANT FORMULA~~

This notice comes as a follow-up to a notice given in September 2005, to inform consumers that Well #4 at Colonial Manor continues to show elevated results for Nitrate levels when tested in April 2006.

However, **Wells #1 & Well #4 remain off, and have not been in service since September 2005.** The Utility is currently working with the Department of Environmental Protection

Compliance & Permitting to implement treatment options to remove Nitrate in the drinking water wells. These wells will NOT be placed into service until the nitrate problem is corrected and only after authorization by the Florida Department of Environmental Protection.

Therefore, the following health advisory is not applicable at this time and is provided for information purposes only.

What does this mean?

The United States Environmental Protection Agency (EPA) sets drinking water standards and has determined that nitrate poses an acute health concern at certain levels of exposure. Nitrate is used in fertilizer and is found in sewage and wastes from human and/or farm animals and generally gets into drinking water from those activities. Excessive levels of nitrate in drinking water have caused serious illness and sometimes death in infants under six months of age. The serious illness in infants is caused because nitrate is converted to nitrite in the body. Nitrite interferes with the oxygen carrying capacity of the child's blood. This is an acute disease in that symptoms can develop rapidly in infants. In most cases, health deteriorates over a period of days. Symptoms include shortness of breath and blueness of the skin. Clearly, expert medical advice should be sought immediately if these symptoms occur. The purpose of this notice is to encourage parents and other responsible parties to provide infants with an alternate source of drinking water. Local and state health authorities are the best source for information concerning alternate sources of drinking water for infants. EPA has set the drinking water standard at 10 parts per million (ppm) for nitrate to protect against the risk of these adverse effects. EPA has also set a drinking water standard for nitrite at 1 ppm. To allow for the fact that the toxicity of nitrate and nitrite are additive, EPA has also established a standard for the sum of nitrate and nitrite at 10 ppm. Drinking water that meets the EPA standard is associated with little to none of this risk and is considered safe with respect to nitrate.

Do not boil the water. Boiling, freezing, filtering, or letting water stand does not reduce the nitrate level. In fact, boiling water can make the nitrates more concentrated. Water, juice, and formula for children under six months of age should not be prepared with tap water. Bottled water or some other water low in nitrates should be used.

Continue to use bottled water for infants until further notice. Adults and children older than six months can drink tap water. However, if you are pregnant or have specific health concerns, you may wish to consult a doctor.

What is the water system doing?

The **two wells which yielded the elevated Nitrate results remain off.**

Currently the utility monitors for Nitrate in your drinking water on a quarterly basis.

We will inform you when the nitrate problem has been corrected. For more information, please contact Melissa Rotteveel of US Water Services Corporation at 727-848-8292 ext. 207.

Please share this information with all other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this notice in a public place or distributing copies by hand or mail.

The two wells (#2 & 3) the supply the water to your system comply with the nitrate standard

Robin Higgins

From: Melisa Rotteveel [mrotteveel@uswatercorp.com]
Sent: Thursday, June 08, 2006 8:03 AM
To: noleman49@comcast.net
Cc: Robin Higgins
Subject: RE: FW: Chems

I know that we are working on waiver's for SOC's. But every small community system must sample for secondary's and that was not in your sampling the first time around all we sampled for was voc, primaries. We need to sample each of the system's sampled for voc's and primaries for secondary's

From: noleman49@comcast.net [mailto:noleman49@comcast.net]
Sent: Wednesday, June 07, 2006 7:54 PM
To: Melisa Rotteveel
Cc: rhiggins@uswatercorp.com
Subject: Re: FW: Chems

Some of them have clearances. Will have Robin check out who still needs to be done.

----- Original message -----

From: "Melisa Rotteveel" <mrotteveel@uswatercorp.com>

> Ray are we scheduling to sample the secondaries at all of these facilities?

>

> -----Original Message-----

> From: Neumann, Kimberly [mailto:Kimberly.Neumann@dep.state.fl.us]

> Sent: Tuesday, May 16, 2006 8:15 AM

> To: Robin Higgins (E-mail); Melisa Rotteveel (E-mail)

> Subject: Chems

>

> Robin & Melisa,

>

> We have received a large group of chems from your systems, which included

> analyses for Primary Inorganics and VOCs for the small communities. I was

> just wondering why the Secondary Contaminants were not also sampled and

> analyzed for?

>

> Kim Neumann

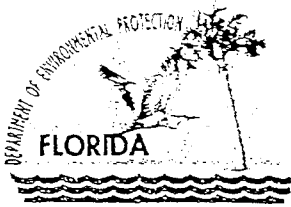
> Florida Department of Environmental Protection Environmental Specialist

> Potable Water Section

> Ph: 904-807-3322

7/10/2006

* Emailed Ray 7-18-06



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

May 25, 2006

Mr. Gary Deremer,
U.S. Water Corporation
4939 Cross Bayou Boulevard
New Port Richey, FL 34652

Re: Reduced Monitoring Application for Synthetic Organic Contaminants
Colonial Manor, PWS-ID No. 651-0355
Virginia City, PWS-ID No. 651-1907
Westwood S/D, PWS-ID No. 651-1953
Pasco County

Dear Mr. Deremer:

This letter is written in response to the questionnaires about reduced monitoring of Synthetic Organic Contaminants (SOC's) for the above-referenced public drinking water systems, which were received by the Department on April 28, 2006.

The Department has received the questionnaires, and after review has determined the referenced public drinking water systems do not meet the requirements for a waiver from monitoring of SOC's, pursuant to Rule 62-560.540, Florida Administrative Code (F.A.C.).

Sampling for SOC's will be required from the referenced public water systems by December 31, 2006, per Rule 62-550.516, F.A.C.

If you have any questions, please contact me at (813) 632-7600, extension 319.

Sincerely,

Edward Watson
Environmental Specialist III
Drinking Water Section

Anclote/waived 9-26-06
Dixie/waived

EW/dm^c

"More Protection, Less Process"

Printed on recycled paper.

TRANSMISSION VERIFICATION REPORT

TIME : 09/18/2006 22:58
NAME : US WATER SERVICES
FAX : 7278487701
TEL : 7278488292
SER.# : 000A6J690504

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

09/18 22:57
18136327671
00:01:04
04
OK
STANDARD
ECM



U.S. Water
Services Corporation

DATE: September 19, 2006 PAGES: 4

CO: FDEP - Tampa

TO: Pete Screnock - Drinking Water Section

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT.#203

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Lead & Copper Results from 2005
Colonial Manor

U.S. Water
Services Corporation

DATE: September 19, 2006 PAGES: 4

CO: FDEP – Tampa

TO: Pete Screnock - Drinking Water Section

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

**** PLEASE DELIVER IMMEDIATELY – THANK YOU! ****

RE: Lead & Copper Results from 2005
Colonial Manor

Thank you,
Robin Higgins

4939 CROSS BAYOU BOULEVARD * NEW PORT RICHEY, FL * 34652
TEL: (727) 848-8292 * FAX (727) 848-7701 * TOLL FREE (866) 753-8292

Lead and Copper Tap Sample Analysis And Result Ranking Report Format

System Name:	Colonial Manor	Date Submitted to Lab	09/01/2005 16:10:0
PWS-ID	6510355	Analysis Date	09/13/2005
Laboratory Name	Advanced Environmental Laboratories - Jacksonville	Report Date	09/21/2005
Lab ID	E82574	Lab Analysis Method	E200.7
Contact Person	Tammie Heslin	Lead or Copper	Copper
Phone	(813) 630-9616	Method Detection Limit	0.00096
		90th Percentile Value	0.685

A	RANK	LOCATION		CLIENT SAMPLE		DATE SITE	COPPER (mg/L)	QUAL.	AEL LAB ID
		NO	TIER	ID	SITE				
	1			2	4847 Manor	08/16/2005	0.025		T058831-02
	2			4	3648 Blayton	08/16/2005	0.030		T058831-04
	3			3	5110 Stardale	08/16/2005	0.031		T058831-03
	4			5	3523 Hendrix	08/16/2005	0.042		T058831-05
	5			1	3427 Bed Ford	08/16/2005	0.53		T058831-01
	6			6	5027 Polar	08/16/2005	0.84		T058831-06

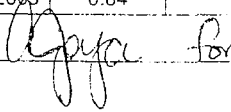
SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE

NAME (Please Print)

Tammie Heslin

TITLE

Project Manager



Lead and Copper Tap Sample Analysis And Result Ranking Report Format

System Name:	Colonial Manor	Date Submitted to Lab	09/01/2005 16:10:0
PWS-ID	6510355	Analysis Date	09/09/2005
Laboratory Name	Advanced Environmental Laboratories - Tampa	Report Date	09/21/2005
Lab ID	E84589	Lab Analysis Method	SM3113B
Contact Person	Tammie Heslin	Lead or Copper	Lead
Phone	(813) 630-9616	Method Detection Limit	0.0013
		90th Percentile Value	0.00345

A	RANK	LOCATION		CLIENT SAMPLE		DATE SITE	Lead (mg/L)	QUAL.	AEL LAB ID
		NO	TIER	ID	SITE				
	1			2	4847 Manor	08/16/2005	0.0013	U	T058831-02
	1			3	5110 Stardale	08/16/2005	0.0013	U	T058831-03
	1			4	3648 Blayton	08/16/2005	0.0013	U	T058831-04
	4			1	3427 Bed Ford	08/16/2005	0.0014	i	T058831-01
	5			5	3523 Hendrix	08/16/2005	0.0027	i	T058831-05
	6			6	5027 Polar	08/16/2005	0.0042	i	T058831-06

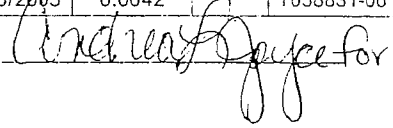
SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE

NAME (Please Print)

Tammie Heslin

TITLE

Project Manager



- i The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- U The compound was analyzed for but not detected.



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: 7058831

Page _____ of _____

CLIENT NAME: <i>US Water</i>		PROJECT NAME: <i>Colonial Manor</i>		BOTTLE SIZE & TYPE	A R N E A Q L U Y I S R I E S D	L A B N U M B E R
ADDRESS: <i>ON File</i>		P.O. NUMBER / PROJECT NUMBER:				
PHONE: _____ FAX: _____		PROJECT LOCATION:				
CONTACT:		SAMPLED BY: <i>Donna A. Hamuro</i>				
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: <i>Pb Cu</i>				

WW=waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Preserv

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.						
			DATE	TIME								
	<i>3427 Bedford</i>	<i>G</i>	<i>8/16-05</i>	<i>6:55</i>	<i>DW</i>	<i>1</i>	<input checked="" type="checkbox"/>					<i>-01</i>
	<i>4847 Manor</i>	<i>G</i>	<i>8/16-05</i>	<i>6:00</i>	<i>DW</i>	<i>1</i>	<input checked="" type="checkbox"/>					<i>-02</i>
	<i>5110 Stardale</i>	<i>G</i>	<i>8/16-05</i>	<i>7:15</i>	<i>DW</i>	<i>1</i>	<input checked="" type="checkbox"/>					<i>-03</i>
	<i>3648 Blayton</i>	<i>G</i>	<i>8/16-05</i>	<i>7:30</i>	<i>DW</i>	<i>1</i>	<input checked="" type="checkbox"/>					<i>-04</i>
	<i>3523 Hendrix</i>	<i>G</i>	<i>8/16-05</i>	<i>7:40</i>	<i>DW</i>	<i>1</i>	<input checked="" type="checkbox"/>					<i>-05</i>
	<i>5027 Polar</i>	<i>G</i>	<i>8/16-05</i>	<i>7:00</i>	<i>DW</i>	<i>1</i>	<input checked="" type="checkbox"/>					<i>-06</i>
		<i>X</i>										

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate) Relinquished by: _____ Date _____ Time _____ Received by: _____ Date _____ Time _____

Shipment Out: / /	Method Via: _____	Sample Kit RB _____ AB _____ Trip Bl. <input type="checkbox"/>	Cooler # _____ D/T _____ D/T _____ <input type="checkbox"/>	1	<i>D.A. Hamuro</i>	<i>9/105</i>		<i>[Signature]</i>	<i>9/1/5</i>	<i>16:10</i>
Ret: / /	Method Via: _____			2						
				3						
				4						

Mr. Gary Deremer
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Re: 2006 Chemical Monitoring for Community Systems
Colonial Manor
PWS-ID No. 651-0355
Pasco County

Dear Mr. Deremer:

This letter is to advise you of chemical monitoring due for the above-referenced water system in 2006. Please be advised, this excludes any other chemical monitoring as a result of previous Department directive. The following is a list of contaminant analyses due, in our office, before December 31, 2006:

1. Inorganics
2. Volatile Organic Contaminants
3. *Pesticide/PCB's - First quarter sample must be taken prior to March 31, 2006
4. Lead/Copper - Reduced monitoring sample during June-September 2006
5. **Disinfection Byproducts - Trihalomethanes and Haloacetic Acids 5 - July - September 2006
6. Secondaries

*A sample will not be required if the system sampled in 2002 or 2003 and the Department receives and approves the enclosed "Reduced Monitoring Application Questionnaire for Pesticides & Polychlorinated Biphenyls" no later than March 31, 2006.

**Ground water systems, serving less than 10,000 people, are required to take one sample per treatment plant, in accordance with their approved DBP sampling plan, during the third quarter of 2006.

Ground water systems shall take a minimum of one sample, at every entry point to the distribution system, that is representative of each source after treatment (hereafter called a sampling point). The system shall take each sample at the same sampling point, unless conditions make another sampling point more representative of each source or treatment plant.

Mr. Gary Deremer
Colonial Manor
PWS-ID No. 651-0355
Page 2 of 2

If a contaminant is detected or an exceedance of the maximum contaminant level results upon analysis, you have the option to submit a confirmation sample. To receive credit for a confirmation sample, it must be obtained within 14 days of the sample date in accordance with Rule 62-550.500(6), Florida Administrative Code (F.A.C.).

All chemical results not submitted in proper DEP format, along with the analytic sheet(s) from the laboratory(s) who performed the analysis, will not receive credit and may result in a monitoring violation. Please be advised, pursuant to Rule 62-550.730(1)(a), F.A.C., analyses results shall be submitted, to the Department, no later than ten days following the end of the monitoring period, or the first ten days following the month in which the sample results are received, whichever time is shortest.

Pursuant to Rule 62-550.824, Florida Administrative Code, your community water system will also be required to prepare and provide, to your customers, an annual Consumer Confidence Report (CCR). This report must be delivered, to both customers and the Department, by July 1, 2006. If you would like the Department to review a draft of your CCR, the draft must be received in our office no later than April 30, 2006.

If you have any questions, please contact me at (813) 632-7600, extension 318.

Sincerely,

Peter Screnock
Environmental Specialist
Drinking Water Section

PS/dm^c

Enclosure

cc: Ken Martin, Operator

Screnock, Peter

From: Screnock, Peter
Sent: Monday, June 12, 2006 10:36 AM
To: 'MRotteveel@uswatercorp.com'
Subject: Colonial Manor 5-10-06 Voc, Ino, Sec results
Contacts: Melisa Rotteveel

Melisa-

Mor submittal had a cover sheet and chain of custody but no results were included for Colonial manor Well 2 & Well 3:

1. Volatile Organic Contaminants
2. Inorganics
3. Secondary

Resubmit for credit.

Peter Screnock

Peter Screnock, ESII Drinking Water Section
DEP SW District
13051 N Telecom Pkwy
Temple Terrace, FL 33637
Phone (813) 632-7600 Ext. 318
Fax (813) 632-7671
Field cell phone (813) 376-9569
e-mail peter.screnock@dep.state.fl.us

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

X only send to showed they were pulled.

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: COLONIAL MANOR WELL #2 PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: CANTREL STREET

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

MAY 19 2006

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: WELL #2 Location Code (if known): _____

Sample Date: 5-10-06 Sample Time: 11:00 AM PM (Circle One)

Sample Location (be specific): _____

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**
- Clearance (permitting)
- Other: _____
- Quarterly (Which Quarter? _____)
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERRY HENRY

Sampler's Phone #: 727-243-4570 Sampler's Fax #: 727-848-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, _____
(Print Name) (Print Title)

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

Signature: Terence Henry Date: 5-10-06

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: COLONIAL MANOR PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: HENRIKX STREET

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Well # 3 Location Code (if known): _____

Sample Date: 5-10-06 Sample Time: 11:30 AM PM (Circle One)

Sample Location (be specific): _____

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) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- Clearance (permitting)
- Other: _____
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERRY HENRY

Sampler's Phone #: 727 243-4578 Sampler's Fax #: 727 848-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, _____
(Print Name) (Print Title)

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

Signature: Terence Henry Date: 5-10-06



Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: 7075239

Page _____ of _____

CLIENT NAME: <i>IS WATER</i>		PROJECT NAME:				BOTTLE SIZE & TYPE	A R N E A Q U L I T Y I N S P E C T I O N	LAB N U M B E R
ADDRESS: <i>4939 CROSS BAYOU</i>		P.O. NUMBER / PROJECT NUMBER:						
PHONE: _____ FAX: <i>727 848-7701</i>		PROJECT LOCATION: <i>NEW PORT RICHEY FL 34652</i>						
CONTACT:		SAMPLED BY:						
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: <i>VOC'S PRIMARY'S SECONDARY'S</i>						
WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Preserv								
SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv	
			DATE	TIME				
	<i>WELL # 11 COLONIAL MANOR</i>	<i>G</i>	<i>5-10-06</i>	<i>11:00</i>	<i>DW</i>	<i>7</i>		

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment Out: <i>5/10/06</i> Ret: <i>5/10/06</i>	Method: Via <i>5/10/06</i>	Sample Kit: <i>RB</i> <i>AN</i> Trip Bl. <input type="checkbox"/>	Cooler #: <i>10</i>	Relinquished by: <i>Aug Henry</i>		Date: <i>5/10/06</i>	Time: <i>15:40</i>	Received by: <i>K. M.</i>		Date: <i>5/10/06</i>	Time: <i>15:00</i>			

Received on ice: _____ Date: _____



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
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- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: 1065238

Page _____ of _____

CLIENT NAME: <u>US WATER</u>		PROJECT NAME:				BOTTLE SIZE & TYPE	A R A Q L U Y I S R I E S D	L A B N U M B E R
ADDRESS: <u>4939 CROSS BAYOU BLVD</u>		P.O. NUMBER / PROJECT NUMBER:						
PROJECT LOCATION: <u>NEW PORT RICHEY FL 34652</u>								
PHONE:	FAX:	SAMPLED BY:						
<u>727-848-7721</u>								
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: <u>VOC'S</u> <u>PRIMARY</u> <u>SECONDARIES</u>						
WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge						Preserv		
SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.		
			DATE	TIME				
	<u>COLONIAL MANOR WELL # 3</u>	<u>G</u>	<u>5-10-06</u>	<u>11:30</u>	<u>DW</u>	<u>7</u>	<u>01</u>	

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment Out:	Method:	Sample Kit:	Cooler #:	Relinquished by:	Date:	Time:	Received by:	Date:	Time:
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Anthony</u>	<u>5/10/06</u>	<u>15:40</u>	<u>K.M.</u>	<u>5/10/06</u>	<u>15:40</u>
Ret:	Via:	Tip: Bl.	<input type="checkbox"/>						



Advanced Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: US Water Services

Report No.: T064702

Project Name: Colonial Manor

Date Sampled: 04/27/2006

Project Number:

Date Received: 4/27/06 15:00

PWS ID#: 6510355

Date Reported: 04/30/2006

Attention: Melisa Rotteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

New Port Richey, FL 34652

107 09 2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

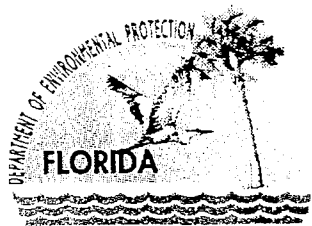
Michael Cammarata, Laboratory Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 9



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

May 25, 2006

Mr. Gary Deremer
U.S. Water Corporation
4939 Cross Bayou Boulevard
New Port Richey, FL 34652

Re: Reduced Monitoring Application for Synthetic Organic Contaminants
Colonial Manor, PWS-ID No. 651-0355
Virginia City, PWS-ID No. 651-1907
Westwood S/D, PWS-ID No. 651-1953
Pasco County

Dear Mr. Deremer:

This letter is written in response to the questionnaires about reduced monitoring of Synthetic Organic Contaminants (SOC's) for the above-referenced public drinking water systems, which were received by the Department on April 28, 2006.

The Department has received the questionnaires, and after review has determined the referenced public drinking water systems do not meet the requirements for a waiver from monitoring of SOC's, pursuant to Rule 62-560.540, Florida Administrative Code (F.A.C.).

Sampling for SOC's will be required from the referenced public water systems by December 31, 2006, per Rule 62-550.516, F.A.C.

If you have any questions, please contact me at (813) 632-7600, extension 319.

Sincerely,

Edward Watson
Environmental Specialist III
Drinking Water Section

EW/dm^c

cc: Ken Martin

"More Protection, Less Process"

Printed on recycled paper.

U.S. Water Services Corporation

Water and Wastewater Utility Operations, Maintenance, Engineering, Management

March 20, 2006

Via Facsimile & US Mail

Ms. Gwen L. Shofner, P.E., Program Manager
Drinking Water Program
Florida Department of Environmental Protection
Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926

RE: Warning Letter No. WN06-02-PWS-51-SWD
Colonial Manor; PWS-ID No.651-0355
Pasco County

Dear Ms. Shofner:

This is a follow-up to our letter of February 24, 2006, to explain the status of Well #5 and the circumstances surrounding the Department's observation that alteration or construction on piping from the well may have occurred without a valid Construction Permit from the Department. The Department's Warning Letter further states that "Well #5 is an unapproved source of water, which may have been introduced into the drinking water system"

Colonial Manor Utility Company (the "Company") became owner of the above-referenced public water system on January 20, 2004. The system consists of five water supply wells, including Well #5 which was part of the system and was always "connected" as one of the five wells in the system. Since no water from the well was introduced into the distribution system, routine sampling was not performed. The monthly reports submitted to the Department reflected the fact that the well was always considered part of the system and could be commissioned into service at any time, subject to prior approval from the Department. Now that Wells #1 & #4 are not currently in use, the Company wants to use Well #5 as a source of water to the distribution system due to the good quality of water in the well including low levels of nitrates. It temporarily disconnected the well from the water system and began flushing it for several months and collecting samples for analysis of nitrates, chlorides, sodium and coliforms. At this stage, the Company contacted the Department to seek approval for using the well as a source of water to the distribution system. Department's inspection of the water system was performed on December 12, 2005, and the Warning Letter, stating that water from the well may have been introduced into the drinking water system, was sent on January 9, 2006.

In response to your observation that unauthorized alteration or construction of piping may have occurred, we wish to state that, as part of routine maintenance, the Company performed several repairs to the system, including replacement of corroded valves and fittings, flow meter, and sealing the hydro pneumatic tank for leaks. (Please note that the monthly reports submitted to the



4939 Cross Bayou Boulevard • New Port Richey, FL 34652
Phone: 727-848-8292 • Fax: 727-848-7701 • Toll Free: 866-753-8292

Ms. Gwen L. Shofner, P.E.
March 20, 2006

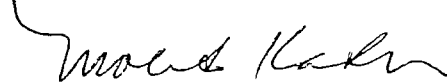
Page 2 of 2

Department reflect no or "0" flow from Well #5 and the new flow meter will attest to this). Based on Department's regulations (Chapter 62-555, F.A.C), the Company has not performed any work that requires a Department's Construction Permit or prior notification to the Department.

We hope we have addressed your concerns satisfactorily and look forward to working with you to provide our customers a safe supply of water that meets all regulatory requirements.

Your continued cooperation in resolving this matter is most appreciated.

Sincerely,



Mohammed Kader, P.E.
Engineering Services Director
U.S. Water Services Corporation

MK/mkt

Cc: Deborah A. Getzoff Esq.
Craig McArthur, FDEP
Ed Watson, FDEP
Peter Screnock, FDEP
Gary Deremer, US Water
Melissa Rotteveel, US Water
G. J. Thabaraj, Ph.D., US Water

MR ✓

(-D)

DRAFT

*For your review and
feedback - MO
3117*

March 20, 2006
Via Facsimile & US Mail

Ms. Gwen L. Shofner, P.E., Program Manager
Drinking Water Program
Florida Department of Environmental Protection
Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926

RE: Warning Letter No. WN06-02-PWS-51-SWD
Colonial Manor; PWS-ID No.651-0355
Pasco County

Dear Ms. Shofner:

This is a follow-up to our letter of February 24, 2006, to explain the status of Well #5 and the circumstances surrounding the Department's observation that alteration or construction on piping from the well may have occurred without a valid Construction Permit from the Department. The Department's Warning Letter further states that "Well #5 is an unapproved source of water, which may have been introduced into the drinking water system"

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Ms. Gwen L. Shofner, P.E.
March 20, 2006

Page 2 of 2

Based on Department's regulations (Chapter 62-555, F.A.C), the Company has not performed any work that requires a Department's Construction Permit or prior notification to the Department.

We hope we have addressed your concerns satisfactorily and look forward to working with you to provide our customers a safe supply of water that meets all regulatory requirements.

Your continued cooperation in resolving this matter is most appreciated.

Sincerely,

DRAFT

Mohammed Kader, P.E.
Engineering Services Director
U.S. Water Services Corporation

MK/mkt

Cc: Deborah A. Getzoff Esq.
Craig McArthur, FDEP
Ed Watson, FDEP
Peter Screnock, FDEP
Gary Deremer, Colonial Manor
Melissa Rotteveel, US Water
Gary Deremer, Colonial Manor



Southwest District
13051 N Telecom Parkway
Tampa, FL 33637

State Of Florida
Reduced Monitoring Application Questionnaire
For
Synthetic Organic Contaminants

Date: _____

PWS Name: _____

PWS ID Number: _____

Florida Unique Well ID Number (FLUWID): _____

- 1) Has the public water system completed and complied with the provisions of a current, state sanctioned sanitary survey? Yes [] No []

Date of last sanitary survey: _____

- 2) Have any previous monitoring results been above detection limits for any regulated Synthetic Organic Contaminant? Yes [] No []
(Attach copy of recent Synthetic Organic Contaminant results)

- 3) Do recent nitrate results exceed 5 milligrams per liter? Yes [] No []
(Attach copy of most recent nitrate results)

- 4) Have any regulated Synthetic Organic Contaminants been used, manufactured, stored, or spilled within 500 meters (~1640 ft.) of your well head? Yes [] No []

If yes, attach an explanation of event and/or situation. Include a list of regulated Synthetic Organic Contaminants associated with each event or situation.

(5)

Reduced Monitoring Review Area Sketch

PWS ID:

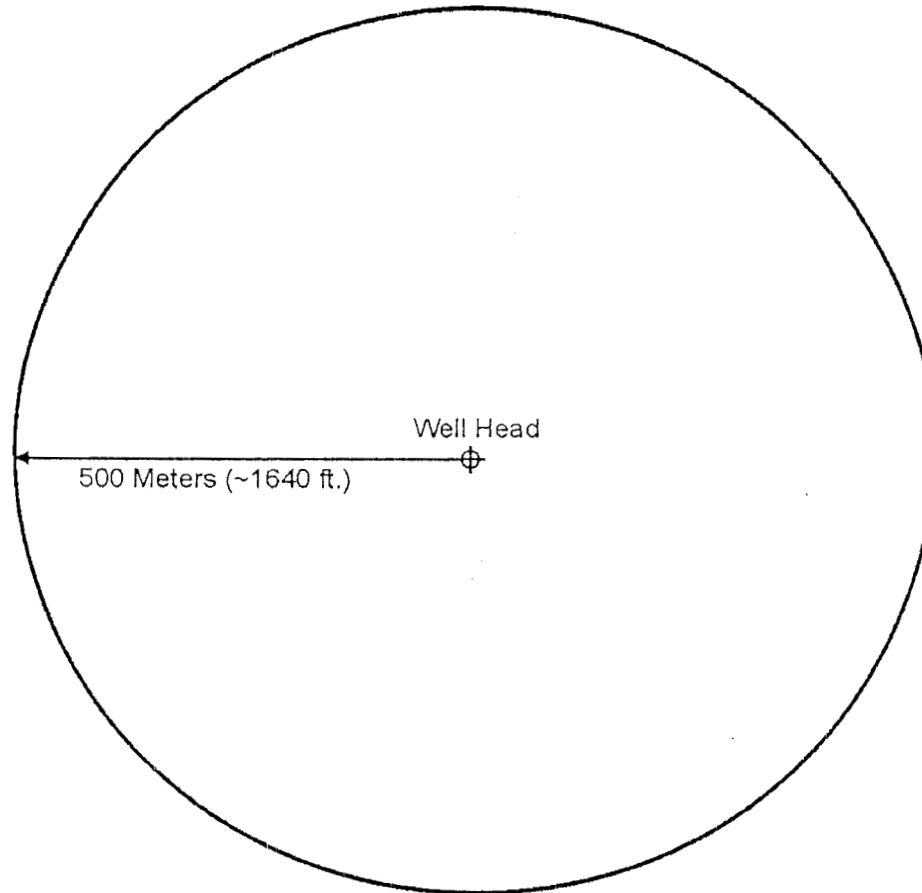
PWS Name:

Florida Unique Well ID (FLUWID):

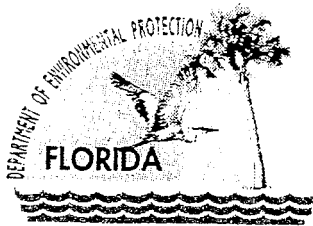
Instructions: Identify, Sketch & Number Each Contaminant Source Then Complete The "Contaminant Use Inventory" Form (Section 6, Page 3)

Review Area Radius 500 Meters (~1640 ft.)

No Scale Required



Include all pertinent local, county, state and federal highways, roads or rail lines.



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

March 9, 2006

Mr. Gary Deremer
4939 Cross Bayou Boulevard
New Port Richey, FL 34652

Re: 2006 Chemical Monitoring for Community Systems
Colonial Manor
PWS-ID No. 651-0355
Pasco County

Dear Mr. Deremer:

This letter is to advise you of chemical monitoring due for the above-referenced water system in 2006. Please be advised, this excludes any other chemical monitoring as a result of previous Department directive. The following is a list of contaminant analyses due, in our office, before December 31, 2006:

1. Inorganics
2. Volatile Organic Contaminants
3. *Pesticide/PCB's - First quarter sample must be taken prior to March 31, 2006
4. Lead/Copper - Reduced monitoring sample during June-September 2006
5. **Disinfection Byproducts - Trihalomethanes and Haloacetic Acids 5 - July - September 2006
6. Secondaries

*A sample will not be required if the system sampled in 2002 or 2003 and the Department receives and approves the enclosed "Reduced Monitoring Application Questionnaire for Pesticides & Polychlorinated Biphenyls" no later than March 31, 2006.

**Ground water systems, serving less than 10,000 people, are required to take one sample per treatment plant, in accordance with their approved DBP sampling plan, during the third quarter of 2006.

Ground water systems shall take a minimum of one sample, at every entry point to the distribution system, that is representative of each source after treatment (hereafter called a sampling point). The system shall take each sample at the same sampling point, unless conditions make another sampling point more representative of each source or treatment plant.

"More Protection, Less Process"

Printed on recycled paper.

Mr. Gary Deremer
Colonial Manor
PWS-ID No. 651-0355
Page 2 of 2

If a contaminant is detected or an exceedance of the maximum contaminant level results upon analysis, you have the option to submit a confirmation sample. To receive credit for a confirmation sample, it must be obtained within 14 days of the sample date in accordance with Rule 62-550.500(6), Florida Administrative Code (F.A.C.).

All chemical results not submitted in proper DEP format, along with the analytic sheet(s) from the laboratory(s) who performed the analysis, will not receive credit and may result in a monitoring violation. Please be advised, pursuant to Rule 62-550.730(1)(a), F.A.C., analyses results shall be submitted, to the Department, no later than ten days following the end of the monitoring period, or the first ten days following the month in which the sample results are received, whichever time is shortest.

Pursuant to Rule 62-550.824, Florida Administrative Code, your community water system will also be required to prepare and provide, to your customers, an annual Consumer Confidence Report (CCR). This report must be delivered, to both customers and the Department, by July 1, 2006. If you would like the Department to review a draft of your CCR, the draft must be received in our office no later than April 30, 2006.

If you have any questions, please contact me at (813) 632-7600, extension 318.

Sincerely,



Peter Screnock
Environmental Specialist
Drinking Water Section

PS/dm^c

Enclosure

cc: Ken Martin, Operator

U.S. Water Services Corporation

Melissa

Water and Wastewater Utility Operations, Maintenance, Engineering, Management

February 7, 2006

Ms. Gwen L. Shofner, P.E.
Program Manager
Drinking Water Program
Florida Department of Environmental Protection
Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926

RE: Warning Letter No. WN06-02-PWS-51-SWD
Colonial Manor; PWS-ID No.651-0355
Pasco County

Dear Ms. Shofner:

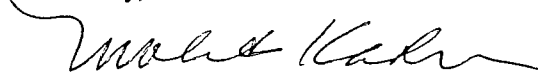
This is in partial response to the above-referenced Warning Letter, dated January 9, 2006, which was transmitted to us via facsimile on February 1, 2006.

As a follow-up to our meeting with you and other staff of the Drinking Water Program on February 3, 2006, I would like to assure you, on behalf of Colonial Manor, that Well No. 5 will not be used as a source of water for the Utility's distribution system without specific prior authorization from your Agency.

We are in the process of collecting information to address the other issues raised in your letter and will respond to them within thirty (30) days, as agreed.

Your continued cooperation is appreciated.

Sincerely,



Mohammed Kader, P.E.
Engineering Services Director
U.S. Water Services Corporation

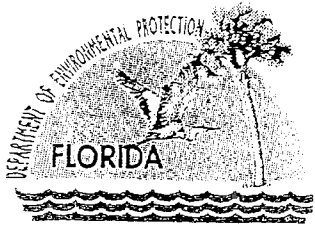
GD/gdt

Cc: Deborah A. Getzoff Esq.
Craig McArthur, FDEP
Ed Watson, FDEP
~~Peter Srenock, FDEP~~
Gary Deremer, Colonial Manor
Melissa Rotteveel, US Water



Owned & Operated
in the U.S.A.

4939 Cross Bayou Boulevard • New Port Richey, FL 34652
Phone: 727-848-8292 • Fax: 727-848-7701 • Toll Free: 866-753-8292



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

March 9, 2006

Mr. Gary Deremer
4939 Cross Bayou Boulevard
New Port Richey, FL 34652

Re: 2006 Chemical Monitoring for Community Systems
Colonial Manor
PWS-ID No. 651-0355
Pasco County

Dear Mr. Deremer:

This letter is to advise you of chemical monitoring due for the above-referenced water system in 2006. Please be advised, this excludes any other chemical monitoring as a result of previous Department directive. The following is a list of contaminant analyses due, in our office, before December 31, 2006:

1. Inorganics
2. Volatile Organic Contaminants
3. *Pesticide/PCB's - First quarter sample must be taken prior to March 31, 2006
4. Lead/Copper - Reduced monitoring sample during June-September 2006
5. **Disinfection Byproducts - Trihalomethanes and Haloacetic Acids 5 - July - September 2006
6. Secondaries

* See
Attached

*A sample will not be required if the system sampled in 2002 or 2003 and the Department receives and approves the enclosed "Reduced Monitoring Application Questionnaire for Pesticides & Polychlorinated Biphenyls" no later than March 31, 2006.

**Ground water systems, serving less than 10,000 people, are required to take one sample per treatment plant, in accordance with their approved DBP sampling plan, during the third quarter of 2006.

Ground water systems shall take a minimum of one sample, at every entry point to the distribution system, that is representative of each source after treatment (hereafter called a sampling point). The system shall take each sample at the same sampling point, unless conditions make another sampling point more representative of each source or treatment plant.

2/14

Mr. Gary Deremer
Colonial Manor
PWS-ID No. 651-0355
Page 2 of 2

If a contaminant is detected or an exceedance of the maximum contaminant level results upon analysis, you have the option to submit a confirmation sample. To receive credit for a confirmation sample, it must be obtained within 14 days of the sample date in accordance with Rule 62-550.500(6), Florida Administrative Code (F.A.C.).

All chemical results not submitted in proper DEP format, along with the analytic sheet(s) from the laboratory(s) who performed the analysis, will not receive credit and may result in a monitoring violation. Please be advised, pursuant to Rule 62-550.730(1)(a), F.A.C., analyses results shall be submitted, to the Department, no later than ten days following the end of the monitoring period, or the first ten days following the month in which the sample results are received, whichever time is shortest.

Pursuant to Rule 62-550.824, Florida Administrative Code, your community water system will also be required to prepare and provide, to your customers, an annual Consumer Confidence Report (CCR). This report must be delivered, to both customers and the Department, by July 1, 2006. If you would like the Department to review a draft of your CCR, the draft must be received in our office no later than April 30, 2006.

If you have any questions, please contact me at (813) 632-7600, extension 318.

Sincerely,

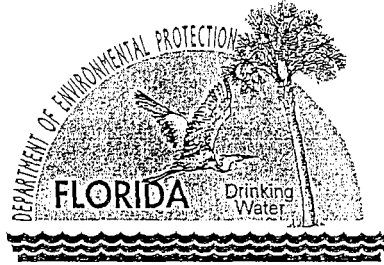


Peter Screnock
Environmental Specialist
Drinking Water Section

PS/dm^c

Enclosure

cc: Ken Martin, Operator



Southwest District
13051 N Telecom Parkway
Tampa, FL 33637

State Of Florida
Reduced Monitoring Application Questionnaire
For
Synthetic Organic Contaminants

Date: 3-28-06

PWS Name: Colonial Manor

PWS ID Number: 651-0355

Florida Unique Well ID Number (FLUWID): _____

1) Has the public water system completed and complied with the provisions of a current, state sanctioned sanitary survey? Yes [] No []

Date of last sanitary survey: 10/05

2) Have any previous monitoring results been above detection limits for any regulated Synthetic Organic Contaminant? Yes [] No []
(Attach copy of recent Synthetic Organic Contaminant results)

3) Do recent nitrate results exceed 5 milligrams per liter? Yes [] No []
(Attach copy of most recent nitrate results)

4) Have any regulated Synthetic Organic Contaminants been used, manufactured, stored, or spilled within 500 meters (~1640 ft.) of your well head? Yes [] No []

If yes, attach an explanation of event and/or situation. Include a list of regulated Synthetic Organic Contaminants associated with each event or situation.

PWS_NUM	NAME	SAMPLE_I	CONTAM_CODE	DESC	CONTAM_RESULTS	UNIT_OF	STATUS
6510355	COLONIAL MANOR W.	9/18/2003	SOC	HEPTACHLOR	2065	0 UG/L	A
6510355	COLONIAL MANOR W.	9/18/2003	SOC	HEPTACHLOR EPOXIDE	2067	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	ENDRIN	2005	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	GLYPHOSATE	2034	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	ATRAZINE	2050	0 UG/L	A
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6510355	COLONIAL MANOR W.	8/4/2003	SOC	DINOSEB	2041	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	PICLORAM	2040	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	DI(2-ETHYLHEXYL)PHTHALATE	2039	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	SIMAZINE	2037	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	OXAMYL (VYDATE)	2036	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	DI(2-ETHYLHEXYL)ADIPATE	2035	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	CHLORDANE	2959	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	ETHYLENE DIBROMIDE	2946	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	DIBROMOCHLOROPROPANE	2931	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	POLYCHLORINATED BIPHENYL (PCB)	2383	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	PENTACHLOROPHENOL	2326	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	BENZO(A)PYRENE	2306	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	HEXACHLORO BENZENE	2274	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	2 4 5-TP (Silvex)	2110	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	2 4-D	2105	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	HEPTACHLOR EPOXIDE	2067	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	HEPTACHLOR	2065	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	ALACHLOR (LASSO)	2051	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	ENDOTHALL	2033	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	LINDANE	2010	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	TOXAPHENE	2020	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	DALAPON	2031	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	DIQUAT	2032	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	METHOXYCLOR	2015	0 UG/L	A
6510355	COLONIAL MANOR W.	8/4/2003	SOC	ENDRIN	2005	0 UG/L	A
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6510355	COLONIAL MANOR W.	8/4/2003	SOC	2 4-D	2105	0 UG/L	A
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6510355 COLONIAL MANOR WATER SYSTEM	C	D	1/4/2005 NITRATE	11 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	C	D	1/4/2005 NITRATE	8.7 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	C	D	1/4/2005 NITRATE	8.2 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	C	D	1/4/2005 NITRATE	8.2 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	C	D	1/4/2005 NITRITE	0.041 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	C	D	1/4/2005 NITRITE	0 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	C	D	1/4/2005 NITRITE	0 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	C	D	1/4/2005 NITRITE	0 MG/L	ACTIVE

(5) Reduced Monitoring Review Area Sketch

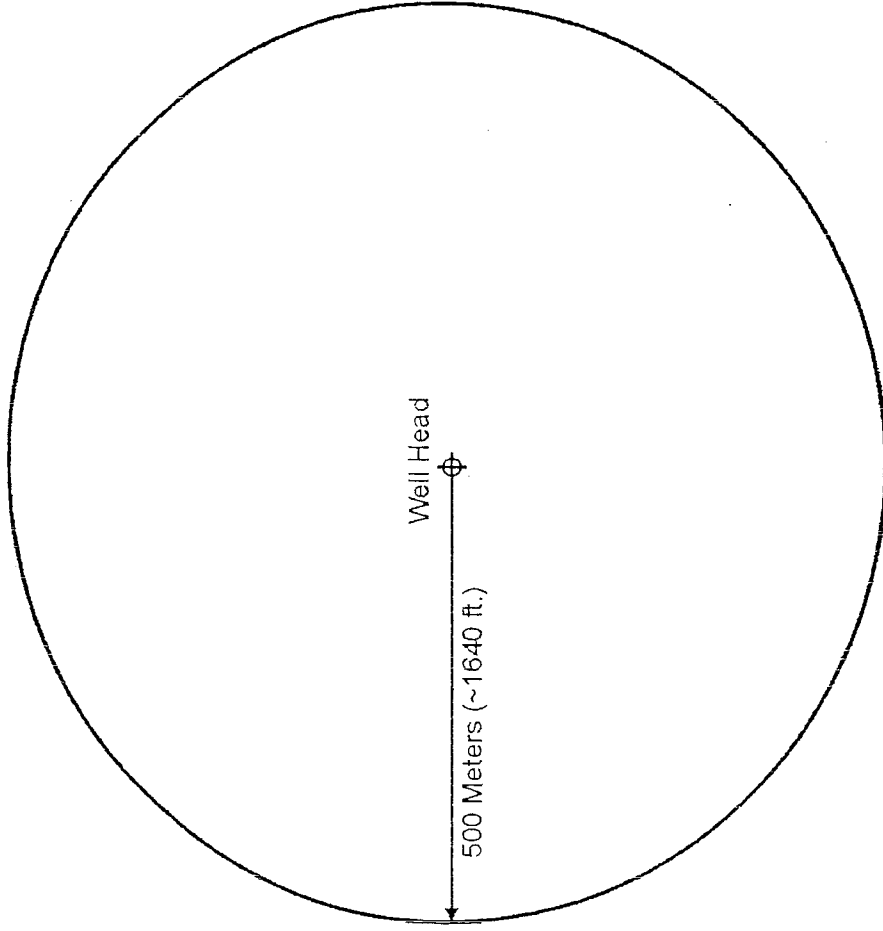
PWS ID: _____ PWS Name: _____

Florida Unique Well ID (FLUWID): _____

Instructions: Identify, Sketch & Number Each Contaminant Source Then Complete The "Contaminant Use Inventory" Form (Section 6, Page 3)

Review Area Radius 500 Meters (~1640 ft.)

No Scale Required



Include all pertinent local, county, state and federal highways, roads or rail lines.

(6) CONTAMINANT USE INVENTORY

For *each* source identified (sketched) in Section (5) of this questionnaire, indicate contaminant use, manufacture, storage or spillage by recording the *source number(s)* from Section (5) in the column titled "SOURCE" adjacent to the contaminant of concern. Separate multiple sources with commas.

REGULATED SYNTHETIC ORGANIC CONTAMINANTS

CONTAMINANT	ID #	CAS #	SOURCE
2,3,7,8-TCDD (Dioxin)	2063	1746-01-6	
2,4_D	2105	94-75-7	
2,4,5-TP (Silvex)	2110	93-72-1	
Alachlor	2051	15972-60-8	
Atrazine	2050	1912-24-9	
Benzo(a)pyrene	2306	50-32-8	
Carbofuran	2046	1563-66-2	
Chlordane	2959	57-74-9	
Dalapon	2031	75-99-0	
Di(2-ethylhexyl)adipate	2035	103-23-1	
Di(2-ethylhexyl)phthalate	2039	117-81-7	
Dibromochloropropane (DBCP)	2931	96-12-8	
Dinoseb	2041	88-85-7	
Diquat	2032	85-00-7	
Endothall	2033	145-73-3	
Endrin	2005	72-20-8	
Ethylene dibromide (EDB)	2946	106-93-4	
Glyphosate	2034	1071-83-6	
Heptachlor	2065	76-44-8	
Heptachlor epoxide	2067	1024-57-3	
Hexachlorobenzene	2274	118-74-1	
Hexachlorocyclopentadiene	2042	77-47-4	
Lindane	2010	58-89-9	
Methoxychlor	2015	72-43-5	
Oxamyl (vydate)	2036	23135-22-0	
Pentachlorophenol	2326	87-86-5	
Picloram	2040	1918-02-1	
Polychlorinated biphenyl (PCB)	2383	1336-36-3	
Simazine	2037	122-34-9	
Toxaphene	2020	8001-35-2	

TYPICAL SOURCES of SYNTHETIC ORGANIC CONTAMINANTS (Not a comprehensive list)

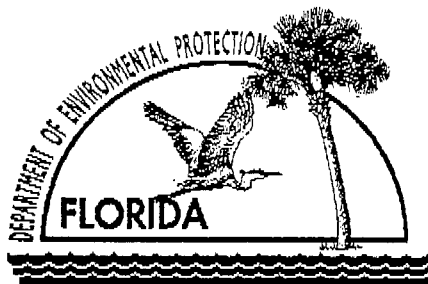
Commercial, agricultural or horticultural areas
 Seed & feed sales and storage areas
 Recreational areas (Golf courses, campgrounds, parks...)
 Communication or Railroad storage and maintenance yards
 Pesticide manufacturer, storage, spill or transport site
 Super Fund site
 Landfill or dump
 Drainage wells
 Wood preserving facility
 Military base (Industrial area)
 Chemical manufacturer, storage, spill or transport site
 Petroleum distribution or bulk storage facilities.
 Any industry using or generating PCBs
 Gas Stations
 Dry Cleaners

I certify that the information provided is true and accurate to the best of my knowledge.

Owners Signature: _____

Print Name: _____

Date: 3/28/06



FAX TRANSMITTAL SHEET

May 22, 2006

DATE

TO: Elizabeth Worsdell
U.S. WaterTOTAL PAGES: 1
INCLUDING COVER LETTER

PHONE:

Fax: (727) 848-7701

REF. Nitrate/Nitrite Results Wells 1,2,3, & 4
Colonial Manor 6510355
Pasco County

Message: Due to the extremely small font used by advanced Environmental Labs the Nitrate/Nitrite Results that were faxed (5-19-06) for Colonial Manor 651-0355 Wells 1,2,3, & 4 are unreadable (blurred).

Please send hard copy so result figures can be determined. Call with questions.

Peter Screnock, ESII, Drinking Water Section
DEP - Southwest District
13051 N Telecom Parkway
Temple Terrace, FL 33637
e-mail: Peter.Screnock@dep.state.fl.us
Phone: 813-632-7600Ext. 318
Fax: 813-632-7671

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail is communications may therefore be subject to public disclosure.

TRANSMISSION VERIFICATION REPORT

TIME : 05/19/2006 17:11
NAME : US WATER SERVICES
FAX : 7278487701
TEL : 7278488292
SER.# : 000A6J690504

DATE, TIME	05/19 17:10
FAX NO. /NAME	18136327662
DURATION	00:01:00
PAGE(S)	05
RESULT	OK
MODE	STANDARD ECM

US WATER SERVICES,
CORPORATION

FACSIMILE TRANSMITTAL SHEET

TO: Pete Screnock	FROM: Elizabeth Worsdell
COMPANY: FDEP	DATE: 5/19/06
FAX NUMBER: (813)632-7662	TOTAL NO. OF PAGES INCLUDING COVER: 5
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: Colonial Manor	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Wells 1 & 4 are off and have been off since September 2005. Is there any

Mr. Gary Deremer
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Re: 2006 Chemical Monitoring for Community Systems
Colonial Manor
PWS-ID No. 651-0355
Pasco County

Dear Mr. Deremer:

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Colonial Manor
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Page 2 of 2

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If you have any questions, please contact me at (813) 632-7600, extension 318.

Sincerely,

Peter Screnock
Environmental Specialist
Drinking Water Section

PS/dm⁶

Enclosure

cc: Ken Martin, Operator

US WATER SERVICES, CORPORATION

FACSIMILE TRANSMITTAL SHEET

TO: Pete Screnock

FROM: Elizabeth Worsdell

COMPANY:

DATE: 5/19/06

FDEP

FAX NUMBER:
(813)632-7662

TOTAL NO. OF PAGES INCLUDING COVER:
5

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE: Colonial Manor

YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RETURN

NOTES/COMMENTS:

Wells 1 & 4 are off and have been off since September 2005. Is there any further sampling that needs to be done?

Thank you,

Elizabeth Worsdell

TO
5/22/06
3 page
chem letter
2006
for
Colonial
manor

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: Colonial Manor Utility PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: Moog RD

City: Holiday State: FL ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 1/31/06 Sample Time: 900-1000 AM PM (Circle One)

Sample Location (be specific): Well #1 Common, #2 Cantrell, #3 Hendrix and #4 Linkwood

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

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input checked="" type="checkbox"/> Quarterly (Which Quarter? <u>1st</u>)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution
<input checked="" type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	<u>Grab - No 3</u>

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Kenneth T. Martin

Sampler's Phone #: 727-243-0140 Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Kenneth T. Martin (Print Name), Operator (Print Title)

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

Signature: [Signature] Date: 1/31/06

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)

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: PASCO COUNTY ENVIRONMENTAL LAB Florida Certification #: E 44123
 Address: 8864 Government Drive Certification Expiration Date: 06/30/06
New Port Richey, FL 34654 Phone #: 727-847-8902

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 1/31/06
 PWS ID (From Page 1): 6510355 Sample Number (From Page 1): _____
 Lab Assigned Report Number or Job ID: AA 63552

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

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

Were any analyses subcontracted? Yes No


If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, CANDIA E. MULHERN, Laboratory Manager
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 27 Feb '06

* 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.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

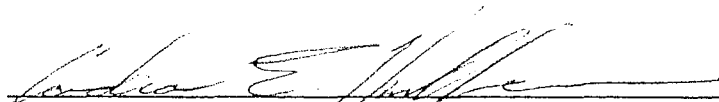
INORGANIC CONTAMINANTS
62-550.310(1)

Report Number/Job ID: AA63552

PWS ID (From Page 1): 651-0355

Cont ID	Cont Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate (as N)	10	mg/L	4.79		SM 4500 NO3-F	0.02	01-Feb-06	0900	E44123

U = Compound was analyzed for but not detected.


Candia E. Mulhern
Laboratory Manager



PASCO COUNTY, FLORIDA

ENVIRONMENTAL LABORATORY
8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
PHONE 727-847-8902

DHRS E44123
CONTACTS:
GLORIA KRUEGER
BILL WARGO

REPORT OF ANALYSES

U.S. Water Services Corp.
P.O. Box 398
New Port Richey, Fl 34652
Melisa Rotteveel

Date: 2/8/2006

SAMPLE NUMBER	AA63552	SAMPLE ID	COLONIAL MANOR WELL #1	SAMPLE MATRIX	DW
DATE SAMPLED	1/31/2006			TIME SAMPLED	9:00
DATE RECEIVED	1/31/2006	SAMPLER	KEN MARTIN	RECEIVED BY	CF
TIME RECEIVED	10:50	DELIVERED BY	KM	SAMPLE TYPE	Grab

ANALYSIS	METHOD	DATE	ANALYSIS		RESULT	QUAL.	UNIT	DET. LIMIT
			TIME	BY				
Nitrate	SM4500NO	2/1/2006	9:00	IF	4.79		mg/L	0.02

ANALYSIS COMMENTS:

All calculations are on wet weight basis

LABORATORY DIRECTOR

THIS DOCUMENT MEETS NELAC STANDARDS

NELAC Certification # E44123

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)

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: PASCO COUNTY ENVIRONMENTAL LAB Florida Certification #: E 44123
 Address: 8864 Government Drive Certification Expiration Date: 06/30/06
New Port Richey, FL 34654 Phone #: 727-847-8902

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 1/31/06

PWS ID (From Page 1): 6510355

Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: AA63553

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, CANDIA E. MULHERN, Laboratory Manager
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 27 Feb '06

* 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.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

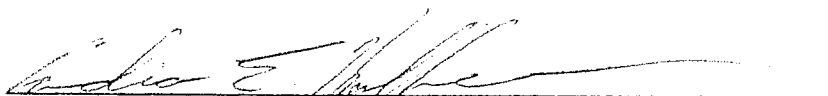
INORGANIC CONTAMINANTS
62-550.310(1)

Report Number/Job ID: AA63553

PWS ID (From Page 1): 651-0355

Cont ID	Cont Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate (as N)	10	mg/L	8.52		SM 4500 NO3-F	0.02	01-Feb-06	0900	E44123

U = Compound was analyzed for but not detected.



Candia E. Mulhern
Laboratory Manager



PASCO COUNTY, FLORIDA

ENVIRONMENTAL LABORATORY
8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
PHONE 727-847-8902

DHRS E44123
CONTACTS:
GLORIA KRUEGER
BILL WARGO

REPORT OF ANALYSES

U.S. Water Services Corp.
P.O. Box 398
New Port Richey, Fl 34652
Melisa Rotteveel

Date: 2/8/2006

SAMPLE NUMBER	AA63553	SAMPLE ID	COLONIAL MANOR WELL #2	SAMPLE MATRIX	DW
DATE SAMPLED	1/31/2006			TIME SAMPLED	9:15
DATE RECEIVED	1/31/2006	SAMPLER	KEN MARTIN	RECEIVED BY	CF
TIME RECEIVED	10:50	DELIVERED BY	KM	SAMPLE TYPE	Grab

ANALYSIS	METHOD	DATE	ANALYSIS		RESULT	QUAL.	UNIT	DET. LIMIT
			TIME	BY				
Nitrate	SM4500NO	2/1/2006	9:00	IF	8.52		mg/L	0.02

ANALYSIS COMMENTS:

All calculations are on wet weight basis

LABORATORY DIRECTOR

THIS DOCUMENT MEETS NELAC STANDARDS

NELAC Certification # E44123

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)

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: PASCO COUNTY ENVIRONMENTAL LAB Florida Certification #: E 44123
 Address: 8864 Government Drive Certification Expiration Date: 06/30/06
New Port Richey, FL 34654 Phone #: 727-847-8902

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 1/31/06

PWS ID (From Page 1): 6510355

Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: AA 63554

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

Inorganics

- All 17
- Partial
- Nitrate
- Nitrite
- Asbestos Only

Synthetic Organics

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

Volatile Organics

- All 21
- Partial

Radionuclides

- Single Sample
- Qtrly Composite**

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Bromate
- Chlorite

Secondaries

- All 14
- Partial

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, CANDIA E. MULHERN, Laboratory Manager
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Candia E. Mulhern

Date: 27 Feb '06

* 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.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



FILE COPY

Client: US Water Services

Project Name: Colonial Manor

Project Number:

PWS ID#: 6510355

Attention: Malissa Roteveel

Phone Number: 7278488292

Address: 4939 Cross Bayou Blvd.

New Port Richey, Fl 34652

Report No.: T0611482

Date Sampled: 10/09/2006

Date Received: 10/9/06 14:20

Date Reported: 10/27/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

**THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT
THE WRITTEN APPROVAL OF THE LABORATORY.**

*Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of
the NELAC standards, unless notated otherwise in the body of the report.*

Total Number of Pages = 15

P.1

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #1 Connon

Site: Colonial Manor

Sample Number: T0611482-01

Report No.: T0611482

Date/Time Sampled: 10/09/06 10:55

Date/Time Received: 10/9/06 14:20

Sampled By: Terry Henry

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	67		E300.0	2.1	10/13/2006	00:02	E84589
1055	Sulfate (as SO4)	250	mg/L	31		E300.0	2.1	10/13/2006	00:02	E84589
1930	Total Dissolved Solids	500	mg/L	440		E160.1	10	10/11/2006	10:00	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P. J.

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #2 Cantrell

Site: Colonial Manor

Sample Number: T0611482-02

Report No.: T0611482

Date/Time Sampled: 10/09/06 11:05

Date/Time Received: 10/9/06 14:20

Sampled By: Terry Henry

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	44		E300.0	2.1	10/13/2006	00:02	E84589
1055	Sulfate (as SO4)	250	mg/L	16		E300.0	2.1	10/13/2006	00:02	E84589
1930	Total Dissolved Solids	500	mg/L	340		E160.1	10	10/11/2006	10:00	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.3

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #3 Hendrix

Site: Colonial Manor

Sample Number: T0611482-03

Report No.: T0611482

Date/Time Sampled: 10/09/06 11:40

Date/Time Received: 10/9/06 14:20

Sampled By: Terry Henry

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	100		E300.0	2.1	10/13/2006	00:02	E84589
1055	Sulfate (as SO4)	250	mg/L	30		E300.0	2.1	10/13/2006	00:02	E84589
1930	Total Dissolved Solids	500	mg/L	530		E160.1	10	10/11/2006	10:00	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.4

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #4 Linkwood

Site: Colonial Manor

Sample Number: T0611482-04

Report No.: T0611482

Date/Time Sampled: 10/09/06 12:15

Date/Time Received: 10/9/06 14:20

Sampled By: Terry Henry

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	120		E300.0	2.1	10/17/2006	16:25	E84589
1055	Sulfate (as SO4)	250	mg/L	41		E300.0	2.1	10/17/2006	16:25	E84589
1930	Total Dissolved Solids	500	mg/L	600		E160.1	10	10/11/2006	10:00	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P. S

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: Colonial Manor PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: TC611482-01 Location Code (if known): _____

Sample Date: 10/9/06 Sample Time: 1055 AM PM (Circle One)

Sample Location (be specific): well # 1 Canon

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

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
<input type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	_____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Terry Henry

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Terry Henry _____
(Print Name) (Print Title)

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

Signature: _____ Date: _____

P. 6

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)
 ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
 Address: 9610 Princess Palm Avenue
 Tampa, Florida 33619

Florida Certification #: E84589
 Certification Expiration Date: 06/30/2007
 phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 10/09/2006 14:20:0
 Lab Assigned Report Number or Job ID T0611482 Sample Number (From page 1) T0611482-01
 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|--|--|--|---|
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | Radionuclides | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | Secondaries |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

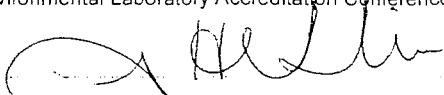
Were any analyses subcontracted? Yes No
 If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
 (Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/27/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
 Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
 Additional Monitoring Required (circle or highlight group(s) above)
 Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

P.7

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: Colonial Manor PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 10611482-00 Location Code (if known): _____

Sample Date: 10/9/06 Sample Time: 1105 AM PM (Circle One)

Sample Location (be specific): well # 2 Cantrell

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

- | | |
|---|--|
| Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ |
| <input type="checkbox"/> Near First Customer | _____ |

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Terry Henry

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Terry Henry _____
(Print Name) (Print Title)

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

Signature: _____ Date: _____

PH

**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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2007
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 10/09/2006 14:20:0
Lab Assigned Report Number or Job ID T0611482 Sample Number (From page 1) T0611482-02
Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|--|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

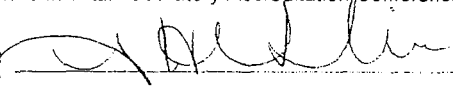
If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 10/27/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
- Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other: _____

Person Notified: _____

Date Notified: _____

Comments _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____

P.9

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: Colonial Manor PWS I.D. #:

6	5	1	0	3	3	3
---	---	---	---	---	---	---

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 10611482-03 Location Code (if known): _____

Sample Date: 10/9/06 Sample Time: 1140 AM PM (Circle One)

Sample Location (be specific): well #3 Hendrix

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) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements
for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Terry Henry

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Terry Henry _____
(Print Name) (Print Title)

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

Signature: _____ Date: _____

**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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2007
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355

Date Sample(s) Received: 10/09/2006 14:20:0

Lab Assigned Report Number or Job ID T0611482

Sample Number (From page 1) T0611482-03

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|--|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

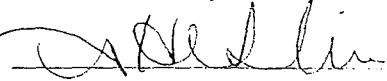
If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 10/27/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____

Date Notified: _____

Comments _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____

P.11

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: Colonial Manor PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2611483-04 Location Code (if known): _____

Sample Date: 10/9/06 Sample Time: 1215 AM PM (Circle One)

Sample Location (be specific): well #4 Linkwood

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) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements
for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Terry Henry

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Terry Henry _____
(Print Name) (Print Title)

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

Signature: _____ Date: _____

P. 12

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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2007
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 10/09/2006 14:20:0
Lab Assigned Report Number or Job ID T0611482 Sample Number (From page 1) T0611482-04
Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|--|--|--|---|
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | Radionuclides | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | Secondaries |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

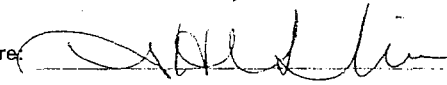
If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/27/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
- Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

P.13



Advanced Environmental Labs Inc

Advanced Environmental Labs
6601 Southpoint Parkway
Jacksonville, FL 32216

Client: US Water Corp

Project name: Colonial Manor

Date/Time Rcvd: 10/19/06 14:20

Log-In request number: TC611482

Received by: HK

Completed by: HK

Cooler/Shipping Information:

Courier: AEL Client UPS Blue Streak FedEx Other (describe): _____

Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	0				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any "NO" responses or discrepancies should be explained in the "Comments" section below.

CHECKLIST

	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
2. Were custody papers properly included with samples?	✓		
3. Were custody papers properly filled out (ink, signed, match labels)?	✓		
4. Did all bottles arrive in good condition (unbroken)?	✓		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	✓		
6. Did the sample labels agree with the chain of custody?	✓		
7. Were correct bottles used for the tests indicated?	✓		
8. Were proper sample preservation techniques indicated on the label?	✓		
9. Were samples received within holding times?	✓		
10. Were all VOA vials checked for the presence of air bubbles?			✓
11. Were there air bubbles present in the VOA vials?			✓
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	✓		
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? <i>NOTE: VOA samples are checked by laboratory analysts.</i>			✓
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		

Comments:

P. 14



Advanced
Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

FILE COPY

Client: US Water Services
Project Name: Colonial Manor
Project Number:
PWS ID#: 6510355
Attention: Malissa Roteveel
Phone Number: 7278488292
Address: 4939 Cross Bayou Blvd.
New Port Richey, Fl 34652

Report No.: T0611604
Date Sampled: 10/11/2006
Date Received: 10/11/06 15:00
Date Reported: 10/27/2006

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

**THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT
THE WRITTEN APPROVAL OF THE LABORATORY.**

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 15

P.1

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Report No.: T0611604

Project Name: Colonial Manor

Date/Time Sampled: 10/11/06 11:05

Matrix: Drinking Water

Date/Time Received: 10/11/06 15:00

PWS ID#: 6510355

Client Sample ID: Well #1 Raw

Site: Colonial Manor

Sampled By:

Sample Number: T0611604-01

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	6.4		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P. 2

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #2 POE

Site: Colonial Manor

Sample Number: T0611604-02

Report No.: T0611604

Date/Time Sampled: 10/11/06 10:30

Date/Time Received: 10/11/06 15:00

Sampled By:

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	12		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.3

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Report No.: T0611604

Project Name: Colonial Manor

Date/Time Sampled: 10/11/06 10:40

Matrix: Drinking Water

Date/Time Received: 10/11/06 15:00

PWS ID#: 6510355

Client Sample ID: Well #3 POE

Site: Colonial Manor

Sampled By:

Sample Number: T0611604-03

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	9.4		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

p.4

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #4 Raw

Site: Colonial Manor

Sample Number: T0611604-04

Report No.: T0611604

Date/Time Sampled: 10/11/06 11:00

Date/Time Received: 10/11/06 15:00

Sampled By:

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	12		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

0-5

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: COLONIAL MANOR PWS I.D. #: 6510355
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 10606 RA
 City: HOLIDAY State: FL ZIP Code: _____
 Phone #: _____ Fax #: 727-848-7701
 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: TG611604-01 Location Code (if known): _____
 Sample Date: 10/11/06 Sample Time: 10:05 AM PM (Circle One)
 Sample Location (be specific): WELL #1 RAW
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): — mg/L Field pH: 7.3

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution
<input checked="" type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	<u>WELL NOT ACTIVE</u>

*See 62-550.500(6) for requirements and restrictions.
 NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.
 **See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: TERENCE HENRY
 Sampler's Phone #: 727-243-4570 Sampler's Fax #: 727-848-7701
 Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, OPERATOR
 (Print Name) (Print Title)

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

Signature: Terence Henry Date: 10/11/06

P.60

**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)

ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2007
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355

Date Sample(s) Received: 10/11/2006 15:00:0

Lab Assigned Report Number or Job ID T0611604

Sample Number (From page 1) T0611604-01

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply)

Inorganics

- All 17
- Partial
- Nitrate
- Nitrite
- Asbestos Only

Synthetic Organics

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

Volatile Organics

- All 21
- Partial
- Radionuclides
- Single Samp
- Qtrly Composite**

Disinfection Byproducts

- Triha
- Haloaceti
- Bromate
- Chlorite

Secondaries

- All 14
- Partial

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/27/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

P. T

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: COLONIAL MANOR PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: MOOG RD

City: HOLIDAY State: FL ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: TO611004-02 Location Code (if known): _____

Sample Date: 10/11/06 Sample Time: 10:30 AM PM (Circle One)

Sample Location (be specific): Well #2 PCE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.25 mg/L Field pH: 7.4

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERENCE HENRY

Sampler's Phone #: 772-243-4570 Sampler's Fax #: 772-848-7701

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, OPERATOR
(Print Name) (Print Title)

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

Signature: Terence Henry Date: 10/11/06

P.S.

**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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa Florida Certification #: E84589
Address: 9610 Princess Palm Avenue Certification Expiration Date: 06/30/2007
Tampa, Florida 33619 phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 10/11/2006 15:00:0
Lab Assigned Report Number or Job ID T0611604 Sample Number (From page 1) T0611604-02
Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply)

- | | | | |
|---|--|----------------------------------|------------------------------------|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | Radionuclides | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | Qtrly Composite** | Secondaries |
| | | | All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

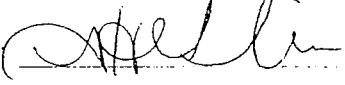
If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 10/27/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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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: COLONIAL MANOR PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: MOOG RD.

City: HALEDALE State: FL ZIP Code: _____

Phone #: _____ Fax #: 727 848-7201

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: TB611604-03 Location Code (if known): _____

Sample Date: 10/11/06 Sample Time: 10:40 AM PM (Circle One)

Sample Location (be specific): Well #3 POK

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.35 mg/L Field pH: 7.5

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERENCE HENRY

Sampler's Phone #: 727-243-4570 Sampler's Fax #: 727-848-7201

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, OPERATOR
(Print Name) (Print Title)

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

Signature: Terence Henry Date: 10/11/06

P.10

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)
 ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa Florida Certification #: E84589
 Address: 9610 Princess Palm Avenue Certification Expiration Date: 06/30/2007
Tampa, Florida 33619 phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)
 PWS ID (from page 1): 6510355 Date Sample(s) Received: 10/11/2006 15:00:0
 Lab Assigned Report Number or Job ID T0611604 Sample Number (From page 1) T0611604-03
 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|---|--|--|------------------------------------|
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | Radionuclides | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | Secondaries |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No
 If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
 (Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/27/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____
 Date Reviewed: _____ DEP/DOH Reviewing Official: _____

P.11

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: COLONIAL MANOR PWS I.D. #:

6	5	1	0	3	5	5
---	---	---	---	---	---	---

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

Address: MOORE RD

City: HOLIDAY State: FL ZIP Code: _____

Phone #: _____ Fax #: 727-848-7701

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T0611604-04 Location Code (if known): _____

Sample Date: 10/11/06 Sample Time: 11 AM PM (Circle One)

Sample Location (be specific): WELL #4 RAW

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

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

WELL NOT ACTIVE

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements
for nitrate or nitrite MCL exceedances.

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

Sampler's Name: TERENCE HENRY

Sampler's Phone #: 727-243-4570 Sampler's Fax #: 727-843-4570

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERENCE HENRY, OPERATOR
(Print Name) (Print Title)

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

Signature: Terence Henry Date: 10/11/06

P.12

**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)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 06/30/2007
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6510355 Date Sample(s) Received: 10/11/2006 15:00:0
Lab Assigned Report Number or Job ID T0611604 Sample Number (From page 1) T0611604-04
Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Triha
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloaceti
<input checked="" type="checkbox"/> Nitrate	<input type="checkbox"/> Partial	Radionuclides	<input type="checkbox"/> Bromate
<input checked="" type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<input type="checkbox"/> Single Samp	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Qtrly Composite**	Secondaries
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? Yes No

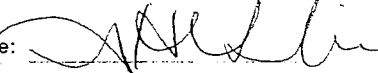
If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 10/27/06

* 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.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

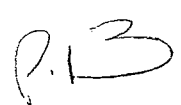
Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____





Advanced Environmental Labs Inc

Advanced Environmental Labs
6601 Southpoint Parkway
Jacksonville, FL 32216

Client: US Water Corp

Project name: Colonial Manor

Date/Time Rcvd: 10/11/06 15:00

Log-In request number: T00116054

Received by: HR

Completed by: HR

Cooler/Shipping Information:

Courier: AEL Client UPS Blue Streak FedEx Other (describe): _____

Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	0				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input checked="" type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any "NO" responses or discrepancies should be explained in the "Comments" section below.

CHECKLIST

YES NO NA

	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
2. Were custody papers properly included with samples?	✓		
3. Were custody papers properly filled out (ink, signed, match labels)?	✓		
4. Did all bottles arrive in good condition (unbroken)?	✓		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	✓		
6. Did the sample labels agree with the chain of custody?	✓		
7. Were correct bottles used for the tests indicated?	✓		
8. Were proper sample preservation techniques indicated on the label?	✓		
9. Were samples received within holding times?	✓		
10. Were all VOA vials checked for the presence of air bubbles?			✓
11. Were there air bubbles present in the VOA vials?			✓
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	✓		
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? <i>NOTE: VOA samples are checked by laboratory analysts.</i>			✓
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		

Comments:

P.14



Advanced
Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

LAB NUMBER: 10611604

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

Page _____ of _____

CLIENT NAME: <u>US WATER CORP-</u>		PROJECT NAME: <u>COLONIAL MANOR</u>				BOTTLE SIZE & TYPE	A R E N E A O L U Y I S R E D S D	NITRATE	NITRITE	LAB NUMBER	
ADDRESS: <u>4939 CROSS BAYOU BLVD</u>		P.O. NUMBER / PROJECT NUMBER:									
PHONE: <u>NEW PORT RICHEY, FL 34652</u>		PROJECT LOCATION:									
FAX: <u>727 848-7201</u>		CONTACT: <u>MELISA</u>									
SAMPLED BY:		TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____				REMARKS / SPECIAL INSTRUCTIONS:					
WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Preserv											
SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	PRESERVATION				LAB NUMBER
			DATE	TIME			1	2	3	4	
<u>1</u>	<u>WELL #1 RAW RAW</u>	<u>G</u>	<u>10/11/06</u>	<u>10:05</u>	<u>DW</u>	<u>1</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>-01</u>
<u>2</u>	<u>WELL #2 POE</u>	<u>G</u>	<u>10/11/06</u>	<u>10:30</u>	<u>DW</u>	<u>1</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>-02</u>
<u>3</u>	<u>WELL #3 POE</u>	<u>G</u>	<u>10/11/06</u>	<u>10:40</u>	<u>DW</u>	<u>1</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>-03</u>
<u>4</u>	<u>WELL #4 RAW RAW ^{TAN}</u>	<u>G</u>	<u>10/11/06</u>	<u>11:01</u>	<u>DW</u>	<u>1</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>-04</u>
		<u>B</u>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Relinquished by: _____ Date _____ Time _____ Received by: _____ Date _____ Time _____

Shipment Out: / /	Method Via: _____	Sample Kit RB _____ AB _____ Trip Bl. <input type="checkbox"/>	Cooler # _____ D/T _____ D/T _____	1	<u>Jon King</u>	<u>10/11/06</u>	<u>15:00</u>
				2			
				3			
				4			

Pasco County Environmental Laboratory
 8864 Government Drive
 New Port Richey, FL 34654
 (727) 847-8902 Fax: (727) 847-8112

CHAIN OF CUSTODY RECORD

FOR LAB USE ONLY

FOR LAB USE ONLY
LOG IN NO.

Condition of Contents: _____
 Temp. of Contents: _____ ° C (or Received on Ice, ROI)

FILE COPY

1. Client: (Company or Individual)
 43 Water Service

Address: _____
 City: _____ State _____ Zip Code _____

Phone: () _____
 Fax: () _____

2. Report to: (if different from above)

Address: _____
 City: _____ State _____ Zip Code _____

Phone: () _____
 Fax: () _____

3. Client Project Name:
 Colonial Manor

Water Sample Codes (for Item 11)	Container Codes (for Item 14)
DW - Drinking Water	V - VOA vial
GW - Ground Water	G - Glass
SW - Surface Water	P - Plastic
PW - Processed Water	M - Micro Bag/Cup
WW - Waste Water	O - Other

12. No. of Containers	13. Preservatives									
	14. Containers									
	15. Analyses Requested									
	I									
	P									
	Nitrate									

- Preservative Codes (for Item 13)
- C - Cool Only
 - H - Hydrochloric Acid
 - M - Monochloroacetic Acid
 - N - Nitric Acid
 - OH - Sodium Hydroxide
 - S - Sulfuric Acid
 - T - Sodium Thiosulfate

4. Sampled by: (Print)
 Ken M.

5. Sampled by: (Signature)

6. Shipping Method:

Item	7. Sample ID or No.	8. Sample Description	9.		10.		11.					12. No. of Containers	13. Preservatives	14. Containers	15. Analyses Requested	16. REMARK	For Lab Use Only LAB SAMPLE NO.
			Sample Date	Sample Time	Comp.	Grab	Water (Codes)	Leachate	Soil	Sludge	Other						
1.		Well #1 POE	10/30/06	1500		X	DW						1	X			
2.		Well #2 POE	10/30/06	1511		X	DW						1	X			
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

17. RELINQUISHED BY	DATE	TIME	18. RECEIVED BY	DATE	TIME
	10/30/06	1600		10/30/06	1600
	10/31/06	0835		10/30/06	08:35